

**Monitoring the implementation of the
Regional Framework of Action for Children
2002-2015, Caribbean Community Secretariat**



Monitoring the implementation of the Regional Framework of Action for Children (RFAC) 2002-2015

Preamble:

As the period for implementation of the RFAC draws to a close in 2015, Member Countries will be considering the options for setting goals for the period 2016 onwards in light of the status of implementation to date and the challenges and opportunities ahead.

The CARICOM Secretariat in its coordinating role for the RFAC 2002-2015 is supporting the process of assessing the status of implementation by providing a set of monitoring tools for Member Country use during 2013-2014, and by providing opportunities for collectively formulating regional goals and indicators for children for the period 2016 onwards.

The status of implementation of the RFAC 2002-2015 and the draft regional goals and indicators for children 2016 onwards will be considered by a Special Session of COHSOD on Children to be held in early 2015.

Background:

In October 2002, the Seventh Meeting of the COHSOD approved the regional priority issues in the areas of child protection, early childhood development and child health, developed during the Special Meeting of CARICOM Ministers with Responsibility for Children held on October 22, 2002 in Guyana and by the Council for Human and Social Development (COHSOD) meeting on October 23 – 25, 2002. These regional priorities were identified after a careful analysis of a background document prepared by a panel of experts. The background document identified the socio-economic conditions which impacted negatively on the well-being of the children of the Community and took into account, inter alia, the Convention on the Rights of the Child 1987, the Kingston Consensus from the Fifth Ministerial Meeting on Children and Social Policy in the Americas, October 2002, and commitments made at the United Nations Special Session on Children held in May 2002.

As a follow-up to the decisions of the Seventh Meeting of the COHSOD, a Regional Framework for Action was developed to guide the programming of regional activities to address the issues and priorities approved by the COHSOD. This Regional Framework, along with National Action Plans, collectively represented the Region's efforts to enhance the legal, education, health and other social services infrastructure to provide more effective services and support for the development of our children. It provided a mechanism for follow up to the UN Special Session on Children and the Plan of Action of The World Fit for Children (WFC) in the same year.

In preparing this Regional Framework, the Secretariat was guided by the outcome of several meetings as well as by the targets already set in other related programmes. These included the Fourth Caribbean Conference on Early Childhood Education, Care and Development held in Guyana in 2002; the Report of the Working Group on Multi-Sectoral Priorities in Human and Social Development with Special Reference to Children, Youth and Gender prepared during the Seventh Meeting of the COHSOD; the Background Document prepared by an Expert Panel for the Special Meeting of the COHSOD on Children's Issues; the Caribbean Co-operation in Health Initiative; and Conclusions/Recommendations of the ILO Sub-Regional Tripartite Meeting on Eliminating the Worst Forms of Child Labour.

The Regional Framework was adopted as the instrument for guiding the development of the legal, education, health and other social services infrastructure to provide more effective services and support for the development of children, and for regional monitoring of the implementation of commitments in the areas of early childhood development, child protection, health and HIV/AIDS.

The timeframe for the attainment of the goals of the Regional Framework is 2002-2015, coinciding with the timetable for the achievement of the Millennium Development Goals. The Framework detailed specific targets to be achieved during the period 2003 – 2006, in anticipation of a review process and the detailing of priority actions for subsequent years.

The Secretariat provided leadership to and coordination of a number of regional initiatives in support of children. These included the Regional Early Childhood Development Working Group comprising regional organizations and development partners working on issues affecting children: the Task Force on child rights and child protection; the Working Group on Disciplinary Practices with children and the Working Group on Health and Family Life Education (HFLE); the Commission on Youth (including Adolescents); and the Caribbean Cooperation on Health III.

The Twelfth Special Session of COHSOD on Children, 17th – 19th March, 2008, in Guyana considered the status of implementation of the RFAC in its initial years 2002-2007, and agreed a set of priority actions from 2008-2011. The COHSOD added a new goal to the framework in support of children affected by climate change and emergencies.

Progress in implementation of sections of the RFAC was reviewed at the Education COHSOD (October 2010) and the COHSOD on Children and Youth (July 2012). In November 2012, Regional Officers and representatives of regional and international development partners with expertise in Early Childhood Development, Child Rights and Child Protection, Child Health, Education and Development of Young People, and Children Affected by Climate Change and Disasters met at the United Nations House, Barbados, to review progress under the Framework and to identify the priority actions for the final years of the Framework, 2013-2015.

The Framework, incorporating the goals set in 2002 and the specific priority actions for 2013-15, is set out on the following pages in the format of five thematic sections as follows:

Goals of the Regional Framework of Action 2002-2015	Thematic Section of the RFAC
1. Comprehensive, sustainable and effective early childhood development programmes in all Member States	Early Childhood Development
2. Protection of children against abuse, exploitation, violence, child labour including worst forms, discrimination and neglect in all Member Countries	Child Protection and Child Rights
3. Reduction in infant and under 5 mortality (<i>monitored separately by CARICOM/PAHO</i>)	Child Health and Well Being
4. Reduction by three quarters of the maternal mortality ratio (<i>monitored separately by CARICOM/PAHO</i>)	
5. Halting by 2015 and complete reversal of the spread of HIV/AIDS	
6. Sustaining the advances made in the realisation of health and education targets /goals and children's rights	
7. Reduction of new infections, morbidity and mortality due to communicable diseases; mitigate the individual, societal and economic effects of communicable diseases of epidemic proportions	
8. Reduction in incidence of non-communicable diseases amongst children (CARICOM Heads of Government Special Summit on Non Communicable Diseases in Port of Spain, 15th September 2007 (NCD POS); Compliance with the International Framework Convention on Tobacco Control (2007)) (<i>This goal was added to the Framework at the Twelfth meeting of the COHSOD in 2008</i>)	
9. Retention of children in school system until the secondary graduation	Education and Development of Young People
10. Promotion of a culture of respect for the rights of children and for ensuring a safe, stable and secure environment for children	
11. Children supported and enabled to adjust to the impacts of climate change in their lives and participate actively in decisions affecting their adaptation (<i>This goal was added to the Framework at the Twelfth meeting of the COHSOD in 2008</i>)	Children Affected By Climate Change and Disasters

Monitoring the status of implementation of the RFAC:

In the run-up to 2015, the Secretariat is coordinating a process across the Region to monitor implementation of the Framework. The monitoring process is focused on the overall purpose of the Framework, namely:

“to enhance the legal, education, health and other social services infrastructure to provide more effective services and support for the development of our children” (Seventh Meeting of the COHSOD, October 2002).

The items for monitoring and the tools for monitoring within countries are set out in an accompanying document.

A note on the age range covered by the Framework: Throughout the RFAC and the monitoring tools which accompany it, the terms **child** and **children** describe persons from the pre natal stage to eighteen years of age. *Adolescents, young people, teens* and *youth* are terms also used in the Framework; however these terms in the context of the Framework should not be understood as describing persons over the age of eighteen years.

Regional Framework of Action for Children 2002-2015

Incorporating the priority actions recommended for 2013-2015

GOALS (WFC COMMITMENTS & MDGS TARGETED)	STRATEGY	SHORT TERM OBJECTIVES AND TARGETS		PRIORITY ACTIONS 2013 - 2015	Indicators for Member Countries (Indicators for regional level underlined where applicable)	Means of verification
		<u>2003-2011</u>	<u>STATUS AT 2012</u>			
EARLY CHILDHOOD DEVELOPMENT						
<p>Comprehensive, sustainable and effective early childhood development programmes in all Member Countries</p> <p>(WFC #7.4)</p> <p>Reference: Regional Action Plan for Early Childhood Education and Development approved by COHSOD VII October 2002</p>	<p>Promote and facilitate policy, legislation and administrative reform to ensure quality of services</p>	<p>ACTION: 1. Member Countries develop and formally adopt comprehensive ECD policies with legislative and administrative reforms required for policy implementation</p> <p>TARGETS: 1a. All Member Countries develop and formally adopt comprehensive ECD policies with legislative and administrative reforms required for policy implementation</p> <p>1b. All Member Countries use CARICOM guidelines in the development of ECD Policy</p>	<p>Six Member Countries have developed and adopted comprehensive ECD policies; Six Member countries have initiated but not yet approved comprehensive ECD policies; the status of development of ECD National Policies in eight Member countries is not known</p> <p>Information is not available on how many Member Countries used the CARICOM guidelines in the development of ECD Policy</p>	<p>1a. All Member Countries develop and formally adopt comprehensive ECD polices with legislative and administrative reforms required for policy implementation.</p> <p>1b. All Member Countries use CARICOM guidelines in the development of ECD Policy</p> <p>1c. All Member countries harmonize early childhood terminology.</p>	<p>NATIONAL LEVEL: 1.1 ECD Policy approved by Cabinet (gazette)</p> <p>1.2 ECD Policy Implementation Plan approved by Cabinet (gazette)</p> <p>1.3 Care, Education and Health services in early childhood included in ECD Policy (final ECD policy document)</p> <p>REGIONAL LEVEL: <u>1.4 # of Member Countries in which ECD Policies are gazetted (gazette)</u></p> <p><u>1.5 # of Member Countries in which ECD policies include Care, Education and Health services (final ECD policy document)</u></p> <p><u>1.6 # of Member Countries in which CARICOM Guidelines are reflected in ECD policy development (final ECD policy document)</u></p>	<p>Reports from Ministry responsible for ECD policy development and the Cabinet Office in Member Countries</p>

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		<p>ACTION: 2. Member Countries develop, establish and implement national ECD regulatory frameworks with standards for early childhood services in keeping with CARICOM guidelines.</p> <p>TARGETS: 2a. 60% of ECD settings in each Member Country are licensed</p> <p>2b. 16 Member Countries develop, establish and implement national ECD regulatory frameworks with standards for early childhood settings in keeping with CARICOM guidelines.</p> <p>2c. 10 Member Countries use CARICOM guidelines in the development of ECD Regulatory Frameworks</p>	<p>Seven Member Countries have formally approved and implemented ECD national regulatory frameworks; seven Member Countries have developed ECD national regulatory frameworks in draft; the status of development of ECD national regulatory frameworks in six Member Countries is not known.</p> <p>Information is not available on how many Member Countries used the CARICOM guidelines in the development of ECD National Regulatory Frameworks</p>	<p>2a. At least 50% of ECD services in each Member Country are licensed.</p> <p>2b. All Member countries have developed, established and implemented national regulatory frameworks with standards for ECD services.</p> <p>2c. All Member Countries use CARICOM guidelines in the development of national regulatory frameworks for ECD services.</p>	<p>NATIONAL LEVEL: 2.1 ECD Regulatory Framework gazetted (gazette)</p> <p>2.2 % ECD Services that are licensed (ECD authority reports)</p> <p>2.3 Monitoring processes for standards in ECD Services in place (ECD authority reports)</p> <p>REGIONAL LEVEL 2.4 # of Member Countries in which ECD national regulatory frameworks are gazetted (gazette)</p> <p>2.5 # of Member Countries in which ECD settings are monitored using national standards (ECD authority report)</p> <p>2.6 # of Member Countries in which CARICOM Guidelines are reflect in the development of an ECD national regulatory framework (ECD national regulatory framework document)</p>	<p>Reports from Ministry responsible for ECD national regulatory framework development, the Cabinet Office and Parliament</p> <p>Monitoring Reports from the ECD authority</p>

GOALS (WFC COMMITMENTS & MDGS TARGETED)	STRATEGY	SHORT TERM OBJECTIVES AND TARGETS		PRIORITY ACTIONS 2013 - 2015	Indicators for Member Countries (Indicators for regional level underlined where applicable)	Means of verification
		<u>2003-2011</u>	<u>STATUS AT 2012</u>			
	Capacity building among policy makers, parents and practitioners	<p>ACTION: 3. Member Countries establish mechanisms where necessary (in-country or in cooperation with neighbouring countries) to provide: - early childhood teacher training and qualification and - early childhood caregiver training and certification</p> <p>TARGETS: 3a. 16 Member Countries establish early childhood teacher training and qualification frameworks 3b. 16 Member Countries establish early childhood caregiver training and certification</p>	<p>Eleven Member Countries established early childhood teacher training and qualification; and five Member Countries have established early childhood caregiver training and certification.</p> <p><i>[For parenting education and support see priority actions 10, 12 and 18 below in the child protection and child rights section]</i></p>	<p>3a. All Members Countries establish early childhood teacher training and qualification</p> <p>3b. All Member Countries establish early childhood caregiver training and certification</p>	<p>NATIONAL LEVEL: 3.1 Early childhood teacher training and qualification established 3.2 Early childhood caregiver training and certification established</p> <p>REGIONAL LEVEL: 3.3 # of Member Countries in which Early childhood teacher training and qualification is established 3.4 # of Member Countries in which Early childhood caregiver training and certification is established</p>	<p>Reports from Ministry responsible for training institutions and qualification assessment processes</p> <p>Reports from training institutions</p>

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	Development and implementation in all Member Countries of multi-sectoral programmes for the early prevention and detection of developmental and learning disabilities (CCHII / III Goals)	ACTION: 4. A regional strategy and guidelines are developed to strengthen the capacity of countries to establish special mechanisms for increasing access of children in early childhood in vulnerable and poor populations to early detection and prevention services	Three Member countries have established systems for early intervention for children with special needs; Seventeen Member Countries do not yet have capacity to reach poor and vulnerable populations with early diagnostic and prevention services for the detection of developmental problems and learning disabilities	4. A regional strategy and guidelines are developed to strengthen the capacity of countries to establish special mechanisms for increasing access of children in early childhood in vulnerable and poor populations to early detection and prevention services	REGIONAL LEVEL: <u>4.1 Regional strategy approved by COHSOD for increasing access of children in early childhood in vulnerable and poor populations to early detection and prevention services (Strategy documents)</u>	Regional Strategy Document

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		<u>2003-2011</u>	<u>STATUS AT 2012</u>			
	<p>Advocacy and public sensitisation of the importance of investment in early childhood development.</p> <p>Expansion of access to quality early childhood services to all children, especially those in poverty and who are vulnerable</p>	<p>ACTION: 5. Member countries to sensitise government and key stakeholders on the importance of investment in early childhood.</p> <p>ACTION: 6. Member Countries to develop and adopt strategic plans for increasing access to quality early childhood services by all children with priority for the needs and circumstances of children in poverty and those who are vulnerable.</p> <p>TARGETS: 6a. 50% of Member</p>	<p>All Member Countries have advocated investment in early childhood development through public education and promotion of the needs of children in early childhood; two countries have established costing and financing mechanisms</p> <p>A system for the identification of children in early childhood in vulnerable and poor populations is being developed in one Member Country.</p> <p>One Member Country has adopted a national strategic plan for increasing access to quality ECD services;</p>	<p>5a. Member Countries to continue sensitisation by government and key stakeholders on the importance of investment in ECD</p> <p>5b. Member Countries to undertake national studies to determine cost and financing requirements of ECD settings and identify innovative mechanisms to support financing</p> <p>5c. Member Countries to increase investments in ECD</p> <p>6a. Member Countries establish a system for identification of children in poor and vulnerable populations</p> <p>6b. Member Countries develop and adopt strategic plans for increasing access to quality early childhood services by all children with priority for the needs and circumstances of children in poverty and those who are vulnerable.</p>	<p>NATIONAL LEVEL: 5.1 Reports in Member Countries on sensitisation activities undertaken on the importance of investment in early childhood</p> <p>5.2 ECD services costing and financing study report completed, inclusive of current level of investment (from all sources) in ECD settings.</p> <p>5.3 Data on investments in ECD services in Member countries compared to an established baseline</p> <p>NATIONAL LEVEL: 6.1 System for the identification of children in early childhood in vulnerable and poor populations established.</p> <p>6.2 National implementation plan for increasing access of 50% children in early childhood in vulnerable and poor populations to quality ECD services adopted by Cabinet</p> <p>REGIONAL LEVEL: <u>6.3 # of Member Countries in which national implementation plans for increasing access of 50% children in early childhood in vulnerable and poor</u></p>	<p>Reports from Member countries</p> <p>Costing and Financing Studies reports</p> <p>National budgets, Finance Reports</p> <p>Ministries of Planning to coordinate input to reports from Ministry responsible for strategic planning of access to ECD services</p>

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		<p>Countries establish a system for the identification of children in early childhood in vulnerable and poor populations</p> <p>6b. 50% of Member Countries adopt national implementation plans for increasing access of children in early childhood in vulnerable and poor populations to quality ECD services</p> <p>ACTION: 7. Member Countries to ensure that the access to quality education in the first 2 years of primary school is improved by the provision of early childhood trained teachers and appropriate teacher child ratios as per CARICOM guidelines.</p> <p>TARGETS: 7a. 50% teachers deploy to grade 1 of primary schools are early childhood trained.</p>	<p>six Member Countries have developed draft plans; the status of development of national strategic plans for expanding access to ECD services in thirteen Member Countries is not known.</p> <p>The number of early childhood trained teachers and the utilisation of early childhood teacher child ratios in the first two years of primary schooling in each Member Country is not known</p>	<p>7. Member Countries to ensure that the access to quality education in the first two years of primary school is improved by the provision of early childhood trained teachers and appropriate staff child ratios</p>	<p><u>populations to quality ECD services have been adopted</u></p> <p>NATIONAL LEVEL: 7.1 # of Grades 1 and 2 classes in Primary School with early childhood trained teachers</p> <p>7.2. Actual teacher child ratio in Grades 1 and 2 of Primary School</p> <p>REGIONAL LEVEL: 7.3 # of Member Countries in which teachers deployed to Grade 1 of Primary School are early childhood trained</p> <p>7.4 # of Member Countries in which teachers deployed to Grade 2 of Primary School are early childhood trained</p> <p>7.5 # of Member Countries in which teacher child ratios in Grade 1 of Primary School do not exceed the</p>	<p>Ministries of Planning to coordinate input to reports from Ministries of Education from primary schools</p>

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		<u>2003-2011</u>	<u>STATUS AT 2012</u>			
		<p>7b. 60% of teachers deployed to primary schools are early childhood trained.</p> <p>7c. Actual teacher ratio does not exceed ratio stipulated for grade 1 of primary schools.</p> <p>7d. Actual teacher child ratio does not exceed ratio stipulated in Grade 2 of primary school.</p> <p>7e. 16 Member countries deploy early childhood trained teachers to primary schools.</p> <p>7f. 16 Member countries deploy early childhood teachers to primary school.</p> <p>ACTION 8. A regional policy is developed to mandate at least 1 year of early childhood education prior to formal primary schooling by lowering the age of access to universal education</p>	8. Not yet undertaken	8. A regional policy is developed to mandate at least one year of early childhood education prior to formal primary schooling by lowering the age of access to universal education	<p>ratio stipulated</p> <p>7.6 # of Member Countries in which teacher child ratios in Grade 1 of Primary School do not exceed the ratio stipulated</p> <p>REGIONAL LEVEL: 8.1 Regional policy on access to at least one year of pre-primary education developed</p>	Regional strategy document

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		<u>2003-2011</u>	<u>STATUS AT 2012</u>			
		9. A regional strategy is developed to address the needs of children 0 to 3 years of age for development and care services and support in a multi-disciplinary framework	9. Not yet undertaken	9. A regional strategy is developed to address the needs of children 0 to 3 years of age for development and care services and support in a multi-disciplinary framework	REGIONAL LEVEL: 9.1 Regional strategy approved by COHSOD for addressing the needs of children 0-3 years of age and for development and care services and support in a multi-disciplinary framework	Regional strategy document

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CHILD PROTECTION AND CHILD RIGHTS						
<p>Protection of children against abuse, exploitation, violence, child labour including worst forms, discrimination and neglect in all Member States</p> <p>(WFC #7.4; #7.6; #7.2)</p>	<p>Development of comprehensive policies and strengthening of the legislative and administrative systems, as well as measures to ensure the provision of basic services;</p> <p>Capacity building among policy-makers, parents and practitioners</p> <p>More effective services for children at risk, differently - able children, indigenous and other vulnerable groups such as working children</p> <p>Comprehensive approach to the management of</p>	<p>Development of a model Declaration of Guiding Principles for application in all child protection matters for use in all Member States;</p> <p>Development of a model Child Abuse Protocol for use in all Member States</p> <p>Promotion of, and support for the development of a holistic legal framework which incorporates all child specific legislation in 30% of Member States (based on a comprehensive review of best practices including the experiences of Belize)</p> <p>Compliance with Convention on the Rights of the Child and other international agreements achieved through support for legal reform in 30% of Member States;</p> <p>Strengthening of social service interventions</p>	<p>ACTION:</p> <p>10. All Member and Associate Member Countries of CARICOM are party to the Optional Protocols to the Convention on the Rights of the Child (CRC 1989), namely the OP Involvement of children in Armed Conflict (OPAC, 2002) OP Sale of children, Child prostitution and child pornography (OPSC, 2002) and OP on a Communications Procedure (OPOC, 2011), the ILO Convention on the Worst Forms of Child Labour (1999) and the Convention on the Rights of Persons with Disabilities (CRPD 2007), and should ensure that the ratification and reporting processes required involve young people as active participants</p>	<p>10a. Member countries adopt the required steps/process for the ratification of international instruments</p> <p>10b. Member Countries disseminate information about international instruments and the concluding observations of the Committee for the Convention on the Rights of the Child (CRC).</p> <p>10c. Member Countries develop and implement initiatives to ensure the participation of civil society, children and adolescents in the reporting process.</p> <p>10d. Member Countries promote inter-sectoral collaboration in the preparation of State parties' report.</p> <p>10e. Member Countries develop implementation and communication plans, which include the participation of children and adolescents, to guide the follow-up</p>	<p>AT NATIONAL LEVEL:</p> <p>10.1 # international instruments ratified</p> <p>10.2 # of Child-friendly tools/versions of international instruments developed</p> <p>10.3 Increased awareness of international instruments among children and adolescents</p> <p>10.4 Increased awareness of international instruments among law enforcement, government authorities and others in charge of caring for children and adolescents</p> <p>10.5 # Country reports submitted to the treaty body</p> <p>10.6 # child consultative activities on the reporting process carried out</p> <p>10.7 # initiatives to "report back" to children and young people and to involve them in policy implementation and monitoring</p> <p>10.8 # consultative activities on the reporting process targeting civil society carried out</p> <p>10.9 # stakeholders' consultations held to ensure inter-sectoral collaboration</p> <p>10.10 # public education programmes carried out on the concluding observations of the CRC Committee</p> <p>10.11 Birth registration rate</p>	<p>Reports from Ministry responsible for child protection legislation and implementation, the Cabinet Office and Parliament</p> <p>Monitoring Reports from the child protection authority</p>

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	risk factors and the strengthening of poverty reduction strategies utilizing inter-sectoral approaches and best practices	<p>through the provision of training for professionals.</p> <p>The introduction of public and parental education on violence against children and sexual exploitation</p> <p>Designation/Establishment of responsible entity to deal with child labour and promote better understanding of the definition of child labour and worst forms of child labour, consistent with ILO standards.</p> <p>Development and operationalisation in 60% of Member States of early screening and treatment systems for disabilities from prenatal/postnatal period onwards</p> <p>Promotion of the introduction of facilities for differently- able;</p> <p>Support for the strengthening of Community-based Rehabilitation (CBR) Programmes in all</p>	<p>TARGET: 10a, b. All Member Countries sensitise government and key stakeholders about the CRC Optional Protocols, ratify the protocols and raise awareness of their importance for the safety and well-being of children</p> <p>10c, d, e. All Member and Associate Member Countries of CARICOM comply with the reporting obligations to the CRC and Optional Protocols</p>	<p>and public education about the concluding observations of the CRC Committee.</p> <p>10f. Ensure Universal Birth Registration in all Member States</p>	<p>AT REGIONAL LEVEL: 10.12 % of countries with CRC compliant legislation regarding child abuse, exploitation, violence, child labour including worst forms, discrimination and neglect.</p> <p><u>10.13</u> % of Member Countries that have reported on their BR rate</p> <p>10.14 % of Member Countries that have 100% birth registration</p>	

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		<u>2003-2011</u>	<u>STATUS AT 2012</u>			
		Member States				
		<p>Increase and strengthening of the skills and expertise of teachers to more effectively deal with children with special learning needs and with/affected by HIV/AIDS, abused children, children exposed to exploitation for labour and sexual abuse</p> <p>Public education to change negative cultural attitudes to disabled, minority groups</p> <p>Evaluation of the impact of poverty reduction strategies</p> <p>Development of systems for the identification and tracking of vulnerable children and youth</p> <p>Targeting children at risk as a key strategy to breaking cycle of poverty through rights based approach.</p>	<p>ACTION: 11. All Member and Associate Member Countries of CARICOM harmonize their national legislation with the CRC, its Optional Protocols, ILO Convention No. 182 on the Worst Forms of Child Labour (1999) and other international and regional human instruments.</p> <p>ACTION: 12. All Member and Associate Member States of CARICOM develop and implement</p>	<p>11a. Member Countries initiate and implement comprehensive legislative reform in compliance with international and regional human rights instruments</p> <p>11b. Member Countries adopt explicit legal prohibition of corporal punishment against children and adolescents in all settings</p> <p>11c. Member Countries adopt gender-sensitive legislation to prohibit and provide sanctions against sexual abuse of children and adolescents</p> <p>11d. Member Countries abolish all provisions on status offences, such as uncontrollable behaviours, begging, truancy, etc.</p> <p>12a. Member Countries fully implement the Bridgetown Declaration on Child Sexual Abuse.</p>	<p>AT NATIONAL LEVEL: 11.1 # legislation reviewed/aligned with international instruments</p> <p>11.2 Plan (including resource allocation, responsibilities and clear timeline) for the enforcement of amended legislation developed.</p> <p>11.3 Law on the prohibition of corporal punishment against children and adolescents in all settings enacted</p> <p>11.4 Gender-sensitive law on the protection of children and adolescents against sexual abuse adopted</p> <p>11.5 Provisions on status offences abolished</p> <p>AT NATIONAL LEVEL: 12.1 Bridgetown Declaration on Child Sexual Abuse fully implemented.</p> <p>12.2 Comprehensive national plan, policy and/or strategy established, with strategic objectives with defined</p>	<p>Reports from Ministry responsible for child protection legislation and implementation, the Cabinet Office and Parliament</p> <p>Reports from Ministry responsible for child protection legislation and implementation</p> <p>Monitoring Reports from the</p>

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			comprehensive policies and plans on the prevention and elimination of all forms of violence against children/adolescents, and undertake training, public education and research activities to ensure understanding and compliance.	<p>12b. Develop a child-centred comprehensive national plan, policy and/or strategy in collaboration with civil society, children and adolescents, on the prevention and elimination of all forms of violence against children and adolescents.</p> <p>12c. Member Countries appoint a focal point (preferably at ministerial level) with responsibility to coordinate the implementation and response to the current regional framework of action and the recommendations set forth by the UN Study on Violence Against Children</p> <p>12d. Member Countries develop and implement child- and adolescent-friendly strategies to educate children and adolescents about their human rights.</p> <p>12e. Member Countries develop and implement strategies to educate caregivers and anyone working with children and adolescents' about children's rights and their roles and responsibilities.</p>	<p>timelines and resource allocation, indicators, and mechanisms for regular evaluation.</p> <p>12.3 Child consultative activities on the national plan on prevention of/response to violence carried out</p> <p>12.4 Focal point with responsibility to coordinate the implementation and response to the current regional framework of action and recommendations of the UN Study on Violence against children.</p> <p>12.5 Child/adolescent-friendly educational curriculum on child rights developed</p> <p>12.6 Baseline established on # of children who are aware of their rights.</p> <p>12.7 # children/adolescents who participated in training on child rights</p> <p>12.8 % increase in the number of children/adolescents aware of their rights</p> <p>12.9 Education curriculum for caregivers and others working with children and adolescents developed</p> <p>12.10 Baseline established on # of caregivers who are aware of children's rights and responsibilities</p> <p>12.11 # caregivers and others working with children and adolescents trained on child rights</p> <p>12.12 % increase in the number of caregivers aware of children's rights</p>	child protection authority

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				<p>12f. Member Countries adopt multi-faceted social mobilization and awareness raising initiatives to promote positive behaviour and social attitudes that condemn all forms of violence against children and adolescents.</p> <p>12g. Member Countries establish nation-wide child sensitive reporting, counselling and complaint mechanisms, to conform with international standards, taking into consideration the Joint Report of the Special Rapporteur on the Sale of Children, Child Prostitution and Child Protection and the Secretary General on Violence Against Children's report (A/HRC/16/56) on child sensitive mechanisms at both national and regional levels.</p> <p>12h. Member Countries develop/ expand/strengthen primary prevention initiatives and/or programmes aimed at</p>	<p>12.13 # initiatives carried out to promote positive behaviour and social attitudes that condemn all forms of violence against children and adolescents.</p> <p>12.14 Child sensitive reporting, counselling and complaint mechanisms created and functioning</p> <p>12.15 # primary prevention initiatives and/or programmes developed and used</p> <p>12.16 # primary prevention initiatives and/or programmes reviewed and implemented</p> <p>12.17 # public education programmes on violence prevention developed, including on-line safety and the risk factors</p> <p>12.18 # caregivers aware of and the risks associated with migration and human trafficking</p> <p>12.19 # children/adolescents aware of and the risks associated with migration and human trafficking</p>	

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				<p>reducing risk factors that can lead to violence against children e.g. development of educational materials on how to be safe on-line and off-line; the safer use of communication and information technologies ; ECD interventions; inclusion of child rights in all levels of education in schools for teachers and students; and positive parenting education.</p> <p>12i. Member Countries develop and implement public education strategies to raise awareness and the risks associated with migration and human trafficking.</p> <p>13a. Member Countries consolidate national systems to collect, analyze and disseminate data and research on violence on against children and adolescents</p> <p>13b. Member Countries develop protocols and ethical standards for collection and dissemination of data on violence against children and adolescents</p>	<p>AT NATIONAL LEVEL:</p> <p>13.1 Set of core indicators on violence against children and adolescents routinely collected</p> <p>13.2 Data on violence against children and adolescents routinely collected, analyzed and disseminated</p> <p>13.3 Protocols and ethical standards on data collection and use developed</p>	<p>Reports of the statistical authority.</p>
			<p>ACTION: 13. All Member and Associate Countries of CARICOM ensure national statistics bodies incorporate core statistical indicators on child protection</p>			

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			<p>ACTION: 14. CARICOM develops a regional research agenda to ensure that social policy formulation in the Caribbean is evidence-based.</p>	<p>14a. Regional agenda for research on priority issues to be developed to strengthen the capacity of governments to implement effective child protection and to ensure that social policy formulation in the Caribbean is evidence-based. Priority issues to include:</p> <ul style="list-style-type: none"> - prevalence of child sexual abuse in all settings (including home, sports, health, education and through the use of information and communication technology (ICTs) – in particular the internet and mobile phones). -prevalence of peer-to-peer abuse and violence - prevalence of violence against the most vulnerable populations (e.g. children and adolescents with disabilities, children in institutions and indigenous children) <p>14b. Member Countries to support child led research and data collection on the multiple dimensions of violence against children</p>	<p>AT REGIONAL LEVEL: 14.1 Regional agenda for research on child protection priority issues adopted and implemented</p> <p>AT NATIONAL LEVEL: 14.2 research initiatives include children in leadership roles</p>	Regional research agenda document

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			<p>ACTION: 15. Specialized Juvenile Justice systems in All Member Countries to be established and strengthened to protect children/adolescents from all forms of violence and ensure the reintegration into society and to address their developmental need.</p>	<p>15a. Member Countries initiate and implement reform on juvenile systems to ensure compliance with international and regional instruments. (mapping already completed):</p> <ul style="list-style-type: none"> - Increase the minimum age of criminal responsibility to the average set by the Inter-American Commission of Human Rights (14 years old) and continue to increase it; - Separate children and adolescents from adults in detentions centres; and - Abolish inhumane sentencing, including death penalties and life imprisonment for children and adolescents <p>15b. Member Countries develop a strategy to protect children and adolescents from armed violence, building synergies among all agencies working with children and adolescents.</p>	<p>AT NATIONAL LEVEL:</p> <p>15.1 Minimum age of criminal responsibility increased in all Member Countries to the average set by the Inter-American Commission of Human Rights on its Report on Juvenile Justice and Human Rights in the Americas (14 years old)</p> <p>15.2 % detention centres where children/ adolescents are separated from adults in comparison to total number of detention centres</p> <p>15.3 Provisions for inhumane sentencing of children/adolescents abolished</p> <p>15.4 Strategy to protect children/ adolescents from armed violence in place</p> <p>15.5 Memorandum of cooperation for the implementation of the strategy to protect children/adolescents from armed violence in place</p> <p>15.6 % of children/adolescents in conflict with the law in diversion and alternative measures to the prevention of liberty</p> <p>15.7 # rehabilitation and reintegration programmes for adolescents in conflict with the law developed</p> <p>15.8 # children/adolescents in conflict with the law benefitted from the rehabilitation and reintegration programmes</p> <p>15.9 Baseline for recidivism of children/adolescents in conflict with the law established</p>	

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				<p>15c. Member Countries ensure the use of diversion and alternative measures to the prevention of liberty to ensure development and reintegration of children and adolescents in conflict with the law into society.</p> <p>15d. Member Countries develop and implement effective rehabilitation and reintegration programs for adolescents in conflict with the law, ensuring access to qualitative health, education and other matters to guarantee their development needs are met.</p> <p>15e. Member Countries set up independent human rights mechanisms, with the participation of civil society and support to safe and meaningful children's participation within detention centres to monitor the situation of children and adolescents deprived of their liberty</p>	<p>15.10 # of children/adolescents re-offending reduced</p> <p>15.11 Mechanisms (to include participation of civil society, children/adolescents) to monitor the situation of children in detention centres established</p>	

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			<p>ACTION: 16. Children's and adolescents' participation institutionalized through appropriate mechanisms in all Member Countries</p>	<p>16a. Member Countries institutionalize participation of children/adolescents through appropriate mechanisms, in accordance with international instruments, taking into consideration the on-going efforts for the creation of Children's Consultative Councils and existing children's organizations and networks.</p> <p>16b. Member Countries create mechanisms and methodologies that support the participation of marginalized/hard to reach children (children living in poverty, working children, orphaned children, children in institutions, children with disabilities, children affected by migration, indigenous children, children without internet access, children in remote areas, etc.)</p> <p>16c. Member Countries develop and implement collaborative interventions that provide children and adolescents with safe and healthy social, cultural, sport and recreational activities.</p>	<p>16.1 Policies/legislation institutionalizing child and adolescent participation in decision making processes, mainstreaming across all sectors, established</p> <p>16.2 Mechanisms for child and adolescent participation in place</p> <p>16.3 # national programmes benefitting from child and adolescent participation</p> <p>16.4 # children and adolescents participating in the formulation of policies</p> <p>16.5 Mechanisms and methodologies in place to support the participation of the most marginalized groups of children</p> <p>16.6 Interventions that provide children/adolescents with safe and healthy social, cultural and sport and recreational activities.</p> <p>16.7 Number of children and adolescents participating in those initiatives, disaggregated by age, sex, etc.</p> <p>16.8 Memorandum of cooperation developed with stakeholders to provide skills training, social safety nets, scholarships, mentoring, nurturing and creative expression to enhance the resilience of children and adolescents with a particular focus on the most marginalized</p> <p>16.9 # children/adolescents from marginalized populations attending skills and self-development programmes</p>	

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				<p>16d. Member Countries collaborate with social partners to provide skills training, social safety nets, scholarships, mentoring, nurturing and creative expression to enhance the resilience of children and adolescents with a particular focus on the most marginalized.</p> <p>17a. Member Countries create and implement systems and programmes that ensure the protection and well-being of all children and adolescents in situations of emergency.</p> <p>17b. Member Countries ensure coordination among first responding agencies and partners to protect children/adolescents from all forms of violence in situation of emergencies</p>	<p>AT NATIONAL LEVEL: 17.1 Policy for Children in Emergencies Policy which include protection of children against all forms of violence developed and implemented</p> <p>17.2 Memorandum of cooperation developed with partners and civil society on the protection of children and adolescents from all forms of violence in situation of emergencies, based on inter-agency Minimum Standards for Child Protection in Humanitarian Action</p>	
			<p>ACTION: 17. Systems and programmes that ensure the protection and well-being of all children/adolescents in all situations, including emergencies, to be created and implemented in all Member Countries</p>			

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			ACTION: 18. Public and parent education being promoted through early childhood development, HFLE and child abuse awareness programming.	18a. Member Countries develop a national policy framework for parenting education and support	AT NATIONAL LEVEL: 18.1 National policy framework for parental education and support adopted and implemented AT REGIONAL LEVEL: 18.1 % of Member States that have a national policy framework for parental education and support that includes child abuse, exploitation, violence, child labour including worst forms, discrimination and neglect	
			ACTION: 19. Member Countries need to consider the implications for legislation, policy and planning to comply with the Convention on the Rights of Persons with Disabilities (CRPD) (2007).	19a. Regional Task Force for Children with Disabilities established and strategies developed to ensure that rights of children with disabilities are met	AT REGIONAL LEVEL: 19 .1 Regional Task Force for Children with Disability	Reports of regional task force

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CHILD HEALTH AND WELL BEING						
Reduction in infant and under 5 mortality (WFC# 7.4; MDG # 4; #5) And Reduction by three quarters of the maternal mortality ratio (MDG # 5)	<p>Build on the achievements by strengthening and expanding existing services based on best practices (CCH II /III)</p> <p>Utilization and maintenance of effective maternal, perinatal, infant and immunization surveillance systems.</p> <p>Increase in the number of births attended by skilled health personnel.</p> <p>Extensive use of the "Integrated Management</p>	<p>Reduction in the prevalence of childhood malnutrition by 50% of the 2000 level by 2006.</p> <p>Reduction in the infant mortality rate by 50% of the 2000 level by 2006.</p> <p>Maintenance of over 90% immunization levels with respect to all immunizable diseases in Member Countries by 2005</p> <p>Introduction of exclusive breast feeding programmes</p> <p>Reduce maternal mortality by 50% by 2006.</p> <p>Ensure that all girls are appropriately immunized at the time of entry into secondary schools.</p> <p>Provide effective education that will limit teenage pregnancies</p>	<p>ACTION: Member Countries are engaged in the development of the Caribbean Cooperation in Health Initiative 3 (CCHII/III) to improve the health of Caribbean peoples and it will have targets/indicators for common areas across the region for inter alia reducing chronic non communicable diseases (NCDs), infant mortality and child mortality, improving food safety and nutrition, establishing targets for reducing the incidence of obesity and promoting family and community health services.</p>	<p>20a. Member Countries to implement regionally agreed targets under the CCH/III in collaboration with the relevant sectors under the auspice of National COHSODs</p> <p>20b. Member Countries develop a sensitive and effective perinatal monitoring system</p> <p>20c. Member Countries adopt multi-sectoral approach to programmes for the prevention and early detection of developmental and learning disabilities</p> <p>20d. Member Countries improve and maintain quality antenatal and postnatal services in keeping with the established Caribbean standards</p>	<p>AT NATIONAL LEVEL:</p> <p>20.1 Infant mortality rate reduced to 50% of 2000 level</p> <p>20.2 Under-five mortality rate</p> <p>20.3 % of births attended by skilled health personnel</p> <p>20.4 % of children who are exclusively breastfed less than 6 months</p> <p>20.5 Maternal mortality ratereduced below level in 2000</p> <p>20.6 % of women accessing immunizations</p> <p>20.7 Perinatal monitoring system in place</p> <p>20.8 Multi-sectoral programme in place for the prevention and early detection of developmental and learning disabilities</p> <p>AT REGIONAL LEVEL:</p> <p>20.9 % Member Countries implementing the regionally agreed targets under the CCH/III</p> <p>20.10 % of Member Countries implementing the Integrated Management of Childhood Illnesses strategy</p> <p>20.11 % of Member Countries implementing teenage pregnancy prevention programs</p> <p>20.12 % Member Countries in which the Infant mortality rate reduced to 50% of 2000 level</p>	<p>20. MOH reports and other survey data where available (i.e. MICS)</p>

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<p>Halting by 2015 and complete reversal of the spread of HIV/AIDS</p> <p>(WFC: #7.8; MDG: # 6)</p>	of Childhood Illnesses" strategy.			<p>21a. Universal access to HIV testing and counselling services to be ensured through implementation of provider initiated (rapid) testing and counselling by Member Countries</p> <p>22a. Healthy and responsible sexual behaviour, attitudes and practice to be promoted and increased through innovative behavioural change communication strategies by Member Countries</p>	<p>20.13 # Member Countries with perinatal monitoring systems in place</p> <p>AT NATIONAL LEVEL: 21.1 % of the child population (up to 18 years) accessing HIV testing and counselling services through implementation of provider initiated (rapid) testing and counselling</p> <p>AT NATIONAL LEVEL: 22.1 % of males and females utilising condoms at last higher-risk sexual intercourse</p> <p>22.2 % of female child population (up to 18 years) able to negotiate/say no</p> <p>22.3 % of the child population (up to 18 years) with comprehensive knowledge about HIV prevention among young people</p> <p>22.4 % reduction in the incidence of HIV in children/adolescents</p> <p>22.5 % reduction in the incidence of STIs in children/adolescents</p>	<p>MOH reports and other survey data where available (i.e. Multiple Indicator Cluster Survey (MICS)) National Action Plan reports</p> <p>Global school-based student health survey (GSHS) 13-15 country data</p> <p>Specially designed survey e.g Knowledge, Attitudes, Practices and Behaviours (KAPB)</p> <p>Basic Screening Survey (BSS), MICS; Demographic and Health Surveys (DHS)</p>
	<p>Assess the status of all Mother to Child Transmission (MTCT) programmes in all CARICOM countries and provide Provention of MTCT (PMTCT) services to all pregnant mothers who test positive.</p> <p>Conduct HIV sero-prevalence studies in all high risk groups.</p> <p>Increase</p>	<p>Complete all assessment of Member Countries in terms of PMTCT status by end 2004.</p> <p>Conduct sero-prevalence studies in Member Countries by 2005.</p> <p>Provide on-going health education and risk reduction sessions to all women in the reproductive age group.</p> <p>Provide ARV regimens to all mothers and their children as indicated in the MTCT protocols by 2006.</p> <p>Development of model regional policy framework that ensures</p>	<p>PMTCT Programmes assessed in several member Countries</p> <p>The region was successful in negotiating a reduction in the prices paid for ARVs</p> <p>Some countries (e.g. the Bahamas, Barbados, Cuba and Jamaica) have shown falls in mortality rates as a result of improved access to anti-retroviral treatment (ART). However it is estimated that only 50% of those in need of ARVs are currently being reached in the Caribbean.</p>			

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	<p>condom rate in all high risk populations.</p> <p>Reduction of number of children at risk of being infected with HIV/AIDS through the MTCT program.</p> <p>Provide voluntary counselling and testing services in Member Countries.</p> <p>Provide Health Education/ Risk reduction (HE/RR) services to the population.</p> <p>Provide ARV regimens to all mothers and their children in a bid to reduce number</p>	<p>non-discrimination and protection of human rights, for consideration at national level</p>	<p>80% of mothers and children receiving ARV regimens as indicated by MTCT protocol (Source: PMTCT report card 2000)</p>	<p>23a. Universal Access to Prevention of Mother to Child Transmission Services (PMTCT) services including PMTCT+ to be ensured by Member Countries</p> <p>24a. Universal access to ARV treatment to be achieved through widely available and accessible services and increased adherence to treatment and care by Member Countries</p> <p>25a. Availability of ARV and treatment drugs including Paediatric formulations for all children in need to be secured by Member Countries.</p>	<p>AT NATIONAL LEVEL: 23.1 Counselling coverage for the prevention of mother-to-child transmission of HIV</p> <p>23.2 Testing coverage for the prevention of mother-to-child transmission of HIV</p> <p>AT REGIONAL LEVEL: 23.3 # countries that have attained the elimination target</p> <p>AT NATIONAL LEVEL: 24.1 % of those children who require ARVs who have access to treatment</p> <p>24.2 % of patients on ARV who adhere to the treatment regime</p> <p>AT REGIONAL LEVEL: 24.3 % of Member Countries with ARV treatment available</p> <p>AT NATIONAL LEVEL: 25.1 % of those who require ARVs (including children) have access to treatment</p>	<p>MOH reports and other survey data where available (i.e. MICS)</p> <p>PAHO Elimination of Mother to child transmission of HIV and congenital syphilis LAC</p> <p>MOH reports and other survey data where available (i.e. MICS)</p> <p>WHO/UNAIDS/UNICEF Global HIV/AIDS response</p> <p>MOH reports and other data sources</p>

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<p>Sustaining the advances made in the realisation of health and education targets /goals and children's rights</p> <p>(WFC: # 7.3; # 7.4; #7.5)</p>	<p>of children orphaned. Prevention of mother to child transmission;</p> <p>Care and support for children infected with HIV/AIDS</p>			<p>26a. Member Countries to develop inter sectoral implementation plans for operationalising the CARICOM Heads of Government 2007 Port of Spain Declaration "Uniting to Stop the Epidemic of Chronic Non Communicable Diseases (NCDs)" in the Programme Framework for Addressing NCDs among children (CAUCUS 2012)</p> <p>27a. Member Countries in the Caribbean to introduce over-arching education sector HIV policies</p>	<p>AT NATIONAL LEVEL: 26.1 Inter sectoral implementation plan for operationalising the Port of Spain Declaration "Uniting to Stop the Epidemic of Chronic NCDs" in place</p> <p>AT REGIONAL LEVEL 26.2 % of Member Countries who have developed an inter sectoral implementation plan for operationalising the Port of Spain Declaration "Uniting to Stop the Epidemic of Chronic NCDs"</p> <p>AT NATIONAL LEVEL: 27.1 Over-arching education sector HIV policy in place</p> <p>AT REGIONAL LEVEL: 27.2 % of Member Countries which have introduced over-arching appropriate education sector HIV policies</p>	<p>MOH reports and other data sources</p> <p>MOH reports and other data sources</p>
	Promotion of healthy life styles	HFLE: Core curriculum and modules for schools;	Port of Spain Declaration Uniting to Stop the Epidemic of Chronic Non Communicable Diseases (NCD)s. Member Countries agreed to:			
	Promotion of strong Family Units	Teacher training programmes introduced in all teacher training institutions;	- ban the sale of tobacco products to children			
	Special focus on Teenage pregnancies	Parent education programmes	- ensure that the education sectors promote programmes aimed at providing healthy school meals			
	Involvement of Civil Society	National Policies in all Member Countries	- promote healthy eating			

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	<p>Incorporation of gender socialisation issues</p> <p>Parenting education: Support for parenting education programmes through the provision of technical support and the involvement of civil society</p> <p>Mental health /Drug Demand Reduction: Support for the implementation of the Regional Drug Demand Reduction</p>		<p>- mandate the re-introduction of physical education in schools where necessary</p> <p>- provide incentives and resources to effect this policy</p> <p>The Caribbean Cooperation in Health Initiative (CCHII) III is in development and will have targets for infants, children and adolescents for reducing NCDs, promoting food and nutrition, family and community health services.</p> <p>Port-of-Spain Declaration on the Education Sector's Response to HIV and AIDS of CARICOM Ministers of Education (June 2006)</p>	<p>28a. Secure access to child friendly services (reproductive health, mental health, nutrition services) established for peer educators and for students who are sexually active.</p> <p>29a. Curriculum development and education programmes based on effective strategies for behaviour change, skills development and participatory learning, all set in the context of health promotion for responsible lifestyles developed</p> <p>30a. 100% primary and secondary and 80% of tertiary level students participate in well-designed gender-sensitive health and family life skills and HIV/STI prevention education programmes</p> <p>31a. Member Countries to ensure that each school student receives a minimum of 30 hours of HFLE lessons per year</p> <p>31b. Regional standards for HFLE developed</p>	<p>AT NATIONAL LEVEL: 28.1 % of children who access child friendly health services</p> <p>AT REGIONAL LEVEL: 29.1 % of Member Countries who have developed curriculum and education programmes based on effective strategies for behaviour change, skills development and participatory learning</p> <p>29.2 % of Member Countries implementing such a curriculum and education programme</p> <p>AT NATIONAL LEVEL: 30.1 % of primary, secondary and tertiary level students who participate in well designed gender-sensitive health and family life skills and HIV/STI prevention programmes</p> <p>AT NATIONAL LEVEL: 31.1 % of schools which implement at least 30 hours of HFLE lessons per year</p> <p>AT REGIONAL LEVEL: 1.2 Regional standards for HFLE in place</p>	<p>MOH reports and other data sources</p> <p>MOH reports and other data sources</p> <p>MoE reports and other data sources</p> <p>MoE reports and other data sources</p> <p>Regional standards document</p>

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Reduction of new infections, morbidity and mortality due to communicable diseases; mitigate the individual,	strategy approved by COHSOD VII Reproductive health		<p>Roseau Declaration on the Education Sector's Response to HIV & AIDS of OECS Ministers of Education (Jan 2007); Model Regional Policy on HIV Related Stigma and Discrimination (PANCAP) 2011)</p> <p>Teacher training programmes for HFLE established in Tertiary level institutions in Belize and Jamaica</p> <p>HFLE Policies ratified in 6 Member Countries</p>	<p>32. Regional Guidelines for the Care of HIV affected and infected children developed for use in every Member Country</p> <p>33. Regional model policy for social protection adequately addressing the rights of orphans and other vulnerable children developed and ready for adaptation/adoption by member countries.</p> <p>34a. National capacity for health education, programme design and planning for children and young people is based on more empirical information gained through various types of research including epidemiological, behavioural, economic, operational and innovative research.</p>	<p>AT REGIONAL LEVEL: 32.1 Status of completion of the CARICOM Regional Guidelines for the Care of HIV affected and infected children</p> <p>AT NATIONAL LEVEL: 32.2 % of Member Countries implementing these guidelines</p> <p>AT REGIONAL LEVEL: 33.1 Status of completion of a policy for the social protection of OCVs</p> <p>AT NATIONAL LEVEL: 33.2 % of Member Countries implementing this policy</p> <p>AT REGIONAL LEVEL: 34 .1 Existence of a research agenda for epidemiological, behavioural, economic, operational and other innovative research areas.</p> <p>34 .2 Number of analysis and assessments undertaken.</p>	<p>Regional Guidelines document. MoE/MoH reports</p> <p>Regional model policy document. Ministries of Planning to coordinate input to reports from Ministry responsible for OVC policy development and the Cabinet Office CARICOM Secretariat, CARICOM Department of Statistics</p>
	Strengthen and expand emergency preparedness plans to address the needs of children	Approval by COHSOD 21 of the Caribbean Pharmaceutical Policy (CPP) April 2011	35a. Member Countries develop or incorporate plans and procedures to address the need of children in health emergency situations	<p>AT NATIONAL LEVEL: 35.1 Operational plan adopted to address the needs of children in health emergency situations</p> <p>AT REGIONAL LEVEL: 35.2 # countries whose national health emergency preparedness and operational plans incorporate the needs of children</p>	<p>Caribbean Disaster Emergency Management Agency (CDEMA) National Emergency Agencies</p>	

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societal and economic effects of communicable diseases of epidemic proportions (MDG - 3,4,6 WFC)	Ensure use of regional vaccine protocol (2012)			<p>36a. Member Countries introduce new protocol/ vaccines and incorporate implementation procedures into annual national Expanded Programme on Immunization (EPI) plans e.g. Human Papilloma Virus (HPV), Hepatitis etc</p> <p>36b. Member Countries develop child specific treatment protocols and self-management programmes/systems within the chronic care model</p> <p>36c. Member Countries provide and ensure access to child appropriate pharmaceuticals</p>	<p>AT NATIONAL LEVEL:</p> <p>36.1 New vaccine protocol implemented</p> <p>36.2 # children with initial vaccinations</p> <p>36.3 # children with repeat vaccinations (at ages 15-17)</p> <p>36.4 % of women accessing age appropriate vaccinations</p> <p>36.5 Child specific treatment and self-management protocols in place</p> <p>36.6 Child appropriate pharmaceuticals available</p> <p>AT REGIONAL LEVEL:</p> <p>36.7 # countries offering new regional vaccine protocol</p> <p>36.8 # Member Countries with child specific treatment and self-management protocols</p> <p>36.9 # Member Countries provide/ make available child appropriate pharmaceuticals</p> <p>36.10 # Member Countries with stock outs (unavailability of child appropriate pharmaceuticals)</p>	<p>Caribbean Epidemiology Centre (CAREC) National EPI reports</p> <p>MOH, National procurement records</p>
	Clarify age of consent and safe operating procedures for accessing children to sexual and reproductive health services			<p>37a. Member Countries review and amend legislation relevant to age of consent and develop policy/safe operating procedure (SOP) which will enable access by children to Sexual and Reproductive Health (SRH) services</p>	<p>AT NATIONAL LEVEL:</p> <p>37.1 # of children accessing SRH services by age/gender</p> <p>37.2 Policy/SOP for access to SRH services in place</p> <p>AT REGIONAL LEVEL:</p> <p>37.3 # countries with revised legislation</p> <p>37.4 # countries with policy/SOP in place for access by children to SRH services</p>	<p>MOH reports</p>

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Reduction in incidence of non-communicable diseases amongst children (CARICOM Heads of Government Special Summit on Non Communicable Diseases in Port of Spain, 15th September 2007 (NCD POS); Compliance with the International Framework Convention on Tobacco Control (2007))	Raise awareness of the risks of non-communicable diseases (NCDs), promote screening for NCDs and put in place safeguards for children's survival, protection and development		Monitoring by UWI Faculty of Medical Sciences found average implementation 53% in the Region (2011). 17th Meeting of the COHSOD, on the Implementation Agenda on Education (October 2008) adopted relevant elements of the Declaration of Port-of-Spain for implementation by the respective sectors. Regional School Nutrition Policy in development drawing on country level policies e.g. Barbados (21 st COHSOD, April 2011)	<p>38a. Member Countries establish infant and young child feeding policies</p> <p>38b. Member Countries develop nutrition surveillance system for young children (0-5yrs)</p> <p>39a. Member Countries develop policies/standards/legislation addressing NCD risk factors for children in schools and community organizations, specifically as regards tobacco use; unhealthy diets; alcohol abuse; and physical inactivity.</p> <p>39b. Establish regional model standards to restrict the promotion of</p>	<p>AT NATIONAL LEVEL:</p> <p>38.1 National infant and young child feeding policy in place</p> <p>38.2 National infant and young child feeding policy incorporates needs of children out of parental care and those affected by HIV and AIDS</p> <p>38.3 Nutrition surveillance system for young children in place</p> <p>AT REGIONAL LEVEL:</p> <p>38.4 # countries establish national infant and young child feeding policies</p> <p>38.5 # countries with national infant and young child feeding policies that incorporate needs of children out of parental care and those affected by HIV and AIDS</p> <p>38.6 # Member Countries with nutrition surveillance systems for young children</p> <p>AT NATIONAL LEVEL:</p> <p>39.1 Policy/ standards or guidelines/ legislation for smoke free schools/children facilities/spaces in place</p> <p>39.2 Legislation banning the sale, promotion and advertising of tobacco to children in place</p> <p>39.3 Policy/ standards or guidelines/ legislation for alcohol free schools/children facilities/spaces in place</p> <p>39.4 Legislation restricting the sale of alcohol to children</p>	<p>UNICEF/World Health Organisation (WHO)/ Caribbean Public Health Agency (CARPHA) national records</p> <p>Annual NCD POS Report</p>

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				<p>foods high in sugar, refined starch, saturated fats and transfats to children on TV and elsewhere (CARICOM/PAHO Strategic Plan of Action on NCDs 2011-15)</p>	<p>in place</p> <p>39.5 School nutrition/school feeding policy/standards/legislation addressing NCDs in place</p> <p>39.6 Food Based Dietary Guidelines for Children addressing NCDs in place</p> <p>39.7 Advertising of foods high in sugar, refined starch, saturated fats and trans fats to children restricted</p> <p>39.8 Policy/standards/legislation for physical activity in schools/children facilities/spaces in place</p> <p>AT REGIONAL LEVEL:</p> <p>39.9 # Member Countries with policies/ standards or guidelines/ legislation for smoke free schools/children facilities/spaces</p> <p>39.10 # Member Countries with legislation banning the sale, promotion and advertising of tobacco to children</p> <p>39.11 # Member Countries with policies/ standards or guidelines/ legislation for alcohol free schools/children facilities/spaces</p> <p>39.12 # Member Countries with legislation restricting the sale of alcohol to children</p> <p>39.13 # Member Countries with school nutrition/school feeding policies/standards/legislation addressing NCDs</p> <p>39.14 # Member Countries with Food Based Dietary Guidelines for Children addressing NCDs</p>	

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	Establish surveillance systems for NCDs			40a. Member Countries monitor NCDs and the risk factors for children	<p>39.15 # Member Countries restricting the advertising of foods high in sugar, refined starch, saturated fats and trans fats to children</p> <p>39.16 # Member Countries with policies/standards/legislation for physical activity in schools/children facilities/spaces</p> <p>39.17 Regional model standards in place to restrict the promotion of foods high in sugar, refined starch, saturated fats and transfats to children on TV and elsewhere</p> <p>AT REGIONAL LEVEL:</p> <p>40.1 # Member Countries with documented NCD surveillance system that include children (disaggregate by age and sex)</p> <p>40.2 # Member Countries conducting Global school-based student health survey (GSHS) and Global Youth Tobacco Survey (GYTS) conducted and reports prepared;</p> <p>40.3 # Member Countries submitting an annual NCD Report with data on children (disaggregated by age and sex)</p> <p>40.4 # of children consuming alcohol reduced by 40% in 6 countries)</p>	Annual NCD POS Report GSHS GYTS NCD data

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				<p>41a. Member Countries develop, strengthen and implement NCD risk factor prevention and control behaviour change interventions targeting children in child specific settings</p> <p>42a. Member Countries develop and facilitate provision and access to environments that support healthy behaviour and NCD risk factor reduction</p> <p>42b. Member Countries develop and facilitate the provision and access to child/adolescent-friendly health services for NCD prevention and control</p> <p>42c. Member Countries incorporate NCD prevention and control into existing health</p>	<p>AT NATIONAL LEVEL: 41.1 % of schools and early childhood facilities implementing programmes of physical activity</p> <p>41.2 % of students ages 13-15 who are taught about the dangers of NCDs (tobacco use; alcohol abuse; unhealthy diets; physical inactivity)</p> <p>41.3 % teachers trained to deliver selected behaviour change interventions (e.g. HFLE, Jump rope for heart)</p> <p>AT REGIONAL LEVEL: 41.4 # Member countries with NCD prevention and control behaviour change interventions</p> <p>41.5 # Member Countries with teachers trained to deliver selected behaviour change interventions (e.g. HFLE, Jump rope for heart)</p> <p>41.6 # Member Countries with mandatory physical activity in schools</p> <p>AT NATIONAL LEVEL: 42.1 # Schools and early childhood facilities with access to healthy meals/snacks</p> <p>42.2 # Schools and early childhood facilities with equipment and facilities for physical activity</p> <p>42.3 # Schools and early childhood facilities with equipment and facilities for physical activity for children with special needs/disabilities</p> <p>42.4 # Schools and early childhood facilities with school feeding programme</p>	<p>Annual NCD POS Report</p> <p>GSHS</p>

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				<p>programmes e.g. maternal, newborn and child health (MNCH), Integrated Management of Childhood Illness (IMCI), School health and child friendly services, adolescent health and Integrated Management of Adolescent and Adult Illness (IMAI).</p>	<p>42.5 # Schools and early childhood facilities with NCD screening services on site</p> <p>42.6 Access to child-friendly NCD services provided in primary health care services</p> <p>42.7 NCD prevention and control into health programmes e.g. MNCH, IMCI, IMAI, and school health programmes</p> <p>AT REGIONAL LEVEL:</p> <p>42.8 # Member Countries with school and early childhood facilities with access to healthy meals/snacks</p> <p>42.9 # Member Countries with school and early childhood facilities with equipment and facilities for physical activity</p> <p>42.10 # Member Countries with school and early childhood facilities with equipment and facilities for physical activity for children with special needs/disabilities</p> <p>42.11 # Member Countries with school and early childhood facilities with school feeding programme</p> <p>42.12 # Member Countries with school and early childhood facilities with basic NCD screening services on site</p> <p>42.13 # Member Countries providing access to child-friendly NCD services in primary health care services</p> <p>42.14 # Member Countries incorporating NCD prevention and control into health programmes e.g. MNCH, IMCI, IMAI, and school health programmes</p>	

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	Safeguard the mental health of the child population			<p>43a. Member Countries to develop a mental health plan for children guided by the World Health Organisation Quality Rights Project.</p> <p>43b. Member Countries develop protocols, standards of care and code of ethics for the management of mental health programmes targeting children</p> <p>43c. Member Countries integrate child-friendly mental health programmes into primary health care facilities and clinics</p>	<p>AT NATIONAL LEVEL:</p> <p>43.1 National mental health plan includes areas specific to children</p> <p>43.2 Protocols, standards and code of ethics for the management of mental health programmes targeting children in place</p> <p>43.3 Child friendly mental health programme fully integrated into primary health care</p> <p>43.4 Child guidance and counselling clinics established in primary health care centres</p>	

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EDUCATION AND DEVELOPMENT OF YOUNG PEOPLE						
Retention of children in school system until the secondary graduation (WFC: # 7.2) (Reference: Report of Working Group of COHSOD VII, October 2003)	<p>Research on teacher attitudes and behaviours to boys within system need to be examined as factor in discouraging male performance</p> <p>Re-examination of approaches which encourage rigid "gendering" of secondary and tech/voc courses</p> <p>Special attention for vulnerable children</p> <p>Development of computer competencies for all children</p>	<p>Identification and development of strategies for increasing retention and improving performance of boys in the education system</p> <p>Regional protocol for teen mothers' return to school</p> <p>The introduction of compulsory courses Gender in Education' for all Teacher Trainees</p>	Regional Conference on Boys and Education 2009 conducted with recommendations tabled to COSHOD	<p>44a. Member States design and implemented a minimum package of interventions aimed at keeping boys in the education system and re-integration of those boys who have already dropped out.</p> <p>44b. Regional research to be undertaken to identify positive and negative teaching practices which affect the performance of boys and girls in the education system</p> <p>44c. Develop a regional protocol to guide national policy development to ensure teen mothers can continue their education</p> <p>44d. Member Countries to ensure breadth of curriculum offered to all children, boys and girls, in skills training, creative arts, physical education and sports.</p>	<p>AT NATIONAL LEVEL:</p> <p>44.1 Strategy to meet the learning support , care and protection needs of boys and girls to succeed academically and socially developed by each school</p> <p>44.2 Strategy to meet the learning support needs of girls who miss periods of formal education due to pregnancy developed by each school</p> <p>44.3 100% of boys and girls are retained in the formal education system until secondary graduation</p> <p>44.4 Curriculum in school provides opportunities for every boy and girl in skills training, creative arts, physical education and sports</p> <p>AT REGIONAL LEVEL:</p> <p>44.5 Strategies for supporting learning needs of boys and girls developed in 16 countries</p> <p>44.6 100% of boys and girls are retained in the formal education system until secondary graduation in 16 countries</p> <p>44.7 Regional protocol on the continuing education of teen mothers developed and adopted.</p>	<p>Reports of Ministries of Planning , Ministries of Education;</p> <p>Regional protocol document, CARICOM Secretariat</p>

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					44.8 Regional research to identify positive and negative teaching practices which affect the performance of boys and girls in the education system to be designed with participating countries	
				45a. Gender sensitization training for education policy makers, managers and teachers incorporated into training curriculum (recommendation from CARICOM Boys and education Conference November 2007)	<p>NATIONAL LEVEL: 45.1 Gender sensitization training for education policy makers in place in training curriculum</p> <p>45.2 Gender sensitization training for education managers in place in training curriculum</p> <p>45.3 Gender sensitization training for teachers designed in training curriculum</p> <p>REGIONAL LEVEL: 45.4 Gender sensitisation training for teachers, education policy makers and education managers in place in 16 countries</p>	Ministries of Planning to coordinate input to reports from Ministries of Education;
				46. Structured programmes in Information Technology available in at least 50% of secondary schools across member states (recommendation from CARICOM Boys and education Conference November 2007)	<p>NATIONAL LEVEL: 46.1 Access to structured Information Technology programmes available in secondary schools</p> <p>REGIONAL LEVEL: 46.2 Access to structured Information Technology programmes available in secondary schools in 16 countries</p>	Ministries of Planning to coordinate input to reports from Ministries of Education;

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Promotion of a culture of respect for the rights of children and for ensuring a safe, stable and secure environment for children (WFC: #7.1; #7.3; #7.6; #7.9)	Advocacy, Networking and public education Research	Programme to be elaborated.	Establishment of CARICOM Commission on Youth Development	47a. Regional research and best practice clearing house on the development of young people in adolescence to be established. 47b. Member Countries to develop policy for the development of young people in adolescence 48. 50% of Member States have adopted and implemented the Child and Adolescent Friendly School and Communities concept. 49. Member States have established comprehensive, multi-sectoral programmes to promote child and adolescent participation in governance and to address crime and violence	47.1 SitAn on Adolescents and Youth undertaken 47.2 SitAn and recommendations discussed in COHSOD meeting 48.1 % of Member States that have adopted Child and Adolescent Friendly School and Communities concept. 48.2 % of Member States that implement the Child and Adolescent Friendly School and Communities concept 49.1 % of children involved in governance 49.2 % of children involved in programmes addressing crime and violence	40.1 CARICOM secretariat 40.2 COHSOD report 41.1 MoE 41.2 MoE 42.1 MoE 42.2 MoJ, Police, Ministry dealing with social affairs and/or violence and crime
			Development and implementation of regional strategy for Youth Development			
			Comprehensive situation analysis of Adolescents and Youth completed with recommendations tabled to Heads of Government COHSOD on Youth held in October 2007 U.N Secretary General's Report on Violence and Children considered Advocacy committee established. Terms of reference focused on HIV/AIDS, HFLE, child protection and early childhood development.			

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CHILDREN AFFECTED BY CLIMATE CHANGE AND DISASTERS					
<p>Children supported and enabled to adjust to the impacts of climate change in their lives and participate actively in decisions affecting their adaptation</p> <p>(MDG 7 Ensure Environmental Sustainability, MDG 8 Develop a global partnership for development)</p> <p>(New Goal added in March 2008 by Special COHSOD On Children)</p>	<p>Increase the awareness and sensitization of the impact of climate change on young children</p> <p>Strengthen programming for and with children in emergencies by making disaster management more responsive to the needs of young children</p>	<p>Raise awareness in the region of the impact of climate change on children and the need to 're-programme' work with and for them.</p> <p>REGIONAL LEVEL TARGETS for Member Countries implementing adaptation and mitigation measures needed to reduce impacts of climate change on children and on programmes targeting children:</p> <p>50c. 16 Member Countries develop and implement a Strategy for climate change programming, responsive to the challenges being faced by programmes targeting children experiencing the impacts of climate change</p>	<p>50a. Member Countries to hold sensitisation and awareness activities held.</p> <p>50b. Regional sensitisation workshop on the impact of climate change on young children</p> <p>50c. All Member countries develop national action plans for implementation</p> <p>50d. All Member Countries to design and manage shelters with children's needs in mind</p> <p>50e. All Member Countries to prepare disaster prevention with participation of children</p> <p>50f. All Member Countries to include in early childhood and school curricula how climate and disasters will impact us all</p> <p>50g. CARICOM to provide intra-regional coordination to capacity building efforts</p>	<p>AT NATIONAL LEVEL:</p> <p>50.1 Complete workshop on the impact of climate change on children.</p> <p>50.2 Strategy developed for Child-friendly climate change programming</p> <p>50.3 Strategy implemented for Child-friendly climate change programming</p> <p>50.4 National Action plan developed</p> <p>50.5 National Action plan implemented</p> <p>50.6 Shelter guidelines include the provisions for child friendly activities</p> <p>50.7 Climate change and disaster management included in early childhood and school curricula</p> <p>AT REGIONAL LEVEL:</p> <p>50.8 Mechanism in place for CARICOM to provide coordination</p>	<p>Ministries of Planning to coordinate input to reports from Ministries of Education; climate change focal points and Ministries of Health and Protection.</p> <p>Caribbean Disaster Emergency Management Agency (CDEMA) and CARICOM Secretariat to coordinate</p>