



**Convention on the
Rights of the Child**

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COMMITTEE ON THE RIGHTS OF THE CHILD

**CONSIDERATION OF REPORTS SUBMITTED BY STATES PARTIES
UNDER ARTICLE 44 OF THE CONVENTION**

Second periodic reports of States parties due in 1998

JAMAICA*

[16 May 2000]

* For the initial report submitted by the Government of Jamaica, see CRC/C/8/Add.12; for its consideration by the Committee, see documents CRC/C/SR.196-198 and CRC/C/15/Add.32.

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I. INTRODUCTION

1. Pursuant to article 44, paragraph 1, of the Convention on the Rights of the Child, "States parties undertake to submit to the Committee, through the Secretary-General of the United Nations, reports" [on the implementation of the Convention]:

“(a) Within two years of the entry into force of the Convention for the State party concerned;

(b) Thereafter every five years.”

2. Jamaica ratified the Convention in 1991; the initial report (CRC/C/8/Add.12) was submitted in 1993. The current periodic report is now due. It must be emphasized that, although the report is intended to cover the period July 1993 to June 1998, it also includes, for clarity, reports on the existence of laws and institutions which were in operation before 1991.

3. The report follows the General Guidelines adopted by the Committee on the Rights of the Child at its thirteenth session on 11 October 1996, and notes paragraph 8 of the Guidelines, which provides that basic information which was supplied in the initial report of 1993 need not be repeated in the current report. For ease of reference, the paragraph numbers in the Guidelines where responses are appropriate, are indicated.

Population size and composition

4. The situation described in the initial report remains unchanged save for some minor variations in numbers and percentages. The total population of Jamaica, which was estimated at 2.39 million at the end of 1989 had risen to 2,527,600 in 1996. Table 1 supplements this information. It is estimated that over 40 per cent of the population was under 18 years old at the end of 1996.

Table 1
Population of Jamaica by age, sex and percentage distribution
1993-1996

Age group	Males estimates	Females 1993	Males	Females 1994	Males	Females 1995	Males	Females 1996
Total	1 209 080	1 236 860	1 225 840	1 247 130	1 243 606	1 256 400	1 259 518	1 268 178
Total pop.	2 445 900		2 472 900		2 503 300		2 527 600	
0-4	139 000	134 950	140 890	136 690	144 200	138 080	146 839	142 821
5-9	134 900	134 890	133 200	132 660	131 830	131 430	130 351	128 513
10-14	131 600	131 400	131 290	131 980	131 310	131 090	130 934	131 738
15-19	127 340	125 160	124 950	123 260	123 190	122 410	122 215	122 590
20-24	122 410	123 740	122 640	123 060	122 410	122 440	121 309	121 504

Table 1 (continued)

Age group	Males estimates	Females 1993	Males	Females 1994	Males	Females 1995	Males	Females 1996
25-29	110 270	114 230	111 110	114 170	112 100	114 370	113 282	114 930
30-34	94 250	98 860	98 670	100 470	102 340	101 210	104 695	101 765
35-39	72 530	76 400	77 050	80 680	81 230	84 230	85 501	86 226
40-44	54 430	55 180	57 030	58 030	61 040	61 360	64 630	64 397
45-49	44 540	44 720	45 880	45 850	47 360	47 130	49 149	48 787
50-54	38 950	37 760	40 510	38 880	41 690	39 860	42 751	40 906
55-59	32 670	32 620	33 980	33 090	35 380	33 670	36 577	33 971
60-64	29 700	30 820	30 110	30 630	30 600	30 170	31 183	30 259
65-69	25 640	27 990	26 760	28 740	27 610	29 380	29 504	29 593
70-74	18 920	22 290	19 230	22 660	19 568	22 950	19 931	23 376
Over 75	31 930	45 850	32 020	46 280	31 748	46 400	31 667	46 802
Percentages								
0-4	5.7	5.5	5.7	5.5	5.8	5.5	5.8	1.7
5-9	5.2	5.5	5.4	5.4	5.3	5.2	5.2	5.0
10-14	5.4	5.4	5.3	5.3	5.3	5.3	5.2	5.2
15-19	5.2	5.1	5.1	5.0	4.9	4.9	4.8	4.9
20-24	5.0	5.1	5.0	5.0	4.9	4.9	4.8	4.8
25-29	4.5	4.7	4.9	4.6	4.5	4.6	4.5	4.6
30-34	3.9	4.0	4.0	4.1	4.0	4.0	4.1	4.0
35-39	3.0	3.1	3.1	3.3	3.4	3.4	3.4	3.4
40-44	2.3	2.3	2.3	2.4	2.4	2.5	2.6	2.6
45-49	1.8	1.8	1.9	1.9	1.9	1.9	1.9	1.9
50-54	1.6	1.5	1.6	1.6	1.7	1.6	1.7	1.6
55-59	1.3	1.3	1.4	1.3	1.4	1.4	1.5	1.3
60-64	1.1	1.3	1.2	1.2	1.2	1.2	1.2	1.2
65-69	1.5	1.1	1.1	1.2	1.1	1.2	1.1	1.2
70-74	0.8	0.9	0.8	0.9	0.8	0.9	0.8	0.9
Over 75	1.3	1.9	1.3	1.9	1.3	1.9	1.3	1.9

Source: STATIN.

Note: Discrepancies due to rounding.

Legal structure

5. The legal structure remains unchanged. A number of new laws were enacted during the five-year period under review which impact on the implementation of the Convention on the Rights of the Child. These include:

- The Jamaican Nationality (Amendment) Act 1993;
- The Citizenship (Constitutional Amendment) Act 1993;
- The National Council on Education Act 1993;
- The Inheritance Provision (Provision for Family and Dependents) Act 1993;
- The Citizenship (Constitutional Amendment) Act 1994;
- The Human Employment and Resource Training (Amendment) Act 1994;
- The Domestic Violence Act 1995;
- The Insurance (Amendment) Act 1995;
- The Students' Loan Fund (Amendment) Act 1996;
- The Mental Health Act 1997;
- The Caribbean Community (Free Movement of Skills, Persons) Act 1997;
- The Juveniles (Amendment) Act 1997;
- The Legal Aid Act 1997; and
- The National Council on Drug Abuse (Amendment) Act 1997.

6. In accordance with paragraph 6 of the introduction to the current guidelines, information is here presented on the consideration given to the suggestions and recommendations given by the Committee in respect of the initial report, especially “that the Government of Jamaica [...] ensure that the principles and provisions of the Convention are fully incorporated into the Constitution and other national legislation”.

7. The process of incorporating the provisions of the Convention into national legislation has been pursued by the following steps:

- In 1994 a review of the legislation affecting children in Jamaica was undertaken by Justice O.D. Marsh, a retired High Court Judge, with the purpose of identifying the extent to which the provisions of the Convention were included in existing legislation. The summary and recommendations of this review suggest that “there appears to be a need for some new legislative provision to bring the principles of the Convention as well as the provisions of the Jamaica Constitution more realistically to the minds and hearts of both the public and the administrators. This will have the effect of ensuring that the protection envisaged is delivered in the most direct manner. To accomplish this, it is proposed that a bill entitled ‘The Child Care and Protection Act’ be enacted in order to reinforce existing legal and constitutional provisions where necessary as in various articles of the Convention on the Rights of the Child”. The review goes on to give a summary of comparative assessment of the Convention and the existing legislation, with recommendations on each of the articles of the Convention. (A copy of the summary, annex I, can be consulted in the files of the secretariat.);
- As a sequel to this review, several workshops and conferences were held with representatives of government agencies, the Coalition on the Rights of the Child and other non-governmental organizations; and
- In 1996 a submission was made to Cabinet for the Child Care and Protection Act to include existing legislation for the care and protection of children, the omissions identified in the review, and new provisions for the protection of children from abuse previously identified by the Specialist Committee on Child Abuse and other organizations. Cabinet approved the submission in 1997 and it is now in the drafting stage.

8. The speedy resolution of this issue is restricted by the need for consultation at all levels but the process though slow, is progressing steadily. To complete the process of integration, the Attorney-General is considering the inclusion of the words of the Convention into the Constitution.

9. An effective and integrated system for monitoring the implementation of the Convention has been established at several levels:

- The Child Support Unit, which was established to implement and monitor projects for children funded by UNICEF, leads a Programme Coordinating Committee with representatives from all agencies working with children: government departments, including the Planning Institute of Jamaica, all non-governmental organizations and UNICEF. The terms of reference of this committee are to monitor and assist with the implementation of the Children and Youth at Risk (CYAR) programme. This committee meets monthly and is currently engaged in evaluating the National Plan of Action to highlight the outstanding goals for the year 2001;

- The Planning Institute of Jamaica coordinates a GOJ/UNICEF committee to monitor the progress and achievements of the programme. This committee has representation from government departments dealing with children and UNICEF. The committee meets quarterly;
- The Ministry of Health, which has responsibility for children's affairs, holds a weekly senior directors' meeting to discuss progress in projects, including those involving children. Representatives of United Nations agencies are invited to these meetings; and
- Finally, each year each Ministry and department dealing with children is required to submit a report to the Human Resource Council, a subcommittee of the Cabinet. These reports enable the Council to monitor the implementation of the National Plan of Action, to facilitate the expedition of matters to be brought to Cabinet and to make suggestions for improvement.

10. A comprehensive data system for the collection of data on children is being developed (paragraphs 28 and 133 of this report).

11. All appropriate efforts should be undertaken to ensure, to the maximum extent of available resources, and within the framework of international cooperation, that sufficient resources are allocated to children. For the policies and actions of Government on this item, please refer to paragraph 64 of this report. These policies have been implemented within the framework of international cooperation. A list of the resources and the areas involving children in which international agencies provided support in 1997 is given hereunder:

- Canada targeted environmental management, economic competitiveness, gender equity, enhancement of civil society and poverty eradication;
- Germany targeted environment, education, health and private enterprise;
- The Government of the Netherlands continued support in the areas of health, micro-enterprise and small business development, the environment, economic enterprise, social investment and women in development;
- The United Kingdom continued to focus on poverty eradication, economic reform, good governance and education;
- The United States of America, through the United States Agency for International Development (USAID), provided assistance to various projects through grants and loans; and
- Various United Nations agencies, including PAHO, UNDP, UNFPA, ILO and WFP and in particular, UNICEF, provided valuable assistance in terms of grants and technical assistance.

(Table 2 indicates the personnel assigned to Jamaica by organization and discipline.)

Table 2
Personnel assigned to Jamaica by organization and discipline

Country	Organization/ programme	Number of personnel fielded assigned during 1997	Number already present	Total	Discipline
Canada	CUSO	1	9	10	Health, social welfare and administration
Netherlands	Operational Experts	-	4	4	Architecture
Japan	Japan Overseas Corporation Volunteers (JOVC)	20	7	27	Health education
	Japan International Cooperation Agency (JICA) Despatch of Experts	-	-	-	
Republic of Korea	Despatch of Experts	1	-	1	Horticulture
	CFTC	2	5	7	Environment, computer education and engineering
United Nations	United Nations Volunteers	-	5	5	Health, community development, skills training and statistics
	National Volunteers	12	-	12	As above
United Kingdom	Technical cooperation	2	4	6	Security, education, finance and agriculture
United States of America	Peace Corps	61	39	100	Health, environment and youth development
Grand total		99	73	172	

12. Measures have been taken to combat traditional attitudes and stereotypes. These are discussed fully later on in this report in the sections on family environment and alternative care, basic health (HIV/AIDS) and education.

13. Regarding the recommendation that further measures be taken to facilitate the registration of children, steps have been taken to implement this recommendation fully. The problems previously identified were twofold: on the one hand there was lack of space, inadequate staff and archaic equipment in the office of the Registrar General, which houses,

inter alia, the records relating to the registration of children; on the other hand there was need for training of local district registrars and outreach programmes to customers island wide. In 1996 the Department was relocated to a new building, which was constructed and equipped through joint funding from the Government of Jamaica and the World Bank under the Social Sector Development Project. At the same time, the problems of the previous facility were addressed: the lack of space was corrected by the improvement of the infrastructure within the new building. Additional staff was appointed and modern computers replaced the bulky records which existed. Seminars and training courses were held with local district registrars and several outreach programmes to customers island wide were conducted. (A summary of progress from 1996-1998, annex II, can be consulted in the files of the secretariat.)

14. A flaw in the system of recording infant deaths has been identified. Urgent steps are being taken to correct this problem by review of the process of recording deaths, particularly those of stillborn infants.

15. The revision of the system of early childhood development is outlined in paragraph 216 of this report. The review of the education system is described in Education, Leisure and Cultural Activities.

16. Efforts to combat child labour have been intensified. There are a number of children who are missing school because of their performance of domestic duties such as caregiving, farming and casual work. The greatest problem continues to be street and working children, who are engaged in vending, newspaper delivery and domestic service, to the detriment of their education. Despite the efforts of both the Government and non-governmental organizations to reduce the number of such children, it was estimated in 1997 that 22,000 children were engaged in the activities we have described, about 2,500 of these being on the street.¹ The year 1997 brought these efforts to a climax. With the support of UNICEF, the Government of Jamaica was represented at the Latin American and Caribbean Regional Consultation on Child Labour, in Brazil from 30 July to 1 August 1997. Jamaica was represented at a conference in Amsterdam by the Vice-President of the National Workers Union, and Jamaica, with the assistance of UNICEF and the ILO, hosted a National Consultation on Child Labour on 5 September 1997. Participants in this Consultation were drawn from Government and non-governmental agencies serving women and children and its objectives were:

- To share valuable information and garner feedback on child labour in Jamaica and its effect on the growth and development of children;
- To solicit opinions of participants on how best to tackle the problem of child labour in Jamaica and to formulate a set of programmable recommendations;
- To obtain input from government agencies/non-governmental organizations for the International Conference on Child Labour in Oslo, Norway, 27-30 October 1997; and
- To establish a task force to follow up activities in education, legislative reform, research and income support.

17. Jamaica's position, emerging from the deliberations at the National Consultation, was presented at the Oslo Conference by Dr. Glenda Simms, Executive Director of the Bureau of Women's Affairs. In a presentation to the Jamaican Parliament on 3 June 1998, the Hon. Portia Simpson referred to this background and gave the assurances that the country was now ready to ratify ILO Convention No. 138 (1973) concerning minimum wage for admission to employment.

18. Given the difference between the legal age of employment in Jamaica (12 years) and the minimum age suggested in the Convention, it is envisaged that a great deal of public education will have to be done even after the Convention is ratified and that the provision will have to be reinforced by legislation. In addition, measures will have to be taken to replace the income now provided by the services of children where applicable.

**General measures of implementation
(arts. 42 and 44, para. 6, of the Convention)**

19. Paragraph 11 is not applicable to Jamaica, which ratified the Convention without reservation. With regard to a comprehensive review of domestic legislation to ensure compliance with the Convention, please refer to paragraph 3 in the Introduction to the current report. As for paragraph 13 of the Guidelines, the Constitution recognizes the rights set forth in the Convention.

20. As the law stands, it is not possible for the provisions of the Convention to be directly invoked before the courts and applied by national authorities save insofar as the rights in domestic law and the Constitution coincide. The inclusion of the articles of the Convention, if approved by the country, will change this situation.

21. In the event of a conflict of the provisions of the Convention with those of national legislation, the latter would prevail. There are no provisions of national legislation which are higher than those contained in the Convention. As the law stands, judicial decisions do not directly refer to the principles and provisions of the Convention.

22. As for paragraph 16 of the Guidelines, the remedies available in cases of violation of the rights recognized by the Convention are enshrined in the Jamaican Constitution.

23. In December 1995, the Cabinet of the Government of Jamaica endorsed a National Plan of Action (NPA) for children in pursuance of the commitment, emerging from the World Summit Declaration. This Plan was the synthesis of a number of conferences and workshops involving representatives from both government and private sector agencies. The need for a national policy was identified as a prerequisite for the implementation of the NPA; a policy was developed through the same process of inter-agency collaboration and consultation and the recommendations of children in Children's Parliament. Cabinet approved the policy in November 1997. (Copies of both the National Policy and the National Plan of Action, annexes III and IV, are available in the files of the secretariat.)

24. A number of mechanisms exist for ensuring implementation of the Convention, for coordinating policies relevant to children and for monitoring progress achieved. The

Government departments competent in the areas covered by the Convention are the Ministry of Health, which includes the Children's Services; the Ministry of Labour, Social Security and Sports; the Ministry of Education, Youth and Culture and the Ministry of National Security and Justice, which includes Correctional Services.

25. The activities concerning children within these ministries are coordinated and monitored by the Child Support Unit, a unit within the Ministry of Health which coordinates and monitors the projects supported by UNICEF; the National Plan of Action Committee, which is responsible for the implementation and coordination of the activities in fulfilment of the World Summit Goals from 1996 to 2000. There is also a Programme Advisory Committee, including representatives from both Government and non-governmental organizations. The Children's Services Division is the extension arm of Government for the implementation of the provisions of the Convention.

26. There is no office of ombudsman or commissioner for children in Jamaica. Most of the functions usually associated with such office fall within the mandate of the Office of the Ambassador, Special Envoy for Children. Some of these direct functions are listed below:

- Facilitator: The Office of the Ambassador enables children's agencies to fulfil their mandates. It provides methodological guidance and support to increase the effectiveness of children's services;
- Referral: It directs potential users to the appropriate agency, making sure that proper contact and valid follow-up procedures are in place;
- Fund-raiser: It assists agencies in preparing projects seeking financial support to better respond to their mandate. It also facilitates establishing contact between donors and recipients; and
- Articulator: It oversees the performance of children's agencies as an attempt to prevent unnecessary duplication of efforts, to detect empty spaces in the provision of those services and to suggest ways of coordinating efforts to save resources without sacrificing quality of delivery.

27. The Office also indirectly influences the development of social policy concerning the welfare of children, promotes legislation for the defence of children's rights and educates the population about such legislation and its proper use.

28. In 1993 a Social Indicators Monitoring System (SIMS) coordinated by the Planning Institute of Jamaica expanded to include the collection of data on children. This system will provide data in the near future. Although various research projects have been implemented as a part of the ongoing thrust for the protection of children's rights, there is need for further development and structuring of such mechanisms and these are the focus for programme targeting at present.

29. It is recognized that a dedicated research unit for the collection and analysis of data regarding children needs to be established.

30. A periodic evaluation of progress in the implementation of the Convention is provided at four levels:

- the Child Support Unit is responsible for reviewing and reporting on each project completed;
- the National Plan of Action Committee evaluates the implementation of activities in fulfilment of the World Summit Goals;
- there is a biennial review of projects funded by UNICEF; and
- the ministers involved in service to children report, through the Ministry of Health, to the Human Resource Council, an arm of the Cabinet of Ministers.

31. The National Plan of Action Committee described above invites to its quarterly evaluation conferences representatives of various non-governmental organizations, especially those who implement projects funded by international agencies. For example, the most recent meeting of that Committee, held on 7 July 1998, was attended by representatives of non-governmental organizations who participated in the evaluation of their projects, funded by UNICEF. In 1998 a consultation on the theme “The Children’s Agenda”, was hosted by the Ministry of Health and represented a collaborative effort of Government, non-governmental and private sector organizations to discuss some of the issues affecting children and proposed workable solutions.

32. The proportion of the budget devoted to children including health, welfare and education is set out in the table below, which also reflects the budget trends over the last three years. The total budget for recurrent expenditure for 1998/99 was \$85,077,508.

Table 3
Proportion of budget devoted to children by ministry/department
J\$ (in thousands)

	1996/97	1997/98	1998/99
Family Court	42 166	34 797	39 526
Correctional Services	44 360	61 911	66 131
Ministry of Labour, Social Security and Sports	153 551	161 406	155 706
Ministry of Health	190 428	252 056	267 816
Ministry of Education	11 152 248	15 715 977	15 105 837

Source: Estimates of expenditure, Government of Jamaica.

The figures above do not include the budget for the Registrar of Births and Deaths nor the amount spent on maternal and child health, because of the difficulty of extrapolating these data.

33. The amount and proportion of the budget spent on children is identified at the annual budget discussion between representatives of the ministries and departments dealing with children on the one hand, and the Ministry of Finance on the other, where the coordination between economic and social policies is also ensured.

34. The measures taken to ensure that disparities between different regions and groups of children are bridged and that children in disadvantaged groups are protected against the adverse effects of economic policies included the policy of poverty eradication (described in detail in paragraph 61 of this report) are guided by a unit within the Planning Institute of Jamaica for the preparation of "poverty maps", which identify the areas occupied by disadvantaged families. The Jamaica Survey of Living Conditions has provided an important measure of the manner in which household welfare is affected by the macroeconomic policies associated with structural adjustment. (A copy of the Poverty Map, annex V, can be consulted in the files of the secretariat.)

35. It has not been possible to calculate precisely the proportion of international aid allocated to children. Many international agencies contributed to the cause of children among other things during the period. Some outstanding contributions are listed below:

- the Government of Germany contributed to education and health;
- Japan, to education (audio-visual and microfilm equipment for the National Gallery);
- the Republic of Korea, to health and institutions for children with disabilities;
- the Netherlands, to education and health;
- the United Kingdom, to education; and
- the United States, through USAID, to family planning, HIV/STD prevention and education.

36. United Nations agencies contributing include:

- United Nations Development Programme, AIDS/STD education in the formal school system;
- United Nations Population Fund, family planning and health;
- World Health Organization, health; and
- United Nations Children's Fund.

37. Of the international agencies, UNICEF is the most consistent contributor to children in Jamaica. Through a country programme from 1993 to 1997, for “children in especially difficult circumstances”, and a new programme initiated in 1997 with the wider focus on “children and youth at risk”, slated to end in 2001, UNICEF has supported projects on advocacy, health, education, street children and institutional strengthening.

38. Various measures have been taken to make the principles and provisions of the Convention widely known to adults and children alike. There has been no need to translate the Convention into other languages since English is spoken at all levels in Jamaica. However, various methods of publicizing the Convention have included governmental conferences, workshops and seminars, the use of radio and television programmes and the issue of publications.

39. The following are some of the measures sponsored by the Child Support Unit of the Ministry of Health:

- 1994: a child rights rally - local drama groups made presentations at schools, communities, marketplaces and plazas to develop an awareness of the programme Children in Especially Difficult Circumstances;
- 1995: Children’s Services Division hosted a Parent Day in St. Thomas for 1,000 persons;
- 1995: presentations of a short play on child abuse in rural agencies, marketplaces and schools;
- 1995: workshop entitled “Bring back the love” at the Wyndham Hotel discussed nutrition, health, parenting skills, conflict and dispute resolution, and basic money management; and
- 1998: The Children’s Agenda - a collaborative effort of Government, non-governmental and private sector organizations to discuss some of the burning issues relating to children and propose workable solutions.

40. Training seminars have been held, including:

- 1994: training of 180 teachers and principals in the detection of special education needs and management of cases of child abuse;
- 1995: sensitization of 720 police officers;
- 1997: sensitization of 25 members of the judiciary to the provisions of the Convention;
- 1997: sensitization of probationers at the Police Training School; and
- 1998: sensitization of 60 police officers on the Convention.

41. Radio and television programmes sponsored by the Child Support Unit include:
- 1994: prepared and delivered radio programme for Children’s Expo;
 - 1995: hosted discussions on legal reform on three radio stations; and
 - 1997: developed radio drama serial “Youth Runnings”. This drama portrays issues relating to the rights of children.
42. Publications sponsored by the Child Support Unit include:
- 1994: published articles in local newspapers, printed and published posters and leaflets, and printed and published “Writing it Right”, a guide for journalists and producers of radio and television programmes;
 - 1994: Child Guidance Clinic produced 5,000 booklets, printed 10,000 posters on child abuse and produced a video entitled “Listen to Your Child”; and
 - 1998: printed, published and circulated 3,000 copies of the National Policy on Children.
43. Specific steps taken to make the Convention widely known to children include a Child Rights Rally in 1994; the Street Children’s Conference in 1996 in which 120 street/working children participated; the active participation of children in the radio drama “Youth Runnings”; a two-day training workshop for 30 street children in 1995; a special forum and variety concert held on Universal Children’s Day in 1997, with theme “Listen to the Children”, in which 300 students participated. One innovation which is worthy of special mention was a programme of empowerment for children and youth at risk which was taken into schools and children’s homes, titled “Yes, I Can”. This project involved the use of music and drama to develop a positive self-image in children. Perhaps the most outstanding activity under this heading was the staging of a Children’s Parliament in 1996, when 60 members of Parliament permitted children to assume their seats for a day’s sitting to encourage child participation in the development of a National Policy on Children.
44. The measures adopted to provide education on the Convention to public officials are discussed in paragraph 257 of this report. The principles and provisions of the Convention have been incorporated in professional training curricula to a limited extent only. The proposal to include the provisions of the Convention in the Constitution, which is mentioned elsewhere in this report, will automatically change this situation. Understanding of the provisions of the Convention by the mass media is promoted through the government agency for information, the Jamaica Information Service, which is constantly in communication with all government ministries and departments.
45. Many non-governmental organizations are involved in awareness and advocacy campaigns on the Convention. Chief among these is the Coalition on the Rights of the Child, a

group of non-governmental organizations with the stated objective, inter alia, "To educate the general public about the rights of the children". (See the initial report.) This agency is supported by UNICEF. The Child Month Committee also makes a valuable contribution, although their activities are largely confined to the month of May, which is the National Child Month. The Jamaica Foundation for Children is also engaged in advocacy, through a hotline for children which has grown in listenership from 432 calls in 1995 to 3,251 in 1997, and an annual Children's Expo which enables other child-centred agencies, both governmental and non-governmental, to promote their programmes.

46. The activities of the Jamaica Coalition on the Rights of the Child over the five-year period under review include the following public education activities:

- Monthly quiz competitions within 35 schools in the Corporate Area and St. Catherine base on the Convention on the Rights of the Child;
- A total of 31 news releases and 10 feature articles were released and published by the media over the period;
- Two thousand "Children's Advocate" newsletters published and circulated quarterly to organizations at the national, regional and international levels;
- Eighteen child rights workshops and 17 children's rights guest-speaking slots to varying target groups;
- Five child rights workshops for staff of member agencies; and
- Production of two booklets simplifying the Convention in language more easily understood by both children and adults. (1995-1996, 5,000 adult booklets and 7,000 children's booklets circulated.)

47. Child participation activities have included:

- A series of four island wide "Youth Opinion Fora" (1994-1995), using drama to interpret the Convention and involving the children in discussion of issues affecting them. The forums targeted children and teachers from parishes in the following regions: Kingston and St. Andrew, Ocho Rios, Montego Bay and Mandeville (recommendations were circulated);
- Production of a 15-minute documentary, "Laurel's Diary", which was made by children and is an exploration of youth opinion in Jamaica - used by Jamaica Broadcasting Corporation (JBC) on several occasions. Currently used as introduction to some public education sessions;

- A series of six island wide child rights rallies (1995-1996) using the performing arts group “Ashe” to interpret the Convention in a dramatic presentation utilizing song and dance. The targeted children, teachers, parents and community workers from parishes within the following regions: Kingston and St. Andrew, Ocho Rios, Montego Bay, Negril, Mandeville, Brown’s Town. A discussion on the issues that were highlights in the drama followed each presentation; and
- Three budget analyses as contributions to Child Month ‘95, ‘96 and ‘97. The exercises gave children an opportunity to participate in debates on the national fiscal budget and allowed them to understand more fully the implications of budget allocations for programmes concerned with the welfare of children.

48. This year’s contribution by the Child Month Committee has been particularly relevant and useful, as it convened a Conference on Children and Violence with the aims:

- To present a clear picture of the magnitude of the problem;
- To find ways to continue listening as our children speak;
- To continue to share information on violence; and
- To begin an integrated and collaborative approach to the search for solutions to violence affecting children.

49. Representatives from departments and agencies dealing with children participated and the outcome of the Conference included several useful recommendations, which will be pursued. Apart from the notable agencies which have been described, approximately nine non-governmental agencies have participated in these events during the reporting period.

50. The process of preparation of the present report was undertaken in two phases over a one-year period from July 1997 to June 1998, the date on which the report falls due. In June 1997, the consultant who prepared the initial report in 1993, was contracted by the Government of Jamaica to coordinate the activities leading to the preparation of the current report and, eventually, to write the report.

51. Phase I: From September 1997 to December 1997, a series of five workshops were held, designed in the short term to obtain material for the preparation of the report and in the long term to increase the general knowledge of the provisions of the Convention.

52. The first workshop included representatives from all government departments and major non-governmental organizations dealing with children and provided general information on the report and the process of preparation. Copies of the Guidelines were circulated. For each of the next four workshops, participants included persons who work in areas relating to the four clusters of the United Nations Guidelines and each workshop used the relevant cluster as a basis for discussion, with the emphasis on providing answers to the questions raised as a way of collecting information and, indeed many of the responses contained in this report are based on the reports of these workshops.

53. Phase II: A similar process was used in obtaining input from community groups in six workshops, involving participants from 14 parishes island wide. The material gained from Phase II is summarized in annex VI, which can be consulted in the files of the secretariat.

54. Jamaicans at all levels speak and understand English. It has not, therefore, been necessary to translate this report into any indigenous language. During the process described above, governmental organizations, including a meeting of judges, and non-governmental organizations, participated in workshops and conferences. The final report was approved by the Cabinet of Ministers before submission to the United Nations.

Definition of the child (art. 1)

55. This definition remains unchanged. Please refer to the initial report submitted in 1993. (See paragraph 8 of the Guidelines.)

56. The minimum age of employment is 12 years and the age of completion of compulsory schooling is 14 years. Specific proposals to correct this anomaly are included in the legislative review which is now in progress. In addition to the amendment of legislation to enable the child to enjoy fully the right to education, a great deal of public education is necessary to bring the minimum age of employment to international standards. There is no difference in the legislation between girls and boys.

57. The Government of Jamaica is deeply conscious of its commitment, which was articulated in the initial report, to bring the definition of the child in line with the age given in the Convention. This has been restricted by the delay in the enactment of the Child Care and Protection Act. It was now envisaged that the Act should be a reality soon.

II. FAMILY ENVIRONMENT AND ALTERNATIVE CARE

**(Arts. 5, 18, paras. 1-2, arts. 9-11, 19-21,
25 and 27, para. 4, and 39)**

A. Parental guidance (art. 5 of the Convention)

58. The family structures within the Jamaican society can be identified as: the nuclear family, which includes a man and woman living in married or common-law union with their children, both natural and adopted; single parents and their children, foster parents and their children; extended families, which include aunts, uncles and grandparents who sometimes support the family unit and often assume responsibility for the children of single parents.

59. The measures adopted to ensure respect for the responsibilities, rights and duties of parents and the extended family or community are both legal and social. They are set out in the initial report and are therefore not repeated here.

60. The number of family counselling services and parental education programmes has grown over the past five years as the activities of existing ones have intensified. Children's Services and Correctional Services are traditional providers of counselling. Their efforts

continue. New measures include the establishment of a juvenile unit within the Police Force and the strengthening of a counselling unit within the Ministry of Education and Culture. Parenting education programmes are promoted by a Coalition for Better Parenting, a volunteer group spearheaded by social workers employed by the Ministry of Education and Culture and non-governmental groups such as Help for Parents, which offers training and workshops for trainers and parents; Fathers Incorporated and Parenting Partners. In addition, many churches now offer family counselling services. All these agencies convey knowledge and information about child development and the evolving capacities of the child in their various programmes. So far, there has been no structured evaluation of their effectiveness although there is usually an evaluation at the end of each series of workshops.

61. Many activities of both Government and non-governmental agencies are directed at ensuring respect for the principles of the Convention. The main thrust by the Government has been the eradication of poverty. In 1995 the Prime Minister in his budget debate speech announced the intention of the Government to reduce poverty by:

- efficient, equitable and flexible human resource development strategies;
- a welfare system widened to have greater coverage of needy persons and streamlined for more efficient administration; and
- an integrated programme of poverty reduction activities geographically targeted to deprived communities.

In pursuance of these goals, in 1997 Parliament approved Jamaica's policy towards the eradication of poverty and the companion National Eradication Programme. In the same year the First United Nations Decade for the Eradication of Poverty (1997-2006) was launched and 17 October was observed as the International Day for the Eradication of Poverty.

62. On a practical note, the level of poverty recorded in 1996 (26.1 per cent) showed a 1.5 per cent decline relative to 1995;² there were increases in the access to land by the poor, expansion in educational and training facilities and an increase in community development activities funded by the Jamaica Social Investment fund. All these activities had a direct impact on the rights of the child, particularly the child of the poor, to non-discrimination, to life and to survival and development. Respect for the views of the child is reflected in legislation like the Children's Guardianship and Custody Act (see the initial report), in the proposed Child Care and Protection Act, and in a Children's Parliament in 1996, when members of Parliament allowed children to take over their seats for a day and conduct a session of Parliament to discuss the National Policy on Children, then in the preparatory stages. Some of the children's thoughtful and informed suggestions were actually included in the final draft of the policy.

63. On an even more immediate level, a "breastfeeding week" emphasized the importance of breastfeeding and the right to life was emphasized by the upgrading of the maximum age for treatment in the Bustamante Hospital for Children, the island's only facility for the exclusive use of children. This hospital, which treated children ages 0-10 years, now treats children aged 0-12 years.

64. In addition to these measures, the child's voice has been heard during an annual Child Month staged by a voluntary committee and the continued activities of the Coalition on the Rights of the Child, which are detailed in the introduction to this report. Other activities which emphasize the child's right to be heard are:

- a Street Children's Conference held in 1996 to bring street children together in a warm environment, allowing them to raise their concerns and exposing them to another way of life;
- a Universal Children's Day with the theme "Listen to the Children" in 1997; and
- the establishment of Child Rights Support Clubs in Schools in 1998.

65. The chief difficulties encountered in the implementation of article 5 lie in the societal perception of the mother as the parent with responsibility for the child. This has improved in recent years as shown by empirical data, e.g. an increased number of fathers seek custody of their children in the courts, by observation of an increase in the general interest of fathers in their children and by the formation in 1994 of a vibrant group called Fathers Inc., which offers counselling in parenting to young men.

B. Parental responsibilities (art. 18, paras. 1-2)

66. Refer to the initial report for information on the consideration given by the law to parental responsibility.

67. Assistance to parents and legal guardians in the performance of their child-rearing responsibilities is available from the Children's Services Division of the Ministry of Health; the counselling division of the Ministry of Education and Culture; the Social Development Commission, a community-based organization, the counselling section of the Family Court; the Social and Economic Support Programme for pregnant and lactating mothers; the Food Stamp Programme; and the Child Guidance Clinic within the Ministry of Health, which offers guidance and support to the parents of disturbed children and treatment to children with emotional and mental problems.

68. Children's Services and the Probation Service are responsible for the placement through the courts of children needing alternative care as well as voluntary supervision of families and children in trouble.

69. Children from families belonging to the most disadvantaged groups are given special attention by Children's Services and the Probation Services; by the Poor Relief Department, which administers assistance to the needy; and through the school feeding programme of the Ministry of Education and Culture. The point must be made that single-parent families do not necessarily belong to the most disadvantaged groups. Increasingly, professional single women and men have chosen to have or adopt children. In addition, children who are orphaned or

abandoned are sometimes adopted by family members. For example, in 1997 adoption orders were made by the courts for 15 male and 156 female children to be adopted by single parents. Of these parents 26 were grandmothers, 60 aunts, 10 uncles and 4 sisters, while 71 were not related to the children. Of these cases 32 applications were received in 1997 alone.

70. The children, especially those in extreme poverty, benefiting from food stamps are reflected in Table 4 below.

Table 4

Food stamp programme

Beneficiaries by category and target achieved, December 1997

	Number targeted	Number of beneficiaries 1996	Percentage of target 1996	Number of beneficiaries 1997	Percentage of target 1997
Pregnant/lactating women ^a	30 000	25 526	85.1	30 833	102.8
Children 0-6 years	150 000	103 917	69.3	96 626	64.4
Elderly poor/disabled	100 000	29 485	29.5	74 410	74.4
Single person household (under \$7 000 p.a.)	20 000	50 331	251.6	17 217	86.1
Family plan household of 2 or more (under \$18 000 p.a.)	50 000	42 369	84.7	41 050	82.1
Total	350 000	238 102	68.0	260 136	74

Source: Ministry of Labour, Social Security and Sport.

^a Figures for this category for both year are counted manually.

C. Separation from parents

71. The measures adopted where the child must be separated from his parents, as in cases of abuse and neglect, are different from those adopted where parents live separately and a decision must be made as to the child's place of residence. The procedure common to both sets of circumstances is that the Family Court or the Juvenile Court has the responsibility to make the final decision, subject to the recommendations of social workers. In the former case, under the Juveniles Act a children's officer, a probation officer or a police officer has the right to remove the child from home to a "place of safety", having investigated the complaint. The Court, after hearing the history of the alleged abuse and considering the child's circumstances, can make an order deeming the child in need of care and protection and placing him/her in the care of a State

agency which has the responsibility for placing the child in a foster home or children's home. This is only done after evidence from the parents, the social worker and the child, if old enough, has been heard. Every effort is usually made, at all levels, to ascertain whether it is necessary to remove the child from the home before such an order is made. The order is usually made to encompass a stated period after which the matter would be reviewed by the court.

72. In the latter case, the matter comes before the court on the application of one or both parents. It is usually postponed after the first hearing, after which an investigation is made, at the request of the judge, of the circumstances of both parents. At a second hearing the court considers the report of the social worker and hears the views of the child before making an order. This matter comes under the Children's (Guardianship and Custody) Act, which states explicitly that the decision should be "in the best interest of the child".

73. Even in proven cases of abuse or where only one parent applies for custody of a child, the Court does not take a decision without hearing the views of the other parent. The hearing is sometimes postponed to ensure this. Similarly, the views of the child are always sought and heard by the court and these influence the decision, save where they conflict with the best interest of the child.

74. The child who is separated from one or both parents has the right to maintain personal relations and direct contacts with both parents on a regular basis save where (as in some cases of abuse) it is contrary to the best interests of the child. However, this practice is not reinforced by law and will be given consideration in the law reform now in progress.

75. With reference to the request for data in this paragraph of the Guidelines, it is regretted that the disaggregated information is not available at this time. The reason for this omission is directly related to the need for a central data system, identified in paragraph 28 of this report, dedicated to the collection and analysis of data regarding children. This is one of the targets set for the future.

D. Family reunification (art. 10)

76. There is provision for the issue of a passport or an emergency certificate by the Ministry of National Security and Justice to facilitate the application of a child or his or her parents who wish to leave or enter the country for the purpose of family reunification. Although the attitude of the Jamaica Government is consistently humane, the success of such applications to leave the country is often restricted by the immigration status of the child or his or her parents. In all such cases there is machinery for the aid of the relevant embassies or consulates to be sought through the Ministry of Foreign Affairs and, in exceptional cases such as those involving illness, there is direct intervention by the State to the foreign Government. An outstanding recent example involved the case of a parent who wished to visit a seriously ill child in an American hospital. Such a request entails no adverse consequences for the applicants or the members of their families.

77. There is no evidence of discrimination on any grounds in such cases and applications are considered in the light of the general principles of the Convention.

78. There are two situations in which it would be necessary to ensure the rights of a child whose parents live in different parishes (States) to maintain on a regular basis personal relations and direct contacts with both parents. On the one hand, if custody of a child had been given to one parent, the Court Order would make explicit provision for access and visiting rights to the other parent, save where the exercise of these rights are not in the best interests of the child. On the other hand, if a child is removed from home in his or her best interests, both parents are encouraged to visit the child, who is also sometimes went “home on trial”. The exceptions to these measures would be made where one parent or the other had been guilty of abuse of the child leading to his or her removal from home or where, for any other reason, his contact with the parent was regarded as contrary to his or her best interests.

79. The Immigration Department within the Ministry of National Security and Justice has the responsibility to issue passports which would under ordinary circumstances permit a child and his or her parents to leave any country, including their own, and to enter their own country. There are no restrictions to prevent them from entering their own country. Under extraordinary circumstances, a child and/or his or her parents could be prevented from leaving their own country if they were in conflict with the law or were victims of conditions which were regarded as a danger to public health. In such cases, restriction could be imposed by the issue of a “stop order” by the courts and/or the seizure of travel documents by the police.

80. Facilities exist, as outlined above, for the implementation of article 10 as it affects family reunification. Although the process could be facilitated by the easing of immigration laws and visa requirements to enter other countries especially the United States of America, these measures are outside the powers of the Government of Jamaica. However, constant dialogue is conducted to ensure cordial relationships between the Government of Jamaica and the embassies and consulates of other countries.

E. Illicit transfer and non-return (art. 11)

81. The only bilateral or multilateral agreement to which Jamaica is signatory is the Convention for the Suppression of Traffic in Women and Children, which Jamaica signed in 1965. Although it is many years before the period under review, it is mentioned here as it was not included in the initial report.

F. Recovery of maintenance for the child (art. 27, para. 4)

82. The legislative, administrative and judicial measures and mechanisms or programmes developed to secure the recovery of maintenance for the child from the parents or other persons having financial responsibility for the child, both within the State and abroad, are set out in the Family Environment and Alternative Care section of the initial report.

83. Although the legal and administrative structures exists, there are difficulties in recovering maintenance for the child. Birth registration is not really a problem as the court will accept alternative proof of birth such as a baptism or school record. However, problems range from a

lack of commitment on the part of fathers, resulting in their reluctance to come into court to difficulty in enforcing orders due to inadequate staff. It is hoped that the situation will improve following the restructuring of the Family Court under the Juvenile Justice Programme sponsored by UNDP and UNICEF.

84. The process of birth registration has been greatly improved by the improvement of the infrastructure. However, a difference between the data supplied by the hospitals and those recorded by the Registrar General has made it necessary to review the system of recording being implemented in both institutions, to ensure accuracy, with special reference to the mortality rate among newborns.

G. Children deprived of their family environment (art. 20)

85. Children are only deprived of their family environment when, in their own best interests, they cannot be allowed to remain. Before the court gives an order for the removal of such a child from home, the option of placement with a family member is explored. Failing such a placement, foster placement or placement in a children's home provides alternative options, with foster placement as the first choice. Adoption is regarded as a highly desirable option and indeed, there is a successful adoption programme, but this solution is not always available because, though the law gives the court the power to waive the consent of the parents where such a course is in the best interests of the child, the court often takes into account a deep cultural resistance to giving up children for adoption.

86. The placement of children in institutions is only done if it is absolutely necessary and the progress of such a child continues to be monitored by a children's officer with whom the child has established a relationship.

87. In providing alternative care, due regard is paid to the desirability of continuity in the child's upbringing. Table 5 below gives information on the children concerned.

Table 5

Statistics from Children's Services Division 1993-1997

	1993	1994	1995	1996	1997
Number placed in foster home	120 Males 100 Females 220 Total	110 Males 90 Females 200 Total	99 Males 96 Females 195 Total	99 Males 101 Females 200 Total	150 Males 147 Females 297 Total
Number placed in children's home	120 Males 65 Females 185 Total	130 Males 70 Females 200 Total	142 Males 60 Females 202 Total	132 Males 84 Females 216 Total	210 Males 134 Females 244 Total

Table 5 (continued)

	1993	1994	1995	1996	1997
Number placed in home on trial	45 Males 30 Females 75 Total	45 Males 35 Females 80 Total	50 Males 40 Females 90 Total	55 Males 45 Females 100 Total	82 Males 34 Females 116 Total
Number abandoned	47 Males 43 Females 90 Total	56 Males 49 Females 105 Total	76 Males 56 Females 128 Total	50 Males 42 Females 92 Total	49 Males 34 Females 83 Total
Number of fit person orders made	350 Males 270 Females 620 Total	417 Males 298 Females 715 Total	292 Males 247 Females 539 Total	271 Males 214 Females 485 Total	214 Males 206 Females 420 Total
Number of supervision orders made	130 Males 110 Females 240 Total	192 Males 109 Females 301 Total	143 Males 190 Females 333 Total	136 Males 162 Females 298 Total	178 Males 172 Females 350 Total
Number of persons making request	1 700 Males 2 437 Females 4 137 Total	1 900 Males 3 100 Females 5 000 Total	2 293 Males 3 514 Females 5 807 Total	1 468 Males 2 852 Females 4 320 Total	1 886 Males 4 667 Females 6 553 Total

Source: Children's Services Division.

88. Some progress has been achieved in the implementation of article 82 of the Convention. There is greater public awareness of the needs of children who have to be removed from home resulting in an increased number of available foster parents.

89. Difficulties encountered include a parental resistance to the removal of children, however badly treated, from home and the cultural resistance of parents to the changes arising from training. A major target is the reduction of children coming into care by supporting parents through preventive work.

H. Adoption (art. 21)

90. There are legislative, administrative and judicial measures to ensure that the best interests of the child are the paramount consideration in implementing the system of adoption, which is recognized and permitted in Jamaica.

91. The adoption of a child is recommended by the Adoption Board, a statutory organization established by the ministry with responsibility for children's affairs, on the recommendation of (after investigation) a team of social workers employed by the board. The power to grant or refuse an adoption order rests with the Family Court and Resident Magistrates Court, to which the matter is submitted by a social worker on behalf of the board.

92. The adoption of children falls under the Adoption Act of 1958, which gives in detail the procedures which should be followed. There are two main sources from which children in need

of adoption can be found: women, usually single, who cannot afford to keep their babies, and children who are abandoned or whose parents have died or are unable to care for them. Persons wishing to adopt children visit the Adoption Board and their names are noted.

93. Under ordinary circumstances, the law requires that the parents of a child put up for adoption should sign a prescribed form of consent, after an interview by a social worker whose duty it is to ensure that the parents are aware of the alternatives to and consequences of adoption. In the case of abandoned children, the Director of Children's Services stands in loco parentis and signs the consent where applicable. In cases where the parents of children in care show no real intention or ability to make provision for their children, the court is asked by the social worker to exercise the power under the law to waive the consent of parent or guardian. In every case the views of the child, if he or she is able to express them, are taken into consideration.

94. Several safeguards exist, both in law and procedures, to protect the rights of the child; the law provides that the parent's consent is not valid until the child is 6 weeks old; in the case of an abandoned child, advertisements must be placed in popular publications giving whatever information is known to allow parents to come forward; both child and prospective adopter must be subjected to a complete medical examination; and the child has to be resident in the home of the prospective adopter for a period of three months before an application for an adoption order can be entertained by the court. In practice, social workers assigned to cases of adoption are trained to preserve the highest level of confidentiality; to perform detailed and timely investigation and to ensure that the requirements of the law are met in the best interests of the child. After the adoption order is made by the court, the child enjoys the rights and privileges of his new home as if he had been a natural child. As the law stands now, he does not have the right to know his or her biological parents. This right and its implications for the child and the adoptive parents are currently the subject of debate in the context of law reform.

95. It is the declared policy of the Adoption Board that intercountry adoption is considered as an alternative means of care only if he or she cannot [...] in any suitable manner be cared for in the child's country of origin. The need for this usually arises in respect of children whose age or disability make them unattractive to local prospective adopters. The law explicitly forbids the adoption of children for financial gain.

96. Arrangements exist with social work agencies abroad for the follow-up process leading to the adoption of children. The best interests of the child prevail as a paramount consideration.

97. No new bilateral or multilateral agreements have been concluded by the State to promote the objectives of article 21 during the period under review. However, measures are adopted on a country-to-country basis to ensure that the placement of a child in another country is carried out in cooperation with competent authorities. At this time the countries involved are Sweden and Denmark, all Commonwealth countries and some States in the United States. Arrangements for intercountry adoptions with Sweden have been very satisfactory. The adoption agency in that country undertakes home studies and medical examinations of prospective adoptive parents and submits the report, translated and notarized through the Jamaican consular representative in Sweden. The Swedish agency also supervises the placement and informs the Jamaican Adoption Board when the adoption can be completed.

98. Arrangements for placement of children in the United Kingdom are also satisfactory as those are done through the local authorities and the placements are supervised. Similar arrangements exist with Canada through the national adoption desks and the United States of America on a State-to-State basis.

99. During 1997, 30 children were sent to the United States for adoption, 4 to Canada, 1 to Sweden and 1 to the United Kingdom. Of these, 14 were female and 22 were male.³

100. Progress has been achieved in the implementation of article 21 by way of improvement in societal attitudes towards the process of adoption and an increase in the local demand for children to adopt.

101. Difficulties encountered have arisen from large case loads and inadequate resources. Because of this, records are sometimes lacking in details outside of the information required to suit the immediate needs of the adoption process. Targets improve both the content of records and the machinery for recording-keeping. Special funding is being sought to computerize the records of adopted children. As the law stands, adopted children do not have the right to know their natural parents or to access their original birth records, except by court order in exceptional circumstances. This sometimes causes trauma for adopted children and another target is to amend the law to give the adopted child the right to know his or her natural parents and to access birth records.

I. Periodic review of placement (art. 25)

102. There is provision for the periodic review of the situation of the child placed in a public or private institution, both to ensure his or her physical and mental health and to assess whether or not the placement should continue, taking into consideration the facilities available in the institution, its ability to satisfy the developing needs of the child and any changes in the situation of the parents.

103. The main authority considered competent to make such a review is the Children's Services within the Ministry of Health, which is headed by a director, with a deputy director with special responsibility for institutions. The final responsibility for the review lies with the director through his deputy. The review is conducted at various levels and it relates generally to the institutions and to the specific child. Thus, there are periodic meetings with superintendents and assistant superintendents of institutions to discuss policy relating to all institutions, which are assessed on their ability to provide supervision, accommodation, education and/or skill training, recreation and health care. On another level, each child who is placed in an institution is assigned to a social worker, whose duty it is to assess and monitor the child's progress in terms of health and development; the social worker could take the case of an individual child to a case conference and, arising from this process of ongoing monitoring and examination in conference, a decision could be taken to remove the child to another placement such as foster care or, where this is possible, adoption.

104. Finally, children in institutions are sometimes sent "home on trial". As the name suggests, this is the temporary placement of a child in his own home by the Children's Services, even while the court order for his/her removal is still in force. The situation is carefully

monitored and reviewed before it is recommended to the court, which has the final authority to rescind an order, that the child should be returned home on a permanent basis. The situation of children placed in institutions is usually reviewed after six months or more frequently if the need arises. All action that is taken has regard to the wishes of the child and his or her best interests.

J. Abuse and neglect (art. 19), including physical and psychological recovery and social reintegration (art. 39)

105. An amendment to the law against incest, proposed in 1996, but not yet enacted, widened the definition of incest to include guardians outside of a direct blood relationship. The Domestic Violence Act of 1996 also provides additional protection of children from abuse.

106. These laws are administered in the Juvenile and Family Courts; the police, the Children's Services of the Ministry of Health and the Correctional Services of the Ministry of National Security and Justice are responsible for their administration.

107. A child or his/her representative who is the victim of any form of abuse, can complain direct to the Clerk of the Courts, social agencies, clinics and the police. Cases of abuse are often reported by professionals (for example, guidance counsellors) and interested neighbours and friends. Procedures exist for intervention by the Children's Services, the Probation Service and the police where a child requires protection. If necessary, representatives of any of these agencies are empowered to take such a child before the Courts for permission to remove him or her from home. The police have the right to prosecute the abusive parent or guardian.

108. Many programmes exist to promote non-violent forms of discipline, care and treatment of the child. These include Peace and Love in Schools (PALS), a programme sponsored by an NGO; a conflict-resolution programme within the police force; the Guidance and Counselling Unit within the Ministry of Education; Help for Parents, an NGO; Woman Inc., a women's group; the Coalition for Better Parenting; and a sports programme in the inner city. Awareness-raising campaigns are launched on an ongoing basis, by media coverage of the situation of children, PALS; Jamaica Coalition on the Rights of the Child; Young Women's Christian Association; and many other community-based organizations, both government and non-government. Special mention must be made of the Child Month Committee, a voluntary group which concentrates its efforts in May of each year and has initiated a number of activities relating to violence against children.

109. The most recent collection of data on the abused child, disaggregated as required in the Guidelines, is contained in a study by Dr. Pauline Milbourn of the Child Guidance Clinic; the report on her work is reproduced in its entirety in annex XI.

110. A number of programmes exist to provide necessary support for the child and those who have the care of the child including rehabilitation mechanisms. One important programme is the Women's Centre Foundation of Jamaica, which provides continuing education and counselling, with the emphasis on Family Life Education, for young girls who have become pregnant while in

school. This programme has been in existence since 1972. It has assisted 1,445 young mothers in the Adolescent Mothers' Programme in 1997, bringing to 21,572 the number of young mothers assisted since its inception.⁴ The Foundation also recognized the importance of working with the fathers of the babies, and counselled 950 fathers and provided assistance in finding employment or training.⁵ Another important programme is the Rural Support Organization, which operates in a rural area to administer a teenage mothers project, a male adolescent programme, a roving caregivers/home-based nurseries project and a youth development project. All these programmes aim to provide guidance and counselling to male and female adolescents and, inter alia, to offer rehabilitation of pregnant teenagers and male adolescents who are dropouts from the school system.

111. The Teenage Pregnancy Project is an outreach programme of the counselling section of the Family Court. It offers counselling and assistance to the expectant mothers who attend the prenatal clinic at the Victoria Jubilee Hospital, the island's major maternity hospital.

112. Other programmes which provide social support for the abused child and his parents include the Attendance Centre, an arm of the Family Court, and Children First, an NGO which caters to street children; a university programme for childcare providers; and various other similar programmes.

113. The identification, reporting, referral, investigation, treatment and follow-up of instances of maltreatment are partially ensured by the existence of a Central Registry within the Ministry of Health. This was established on the recommendation of the Task Force on Child Abuse of 1988 (see section on Family Environment and Alternative Care in the initial report), and has been implemented on a voluntary basis. There are parish teams which collect and refer information on a monthly basis to the registry. While its existence is useful, it is envisaged that its inclusion in the proposed legislation will increase its impact. The follow-up on cases reported is undertaken by the social workers who comprise the parish teams.

114. There is no formal system of mandatory reporting for professional groups working with children. This measure is listed for inclusion in the proposed legislation (also refer to the initial report). The categories of professionals to be included are medical practitioners, social workers and police.

115. The chief confidential helpline for child victims is sponsored by the Jamaica Foundation for Children with the support of UNICEF and a number of private commercial organizations. Children and their parents can also ask for help by calling the Family Court hotline.

116. Special training for professionals is included in the curricula of teacher training institutions. These include the University of the West Indies; United Theological College, the Jamaica Theological Seminary, the West Indies College and the Caribbean Graduate School of Theology, institutions for the training of religious workers.

117. Measures to ensure the physical and psychological recovery and social reintegration of the child victim of any form of neglect, exploitation or abuse are pursued in the programmes of the Child Guidance Clinic, a unit for troubled children within the Ministry of Health; the Comprehensive Clinic, a general health clinic in the same Ministry; medical support services by

the Children's Services; the Police Rape Unit and Juvenile Units; the LEAP Centre, a programme for street children run by the Ministry of Education; the MICO Youth Counselling Centre, sponsored by a non-governmental organization and several non-governmental agencies.

118. There has been some progress in the implementation of the Convention articles discussed in this section of the report, that is articles 5, 18, paragraphs 1-2, 9-11, 25, 27, paragraph 4, and 39. High among the indicators of progress is the ongoing process of law reform. Although the time taken for the completion of this process has been longer than anticipated, it has ensured the participation of all segments of the society, which can only in the long term facilitate the implementation of the laws, when enacted.

119. Another important indicator of progress has been the move to establish a Children's Services Corporation, which would facilitate enormously the delivery of service to children and parents in the context of the family as a whole. The exploration of this project has been ongoing for the past three years and has involved Government and non-government agencies at all levels. A proposal is now being prepared for submission to Government for approval.

120. In addition, there have been attempts to establish monitoring systems, a sharp increase in public education and public knowledge both on the provisions of the Convention and the issues emerging from it such as abuse. The introduction of Child Rights Support Clubs in Schools has been a major step forward.

121. Lack of resources, human and financial, continues to be the leading difficulty encountered. Ineffective networking leading to an overlap of function of agencies has been a problem, which has, however, been reduced by increased cooperation, particularly between Government and non-governmental organizations. For the future, the targets must include an improvement in the areas which are now seen as difficulties; for example, the expedition of the legal reform process; an ongoing review of the partnership between the Government of Jamaica and the non-governmental organization sector; and the improvement of systems for monitoring the implementation and evaluating the impact of programmes, to include a more efficient data collection system.

III. BASIC HEALTH AND WELFARE

(arts. 6, 18, para. 3; arts. 23, 24, 26 and 27, paras. 1 and 3)

A. Disabled children (art. 23)

122. Jamaica's initial report, submitted in 1993, recorded that services to the disabled child have been increased in accordance with article 23, both as regards special care and education. There has been an increase in public awareness of the needs of the disabled, largely due to the activities of a number of non-governmental organizations, which have combined to provide a formidable instrument for advocacy.

123. This continues to be fair comment with the variation that the activities of the Government in the interest of the physically or mentally disabled child have widened in the past five years.

Non-governmental organizations have continued to be active, particularly in the implementation of programmes, and the performance of both Government and NGOs has been strengthened by the financial support of UNICEF.

124. Two major developments support the comments in the preceding paragraph:

- A draft policy paper on disability has been prepared in a joint initiative by a number of NGOs and government representatives, supported by UNICEF;
- In 1997, for the first time, the Government of Jamaica provided funding for community-based programmes. A list of the major agencies currently offering service to the disabled child is given below:

(i) Government organizations:

- Ministry of Education, Special Education Unit;
- Ministry of Health;
- Ministry of Labour, Social Security and Sports (Early Stimulation Project); and
- Mona Rehabilitation Centre;

(ii) Non-governmental organizations:

- Brothers of the Poor;
- Clarendon Group for the Disabled;
- Jamaica Association for Children with Learning Disabilities;
- Jamaica Association for the Deaf;
- Jamaica Association for Persons with Mental Retardation;
- Jamaica Society for the Blind;
- McCam Child Care and Development Centre;
- Mico CARE Centre - Child Assessment and Research in Education;
- Mustard Seed Communities;
- National Children's Home - Residential;
- Private Voluntary Organizations Ltd.;
- Salvation Army School for the Blind;
- 3D Projects, Spanish Town; and
- West Haven Children's Home.

125. It is emphasized that the information recorded in this section of the current report is a continuation of an ongoing thrust even before 1993 and includes all measures which were not mentioned in the initial report.

126. In an effort to ensure the disabled child's enjoyment of a full and decent life in conditions which ensure his dignity and self-reliance both non-government and government agencies have sponsored early stimulation programmes, parent training, parent support groups and income generating projects for parents. Similarly, to promote the child's enjoyment of his or her rights

without discrimination, there has been community orientation to include community health workers, teachers and other community personnel; the training of parent's groups in the Rights of the Child; advocacy with parents and schools; counselling of children with disabilities by guidance counsellors and others and the issue of significant publications, "Children have rights too" by the Coalition on the Rights of the Child, supported by UNICEF and the Save the Children Fund. In addition, there have been regional forums on children's rights.

127. The child's active participation in the community has been promoted by the encouragement of parents by community and health workers to get children with disabilities involved in community activities such as fairs; schools have held open days with the participation of children with disabilities; and some churches have initiated programmes for training church workers and youth groups in sign language. Special mention must be made of Disabilities Awareness Week, a feature spearheaded within the last few years by community groups to showcase the work done by children with disabilities.

128. The child's access to education is one area in which considerable progress has been made by the introduction of a number of concrete measures:

- Children with disabilities are admitted to regular schools as their capabilities permit;
- Support is provided for teachers in such schools by community-based rehabilitation workers;
- Two secondary schools and several primary schools have been equipped with special education teachers. It is hoped to expand this programme to all schools;
- The Ministry of Education and the Jamaica Teachers' Association have sponsored presentations at conferences and teacher-training programmes to sensitize teachers to the needs of the disabled child;
- The Ministry of Education and the Ministry of Health have collaborated in developing a school health programme which includes special interventions for disabled children; and
- Perhaps the most revolutionary measure under this heading is the introduction by Government of the provision for access to national examinations for children with disabilities. In 1997, for the first time, five students from the Salvation Army School for the Blind were allowed to sit the Common Entrance Examination in Braille for entry into secondary and high schools. This ambitious programme is restricted by the difficulty of children with disabilities competing with other children within the same time frame.

129. With regards to the child's access to training there are community-based rehabilitation programmes in 12 out of 14 parishes. These are inclusive of early intervention. Several measures have been taken to ensure Health Care for the child with disabilities. These include:

- One major research project into community health workers' attitudes;
- A training programme for community health aides, nurse practitioners, doctors and other community health workers on a parish by parish basis, which is still in progress; and
- An attempt to include special provision for the care of children with disabilities in the medical curriculum at the University of the West Indies.

130. Rehabilitation has been facilitated by the availability of aids for disabled children, through a project called Adaptive Aids for making special equipment for children such as wheelchairs, crutches and prostheses. This is sponsored jointly by the Mona Rehabilitation Centre and the technical department of Mico Teachers College. There continues to be need for additional service such as physiotherapy for the disabled child. A number of small programmes in special schools have been developed for the preparation of disabled children for employment where possible. However, there is the need for expansion of this programme and this is one of the targets. The child's access to recreation is assured by the existence of a strong unit within an NGO, the Private Voluntary Organization. The team which goes to the Special Olympics has had outstanding success and is well supported by the community.

131. The consideration given to inclusion of disabled children together with children without disabilities in the education system has been discussed earlier in this section as it refers to education. One outstanding school comes to mind. The Hope Valley Experimental school, which was established in 1972 continues to include children with disabilities and children without and continues to have outstanding success in submitting children to the Common Entrance Examination, as their abilities permit.

132. All agencies work on the extension of services to eligible children. This is done as part of their regular services to clients. Assessment services, already existing in parishes, were extended to three new parishes. One new residential home was established by an NGO. There have been appropriate infrastructural improvements such as ramps built in some public institutions and the installation of larger bathrooms with rails to accommodate the disabled. It is fully accepted in principle by Government and NGOs that assistance should be provided free of charge to the child with a disability, taking into account the financial resources of parents or other caregivers. However, in practice this has been increasingly difficult to maintain as many NGOs have been forced to make charges due to reduction in international and other funding. However, no disabled child is refused service because of the inability of the parent or caregiver to pay.

133. In 1993 a Social Indicators Monitoring System coordinated by the Planning Institute of Jamaica expanded to include statistics on the number of children with disabilities but these do not include any system for the identification and tracking of disabled children nor for an appropriate monitoring mechanism. The development of these facilities is one of the targets for this programme.

134. An extensive training programme for parents and all levels of community workers with disabled children was conducted on an ongoing basis from 1994-96. Training Programmes for institutional staff began in 1996. All training programmes focus on the physical and emotional needs of children with disabilities. These activities have been strongly supported by UNICEF.

135. The Government of Jamaica has demonstrated, both by word and action its commitment to the promotion, in the spirit of international cooperation, the exchange of appropriate information in the field of preventive health care of disabled children. This is illustrated by the country's adoption of the Copenhagen Declaration and Plan of Action of 1995, particularly Commitment 4 as it affects "disadvantaged groups and vulnerable persons".

136. As a sequel to the Summit of 1995, the Government approved the establishment of a Task Force with the specific objective of implementing the Copenhagen Plan of Action to include non-governmental organization representation. The agencies which deal with children with disabilities are in contact with the Caribbean Association for Mental Retardation and other Disabilities, which organizes training and issues literature. All agencies are exposed to training from professionals sponsored by various United Nations agencies and other donor agencies (e.g. USAID).

137. The Early Stimulation Project, a government unit, has arranged inter-agency workshops; there is a National Parent Advocacy group funded by the Norwegian Association for Children with Disabilities; and one outstanding non-governmental organization produces training manuals and videos which are marketed locally, regionally and internationally in Norway, the Netherlands, Africa and India. Local agencies participate in conferences and workshops in the region and in 1997 one agency presented a paper on supportive employment for the disabled child at a conference in Norway.

138. The Jamaica Society for the Blind, as a member of the Caribbean Council for the Blind, participates in the Council's biannual conferences to strengthen regional cooperation.

139. Data on facilities for children with disabilities are included in a report prepared by Dr. M.J. Thorburn, a health professional, who was for many years the director of 3D Projects. (The report, annex VII, can be consulted in the files of the secretariat.)

140. In spite of many positive developments in the care of the disabled child over the past five years, the Government of Jamaica is aware that many measures remain to be taken. A number of these were identified at a workshop of health professionals held to facilitate the preparation of this report:

- An attitude survey, done in 1993 needs to be repeated to see what has been the impact of all the training of staff and community workers which has been undertaken;
- A baseline for statistics and services needs should be established, with regular and consistent monitoring and evaluation;
- All the programmes for disabled children which have been initiated should be extended island wide;
- The inclusion of disability issues in the medical curriculum of the University of the West Indies needs to be expanded; and
- There is need for better coordination of services for the disabled.

141. The implementation of these measures is a target, subject to the availability of funds.

B. Basic health and welfare (art. 24)

142. The principal legislative and judicial measures which seek to recognize and ensure the right of the child to the enjoyment of the highest standard of health and to facilities for treatment and rehabilitation are outlined in the initial report submitted to the Committee in 1993 (section 6, Basic Health and Welfare). In accordance with paragraph 8 of the current guidelines, these have not been repeated in this report. Mandatory immunization of children has been in force for some years.

143. Other measures adopted pursuant to articles 6 and 24 are presented as services for antenatal, intra-natal and post-natal care. These are in continuation and expansion of the services described in the 1993 report.

144. Measures taken to improve antenatal care have included a number of programmes sponsored by the Ministry of Health to provide special clinics for expectant mothers in the high-risk group, emergency medical services, domiciliary services, maternity centres and the integration of primary and secondary health care to enhance antenatal and intra-natal care. These measures also include the introduction of diagnostic technology for identifying obstetric problems and the opening of a new obstetric wing at Victoria Jubilee Hospital, the island's largest maternity hospital.

145. To strengthen the level and extent of intra-natal care measures have been taken to relieve the shortage of trained personnel. These include the reopening of a School of Midwifery at Victoria Jubilee, situated in Kingston, and Cornwall Regional Hospital, a large general hospital at the other end of the island.

Post-natal care (first 28 days)

146. These services have been extended by instituting a referral system to facilitate the transportation of sick neonates, establishing a neonatal unit at Victoria Jubilee hospital, ensuring the presence of a paediatrician in every region and making emergency medical services available island wide.

147. There have been some administrative changes facilitated by the National Health Services Act, which passed into law on Tuesday, 25 February 1997. This enabled the setting up of four regional health authorities, a change from the centralized structure which was reported in 1993. (This new structure is intended to promote greater efficiency in the delivery of health care and is reflected in annex VIII. The revised decentralized administrative structure is reflected in annex IX and replaces Appendix (III) in the initial report.)

148. According to the infant mortality surveys conducted by the Ministry of Health, there has been a steady decrease in the infant mortality rate over the years. The IMR declined from 51.5 per 1,000 live births in 1960 to 27 per 1,000 live births in 1987 and 24.5 per 1,000 live births in 1993. Nine hospitals are currently certified as baby friendly hospitals and it is proposed that all other public and private hospitals should receive the same certification by the year 2000.

149. In 1991, the Ministry of Health listed the mortality pattern showing perinatal conditions, intestinal infectious diseases, disease of the respiratory system, nutritional deficiencies and congenital anomalies as the five leading causes of death in the age group 0-11 months. In 1994, according to the same source, the principal cause of morbidity in the age group 0-11 months was perinatal conditions. At a workshop held in October 1997 with major participation from paediatricians and other health personnel to facilitate the preparation of this report, the main cause of infant mortality in recent times was identified as perinatal conditions with the emphasis on asphyxia in large newborns due to a deficiency in trained personnel and equipment to facilitate resuscitation. To overcome these problems the programme to establish "baby friendly" hospitals has been strengthened, breastfeeding campaigns have been pursued vigorously and all midwives receive continuing education.⁶

150. Apart from these measures designed to provide better facilities for the prevention of infant deaths, there has been a thrust to provide special monitoring for vulnerable newborns by:

- Early laboratory identification of infants with medical problems (e.g. sickle cell, VDRL, etc.); and
- Monitoring of children in clinics to ensure immunization, nutrition and growth and development.

151. The provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care is ensured through the Primary Health Care/Family Health programme within the Ministry of Health which places emphasis on health promotion, health education and prevention of diseases. Services are provided at the community level through clinics and health centres. Health promotion and health education are provided by

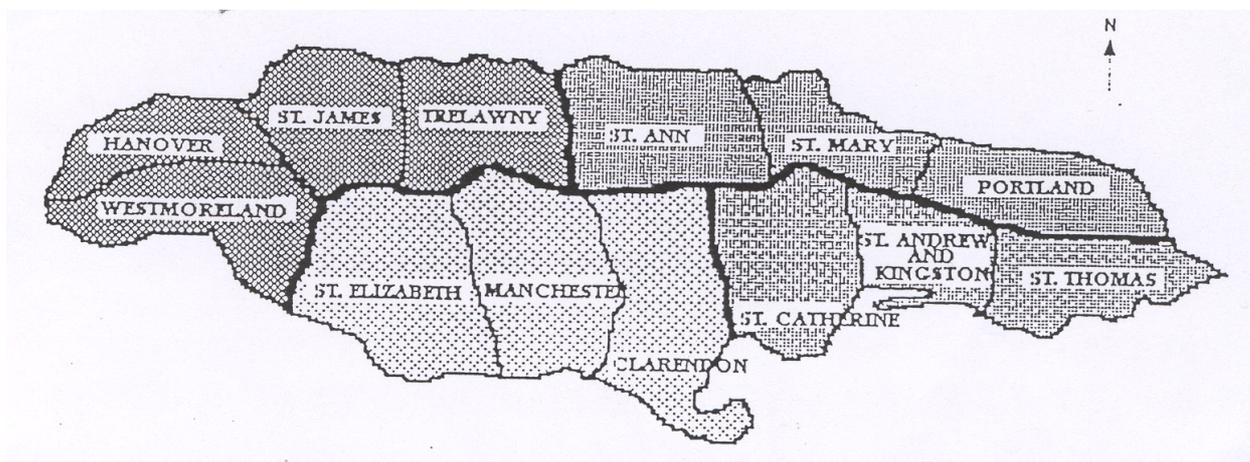
measures like the use of the media; a Child Health and Development programme (CHED) in 400 primary and all-age schools; and the collaboration of the Ministry of Health and the Ministry of Education through the Bureau of Health Education, an arm of the Ministry of Health. The distribution of primary health care services in urban and rural areas is illustrated by Figure I below (reproduced as received from State party).

Figure I

Map of Jamaica showing parish and health regions

WESTERN REGION				
PARISH	POPULATION (1996)	HOSPITALS		PRIMARY HEALTH CARE FACILITIES
		PUBLIC	PRIVATE	
TRELAWNY	72 400	1	-	21
ST JAMES	170 000	1	1	26
HANOVER	67 900	1	-	19
WESTMORELAND	135 600	1	-	22

NORTH EAST REGION				
PARISH	POPULATION (1996)	HOSPITALS		PRIMARY HEALTH CARE FACILITIES
		PUBLIC	PRIVATE	
PORTLAND	78 600	1	-	21
ST. MARY	111 800	2	-	32
ST. ANN	158 100	1	-	27



SOUTHERN REGION				
PARISH	POPULATION (1996)	HOSPITALS		PRIMARY HEALTH CARE FACILITIES
		PUBLIC	PRIVATE	
ST. ELIZABETH	148 800	1	-	30
MANCHESTER	177 500	1	1	28
CLARENDON	223 400	3	-	46

SOUTH EAST REGION				
PARISH	POPULATION (1994)	HOSPITALS		PRIMARY HEALTH CARE FACILITIES
		PUBLIC	PRIVATE	
ST. CATHERINE	402 500	2	-	26
ST. ANDREW & KINGSTON	691 600	8	6	49
ST. THOMAS	89 400	1	-	19

Prepared by: Ministry of Health, Planning and Evaluation Unit, June 1997.

152. The chief measure adopted to ensure a universal immunization system in Jamaica is to set a target of 100 per cent coverage for children under 5 years old within the framework of four vaccines: oral polio vaccine (OPV), diphtheria-pertussis-tetanus vaccine (DPT), anti-tuberculosis vaccine (BCG) and a vaccine against measles. All these vaccines are given in publicized island wide campaigns conducted in clinics and schools and supported by the use of mobile units.⁷

153. In a study by the PIOJ and the Statistical Institute in 1996, the nutritional status of children 0-59 months was estimated using anthropometric measures, weights and heights. Of 744 children (0-59 months old) examined, 5.8 per cent were low weight for age, 5.8 per cent low height for age, and 2.6 per cent low weight for height. No real differences in levels of undernutrition by area were recorded. It was observed that there was a tendency for more boys than girls to be undernourished; 6.1 per cent compared with 5.5 per cent for low weight for age; 6.3 compared with 5.2 for low height for age; and 2.9 compared with 2.2 for low weight for height. Children in the under-11-month age group were at greater risk of undernutrition.⁸

154. No children in the wealthiest quintile of the study were identified as undernourished. Data from the Bustamante Hospital for Children are relevant. It was reported that the peak age of admission for malnutrition was in the 6-11 month age group; this suggests that children during the early weaning period were more at risk of becoming malnourished. The hospital reports indicate that "few children older than 2 years were admitted for malnutrition as a primary or secondary diagnosis".⁹

155. The Public Health Act provides for environmental health services and these are delivered through a wide range of programmes implemented by the Environmental Health Services of the Ministry of Health and addressing: food, hygiene and safety; water quality monitoring and management; and sanitation and solid waste management and vector control.

156. Measures to ensure prenatal and post-natal health care for mothers include provision of care at clinics and hospitals, supplemented by special clinics for expectant mothers in the high-risk group, emergency services, domiciliary services, maternity centres and the integration of primary and secondary health care to enhance antenatal and intra-natal care. In addition, the Ministry of Health developed birthing units in some hospitals. See table 6 below for a record of the data under this heading. Refer also to paragraph 143 in this report.

Table 6
Utilization and coverage of maternal and child health services
1993-1997

Service	1993	1994	1995	1996 ^t	1997 ^e
A. Antenatal care					
Estimated population	58 627.0	57 405.0	59 236.0	62 094.0	57 369.0
Percentage of pregnant women receiving care	71.2	73.8	68.2	67.3	65.9
Percentage of pregnant women initiating care before 16 weeks	18.6	18.5	18.9	21.5	21.7
Percentage of pregnant women tested, and found to be anaemic	17.2	15.2	17.0	18.0	18.6
Average no. of visits per woman	3.9	3.9	4.0	3.0	4.0

Table 6 (continued)

Service	1993	1994	1995	1996 ^r	1997 ^e
B. Postnatal services					
Estimated population - mothers	58 627.0	57 405.0	59 236.0	62 094.0	57 369.0
Estimated population - babies	58 627.0	57 455.0	59 286.0	62 094.0	57 369.0
Percentage of mothers receiving care	71.2	75.4	74.4	69.5	72.3
Percentage of babies receiving care	74.2	77.8	75.6	71.8	73.5
Percentage of babies fully breastfed at time of PN visit	50.4	51.7	51.7	53.6	53.4
Percentage of mothers accepting FP at time of PN visit	37.7	55.6	61.2	65.2	67.0
C. Immunization coverage					
Target population 0-1 year	58 627.0	57 455.0	59 455.0	57 606.0	57 370.0
Percentage immunized (complete)					
DPT	91.0	92.8	90.5	91.6	91.9
Polio (OVP)	93.3	93.1	90.6	91.9	92.0
Measles	72.0	82.4	91.1	99.3	81.7
BCG	100.0	100.0	98.1	98.3	91.5

Source: Health Information Unit and expanded programme on immunization (Ministry of Health).

e - Incomplete.

r - Revised.

157. The Bureau of Health Education is the main source of education to all segments of society, in particular parents and children in subjects like the advantages of breastfeeding, hygiene and other subjects mentioned in the Guidelines. The Bureau arranges campaigns, services and strategies on topics like "Breast is Best". Public education campaigns are also conducted through health clinics and health centres. The policy of the Ministry of Health in the area of health education and health promotion seeks to empower individuals, families and communities to work together towards the development and maintenance of healthy lifestyles and to improve their self-care skills.

158. Activities to empower community members were conducted through seminars, health fairs, helplines and home visits. Parenting education is conducted through the Child Guidance Clinic, family life education, through the National Family Planning Board, and education on HIV/AIDS through the Epidemiology Unit of the Ministry of Health. Parenting and Family Life Education is also offered by many government agencies, non-governmental organizations and community-based organizations. (Examples of the literature issued by the Bureau of Health Education, in annex VIII, can be consulted in the files of the secretariat.)

159. The measures adopted to improve the system of education and training of health personnel included the establishment of a Quality Assurance programme, which conducted managerial training to increase efficiency and improve service. Doctors and nurses from public and private health services were trained in assessing and making referrals of women with "high risk" pregnancies in an effort to reduce maternal and infant morbidity and mortality. Surveillance instruments for health workers in the Southern Region were developed to enable them to track the incidence of maternal morbidity and mortality. (Table 7 refers to this section.)

Table 7
Number of selected health personnel employed in the public sector,
1992-1997

Manpower category	No. of posts	1992	1993	1994	1995	1996	1997	% vacancy
Medicine nursing pharmacy								
Physicians	439	407	364	394	417	421	421	4.1
Nurse, Public Health	260	120	151	162	168	147	180	3.0
Nurse, Practitioner	77	59	58	68	60	62	62	19.0
Nurse, Anaesthetist	30	16	25	27	30	27	27	10.0
Nurse, Registered (all others)	2 206	998	925	1 262	1 578	1 005	1 377	37.5
Midwives	510	377	366	370	250	273	273	46.0
Mental Health Officers	19	19	18	19	10	18	18	5.0
Nurse, Enrolled Assistant	1 072	616	592	596	592	587	584	45.5
Community health aides	563	499	431	759	684	703	703	24.0 ^a
Psychiatric Aide	152	137	n.a.	111	n.a.	n.a.	137	10.0
Pharmacists	147	63	70	56	37	52	60	59.0
Pharmacy technicians	105	110	130	108	102	88	88	7.0
Dentistry group								
Dentists	68	57	60	59	64	57	58	15.0
Dental nurse	149	140	138	145	139	127	146	2.0
Dental Assistant	126	125	125	123	120	98	115	9.0
Dental Prosthetist	4	3	4	2	3	2	3	11.0
Nutrition group								
Nutritionists	9	8	8	9	8	8	8	11.0
Dieticians	14	9	12	11	11	13	13	7.0
Dietetic Assistants	34	35	34	34	33	24	34	0.0
Assistant Dieticians	8	5	5	5	3	6	5	37.5
Nutrition Assistant	15	17	n.a.	15	15	14	14	6.0

Table 7 (continued)

Manpower category	No. of posts	1992	1993	1994	1995	1996	1997	% vacancy
Other								
Public Health Inspectors	499	293	283	280	260	276	276	38.5
Veterinary Public Health Insp.	14	16	14	14	14	12	14	0.0
Health Education Officer	40	18	18	20	22	20	28	30.0
Medical Entomologist	1	1	1	1	1	1	1	0.0
Physicist	4	3	3	2	3	4	2	50.0
Radiographer-Diagnostic	63	44	54	57	48	52	52	17.0
Radiographer-Therapeutic	16	5	n.a.	3	5	6	3	81.0
Physiotherapist	35	27	32	22	24	22	22	37.0
Occupational Therapist	7	1	1	1	1	1	1	85.0
Medical Technologist	142	91	84	78	66	72	72	49.0
EEG Technician	2	0	1	1	2	0	1	50.0
ECG Technician	5	2	0	0	0	0	3	40.0
Speech Therapist	2	1	1	1	0	0	0	100.0
Scientific Officers	11	28	5	6	7	8	9	18.0
Hospital Administrators	23	20	25	24	22	11	1	5.0
Contact Investigators	35	n.a.	21	20	31	28	29	17.0
Entomological Assistant	10	n.a.	n.a.	9	9	8	10	0.0
Epidemiological Officers	2	n.a.	n.a.	n.a.	1	0	1	50.0
Chief Executive Officers	20	n.a.	3	7	10	8	11	45.0
Assessment Officers	14	n.a.	n.a.	n.a.	15	n.a.	14	0.0
Medical Social Workers	13	n.a.	n.a.	n.a.	5	5	11	15.0

Source: Personnel Division, Ministry of Health.

n.a. - Not available.

a - Excess.

160. On a more technical level, the campaigns, programmes, services and strategies to inform children and parents as well as the efforts to improve the system of education and training for health personnel are supported by the Tropical Metabolism Research Unit of the University of the West Indies, which has conducted many surveys and issued many publications over the years on child nutrition and development.

161. The most recent example of these is a workshop held in Jamaica in 1995 with the collaboration of the World Bank and the Pan American Health Organization to review the state of knowledge on how and to what extent nutrition health and stimulation leave a mark on the child's development.

162. The book which, in the words of its editor, emerged from the discussions and presentations at that workshop, provides a wealth of information on the results of early childhood supplementation and stimulation programmes and serves as an excellent resource for practitioners at all levels in the health sector.

163. The development of family planning education and services is undertaken through the National Family Planning Board, a statutory organization under the Ministry of Health. Measures include the activities of the Bureau of Health Education, which have been described above, and the provision by the National Family Planning Board of counselling, instruction in family planning methods and the supply of contraceptives. These services are available both to mothers at postnatal clinics and at family planning clinics and health centres. The number of women accepting family planning at postnatal clinics was two percentage points higher in 1997 than in 1996. Family Planning clinics at health centres were visited 283,465 times; 11 per cent of these visits were by men. The Fertility Management Unit at the University Hospital of the West Indies also administers family planning programmes.

164. With support from donor agencies such as USAID and UNFPA, the Government has launched a campaign to address the reproductive health of adolescents, particularly in view of the high proportion of teenage pregnancies (21 per cent of all live births):

- Programmes have been conducted at the community level which offer treatment, guidance and counselling to adolescents; and
- The Ministry of Education, Youth and Culture has collaborated with the Ministry of Health and other agencies in conducting a baseline study, to assess the Family Life Education Programme in primary, secondary and high schools.

165. Support is also received from the IEC Sub-Committee of the Population Policy Coordinating Committee. It is proposed, using data gathered in the course of this study, to revise the programme and integrate it into the core curriculum being developed for the schools.

C. Health - HIV/AIDS

166. It is necessary to introduce the responses to the questions raised in the guidelines on HIV/AIDS by giving the background of the known incidence of the disease in Jamaica, its earliest detection and measures which were undertaken to combat it.

167. A programme for the control of sexually transmitted diseases was started over 30 years ago and, by 1980, was fully established as a unit within the Ministry of Health. The first case of

AIDS was said to have been identified in 1982 followed by the first case of mother and child in 1986. Between those years Jamaica was fully exposed to the developing knowledge on the nature and progress of the disease as it was becoming known worldwide. In 1989 the integration of the STD and HIV programmes was effected with the name of the National HIV/STD Control Programme. The rationale for this integration was that improved STD management is a strategy for HIV prevention as well as a way of reducing the incidence of HIV. Subsequent strategies for the control of the disease have emanated from this programme. The distribution of cases of HIV/AIDS in Jamaica is shown in table 8 while table 9 records the reported deaths of AIDS cases from 1982 to 1998.

Table 8

**Summary of AIDS cases in Jamaica (by date of reporting)
1982-1998**

Year reported	Male	Female	Total	Cumulative total
1982	1		1	1
1983	1		1	2
1985	3		3	5
1986	7		7	12
1987	20	15	35	47
1988	26	10	35	83
1989	46	19	65	148
1990	46	24	70	218
1991	78	65	143	361
1992	95	40	135	496
1993	137	82	219	715
1994	200	135	335	1 050
1995	322	189	511	1 561
1996	307	185	492	2 053
1997	373	236	609	2 662
1998	209	116	325	2 987
Total	1 871 (62.6 %)	1 116 (37.4%)	2 987	2 987

Table 9
Summary of AIDS deaths in Jamaica (by date of reporting)
1982 to June 1998

Year reported	Male	Female	Total	Cumulative total
1983	1		1	1
1984	1		1	2
1986	8	1	9	11
1987	12	6	18	29
1988	14	7	21	50
1989	31	9	40	90
1990	20	17	37	127
1991	64	41	105	232
1992	69	39	108	340
1993	95	52	147	487
1994	127	73	200	687
1995	173	97	270	957
1996	154	89	243	1 200
1997	248	145	393	1 593
1998	99	60	159	1 752
Total	1 116	636	1 752	1 752

Source: Ministry of Health.

168. The moderate increase of cases (and deaths) from 1982 to 1996 was due to infection from outside sources. From 1987-1997 the steady and significant increase was due to a combination of infection from outside and internal spread. It will be noted that from 1982 to 1986 no female cases were reported; the high-risk groups were perceived as men who travelled to North America as farm workers. By 1987 the infection had spread to women with a steady increase within both sexes. The infection rate among men continues to be higher.

169. Under the aegis of the National HIV/STD Control Programme, many projects have been initiated for the prevention of HIV and many strategies have been tried to implement them.

Foremost among them is the Behaviour Change Communication component which coordinates the information, education and communication activities of the National HIV/STD Control Programme. This component is ongoing and requires the integration and coordination of the HIV/STD Programme with other social agencies and community projects. Special emphasis is placed on the promotion of consistent and correct use of condoms, partner reduction, abstinence, appropriate health screening behaviour and the highlighting of a sense of individual risk. Strategies under this component include:

- face to face communication via community peer educators;
- mass media campaigns;
- development of material such as posters and brochures;
- public relations interventions, e.g. work with DJs;
- targeted community interventions;
- sensitization of non-government organizations, community-based organizations and government agencies;
- anonymous telephone counselling through the AIDS/STD Helpline;
and
- special events such as World AIDS Day and Safe Sex Week.

170. Another programme is sex education in schools, which was started by the Ministry of Education and continued until 1997 as a project funded by USAID. It is being continued by the Ministry of Education. It operates in parishes island wide and focuses on children 7 to 17 years.

171. A programme for the prevention of AIDS is directed at commercial sex workers through the Association for the Control of Sexually Transmitted Diseases (ACOSTRAD), an NGO. The intervention includes a drop-in centre for the treatment of STDs, rap sessions and counselling. Visits to clubs, bars and the street for condom distribution are also undertaken.

172. The high degree of success among prostitutes and go-go dancers is illustrated by table 10 which compares this category, regarded as high risk, with other groups, usually seen as less exposed.

Table 10**Adult AIDS cases by occupation (by date of reporting) 1982 to June 1998**

Occupation groups	Total	Percentage of total occupations
Unknown	897	36
Trade	325	13
Casual worker	296	12
Self-employed/vendor	239	10
Professional	125	5
Prostitutes/dancers	88	4
Security forces	86	4
Farmer	72	3
Hospitality	70	3
Housewife	59	2
Clerical	50	2
Farmworker	46	2
Driver	45	2
Transportation	25	1
Student	23	1
Sailor	16	1
Prisoners	11	1
Total	2 455	10

Source: Ministry of Health.

173. Yet another programme is Workplace Interventions, which target companies and organizations with large workforces in the 20-49 age group. Strategies aimed at implementing this programme are:

- training in-house coordinators;
- sensitization of the entire workforce; and
- securing the commitment of Chief Executives and senior staff to support programmes through the development of workplace policy on AIDS.

174. There have been a number of programmes dealing with AIDS sponsored by NGOs including Jamaica AIDS Support, Addiction Alert and Richmond Fellowship, and there is a family centre at the University Hospital of the West Indies which provides support and counsel for the family members of persons suffering from HIV/AIDS.

175. A surveillance system exists to assess the occurrence of HIV infection and AIDS. It includes compulsory notification by doctors of AIDS and HIV to the Epidemiology Unit of the Ministry of Health; active hospital surveillance by the Parish Medical Officers and other team members; dispatch of surveillance officers of the Epidemiology Unit into each parish; HIV

reporting by private laboratories and periodic special surveillance in some parishes among high-risk target groups. Table 11 reports the distribution by age and gender, and table 12 by rural/urban areas.

Table 11

**Summary of AIDS cases in Jamaica by sex and age groups
(by date of reporting) 1982 to June 1998**

Age group	Male	Female	Total
Under 1	29	36	65
1-4	68	64	132
5-9	18	20	38
10-19	15	43	58
20-29	411	296	707
30-39	679	367	1 046
40-49	351	160	511
50-59	190	77	267
60+	67	28	95
Unknown	43	24	67
Total	1 871	1 116	2 987

Source: Ministry of Health.

Table 12

**Summary of AIDS cases by parish in Jamaica
(by date of reporting) 1982 to June 1998**

Parish	Cumulative total	Rate per 100,000 population
Kingston and St. Andrew	1 319	187.9
St. Thomas	61	68.2
Portland	59	75.0
St. Mary	81	70.9
St. Ann	132	85.1
Trelawny	73	100.8
St. James	466	278.4
Hanover	65	97.3
Westmoreland	121	92.3
St. Elizabeth	59	40.2
Manchester	80	45.8
Clarendon	82	36.7
St. Catherine	353	94.8
Parish not know	28	0.0
Overseas address	8	0.0
Total	2 987	114.9

Source: Ministry of Health.

176. A National AIDS Committee was formed in 1988 to advise the Minister of Health on policy related to AIDS/HIV. Its main objectives are advocacy, mobilization and fund-raising and it has five subcommittees; technical, legal and ethical, education, care and counselling and fund-raising. There are also smaller replicas of the National AIDS Committee in each parish with membership from the public and private sectors, NGOs and persons living with AIDS.

177. The activities of these committees have been crucial to the nationwide coverage of treatment and management of cases of HIV infection and AIDS among children and parents in hospitals and clinics. HIV testing is offered at public laboratories at a minimal cost (about US\$ 8.30).

178. A programme for Improved Lifestyle Management is promoted through the HIV/STD Control Programme and all infected persons are encouraged to:

- take advantage of free medical care provided at hospitals and clinics;
- pay careful attention to nutrition;
- exercise;
- avoid crowded places;
- avoid strain on immune system by avoiding infections as much as possible; and
- rest.

179. Counselling is given on safe sex and having children. Unfortunately, infected persons have limited access to drugs because of the prohibitive cost, which amounts to US\$ 20,000 per person per annum. It is possible to access anti-retrovirals through UNAIDS, the government medical services and Food For the Poor (a voluntary agency).

180. Children who are orphans as a result of AIDS are often fostered or adopted whether formally or informally, by relatives. If that option is not available they are taken into care as being in need of care and protection and placed with foster parents or in children's homes. There is currently dialogue between the Children's Services and the HIV/STD Control Programme leading to a draft policy to guide care of HIV-infected children in children's homes. In the meanwhile, there have been several training courses for staff in children's homes and other caregivers of children with AIDS.

181. The Information, Education, Communication programme has always sought to lessen the stigma of the disease for infected children, or children whose parents or family members have been infected. Strategies to accomplish this include public education seminars and workshops, pressing for guidelines for workplace policies regarding AIDS/HIV to minimize discrimination

and continuing public education. These measures are aimed at promoting caring families, not only to end discrimination but to ensure care and protection within the family of children affected by AIDS and so to limit the need for hospice care for both children and adults.

182. With regard to traditional practices prejudicial to the health of children, genital mutilation and forced marriages are practically unknown in Jamaica. However young girls sometimes get into common-law relationships and early pregnancy because of poverty. In addition, girls are sometimes at risk because of the myth that men will benefit by having sex with a virgin, and from incest within the nuclear and extended family. There is constant public education, particularly by the Ministry of Education and indeed in public forums initiated by Government. Outstanding in this regard is the Women's Centre, a Foundation supported by the Ministry of Labour, Social Security and Sports, which has provided a very successful programme for the continued education for adolescent mothers, with counselling for fathers.

183. Over the five-year period under review, there have been many activities which reflect the Government's efforts to promote and encourage international cooperation in the context of article 24, paragraph 4. The amount allocated to Primary Health Care in the country's budget was J\$ 0.98 billion (approximately 20 per cent of the recurrent budget) from J\$ 0.96 billion in 1996.¹⁰ Jamaica has not yet achieved the 5 per cent of gross domestic product (GDP) recommended by the World Health Organization (WHO) to be expended on health services. In this climate, official development assistance plays a vital role in maintaining the health services. This contribution was budgeted at \$1.0 billion in 1997 for 12 projects. Through these projects, improvements were made in the areas of maternal and child health; rural and urban health; health service delivery; human resource development; control of communicable diseases and health programmes in schools.

184. Specific projects and programmes which utilized this assistance over the five-year period included the Urban Project for Children and Mothers funded by UNICEF, which ended in 1995; the Kingston and St. Andrew Family Life and Family Planning Project with a strong component of Reproductive Health, which ended in 1996 and was funded by UNFPA; Children in Especially Difficult Circumstances, the UNICEF country programme ending in 1996, which included segments on Primary Health Care and Child Abuse; the Reduction of Teenage Pregnancy project under the GOJ/UNICEF country programme 1990-1996 and the Current UNICEF Programme for Children and Youth at Risk, which is projected to last from 1997-2001.¹¹

185. Under bilateral agreements, the Kingston Urban Health and Development Project received US\$ 0.3 million during 1997 from the Netherlands Government; the Government of the United Kingdom contributed £1.6 million to the Jamaica Social Investment Fund; the Government of the United States, through the agency for International Development donated US\$ 11.3 million in 1997 to assist in areas including family planning, health reform, AIDS/STD prevention and education.¹²

186. The priorities of all these programmes are, on one level, to promote health reform, paying special attention to increasing efficiency of services; to increase local training capacity and human resource development; to improve health status, and to reduce maternal and infant morbidity and mortality. On another level the priority is to strengthen internal institutions and the cooperation between Government, NGOs and communities, so as to ensure sustainability which is the final objective of development assistance. There is an annual evaluation of each project and a final evaluation when the project ends.

D. Social security and childcare services and facilities

187. Arrangements exist to recognize for every child the right to benefit from social security including social insurance. These have been in existence for many years but were not included in the initial report and are therefore outlined here.

188. The National Insurance Scheme is a contributory pension scheme which provides survivor benefits for children. It is administered by the Ministry of Labour, Social Security and Sports and does not take into account the resources and circumstances of the child, so long as the contribution conditions are satisfied.

189. There is a non-contributory scheme within the same ministry which ensures that children in need receive assistance through the Poor Relief Department. Assistance is also provided through the Board of Supervision, which falls under the Ministry of Local Government, Youth and Community Development. A Food Stamp programme gives help to pregnant women, lactating mothers and women with children under 5 years old. These benefits are awarded on the basis of the resources and the circumstances of the child and of the persons having responsibility for his or her maintenance.

190. The legal provisions relevant to the implementation of this right are contained in the National Insurance Act (a copy of which, annex X, can be consulted in the files of the secretariat).

191. The children of working parents have the right to benefit from privately run day-care centres and day-care centres run by the Ministry of Labour, Social Security and Sports and the Social Development Commission; and by basic schools which fall under the Ministry of Education and Culture and privately run day-care centres run by community boards. Over 300 centres are registered with the Day-Care Unit of the Ministry of Health.

192. The progress achieved in the implementation of the rights outlined in the cluster relating to basic health and welfare has been illustrated by the improvement in the immunization programme and Jamaica's high place in UNICEF's record of the status of nations. There is still a great deal of concern for the high rate of teenage pregnancies and efforts to address these are described above (para. 156).

193. Priorities for the future include the measures to make drugs available to victims of AIDS and a rubella campaign scheduled to start in September 1998, to include the target group. This is necessary because of the rise in the incidence of rubella and its sequela, congenital rubella syndrome, in Jamaica.

E. Standard of living (art. 27, paras. 1-3)

194. The chief determinant of a standard of living is usually the notion that the utility obtained from consumption is taken as the main indicator of household welfare so that a reduction in household expenditure is taken as a reduction in the standard of living of the household and, by inference, the children. There are supplementary indicators of a standard of living such as conditions of health, housing and education and the basic premise of consumption as the main indicator is subject to a reduction in consumption, which could be made to effect savings towards a future goal such as, for example, the purchase of a house. Bearing this in mind, the chief measure adopted in Jamaica to assess an adequate standard of living is a survey of living conditions conducted jointly by the Planning Institute of Jamaica and the Statistical Institute of Jamaica. The most recent survey, supported by the World Bank, was published in 1997 and “describes living conditions in Jamaica in particular and from 1989-1996 in general”.¹³

195. The survey suggests that “in the design of social policy, especially poverty policy, it was appropriate to (use) the social standard of the mean food/non-food consumption to estimate the poverty multiplier and the household size of 5 to estimate the minimum food basket to escape poverty”.¹⁴ The survey data indicate that, between 1990 and 1996, 25-30 per cent of households lived below the poverty line. Of these, 11.9 per cent of the population are defined as the ultra-poor, that is, those who cannot afford the basic food basket valued at approximately \$20,498 per year.¹⁵

196. In establishing the criteria to assess the ability and financial capacity of parents and others responsible for the child to secure the living conditions necessary for the child’s development the first consideration is given to whether or not these persons live above or below the poverty line. In addition, consideration is given to:

- whether they or their children have special needs such as disabilities;
- whether they have had some temporary dislocation such as injury or loss of earning power; and
- whether they have been victims of some disaster (such as accident, or fire, or hurricane, or flooding).

197. The measures taken to assist parents and others responsible for the child to implement this right are contained in a Public Assistance Programme, which include, inter alia, food aid, economic and social assistance, poor relief, relief for persons with disabilities, and emergency relief services.

198. The Food Aid Programme has three components, the School Feeding Programme, Supplemental Feeding Programme, and the Food Stamp Programme, which provides subsidized food stamps to needy persons including pregnant and lactating women, children 0-6 years and Family Plan households of two or more with an income under \$18,000 per year.

199. Economic and Social Assistance provides one-time cash awards to persons who have suffered personal misfortune. Poor Relief provides mainly for destitute persons in institutions but also assists children who are wards of the State. See table 5, which gives a breakdown of beneficiaries under the Food Stamp programme in 1996 and 1997.

200. The follow-up to the Declaration and Plan of Action adopted by the United Nations Conference on Human Settlements (Habitat II) is given below:

(a) At the regional level, in order to implement the actions and strategies outlined in the Habitat Agenda several methods have been employed:

- (i) The drafting of a Regional Plan of Action that sets out the relevant goals and activities to be undertaken in the Latin American and Caribbean Region. Furthermore, a Caribbean Plan of Action has been developed which pinpoints activities to be undertaken in the Caribbean subregion;
- (ii) The development of the Ministries and High Level Authorities of Housing and Urbanization in Latin America and the Caribbean (MINURVI) as a vehicle to further information exchange and knowledge between urban sectors in the region. It is seen as complementing the Habitat agenda through its mandate and its work;
- (iii) The integration of Habitat principles in various other institutions such as the Caribbean Ministers of Human Settlements Coalition (HIC) and CARICOM are some of the other institutional structures which have appropriated the goals and principles of the Agenda and are presently working to achieve these;

(b) At the national level, the Jamaica Government, through the Ministry of Environment and Housing, is a signatory to this agreement. It has direct relations with the United Nations Centre for Human Settlements (UNCHS) headquarters in Nairobi, Kenya, and regional office in Rio de Janeiro and the various other agencies, institutions and offices which administer this agreement;

(c) The Ministry has established a Habitat secretariat, which has responsibility for promoting and monitoring implementation of the terms and conditions of the Habitat II Agreement. It is comprised of senior officers and persons with critical specialist skills in the Ministry;

(d) The Ministry has also modified and reconvened a National Shelter Committee which has been charged with responsibility to assist in the oversight of the development of the shelter sector; as well as increased broadbased participation in the development process; and

(e) Together with other measures spearheaded by the Government and the Ministry, involvement in Habitat is expected to result in more effective, equitable and productive housing strategies and solutions, for the majority of Jamaicans, in the long term.¹⁶

F. Progress, difficulties and targets

201. In common with other articles of the Convention, the progress made, difficulties encountered and targets set for the implementation of the rights outlined in article 27, paragraphs 1-3, are interrelated with other articles in the Convention and cannot be considered in isolation.

202. The progress made in achieving an adequate standard of living for our children is indicated by the gains in health, the reduction in infant and maternal mortality and the improvement in immunization coverage described in earlier sections of this chapter; the progress in housing in paragraph 200 above; and the revision in the education system.

203. The difficulties are ongoing: limitation in resources, though this is minimized by the generous assistance of international funding agencies; and the constant need for education of parents and caregivers.

204. The targets set for the future include a proposal to provide a National Health Insurance Scheme, to increase support to parents as funds allow and to implement the Plan of Action adopted by the United Nations Conference on Human Settlements (Habitat II), of which Jamaica is a signatory.

IV. EDUCATION, LEISURE AND CULTURAL ACTIVITIES (arts. 28, 29 and 31)

A. Education, including vocational training and guidance (art. 28)

205. For the legislative and administrative measures adopted to recognize and ensure the right of the child to education, please refer to the initial report. Since that was written, a series of administrative measures have been adopted to ensure that the child should achieve this right progressively and on the basis of equal opportunities. Chief among these is the National Assessment Programme (NAP), comprising diagnostic, literacy and achievement tests designed to assess the aptitudes of children in primary schools on an ongoing basis as a prelude to their entry into secondary school. Pilot testing of the National Assessment Programme began in 1996 and this system is intended to replace the Common Entrance Exam in 1999.¹⁷ Other measures designed to ensure the right of the child to education are:

- Revision of the primary curriculum to ensure uniformity;

- Implementation of the Reform of Secondary Education (ROSE) - a seven-year project started in 1993 to facilitate the implementation of a common curriculum in Grades 7-9 of all schools offering secondary level programmes. This programme is funded jointly by the Government of Jamaica and the International Bank for Reconstruction and Development;¹⁸
- The Social Sector Development Project, a five-year development project with the general objective to improve efficiency and delivery of pre-primary, primary and secondary education and to provide institutional strengthening for the Ministry of Education and Culture. The project provided instructional materials, training for 2,500 teachers, upgrading and expanding of 23 basic schools and 19 primary and all-age schools. The project also provided for the establishment of six regional offices. This project, which was supported jointly by the Government of Jamaica and the International Bank for Reconstruction and Development, should have ended in December 1994, but was extended for a further three years to facilitate construction work in schools and Regional Offices;¹⁹ and
- The Primary Education Improvement project, jointly supported by the Government of Jamaica and the International Development Bank, a four-year programme which was started in 1993 to 1997 and extended to 1999 with the general objective of improving the quality of primary education and has included activities like construction work in schools, supplying furniture, supporting training for teachers and providing books. During 1997, a number of training activities were completed: 350 teachers and principals in school-based assessment procedures, 1,000 teachers in diagnosis of literacy problems and improved Language Arts teaching strategies, 189 teachers and principals in school library management, and 510 teachers and principals in delivery of the revised curriculum in 30 pilot schools. Approximately 90,000 books were distributed to the 55 school libraries which were established during the year. A total of 115 duplicating machines were procured and 65 were distributed to schools. A catalogue of existing Language Arts materials and other available resources was completed and prepared for publication.²⁰

206. The total budgetary allocation to the Ministry of Education, Youth and Culture for the education and culture portfolios was \$15.1 million for the financial year 1997/98; this was approximately 15 per cent of the national budget of \$106.6 billion (up from 11 per cent in the previous year). In this allocation, approximately 90.5 per cent was devoted to expenditure on the recurrent expenses in the areas of education and culture during the financial year. This recurrent budget represented an increase of 25.9 per cent compared with the approved estimates of the previous financial year. The increase was largely absorbed by the primary and secondary levels which were being improved and reformed. (See tables 13 and 14.) Approximately 34 per cent of the budget was allocated to the primary level, followed by the secondary level with 31 per cent.²¹

207. Funds allocated for capital expenses in the education sector totalled \$1.5 billion; this represented an 88.8 per cent increase compared with the previous financial year. Provisions were also made in this allotment for financing the Nutritional Supplement component for students.²²

Table 13
Estimates of recurrent expenditure by function and programmes
1996/97-1997/98
J\$ (in thousands)

	1996-97 Approved estimates	1996-97 Revised estimates	1997-98 Approved estimates
Education affairs and services	9 628 621	11 188 100	14 176 741
Executive direction and administration	145 751	181 569	190 275
Training	1 262	1 262	3 837
Regional and international cooperation	17 545	16 945	13 853
Regional direction and administration	107 849	177 392	192 472
Early childhood education	252 338	310 132	427 291
Primary education	3 478 786	3 707 789	5 055 187
Secondary education	2 743 141	3 165 441	4 043 887
Tertiary education	1 600 029	2 058 149	2 216 344
Technical and vocational education	369 702	461 158	548 175
Special education	118 050	151 928	182 996
Teachers' education and training	278 002	342 314	414 428
Adult education	28 500	35 852	46 977
Common services	171 560	211 784	321 780
Library services	128 801	178 142	177 529
Nutrition	187 305	188 243	341 817
Agriculture	100 922	119 758	0
Arts and culture	178 148	257 618	253 010
Total recurrent	9 907 691	11 565 476	14 429 757

Source: Estimates of expenditure, 1995/96.

Table 14

**Estimates of capital expenditure by function and programmes
1996/97-1997/98
J\$ (in thousands)**

	1996-97 Approved estimates	1996-97 Revised estimates	1997-98 Approved estimates
Education affairs and services	136 256	118 495	286 850
Executive direction and administration	3 000	3 000	11 050
Training	4 679	4 237	4 610
Social and economic support programme	30 461	21 042	26 588
Local development programme	0	0	0
Early childhood education programme	7 632	5 332	10 507
Primary education	55 400	58 400	113 488
Secondary education	23 892	18 992	30 000
Tertiary education	0	0	5 816
Technical/vocational education	5 192	4 692	1 211
Special education	0	0	7 000
Teacher education and training	6 000	2 800	0
Common services	0	0	5 000
Library services	0	0	14 000
Adult education	0	0	1 680
Nutrition of students	0	0	
Arts and culture	2 744	2 744	19 150
Agriculture	0	0	0
Total Capital A	139 000	121 239	306 000
Multilateral/bilateral programme			
Education affairs and services			
Executive direction and administration	4 187	4 187	0
Regional direction and administration	78 461	100 342	83 675
Early childhood education	100	6 350	2 000
Primary education	251 207	381 040	691 756
Secondary education	316 098	208 020	390 329
Teacher education and training	21 061	21 061	32 240
Agriculture	0	0	0
Total Capital B	671 114	721 000	1 200 000
Total Capital	810 114	842 239	1 506 000

Source: Estimates of expenditure, 1996/97.

208. Consideration is given to the real cost to the family of the child's education by the provision of support projects like the Primary School Feeding Programme to provide a daily balanced meal to needy students in Early Childhood, Primary and Secondary Schools; the Examination Assistance Programme in Secondary Schools; and the Students' Loan programme for students at the tertiary level. While the Cost Sharing Scheme in secondary schools requires parents and guardians to contribute to their children's education, provisions are made to assist needy students through a financial assistance programme.

209. Although English is the official language, children's knowledge of local dialect (patois) is kept alive by its inclusion in textbooks and by events in an annual festival, which concentrates on local culture and dialect.

210. The access of all children, including children with special needs, to quality education is ensured by the existence of a special education unit within the Ministry of Education and the appointment of special education teachers to special education units of primary and all-age schools. Separate institutions exist for the blind, the deaf and the mentally retarded. Service is provided for students within the 4-18 age group whose educational requirements require special intervention. During 1997 approximately 2,135 students with special needs were enrolled in Government-owned and government aided institutions. In addition, 7,400 students were accommodated in private sector and non-governmental organization facilities. The National Braille and Large Print Service in Education provides primary texts and teachers' manuals for blind and visually impaired students. Twenty-nine students with visual impairment were prepared for the 1998 Common Entrance Examination.²³

211. There is no discrimination against girls, who are allowed to continue education after pregnancy, particularly in the Women's Centre, which was discussed in paragraph 182 of this report.

212. In the context of children with special needs, public concern has grown in recent years for the needs of the gifted child and some schools now have an accelerated programme for gifted children.

213. The Professional Development Unit within the Ministry of Education, Youth and Culture has responsibility for the in-service training of teachers, administrators and supervisors. In-service and pre-service training of teachers is also facilitated by the Distance Teaching Programme (UWIDITE) offered by the University of the West Indies to make it possible for lectures to be transmitted simultaneously by satellite to various centres in the Caribbean.

214. The measures adopted to provide educational facilities, accessible to all children, have been discussed in paragraph 205 of this report. At a conference of professionals in education, held to facilitate the preparation of this report, it was suggested that in the past provision for the rehabilitation and upkeep of facilities had been inadequate but it was noted that this situation had improved during the past year, with adequate provision having been made in the national budget for the upgrading of facilities.

215. Non-formal education is provided in centres island wide under the Human Employment and Resource Training (HEART) programme which provide education and skills training for

children who have not completed formal education. This and the Learning for Earning Activity Programme (LEAP), which includes street children, are government-sponsored institutions. There are a number of similar programmes sponsored by NGOs.

216. The system of development and education services for young children has been revolutionized during the past five years. Prior to 1997 the system dealt with the development and education of young children in two distinct age groups; 0-3 and 4-5. Pursuant to many consultations and recommendation from educators and specialists in child development, it was decided to integrate the two groups into one comprehensive programme for Early Childhood Education and Development on the premise that such a programme would expose children within the 0-5 age group to appropriate learning conditions which would foster the development of affective, psychomotor and cognitive skills. This new programme which will be administered by the Ministry of Education, Youth and Culture will incorporate children from basic schools, infant schools and departments and kindergarten departments of preparatory schools, previously administered by the Ministry of Education, Youth and Culture together with children from day-care centres previously administered by the Day Care Unit in the Ministry of Health.

217. As a necessary part of this programme legislation was drafted to enforce registration of private day-care centres in order to ensure the maintenance of standards, both of facilities and programme in these institutions. This legislation is now receiving scrutiny from the Senate and awaits final approval by Parliament.

Table 15
Enrolment in early childhood education by school type and year
1992/93-1996/97

Year	Infant school		Infant department		Basic school recognized		Unrecognized		Total
	No.	Enrolment	No.	Enrolment	No.	Enrolment	No.	Enrolment	
1992/93	29	10 077	83	6 500	1 472	98 401	155	9 877	124 855
1993/94	29	10 032	83	6 684	1 477	116 790	145	10 027	143 533
1994/95	29	9 710	83	6 737	1 547	109 240	147	7 150	132 837
1995/96	29	9 651	83	6 789	1 548	110 843	166	7 175	134 458
1996/97	29	9 246	83	6 094	1 590	110 268	140	5 637	131 245

Source: Early Childhood and Statistics Sections, MOEYC.

218. The major legislative change in the education system has been the National Council on Education Act, 1993, which was enacted in the same year, to establish a body known as the National Council on Education and a Fund to be called the National Education Trust Fund, and to provide for matters connected to the foregoing. "The functions of the Council are to:

- (a) advise the Minister in policy matters relating to education in Jamaica;
- (b) in respect of every public educational institution owned by the Government, nominate for the purpose of appointment as members of the Board of Management of such institution, such number of persons as may be prescribed;

(c) assist in the preparation of plans and programmes for developing and maintaining an effective and efficient educational system;

(d) monitor and evaluate the implementation of the plans and programmes referred to in paragraph (c) and in respect thereof, make to the Minister such recommendations as it thinks fit;

(e) manage the Fund in conformity with this Act;

(f) stimulate the development of education in Jamaica, whether by means of training programmes, competitions, exhibitions or otherwise, as the Council thinks appropriate; and

(g) perform such other functions relating to education as may be assigned to it by the Minister pursuant to this Act or any other enactment.”

219. The exercise of these far-reaching functions affect the policies, facilities, budgetary allocation, quality of education and, in the long term, the enrolment, drop-out and literacy rates, especially as the law provides that its membership should include:

(a) One representative of each of the following bodies:

(i) the political party forming the Government;

(ii) the political party forming the Opposition;

(iii) the University of the West Indies; and

(iv) the University Council of Jamaica;

(b) Two persons from each of the following categories, being persons nominated by organizations representing such categories:

(i) religious bodies;

(ii) the business sector; and

(iii) teachers;

(c) One person from each of the following categories, being persons nominated by organizations representing such categories:

(i) parents of children of school age;

(ii) students;

- (iii) the media;
- (iv) professional bodies;
- (v) the agricultural sector; and
- (vi) trade unions;

(d) Not more than six other persons on the advice to the Governor General to be persons knowledgeable and experienced in matters relating to education, sports and culture.²⁴

220. For the measures adopted to make primary education compulsory please refer to the initial report.

221. There is no category or group of children who do not enjoy the right to education. Provision for children with disabilities is discussed in paragraph 129 of this report; the education of children who are deprived of liberty is conducted in classes within the institutions; girls who are pregnant continue their education in school or in the Women's Centre (see paragraph 182 of this report) and children with HIV/AIDS infection are allowed to remain in school as long as they are able.

222. The Code of Regulations for the administration of discipline in schools articulates the spirit of articles 29 and 37 (a) and the practice is in conformity with the general principles of non-discrimination, best interests and respect for the views of the child. Though corporal punishment is not supported by the Ministry of Education, it is being practiced in a few schools resulting in court cases where the situation is thought to be extreme. The reason for this contradiction lies in the ambivalence of the society on this question and the varying perception of whether corporal punishment is discipline or maltreatment. It is proposed to prohibit corporal punishment explicitly in the new legislation. In the meantime, efforts to combat this practice include the training of teachers, and the monitoring by education officers.

223. In order to promote and encourage international cooperation in matters relating to education, the Government of Jamaica works closely with UNICEF, UNESCO, the World Bank, USAID and FAO in providing equipment, training and technical assistance in schools and teacher training colleges. The commitment of the Government to contributing to the eliminating of ignorance and illiteracy, taking particular account of the needs of developing countries in the context of international cooperation, is also demonstrated in the Social Sector Development Project (GOJ/IBRD) and the Primary Education project outlined in paragraph 205 of this report.

224. It is very important to mention, in the context of this paragraph, the EDUNET Programme, in which the Ministry of Education, Youth and Culture is implementing a plan to provide every school with Internet connection where telephone facilities exist, and to supply

others with relevant software to expand their access to educational materials and appropriate learning approaches. This project was facilitated by the provision of 54 Pentium computers through the GOJ/China Cooperation Grant.²⁵

225. In the area of culture, technical cooperation facilitated training staff of the Spanish Town Museum in the preparation of display space and artefacts for exhibition. Equipment for climate control and lights was purchased and exhibition brochures were printed. The same cooperation facilitated studies to ascertain the history of Falmouth, an historic town, for building restoration and constructed and equipped a workshop at Mona Rehabilitation Centre (a centre for children with physical disabilities) for the construction of orthopaedic aids for the local and regional market (please see paragraph 126 of this report).

226. All projects involving international cooperation are subject to annual evaluation by a team including representatives of the funding agencies and the Government of Jamaica.

B. Aims of education (art. 29)

227. It was pointed out in the initial report that the Mission Statement of the Ministry of Education has a very similar aim to that stated in article 29 of the Convention, that is, to allow each child to develop his or her full potential. Certain factors which restricted the fullness of such development were mentioned and steps have been taken to correct these over the five-year period under review:

- Steps have been taken to reduce the incidence of irregular attendance by the introduction of schemes like those mentioned in paragraph 208 in this report and the attendance mobilization programme, aimed at improving average attendance to not lower than 85 per cent;
- The problem of language has been reduced by the inclusion of patois in textbooks (see paragraph 209 of this report) and through efforts to teach English as a second language; and
- The Common Entrance Examination was held for the last time in January 1998, and will be replaced in 1999 by a National Assessment Programme (see paragraph 205 of this report).

228. The introduction to the section on education and culture in the *Economic and Social Survey, 1997* begins with the statement that “the long-term goal of the Ministry of Education and Culture is to establish an effective system for the development of the country’s human resources”.²⁶ The next sentence reflects the Government’s commitment to the preparation of the child for responsible life in a free society as it goes on to state that “it is expected that

this will facilitate optimal improvements and utilization of Jamaica's human capital so that individual needs are met along with the enhancement of social and economic development of the nation".

229. Training is provided to teachers to prepare them to direct their teaching towards these aims by:

- Courses in teacher's colleges and university in special education for children with special needs, guidance counselling, culture and physical education; and
- Ongoing refresher courses, in-service training, seminars and workshops. The revision of school policies and school curricula at the various levels of education has been outlined in paragraph 205 of this report.

230. The programmes ensure that children at all levels with special needs can take local examinations through special provisions:

- School drop-outs are assisted through youth programmes such as the National Youth Service and HEART. Cultural programmes prepared by the Ministry of Education encourage the development of talents in students; and
- School curricula include not only academic but other social aspects of human development.

231. Peer education and peer counselling programmes are implemented in some secondary schools under the Guidance and Counselling Unit.

232. Environmental issues are included in all curricula. National organizations sponsor school environmental programmes and some schools have environmental wardens.

233. The participation of children in all decisions affecting their education and well-being is ensured by the existence of prefects and student council groups, student representation on school boards, and a National Secondary School Council. The Council is a non-partisan national umbrella organization that trains, arbitrates, represents and lobbies for the rights, welfare and interest of students at the secondary level in 310 institutions, within 16 regions and 4 divisions with approximately 400,000 members between the ages of 11 and 19.²⁷

234. Individuals and bodies are at liberty to establish and direct educational institutions with the provision that these institutions should be registered by the Ministry of Education. That Ministry is responsible for ensuring that the education given in such institutions conforms to such minimum standards as are laid down by the State. The number of private secondary schools has decreased in the last decade because of the increasing cost of maintaining such institutions. A number of private preparatory schools catering to 4.6 per cent of the 6-11 age group still exist. Table 16 illustrates this point.

Table 16
Primary level enrolment by type of school
1992/93-1996/97

Year	Primary	All-age	Primary and Junior High	Subtotal	Private Preparatory	Total
1992/93	163 893	141 658	n.a.	305 551	27 553	333 104
1993/94	169 114	129 618	12 414	311 146	18 000	329 146
1994/95	172 510	119 538	13 190	305 238	14 060 ^a	319 298
1995/96	171 397	114 341	15 193	300 931	12 600 ^b	313 591
1996/97	167 474	106 497	19 892	293 863	12 342 ^c	306 205

Source: Statistics Section, MOEYC.

^a Estimated at 4.6 per cent of the 6-11 age group in keeping with enrolment patterns shown in the 1994 Survey of Living Conditions (SLC).

^b Estimated at 4.0 per cent, SLC, 1995.

^c Estimated at 4.0 per cent, SLC, 1996.

235. The Ministry of Education includes in its structure a department headed by a Registrar of Independent Schools which is responsible for the registration, supervision and monitoring of educational institutions established and directed by private individuals or bodies. The purpose of the Registrar is to ensure that the education given in such institutions conforms to such minimum standards as are laid down by the State.

236. The following strategies are employed to achieve this end:

- Principals and proprietors of independent schools meet at least twice per year with staff of the Registrar (September and March) to encourage them to respect the aims of education and to ensure respect for the general principles of the Convention;
- The core curriculum of the Ministry of Education has to be the base of curricula offered in such schools;
- In-service training is offered to teachers in independent schools from kindergarten level onwards;
- Early childhood programmes are supplied to such schools;
- Regional officers supervise and report to the Registrar on these schools; and

- The Registrar is currently working with independent schools to establish accreditation systems; for this, schools are encouraged to prepare children for all exams entered by children in government schools such as the CXC (Caribbean Examination Council), the Caribbean equivalent of the O levels, and the HEART National Exam.

237. To ensure safety and health, the Registrar requires fire certificates from fire departments as a criterion for registration and that the physical seating space and number of children (8 square feet per child) should conform with the standard required in government schools. Independent schools are asked to give a “census report” on the number of children and the number and quality of teachers employed. All teachers are expected to register.²⁸

C. Progress, difficulties and targets set

238. There have been several areas of progress achieved in the implementation of article 29, including the development of schools curricula in schools, improved provisions of textbooks, instructional materials and equipment, and the improvement of infrastructure with the aid of international agencies. Perhaps the two most outstanding achievements have been the beginning of the process of rationalization of early childhood education with its implication of the “whole child development” and the establishment of the non-partisan, multidisciplinary National Council on Education.

239. The system has encountered continuing difficulties such as irregular attendance, which continues to be a problem in spite of all efforts to combat it; the low attendance of boys past Grade 9; and to a lesser extent the impact of violence on school attendance and, consequently, on learning in some geographic areas.

240. Targets set for the future include equity in curriculum, more enforcement of compulsory primary education and an increase, through continued efforts, in the level of literacy and numeracy among primary students.

241. There is no specific legislation to ensure the right of the child to rest and leisure, engage in play and recreational activities and participate freely in cultural life and the arts. This item will be included in the proposed Child Care and Protection Act. However, arrangements exist, outlined in the Code of Regulations of the Ministry of Education, to ensure that the child enjoys these rights.

242. Schools are required to include in their timetables adequate breaks for rest and recreational activities; most schools are built with areas for recreational activities and primary schools have physical education teachers. There is a college at the tertiary level for the training of such teachers.

243. As a supplementary provision, it is a government provision that all new housing developments should have parks.

244. The child's right to participate freely in cultural life and the arts is ensured by the Jamaica Cultural Development Commission, which promoted an annual festival, in which all schools enter events in song and dance relating to their heritage. There is also a National Gallery and School of Art and Dance which students are encouraged to visit.

245. The portion of the budget for the Ministry of Education, Youth and Culture which was allocated to the arts and culture was 1.80 per cent in the 1996/97 financial year with a similar percentage of an increased overall budget in 1997/98.²⁹ The cultural, artistic, recreational and leisure activities, programmes and campaigns developed to ensure the enjoyment of the child's rights include:

- The activities of the Jamaica Library Service, which provides materials in recreational activities such as National Reading Competition, exhibitions of Children's Art, weekly programmes and summer activities for young people;
- The contribution of the private sector, which provides recreational facilities and equipment for schools and communities and an exchange programme to enable children to be exposed to the culture of other countries;
- The Social Development Commission, a government institution, the Police, Churches, the YMCA and the YWCA, all of which sponsor summer camps for children; and
- The Sports Foundation, which contributes to the development of sports by sponsoring community-based sports clubs and teams.

246. There is also a Cultural Division within the Ministry of Education, Youth and Culture and a Cultural Development Commission through which schools are encouraged to participate in competitions, a national festival, independence celebrations and the celebration of Emancipation Day.

V. SPECIAL PROTECTION MEASURES (arts. 22, 38, 39, 40, 37 (a)-(d) and 32-36)

A. Refugee children (art. 22)

247. Jamaica is a member of the United Nations community and is party to the collection of international instruments covering refugees. Although there is no specific legislation to deal with the problems of refugees (for reasons outlined in the initial report), agencies such as the Red Cross and the United Nations Commission on Human Rights are always ready to play a part in the rights of refugee children if necessary.

248. The Ministry of Foreign Affairs and Trade has the duty to liaise with the relevant embassy in family tracing and eventual reunion of unaccompanied children seeking asylum and their parents.

249. In cases where no parent or other members of the family can be found, the child would be afforded the same protection as any other child permanently or temporarily deprived of his or her family environment for any reason, that is, he or she would be given temporary accommodation and, if all enquiries fail, taken before the court as in need of care and protection and, if the court so deems, the child is placed with a State agency for placement in a foster home or children's home on a Fit Person Order.

250. The placement of a child who had been taken into care arising from his/her arriving in Jamaica as a refugee unaccompanied by parents is reviewed at stated intervals, decided by the court. The absence of legislation to cover the welfare of refugee children is one of the areas to be covered in the process of legislative reform now in progress.

B. Children in armed conflicts (art. 38)

251. No issues of armed conflict refer to Jamaica and there is no legislation. However, this issue has been included in the proposals for a Child Care and Protection Act.

C. Administration of juvenile justice (art. 40)

252. Legislative and other appropriate measures have been adopted to ensure that, inter alia, every child has the following guarantees:

- To be presumed innocent until proven guilty according to the law;
- To be informed promptly ... of the charges against him;
- To have the matter determined without delay;
- Not to be compelled to give testimony or confess guilt; and
- To have his privacy respected at all stages of the proceedings.

(The responses to related queries are included in the initial report.)

253. With regard to the right of the child to the free assistance of an interpreter if the child cannot understand or speak the language used, there is no legal provision for this measure but such services are usually provided through the Ministry of Foreign Affairs and the Ministry of National Security by the Language Laboratory of the University of the West Indies or the relevant embassy.

254. More frequently, there is need for assistance to children who are hearing-impaired and facilities are available through the School for the Deaf or other agencies offering services to persons with disabilities.

255. The measures adopted pursuant to article 40, paragraph 3, to promote the establishment of laws, procedures, authorities and institutions specially applicable to children alleged as accused of or recognized as having infringed the penal law are described in the chapter on special protection measures in the initial report. Children are presumed not to have the capacity to infringe the penal law before the age of 12 years, which is described as the age of criminal responsibility. Measures taken for dealing with such children without resorting to judicial proceedings are described in the chapter on special protection measures in the initial report. In addition, some parishes have established Diversion Committees, which are designed to keep (or “divert”) children who are accused of minor offences out of the judicial system. The child meets with the committee and is encouraged, in a non-formal atmosphere, to outline his difficulties, particularly those which may have contributed to his alleged wrongdoing. Members of the committee seek to take steps to alleviate his problems in consultation with the child and his family.

256. The court has the power, as alternatives to institutional care, to make a Supervision Order, to place the offender the supervision of a Probation and After Care Officer for a specified period. Foster care is always chosen as a desirable alternative to institutionalization.

257. Pursuant to the adoption of the Beijing Rules (the United Nations Standard Minimum Rules for the Administration of Juvenile Justice), the Riyadh Guidelines (the United Nations Guidelines for the Prevention of Juvenile Delinquency) and the United Nations Rules for the Protection of Juveniles Deprived of their Liberty, the Government has developed improvements in the system of justice for juveniles along the lines of these international instruments. In 1997, a Justice Training Centre was established with a Judge as Coordinator to offer courses for every member of the Justice System. Both local and overseas training was provided through seminars, workshops and attendance at conferences. Six hundred and ninety-five (695) persons were trained locally and 11 persons were sent abroad to attend judicial and other conferences.

258. These activities were initially made possible through a USAID/Government of Jamaica Sustainable Justice Reform Project from August 1992 to December 1996. Further activities were supported by the Canadian International Development Agency (reform of juvenile system), the Department for International Development (United Kingdom) and the Government of Jamaica. Under the same project infrastructure, the juvenile justice system was improved to provide:

- Improved court house management by way of technical assistance and training to court administrators;
- Equipment such as computers and terminals to facilitate recording of data; and
- Furniture such as water coolers, cribs, chairs and family life videos for the benefit of children and parents who attend these courts.³⁰

259. The implementation of article 40 has been facilitated by the introduction of programmes such as dispute resolution within the Police Force and the Friends Hotline, which enables children to discuss their problems in an anonymous and non-threatening atmosphere.

D. Detention, imprisonment or placement in custodial settings (art. 37 (b)-(d))

260. The legislative and other measures adopted pursuant to article 37 (b) to ensure that no child is deprived of his or her liberty and the arrest, detention or imprisonment of a child is in conformity with the law and only as a last resort and for the shortest appropriate period of time and with respect for the general principles of the Convention, are enshrined in Section 15 (1) of the Jamaica Constitution and are fully discussed in the initial report.

261. The existing alternatives to the deprivation of liberty of children and the mechanisms to prevent the deprivation of such liberty are outlined in the chapter on special protection measures in the initial report.

262. The measures and mechanisms established to prevent the deprivation of liberty of children are the counselling programmes in schools, the Family Court, the Probation Service and others which have been mentioned. The imposition of indeterminate sentences is forbidden by law and is not carried out in practice.

263. No independent mechanism exists to monitor the situation of the children concerned, to monitor progress, identify difficulties and goals for the future. This is seen as a weakness and steps are being taken to correct it.

264. Under Jamaican laws, children cannot be deprived of liberty unlawfully or arbitrarily. Children who are accused of serious offences can be taken before the courts by police and, if found guilty, can be detained in juvenile correctional institutions for various periods as directed by the court. The philosophy of these institutions is rehabilitation rather than punitive.

265. Table 17 and table 18 record the number of children who were taken before the courts in 1997 by the reasons for their detention, gender and rural/urban region. The social and ethnic origin of such children is not recorded, and it has not been possible to ascertain the length of periods of detention. It is envisaged that with the improvement of data collection it will be possible to disaggregate such data.

Table 17

Reasons for which male juveniles appeared before the courts January-December 1997

Offences	Urban/rural Cornwall	Rural Middlesex	Urban/rural Surrey	Total
Murder	2	5	0	7
Manslaughter	0	1	0	1
Carnal abuse	5	18	9	32
Rape	0	1	2	3

Table 17 (continued)

Offences	Urban/rural Cornwall	Rural Middlesex	Urban/rural Surrey	Total
Indecent assault	16	13	29	58
Robbery	0	1	0	1
Robbery/aggravation	3	7	4	14
Burglary	0	1	0	1
Praedial larceny	34	41	79	154
Breaking/entering	17	15	21	53
False pretences	0	2	0	2
Fraud convictions	0	2	0	2
Forgery	0	1	0	1
Unlawful possession	3	1	1	5
Receiving stolen goods	2	3	3	8
Wounding	36	44	52	132
Assault	7	4	10	21
Assault o.b. harm	30	27	17	74
Dangerous drugs	17	11	28	56
Abandoning juvenile	1	0	3	4
Malicious destruction	4	7	14	25
Gambling	0	0	2	2
Arson	0	0	1	1
Variation of order	3	0	2	5
Breaking traffic law	3	4	11	18
Breaking firearm law	0	4	2	6
Shooting with intent	1	2	1	4
Minor offences	32	14	21	67
Breach of prob. order	1	1	2	4
Total	217	230	314	761

Table 18**Reasons for which female juveniles appeared before the courts
January-December 1997**

Offences	Urban/rural Cornwall	Rural Middlesex	Urban/rural Surrey	Total
Murder	0	1	0	1
Praedial larceny	4	5	7	16
Breaking/entering	0	2	1	3
False pretences	0	1	0	1
Fraud convictions	0	1	0	1
Receiving stolen goods	1	0	2	3
Wounding	11	23	27	61
Assault	4	0	7	11
Assault O.B. harm	7	9	8	24
Dangerous drugs	0	0	5	5
Abandoning juvenile	3	0	22	25
Malicious destruction	3	3	4	10
Gambling	0	0	1	1
Variation of order	2	0	6	8
Shooting with intent	0	2	0	2
Minor offences	20	10	18	48
Breach of prob. order	2	1	2	5
Total	57	58	110	225

266. For the legislative and other measures to ensure that any child deprived of liberty is treated with humanity and respect for the inherent humanity of the persons and in a manner which takes into account the needs of persons of his or her age, refer to the section on Children in Conflict with the Law in the initial report.
267. For arrangements made to ensure that the child deprived of liberty is separated from adults, also refer to the initial report. The practical arrangements which have been instituted to facilitate this measure include the provision of special holding areas to accommodate children for brief periods at some large police stations, when the holding of children in police stations is absolutely unavoidable. Another measure is the remand of children to special places of safety and juvenile correctional institutions. The holding of sittings of Juvenile and Family Courts also serve the same purpose.
268. Children deprived of liberty are encouraged to maintain contact with their families, save where such contact is not in the best interest of the child. The circumstances which would provoke an exception to the implementation of this right could be where a child had been exploited by a parent to obtain drugs or commit crimes and the home environment was regarded as psychologically unhealthy for the child.
269. Education services within the institution are provided to the child in institutional care. The Ministry of Health is also responsible for providing health services, when necessary. The general principles of the Convention are respected.
270. Parents often provide legal assistance for children in conflict with the law. If they fail to do so, legal assistance is provided by the Legal Aid clinic and there is no legal time-limit for access to such assistance. Other assistance such as counselling, reunion with parents and serving as liaison between the child and the parents is provided by children's officers and correctional officers as appropriate. The child has the right to appeal to the Supreme Court against his deprivation of liberty in the Family or Juvenile Court. Prompt decision on any such action will be taken and there is no legal time-limit. Parents and guardians are always present during court hearings and are encouraged to present information in defence of their children.
271. Assistance is provided by the children's officer or probation officer who brings the child before the court. The need for an officer independent of the court to represent the child in conflict with the law is recognized and provision for a juvenile defender is being included in the Child Care and Protection Act which is currently being drafted.
272. A great deal of progress has been made in the sensitization of police personnel to the needs of children and the provisions of the Convention on the Rights of the Child. Ongoing seminars among police personnel, details of which are given above in this report, have made police, especially recruits and younger police officers, aware of the needs of the child. Older police officers are sometimes resistant to change, as are older members of the judiciary, who do not always see the need for a flexible approach towards child's rights.
273. In spite of the adequate theoretical framework, which has been described in paragraph 143 to the general principles of the Convention as they affect the rights of the child deprived of liberty, a great deal remains to be done as regards the welfare of children on remand

awaiting a court hearing. In spite of many efforts coming both from government, the public and outside services, children are still sometimes held in lockups by the police in sub-standard conditions although they are separated from adults. The reason for this is threefold:

- lack of adequate space for holding children in remand;
- lack of communication between police and children's officers;
- the need for communication between police and children's officers; and
- the need for continued sensitization of the police to the needs of children.

274. It is a major target for the next two years to provide additional space for the remand of children with the law; to maintain and establish lines of communication between the police and the children's officers (to ensure that children taken into custody by the police are placed in suitable accommodation) and to continue sensitization programmes with the police.

275. The monitoring of institutions by members of the department which administers them can be seen as a difficulty in ensuring objectivity and at a meeting of social work professionals which was held to facilitate the preparation of this report it was suggested that a multisectoral committee of independent persons should be established to monitor these institutions with focus on areas like visitation, correspondence, education and health and safety measures. This recommendation will be implemented as a matter of urgency.

E. Sentencing of children (art. 37 (a))

276. Legislation exists to ensure that neither capital punishment nor life imprisonment without possibility of release is imposed for offences committed by persons before 18 years of age. Section 29 (1) of the Juveniles Act states that:

Sentence of death shall not be pronounced on or recorded against a person convicted of an offence if it appears to the Court that at the time when the offence was committed he was under the age of 18 years ...³¹

This provision is observed by the Courts.

277. The general aims of the Convention with regard to the sentencing of children are further facilitated by the provision of 29 (2) of the Juveniles Act, which states that:

A juvenile shall not be sentenced to imprisonment, whether with or without hard labour, for any offence, or be committed to prison in default of payment of any fine, damages or costs.

278. Promotion of the physical and psychological recovery and social reintegration of the child involved with the system of the administration of juvenile justice is undertaken by a variety

of agencies. Chief among them is the Child Guidance Clinic, which has branches island wide which offer assessment of troubled children and children who present behaviour problems; supervision by a psychologist and referral to other agencies such as the Child Assessment and Research in Education (CARE) Centre at Mico College, a tertiary educational institution, is done with the aid of international funding. Both the Child Guidance Clinic and the CARE Centre have access to the services of a psychiatrist.

279. In addition, all social work agencies, particularly the Children's Services and the Probation and After Care service offer support to children who have been involved in the system of justice and their parents.

280. A number of programmes and activities exist to provide education and training for children who, for one reason or another, have dropped out of the school system. Most relevant to the needs of children who have been involved with the administration of juvenile justice is the Attendance Centre of the Family Court, which was established to provide continued education and skills training for children who had received non-custodial sentences or completed custodial sentences. Other services which provide for such children are, inter alia, the Learning for Earning Activity Programme (LEAP), which falls under the Ministry of Education and provides the opportunity to learn and earn as its name implies, and the Human Employment and Resource Training (HEART) programme, which targets the same group.

F. Children in situations of exploitation

281. Legislative and administrative measures to protect the child from economic exploitation through child labour are recorded in the chapter on Special Protection Measures in the initial report. Refer also to the Introduction to this report.

282. Section 72 of the Juveniles Act, which is currently in force, provides that:

No juvenile shall be employed:

- (a) if under the age of 15 years, in any industrial undertaking; or in or upon any ship, other than a ship where only members of his family are employed; or
- (b) if under the age of 16 years in any night work.

283. Section 75 (1) of the same law provides that "no person shall employ, for reward or otherwise, any boy or girl in and about the feeding and working of a sugar mill".

284. These provisions are intended to protect the child from any work that is likely to be harmful to his or her health or physical, mental, spiritual, moral or social development.

285. The Children's Services Division and the Ministry of Labour, Social Security and Sports have the authority to investigate reports of child labour and to intervene if necessary. Guidance counselling and support is provided by a number of agencies to prevent child labour. These

include the Children's Services Division, the Probation Services, the Juvenile Unit of the Police Force; vocational training programmes such as the HEART programme and the LEAP programme supported by Government, and NGO programmes such as the YMCA, YWCA, and Children First directed at street children, address the problem of child labour. An NGO group called the Children's Lobby advocates the cause of children, especially street and working children.

286. For the minimum age of employment and the appropriate regulation of the conditions of employment, refer to the initial report. The effective enforcement of this article is ensured by the unit in the Ministry of Labour which has responsibility to conduct inspection of establishments to impose conformity to regulations. The child can complain either directly or through a representative to the Labour Advisory Board.

287. The National Policy for Children has among its goals that "the Government will ensure that children are protect from work which threatens their health, education or development",³² and cooperation between the Government and the Joint Trade Union Research Development Centre (JTURD) to combat situations of children's economic exploitation and labour.

288. The progress achieved in the implementation of this article is indicated in this report; the benchmarks set up are the proposed ratification of ILO Convention No. 138 (1973) concerning the minimum age for admission to employment and the enactment of the Child Care and Protection Act. Although it is recognized that legislation will not in itself prevent child labour, the achievement of these goals will provide legislative base to reinforce the efforts of the NGOs and which continues to try to prevent child labour by public education campaigns as well as the efforts of the State to provide adequate opportunities for education for all children.

G. Drug abuse (art. 33)

289. A number of programmes were established for the control of drug abuse. Noteworthy among these is the National Master Drug Prevention and Control Plan (1997-2000), which was tabled in Parliament in November 1997 and outlines a comprehensive set of strategies in the country's anti-narcotics programme aimed at reducing the production, trafficking and use of illegal drugs. The target groups of this programme includes both adults and children. The segment directed towards children includes public education and the promotion of alternative lifestyle, behaviour and choices through education, sports, culture, and skills' training. Particularly directed towards children has been the expansion of the Prevention Education Programme in School. These programmes are administered through a National Council on Drug Abuse which promotes education among schools and communities to discourage the use, abuse and trafficking in drugs. The measures to protect children from the illicit use of narcotics drugs and the use of children in illicit production and trafficking of such substances continue to be mainly preventive.

290. No relevant international conventions have been ratified during the five-year period of reporting. Several measures have been initiated and continued to assist children and their families: Government agencies include the Child Guidance Clinic, which is headed by a psychiatrist within the Ministry of Health and has several branches island wide; the National Council on Drug Abuse; and the Youth Clubs within the police force. Many churches offer

counselling and assistance, both preventive and curative, to children at risk of using drugs and their families. The Child Guidance Clinic is particularly active in assisting in the physical and psychological recovery and social reintegration of the children concerned. Since 1993 there is a helpline established by the Jamaica Foundation for Children, an NGO supported by representatives of the corporate sector, and UNICEF, which is devoted exclusively to receiving calls from children on all problems, including drugs. Awareness is ensured by the public education activities of the National Council for Drug Abuse and workshops and seminars conducted in schools and communities by the Guidance and Counselling Department of the Ministry of Education and the Ministry of Labour, Social Security and Sports.

291. The Spirit Licence Law, which requires that registration of establishments which sell alcohol, prohibits the sale of alcohol to children.³³ Refer to the initial report for further information on this subject.

H. Sexual exploitation and abuse (art. 34)

292. For legislative measures to protect the child from all forms of sexual exploitation and sexual abuse, refer to the initial report. During the five-year period under review, new and amended legislation has been proposed to reinforce existing laws for the protection of children:

- Offences Against the Person Act: A bill was drafted to give the court wider powers in dealing with rape and carnal abuse and to make rape gender-neutral. This amendment has been discussed with various child's rights groups and awaits approval by Parliament;
- Incest (Punishment) Act: An amendment to widen the category of relationships falling within the definition of "incest" is proposed;
- A comprehensive Child Care and Protection Act is proposed (see Introduction to this report); and
- The Domestic Violence Act was enacted in 1996 to protect families, including children, against all types of abuse.

293. The staff of the Family Court, the Children's Services Division and the Correctional Services are all involved in information, awareness and education campaigns to prevent any form of sexual exploitation or abuse of the child. This involvement includes the conduct of seminars and workshops with various groups such as youth groups, church groups and school-related organizations such as Parent Teachers' Associations.

294. Other information, awareness and education campaigns are the Family Life Education programme undertaken in schools by the Ministry of Education and various campaigns sponsored by the churches and non-governmental organizations designed to sensitize and educate children and the public about issues of sexual exploitation.

295. A national and multidisciplinary strategy, which has been ongoing over the five-year period, has focused on education among the police, both at the recruiting and services level, and other child-related agencies. An example of this is a series of seminars held in the 14 parishes in 1995-1996 by the Specialist Committee on Child Abuse. Participants in these seminars included police, social workers, teachers and ministers of religion, who were exposed to discussions and lectures (from health and social work professionals) on Child Abuse and related topics. This programme had as its aim the formation of parish teams with the Children's Services as the nucleus, and the joint activities of these teams have provided a useful tool in the united effort to prevent child abuse. In 1997-1998, through the efforts of the Child Support Unit, education on child rights issues, including abuse, has been included in the curriculum of the Police Training School. This has been a segment of the UNICEF country programme for 1997-2001, and is monitored by the Programme Coordinating Committee.

296. The legislation to ensure effective protection of child victims is discussed in the initial report and the same paragraph indicates that the use of children in unlawful sexual practices is considered a criminal offence.

297. The principle of extraterritoriality is incorporated in legislation to criminalize the sexual exploitation of children by nationals and residents of Jamaica when committed in other countries. The Government works through a special branch of the Police with Interpol, Federal Bureau of Investigation and the Drug Enforcement Agency in the United States. The sexual exploitation of children is an extraditable offence. There is judicial and law enforcement cooperation in following the procedures leading to the extradition of persons accused of the sexual exploitation of children in other countries. These procedures are, of course, pursued after receipt of satisfactory documentation on the alleged offence.

298. A special unit of law enforcement officials and police liaison officers has existed since 1993 to deal with children who have been sexually exploited. The personnel within this unit, which as centres island wide receive special training for recruits and special training before assignment to the Unit. This special orientation includes training in: investigation of child abuse cases, counselling, methods of referral for treatment, where necessary, and public education in schools.

299. At a conference of professionals held to collect material for this report, the matter of child prostitution was raised as a concern of persons working with children. However, despite unconfirmed reports, no precise data could be obtained from any agencies working with children. The progress achieved in the implementation of article 44 hinges on increased public awareness, the ongoing training of police and the establishment of the Juvenile Unit within the police. The need for a uniform recording system at the national level has presented a difficulty and the targets highlighted include continuing public education, expanded services and facilities for victims of sexual abuse, improvement in the legislation and, above all, an adequate and uniform recording system.

300. The system of recording in the Police Force does not make it possible to present disaggregated data on the children concerned, as offences of drug trafficking do not isolate the persons used.

301. Information on the legislation to prevent the abduction of, the sale or traffic in children is provided in the initial report (Special Protection Measures).

302. The child is protected from all forms of exploitation by the provision of the Offences Against the Person Act, the Juveniles Act and the Incest (Punishment) Act. These laws are administered before the Juveniles and Family Courts and the Children's Services Division, and the Department of Correctional Services intervenes if necessary, to remove the child from the exploitative situation.

303. There is no significant incidence of exploitation of children in the Jamaican society as suggested in article 36, other than those discussed in paragraphs 280-300, as they relate to articles 32, 33, 34 and 35.

I. Children belonging to a minority or an indigenous group (art. 30)

304. The initial report states, inter alia, that no official provision is made for the protection of children in a minority or indigenous group because, given the structure of the society which has been described in the Introduction to this report, there is no group that can really be described as indigenous.

305. The Arawak Indians, who were the original population, were wiped out during the Spanish occupation in the fifteenth and sixteenth centuries. The ancestors of the people of African descent who are now in the majority came to the island as slaves in the sixteenth century, the Indians as indentured labourers in the nineteenth century and the ancestors of the population of Caucasian descent arrived, chiefly from Britain, as plantation owners. All these groups are now protected, as are their children, by the same laws, administered in the same Courts and promulgated by a mixed Parliament.

306. The statement above is true of the ethnic minorities and indigenous groups mentioned in the current guidelines. A number of religious minorities also exist, which include Rastafarians, Jehovah's Witnesses and Muslims. The basic human and civil rights of children from all these groups are observed. For example, in schools there is tolerance of a different dress code, children may practice their own religion and speak other languages, where these apply.

307. The practices flow from the constitutional provision for the person's (including child's) right to freedom of thought, conscience and religion (section 21 of the Jamaica Constitution). While the child of a minority group is entitled, through the rights enshrined in the Constitution, to life, survival and development, to health care and education, these rights are of course restricted by the rights of parents, (article 14 of the Convention) to provide direction to the child in the exercise of his or her right in a manner consistent with the evolving capacities of the child.

308. There are some difficulties inherent in the implementation of the rights of the religious groups discussed in this section, to enjoy their own culture, which lie not with the State, but in the attitudes of the groups themselves. One example of this is the refusal of Jehovah's Witnesses to permit their children to access health care by means of blood transfusion, even in

life-threatening situations. The State does not impose its will on the child but the exercise of this right is in direct conflict with the child's right to the highest standard of health and medical care attainable (art. 24). These problems are increased by the wish of certain parents in closed religious groups to protect their children from contact with the outside world, which might manifest itself by refusal to give evidence in court even to protect a child from exploitation. Finally, this right to enjoy his or her own culture is sometimes frustrated by the influence of peer pressure on the child: for example, a Rastafarian who wears long hair ("locks") in community with other members of his group may become embarrassed with his or her difference from classmates, even though the State does not interfere with this mode of dress. The targets to reduce these difficulties must be the continued training of police at all levels, increase in programmes for the sensitization of individuals in the justice system to the provisions of the Convention and continued public education to ensure tolerance at all levels of the society. The proposed establishment of the Children's Services Corporation to address the needs of children in a holistic setting is also a target which, it is hoped, will produce positive results in the implementation of article 30.

Notes

¹ See Government of Jamaica/UNICEF, *Situational Analysis of Women and Children in Jamaica, 1995*, p. 6.

² Planning Institute of Jamaica, *Economic and Social Survey, 1997*, Cap. 24.

³ Source, Adoption Board.

⁴ Planning Institute of Jamaica, *Economic and Social Survey, 1997*, p. 24.7.

⁵ Ibid.

⁶ This information was taken from the report on a workshop of health professionals in Kingston in October 1997.

⁷ Planning Institute of Jamaica, *Jamaica Survey of Living Conditions, 1996*, p. 56.

⁸ Ibid., p. 57.

⁹ Ibid., p. 57.

¹⁰ Planning Institute of Jamaica, *Economic and Social Survey, 1997*, Cap.32.

¹¹ Ibid., p. 24.9.

¹² Planning Institute of Jamaica, *Economic and Social Survey, 1997*, p. XX.

¹³ Planning Institute of Jamaica, *Jamaica Survey of Living Conditions, 1996*, p. XIII.

- ¹⁴ Ibid., p. XV.
- ¹⁵ Planning Institute of Jamaica.
- ¹⁶ Source: Habitat Secretariat, Ministry of Environment and Housing.
- ¹⁷ Source: Ministry of Education - Workshop of Professionals.
- ¹⁸ Planning Institute of Jamaica, *Economic and Social Survey, 1997*, p. 20.4.
- ¹⁹ Planning Institute of Jamaica, *Economic and Social Survey, 1997*, p. 20.3.
- ²⁰ Planning Institute of Jamaica, *Economic and Social Survey, 1997*, p. 20.4.
- ²¹ Ibid., Cap. 20.
- ²² Ibid., p. 20.2.
- ²³ Planning Institute of Jamaica, *Economic and Social Survey, 1997*, p. 20.7.
- ²⁴ National Council on Education Act, 1993.
- ²⁵ Planning Institute of Jamaica, *Economic and Social Survey, 1997*, p. 20.5.
- ²⁶ Planning Institute of Jamaica, *Economic and Social Survey, 1997*, Cap. 20.
- ²⁷ *Mission Statement*, supplied by the National Secondary Schools Council.
- ²⁸ Information supplied by the Registrar of Independent Schools.
- ²⁹ Planning Institute of Jamaica, *Economic and Social Survey, 1997*, p. 20.2.
- ³⁰ *Internal Report on Sustainable Justice Reform Project*, supplied by the Planning Institute of Jamaica.
- ³¹ Juveniles Act, Section 29 (1).
- ³² *National Policy on Children*, p. 15.
- ³³ Spirit Licence Law, Laws of Jamaica.

ANNEXES

List of Annexes*

Annex I	Summary of comparative assessment of the Convention and existing legislation
Annex II	Registrar-General's review
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* Annexes I to X can be consulted in the files of the secretariat. Annex XI, the report of Dr. Pauline Milbourn on data relating to child abuse, is attached, unedited.

Annex XI

“SOME ACTS OF VIOLENCE

“The accumulation of information about children and adolescents who have been victims of child abuse and neglect, and details about the perpetrators of this violence, began in a structured way in 1991.

“Because Jamaica has no laws which enforce the mandatory reporting of child abuse and neglect, the gathering of information about this grave public health problem is a purely voluntary process, dependent on the efforts of a group of committed individuals.

“SOURCES OF REFERRAL

“Since 1991, confidential data have been and is still being collected by a variety of health and social agencies including the police using a specially designed questionnaire. The agencies (see table 1) which collect data are as follows: the child guidance clinics, hospitals (Cornwall Regional Hospital, Bustamante Hospital for Children, University Hospital), the Sexual Offences Units (Police), the Family Court, Children Services Division, VOUCH and Private Doctors. The majority of reported cases come from the Health facilities, the Family Court and the Police.

“However there have been fluctuations in the volume of data collected by the various agencies over time (see table 1). These fluctuations are often due to changes in the availability of personnel to provide these very important services. Overall, private physicians contributed less than 1% to the data collected during this study.

“DATA COLLECTION

“Between 1991 and 1995, data were collected from approximately 2,000 victims of child abuse and neglect. Data in the tables may vary due to missing information for some variables. There was an obvious reduction in the number of cases documented, from peak of more than 500 cases in 1992, to 330 and 339 in 1994 and 1995 (see table 2).

“The causes for this decline in data collection may include any of a combination of the following:

- (a) Diminution of enthusiasm after period of early training;
- (b) No feedback to agencies resulting in a reduction of interest;
- (c) Shifting of responsibility and alternate placement of many of the trained personnel with adequate training of new staff;
- (d) The earlier years provided an index of prevalence, while the late years represent only incidence, that is new cases only.

“REGIONAL VARIATIONS

“Most of the data were collected from South Eastern (73%) and Western (21%) health regions of the island, (see table 2) with less than 3% of cases emanating from two other regions respectively. A true comparison cannot be made between the regions because of the marked discrepancy in the levels of services offered; that is, most of the resources needed to care for child abuse victims and their families exist mainly in the south-eastern and western health regions.

“TYPE OF ABUSE AND GENDER

“Seventy-nine per cent (79%) of the child victims were female and 21% were male. Most of the victims were between 5 and 14 years of age (64%).

“As sexual abuse was the most frequent documented type of abuse it is not surprising that the preponderance of victims were female. 1,228 (M 65:F 1,163) children were sexually abused; 630 (M 283:F 347) physically abused; 143 (M 48:F 95) emotionally abused and 226 (M 102:F 124) were neglected (see table 3). As 24% of boys and 13% of girls were victims of more than one type of abuse, the percentages in table 3 add up to more than 100%.

“Of the 65 cases of sexual abuse in boys, it is important to note that 45% of these youngsters are between the ages of 5-9 in contrast to only 29% of girls in the same age range.

“If the large number of sexually abused children are removed from the data, as well as the adolescents over 15 years who are mostly girls, there are no gender differences between the various types of abuse and physical abuse becomes the most prevalent type of abuse.

“PREVIOUS HOSPITALIZATION

“Twenty two per cent of the sample population had been previously hospitalized. More boys (34%) had been hospitalized than girls (19%), and children of both genders who were either physically abused or neglected were more likely to have been previously hospitalized (31% and 28% respectively) than those who were sexually or emotionally abused (17% and 19% respectively). This may suggest that physical abuse and neglect are indicators of more failures in childcare than incidents of sexual and emotional abuse.

“When these incidents of hospitalization were reviewed in relation to maternal age, it was recognized that 45% ($p = .035$) of the mothers whose abused children were previously hospitalized, were teenagers between 13 and 19 years of age, with another 20% of mothers/guardians being 45 years and over.

“MEDICAL/SOCIAL HISTORY

“The majority of children in this study are part of a high risk population of children in whom previous abuse is a very common historical finding; especially those children who are neglected, physically abused and emotionally abused. Children of both genders who are considered slow, or who are frankly retarded are more likely to be victims of emotional abuse and neglect. Retarded boys are also at high risk for sexual abuse.

“TIME AND PLACE OF ABUSE

“Young children are more likely to be abused in the day-time in their own homes and older children in the evening time in the abuser’s home or elsewhere. In other words, as the child gets older, the locus of the abuse shifts from the child’s home to that of the abuser or some other location, and from day-time to evening.

“THE PERPETRATORS OF ABUSE

“Who then is responsible for these acts of violence upon our children? Parents and caregivers (see table 4) are responsible for the majority of physical and emotional abuse and neglect while non-relatives are the main perpetrators of sexual abuse. The majority of perpetrators of sexual abuse are male (82%) between 20-49 years of age and are known to their victims, however, perpetrators of physical and emotional abuse and neglect were equally likely to be female as well as male.

“Male perpetrators spanned a wider age spectrum than the females, with as many as 25% of the male abusers themselves being teenagers compared to only 9% of female perpetrators of the same age.

“SUMMARY

“The assembling an analysis of this body of data on child abuse and neglect represents a major collaborative effort between various ministries, institutions and agencies with the public and private sectors, non-governmental organizations and the international funding agency UNICEF. Without the financial support provided by UNICEF and the energy and consistent efforts of the many professionals who participated in this island wide collection of data, we would still be uncertain about many of the facts regarding reported child abuse and neglect in today’s Jamaica.

“From the data we now know that:

- (a) There is a predominance of females in the population of abused children who come to our attention;
- (b) Sexual abuse is the one most frequently seen by various agencies;
- (c) Of the sexually abused victims, males represent 16%;

- (d) Most of these male victims are young, (45%) between 5-9 years of age;
- (e) Regarded boys are at high risk for sexual abuse;
- (f) As the child gets older the locus of abuse shifts from the child's home to other locations away from the home, and from day-time to evening;
- (g) A previous abuse was common in this population;
- (h) Abused children who had been hospitalized were more likely to have teenaged mothers;
- (i) A history of previous abuse was common in this population;
- (j) Abused children who are considered to be slow or retarded are likely to be victims of emotional abuse and neglect;
- (k) Perpetrators of sexual abuse were mostly male and known to their victims;
- (l) Twenty five per cent of male perpetrators were teenagers, that is children are abusing other children;
- (m) Parents and caregivers are responsible for the majority of physical and emotional abuse and non-relatives for sexual abuse.

“If we want to facilitate change in this arena and learn even more about child abuse and neglect, we have to continue gathering information on every victim with whom we as professionals come in contact.

“Hard data on child abuse and neglect will allow us to map trends in the development of this public health scourge, identify regions of greatest need, provide accurate information for our social planners, compare our findings with our Caribbean neighbours and develop policies aimed at rescuing children who are being repeatedly abused.

“The voluntary documentation of information on child abuse and neglect victims by physicians, nurses, social workers, children officers, probation officers and police personnel must continue and improve while we await the legal process which will make the reporting of this condition mandatory.

“Affette McCaw Binns
Pauline E. Milbourn
June 1997 (cgck)

Table 1
Agency reporting client information by year (1991-1995)

Sources of referral	Total % (n)	1995 % (n)	1994 % (n)	1993 % (n)	1992 % (n)	1991 % (n)
Public hospitals	26.2 (505)	14.0 (46)	9.1 (30)	5.7 (116)	34 (195)	34.9 (95)
Bustamante	8.8 (169)	7.0 (23)	4.2 (14)	12.3 (52)	7.1 (41)	14.3 (39)
Cornwall Regional	13.6 (261)	2.4 (8)	-	20.9 (48)	23.3 (134)	16.9 (46)
University Hospital	3.9 (75)	4.6 (15)	4.8 (16)	3.8 (16)	3.1 (18)	3.7 (10)
Child Guidance Clinics	26.0 (500)	44.4 (146)	26.1 (86)	20.9 (88)	23.3 (134)	16.9 (46)
Family Court	25.6 (492)	21.3 (70)	42.1 (139)	20.9 (88)	22.3 (128)	24.6 (67)
Children Services Division	5.3 (104)	9.1 (30)	5.5 (18)	10.4 (44)	2.1 (12)	-
VOUCH	0.5 (10)	1.2 (4)	-	-	-	2.2 (6)
Private doctors	0.3 (6)	0.3 (1)	-	-	0.9 (5)	-
Sexual Offences Units (Police)	16.1 (310)	9.7 (32)	17.3 (57)	20.4 (86)	17.4 (100)	12.9 (35)
Total	1 927	329	330	422	574	272

Table 2
Parish and region of residence of clients seen (1991-1995)

Parish and Region	Total	1995	1996	1993	1992	1991
SOUTH EAST REGION	1 418 (73.2)	224	299	327	372	196
Kingston/St. Andrew	1 242 (64.1)	166	268	298	333	177
St. Thomas	48 (2.5)	25	2	12	12	3
St. Catherine	118 (6.1)	33	29	17	17	16
NORTH EAST REGION	55 (2.8)	13	18	19	4	1
Portland	14 (0.7)	1	9	1	2	1
St. Mary	9 (0.5)	2	1	4	2	-
St. Ann	32 (1.7)	10	8	14	-	-
WESTERN REGION	399 (20.6)	83	4	69	173	70
Trelawny	9 (0.5)	3	-	1	3	2
St. James	357 (18.4)	76	3	58	160	60
Hanover	22 (1.1)	4	-	6	5	7
Westmoreland	11 (0.6)	-	1	4	5	1
SOUTHERN REGION	56 (2.9)	13	9	7	22	5
St. Elizabeth	8 (0.4)	-	1	4	3	-
Manchester	35 (1.8)	11	4	1	15	4
Clarendon	13 (0.7)	2	4	2	4	1
NOT KNOWN	9 (0.5)	6	-	-	3	-
Total	1 937 (100)	339	330	422	574	272

Table 3

Types of abuse by gender (multiple responses possible)

Types of abuse	Males n %	Females n %
Physical	283/70.4	347/22.8
Emotional	48/11.9	95/6.2
Sexual	65/16.2	1 163/76.3
Neglect	102/25.4	124/8.1
Total	402/123.9	1 525/113.4

Table 4

Relationship of victim to abuser by type of abuse

Abuser/Victim relationship	Emotional	Physical	Sexual	Neglect	Total
Parent/caregiver	75.8	80.1	14.8	88.8	41.5
Other relative	4.5	6.1	6.6	4.4	6.3
Non-relative	19.7	13.8	78.6	6.8	52.5

Source: Report on study Dr. Milbourn, Child Guidance Clinic, June 1997.

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