



DOMINICA

MILLENNIUM DEVELOPMENT GOALS
(MDGS)



A Plan of Action for Localising and Achieving the Millennium Development Goals (MDGs)

By: Cisne Pascal



Organization of Eastern Caribbean States

United Nation Development Programme

**Dominica: A Plan of Action for Localizing and
Achieving the Millennium Development Goals
(MDGs)**

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BNTF5	Fifth Basic Needs Trust Fund Program
CAREC	Caribbean Epidemiology Centre
CARICOM	Caribbean Community
CBO	Community Based Organizations
CIDA	Canadian International Development Agency
CDB	Caribbean Development Bank
CFNI	Caribbean Food and Nutrition Institute
CPA	Country Poverty Assessment
CSO	Central Statistical Office
DFID	UK Department for International Development
DSIF	Dominica Social Investment Fund
DOWASCO	Dominica Water and Sewage Company
DPPA	Dominica Planned Parenthood Association
ECE	Early Childhood Education
FAO	Food and Agriculture Organization
GAVI	Global Alliance for Vaccines for Immunization
GoD	Government of the Commonwealth of Dominica
HIV	Human Immuno-Deficiency Virus
IDT	International Development Targets
IMF	International Monetary Fund
LAC	Latin America and the Caribbean

LAMA	Local Area Management Associations
MDGs	Millennium Development Goals
MFB	Minimum Cost of Daily Food Basket
MoAE	Ministry of Agriculture and Environment
MoCD	Ministry of Community Development and Gender Affairs
MoE	Ministry of Education Sports and Youth Affairs
MoHSS	Ministry of Health and Social Security
NDFD	National Development Foundation of Dominica
ODA	Overseas Development Assistance
OECS	Organization of Eastern Caribbean States
PAHO	Pan-American Health Organization
PANCAP	Pan-Caribbean Partnership Against HIV/AIDS
PRGF	Poverty Reduction and Growth Facility
PRS	Poverty Reduction Strategy
RoSTI	Rosalie Sea Turtle Initiative
RTI	Reproductive Track Infections
SFP	School Feeding Program
SIDS	Small Island Developing States
SPP	Social Protection Program
SPU	Social Policy Unit
SSMR	Scotts Head - Soufriere Marine Reserve
UPE	Universal Primary Education
USE	Universal Secondary Education

1 OVERVIEW

The Millennium Development Goals (MDGs) reflect the resolutions and agreements of the last decade made by the Member States of the United Nations (UN). They articulate a vision for development that improves development outcome and provides a framework for measuring development progress.

The eight (8) MDGs and the associated targets and indicators as listed in Table 1, were adopted by the 189 Member States of the UN, at the Millennium Summit of September 2000. They underscore the importance of sustainable development and the eradication of debilitating poverty and stark inequalities to all successful development processes.

Dominica's overall status as regards progress towards MDGs achievement is detailed in Table 1. Table 1 shows Dominica has successfully achieved the basic requirements of Goals 2, 4 and 5 and has had partial achievement in Goals 3, 7 and 8. For Goals 1 and 6, examination of the available information, show that there is evidence of general movement in the wrong direction. The overall national achievement of the MDGs to date could be characterized as being **"ON TRACK"**.

For the purposes of this research, achievement will be categorized at three levels namely: complete, partial and lagging.

Complete achievement- is defined as in the case of **Goals 2, 4 and 5**. That is, the information provided for all relevant indicators (or all for which data was available) show essentially 100% achievement.

Partial achievement- is defined as in the case of **Goals 3, 7 and 8** where most of the indicators show progress in the right direction but where progress is significantly constrained and achievement by 2015 is possible but not assured.

Lagging achievement- are **Goals 1 and 6** whose indicators show trends opposite to what is desired. In this report lag is classified at varying levels (significant and moderate) with some (good, slow and very slow) progress in regard to implemented corrective activities. There is significant work being put into achieving these goals but internal and external factors such as limited financial, human and natural resources, globalization (free trade, free movement of people and other resources) and the threats from multiply natural disasters, present daunting hurdles for the achievement of these goals by 2015.

Meaningful MDG localization that goes beyond the redefinition of the UN goals, targets and indicators, to the promotion of widespread ownership and incorporation of MDGs throughout national development effort, requires a well designed endogenizing mechanism that is supported and driven by leadership from the highest levels of the Government of the Commonwealth of Dominica (GoD). Section 4.2 presents a detailed framework for such a mechanism.

In order for this type of localization to occur, it is recommended that the current Social Indicator and Millennium Development Goals (SIMDGs) National Committee (See Appendix 1) is strengthened by the engagement of a fulltime Coordinator. The The Millennium Development Goals (MDGs) reflect the resolutions and agreements of the last decade made by the Member States of the United Nations (UN). They articulate a vision for development that improves development outcome and provides a framework for measuring development progress.

Table 1: Dominica MDGs Status at a Glance: MDGs Achievement and Proposed Localization of Goals, Targets and Indicators

	UN MDG Guidelines	Level of Achievement/ Aligned to Development Agenda/ Redefined	Proposed Localization (‘Redefinition’ to Improve Alignment with Dominica’s Development Agenda)
Goal 1:	Eradication of Extreme Poverty and Hunger	Lagging Achievement (significant)/Is Aligned	
Target 1	Halve, between 1990 and 2015 the proportion of people whose income is less than \$1 a day	Very slow progress/ Monitoring and eradication of poverty remain critical components of the Dominica development agenda but this Target is changed to use measures of poverty which suit Dominica’s situation	<i>Halve, between 1990 and 2015 the proportion of people live below the national poverty line.</i>
Target 2	Halve, between 1990 and 2015 the proportion of people who suffer from hunger	Practical Achievement/ There little to no problems with hunger. Obesity and Anemia are the main nutritional issues	<i>Reduce, between 2005 and 2015 the proportion of people who are obese. (The percentage reduction should be determined by GoD)</i>
Indicator	1. Proportion of population below \$1 a day	2002:- 39% of population is poor	<ul style="list-style-type: none"> ▪ <i>The proportion of the population below the poverty line</i> ▪ <i>Prevalence of obesity and anemia in children and women</i>
	2. Poverty gap ratio	2002:- 10.2%	
	3. Share of poorest quintile in national consumption	2002:-7.6%	
	4. Prevalence of underweight in children (under five years of age)	2004:- 0% (approx.)	
	5. Proportion of population below minimum level of dietary energy consumption	2002:- 15% of population is indigent	
Goal 2:	Achieve Universal Primary Education	Completely Achieved	<i>Achieve Universal Secondary Education</i>
Target 3	Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete	Achieved	<i>Ensure by 2015 all primary school leavers boys and girls alike are adequately prepared for secondary level education</i>

	UN MDG Guidelines	Level of Achievement/ Aligned to Development Agenda/ Redefined	Proposed Localization (‘Redefinition’ to Improve Alignment with Dominica’s Development Agenda)
	a full course of primary schooling		
Indicators	6. Net enrollment ratio in primary education	2002/03:- 92.6 %	<ul style="list-style-type: none"> ▪ Net secondary enrollment ratio (% of relevant age groups) ▪ Percentage of cohort reaching fifth form by sex (%) ▪ Level of male performance at early childhood, primary, secondary and tertiary levels of education ▪ Primary school students’ grade appropriate numeracy and literacy competencies at the Grade 2, 4 & 6 national assessment
	7. Proportion of pupils starting grade 1 who reach grade 5	2002/03:- 85.5% of 1997/98 Cohorts reach Grade 5	
	8. Literacy rate of 15-24 year-olds	1993: 86.3% for 15-29 year-olds	
Goal 3:	Promote Gender Equality and Empowerment of Women	Partial Achievement/Remains relevant	
Target 4	Eliminate gender disparity in primary and secondary education, preferably by 2005 and in all levels of educations no later than 2015	Achieved in relation to girls but not for boys. Generally emphasis re educational attainment and literacy should be on males instead of females	
Indicator	9. Ratio of girls to boys in primary, secondary and tertiary education	2002/03:- Primary – 0.94 Secondary – 1.05 Tertiary – 1.99	<ul style="list-style-type: none"> ▪ Literacy rates for men 15-24 years old
	10. Ratio of literate females to males among 15 to 24 year-olds	1993:- 86.4% Literacy rate for all women	
	11. Share of women in wage employment in nonagricultural sector	2004:- 44.9%	
	12. Proportion of seats held by women in national parliament	2005:- 13.3%	
Goal 4:	Reduce Child Mortality	Complete Achievement	
Target 5	Reduce by two-thirds, between 1990 and 2015, the under-five mortality	Achieved	
	13. Under-five mortality rate	2003:- 3.68	

	UN MDG Guidelines	Level of Achievement/ Aligned to Development Agenda/ Redefined	Proposed Localization (‘Redefinition’ to Improve Alignment with Dominica’s Development Agenda)
	14. Infant mortality rate	2003:- 18.94	
	15. Proportion of one-year old children immunized against measles	2002:- 99.6%	
Goal 5:	Improve Maternal Health	Complete Achievement	
Target 6	Reduce by three-quarters, between 1990 and 2015 , the maternal mortality ratio	Achieved	<i>By 2015 establish whether there is any connection between declining population and birth rates and female reproductive health or family planning</i>
Indicator	16. Maternal mortality ratio	2003:- 0.00	
	17. Proportion of birth attended by skilled health personnel	2003:- 99% (approx.)	
Goal 6:	Combat HIV/ AIDS, Malaria and Other Diseases	Lagging Achievement (significant)	
Target 7	Have halted by 2015 and begun to reverse the spread of HIV/ AIDS	Very slow progress/Reported cases show an increasing trend an increasing. More aggressive and sustained awareness and promotion of safe sex is required	
Target 8	Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Achieved	
Indicator	18. HIV prevalence among 15 to 24 year-old pregnant women	2001:- 25	
	19. Contraceptive prevalence rate	2001:- 0.15 (Female Contraceptive Prevalence Rate)	
	20. Number of children orphaned by HIV/ AIDS	2002:- 2children	
	21. Prevalence and death rates associated	2005:- 0 deaths due to malaria	

	UN MDG Guidelines	Level of Achievement/ Aligned to Development Agenda/ Redefined	Proposed Localization (‘Redefinition’ to Improve Alignment with Dominica’s Development Agenda)
	with malaria		
	22. Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures	---	
	23. Prevalence and death rates associated with tuberculosis	2002:- 2.50	
	24. Proportion of TB cases detected and cured under DOTS	2002:- 23.2	
Goal 7:	Ensuring Environmental Sustainability	Partial Achievement	
Target 9	Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Partial Achievement/ A redefined land use policy is required	
Target 10	Halve by 2015 the proportion of people without sustainable access to safe drinking water	Achieved/Close to universal access to safe drinking water	
Target 11	Have achieved by 2020 a significant improvement in the lives of at least 100 million slum dwellers	Achieved/Hardly any slums exist in Dominica	
	25. Change in land area covered by forest	2004:- 65% (approx.)	<ul style="list-style-type: none"> ▪ Knowledge base of national environmental sustainability issues of 15-24 year olds. ▪ Level of visitor load to and negative impact on nature sites/attractions ▪ Silting and purity levels in coastal and rivers water ▪ Number of functioning local area management groups
	26. Land area protected to maintain biological diversity	2004:- 22.8% (approx.)	
	27. GDP per unit energy use	2001:- 509 (Tons of oil consumed per capita)	
	28. Carbon dioxide emissions (per capita)	2001:- 1.53 (Metric Tons/capita)	
	29. Proportion of population with sustainable access to an improved water source	2001:- 90% of households (approx.)	
	30. Proportion of population with access to		

	UN MDG Guidelines	Level of Achievement/ Aligned to Development Agenda/ Redefined	Proposed Localization (‘Redefinition’ to Improve Alignment with Dominica’s Development Agenda)
	improved sanitation		
	31. Proportion of population with access to secure tenure		
Goal 8	Develop a Global Partnership for Development	Partial Achievement	
Target 12	Develop further an open, rule-based, predictable, non-discriminatory trading and financial system (includes a commitment to good governance, development, and poverty reduction – both nationally and internationally)		
Target 13	Address the special needs of the least developed countries (includes tariff and quota-free access for exports, enhanced program of debt relief for and cancellation of official bilateral debt, and more generous official development assistance for countries committed to poverty reduction)		
Target 14	Address the special needs of land-lock countries and small islands developing states (through the Program of Action for Sustainable Development of Small Island Developing States and 22 nd General Assembly provisions)		▪ <i>Agriculture Exports, highlighting CSME exports (% of total exports)</i>
Target 15	Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term		▪
Target 16	In cooperation with developing countries, develop and implement strategies for decent		

	UN MDG Guidelines	Level of Achievement/ Aligned to Development Agenda/ Redefined	Proposed Localization (‘Redefinition’ to Improve Alignment with Dominica’s Development Agenda)
	and productive work for youth		
Target 17	In cooperation with pharmaceutical companies, provide access to affordable essential		
Indicator	32. Net ODA as a percentage of DAC donors’ gross national income	<i>2004:- EC\$ 63.32 mil Total Central Government Grant</i>	
	33. Proportion of ODA to basic social services	---	
	34. Proportion of ODA that is untied	---	
	35. Proportion of ODA for environment in small island developing countries states	---	
	36. Proportion of ODA for the transport sector in land lock countries	---	
	37. Proportion of exports (by value , excluding arms) admitted free of duties and quotas	---	
	38. Average tariffs and quotas on agricultural products and textiles and clothing	---	
	39. Domestic and export agricultural subsidies in OEDC countries	---	
	40. Proportion of ODA provided to help build trade capacity	---	
	41. Proportion of official bilateral HIPC debt canceled	---	
	42. Debt Service as a percentage of exports of goods services	<i>2003:- 14.6%</i>	
	43. Proportion of ODA provided as debt relief	---	
	44. Number of countries reaching HIPC	---	

	UN MDG Guidelines	Level of Achievement/ Aligned to Development Agenda/ Redefined	Proposed Localization (‘Redefinition’ to Improve Alignment with Dominica’s Development Agenda)
	decision and completion points		
	45. Unemployment rate of 15 to 24 year olds	2001:- 61.3%	
	46. Proportion of population with access to affordable, essential drugs on a sustainable basis	---	
	47. Telephone lines per 1,000 people	2002:- 423.9	
	48. Personal computers per 100 people	2002:- 9.0	
	49.		

2 INTRODUCTION

2.1 Objectives Of Consultancy: Terms Of Reference

The Organisation of the Eastern Caribbean States Secretariat (OECS), through the Social Policy Unit (SPU) as part of its mandate to assist with Social Development in the OECS Member States has undertaken this consultancy to develop a plan of action relevant to Dominica that would be used to guide the process of localizing the Millennium Development Goals (MDGs).

Through consultations with relevant stakeholders the consultancy must:

- Identify the achievement to date on the MDGs in Dominica
- Highlight those MDGs that warrant greater prioritization on the development agenda
- Indicate steps and mechanisms that support the localization of MDGs.
- Document consultation with stakeholders

2.2 Methodology

This research is based on the attendant indicators that the UN Millennium Declaration provided along with the MDGs. Mostly secondary data and interviews with relevant stakeholders were used to assess the state of progress made and the challenges faced in the achievement of the MDGs (See Appendix 2). The interviews were used to provide a detailed picture of the Dominica's development agenda and existing localization of the MDGs. To fill the gaps in local data some secondary data was accessed through the internet.

2.3 Format Of The Report

The report is in a format that allows for international comparison and for presentation of a detailed local picture of Dominica's development situation. Where data is not available for an indicator, the closest related data is used as a proxy. Data on the UN MDGs and indicators are presented to provide comparative markers for evaluating local progress and achievement, while presenting a portrait of recommendations for eliminating shortfalls and areas of lag. Finally, a mechanism which addresses areas of lag or slow or no progress towards achievement is presented.

The outline of the report is as follows:

- Section 1: Overview
- Section 2: Introduction
- Section 3: Dominica: Progress Towards the Achievement of the MDGs
- Section 4: Conclusions: Mechanisms Necessary for the Localization and Achievement of the MDGs by 2015
- Section 5: Consultation with Stakeholders

2.4 The National Context

This report covers the period 1990-2002/3 where data is available but most data is provided for the period 1998-2002/3. The period reviewed also covers times of economic reform and structural adjustment for the country, as it copes with the challenges of globalization and economic recovery.

The start of the period (the early 90s) saw a 50% decline in Dominica's banana exports to the United Kingdom (UK), the bloodline of the country's economy. Banana exports declined from an average 60-70,000 metric tons in the 1980s to 30,000 metric tons in the 1990s. Agriculture (mainly consisting of banana exports) contributed 25% to GDP in 1995 but by 2001 its GDP contribution had fallen to 17%. The closure of the period under review (2003) coincided with the official end of the 1975 Lome' Trade Convention which had secured preferential access to the UK market for Dominica as well as other Caribbean nations.

For most of the 1990s, it is reported, that the economy was buoyed by government spending and as government fiscal situation worsened economic growth contracted by about 4% in 2001. Furthermore in 2002 GoD signed an IMF 3-year Stand-by Arrangement (abbreviated to one year), which was replaced in 2003 by a 3-year Poverty Reduction and Growth Facility (PRGF) arrangement. The PRGF provides support for the Dominica's Growth and Social Protection Strategy (GSPS) or Poverty Reduction Strategy (PRS)¹. The PRS focuses GoD's growth and recovery strategy in three main areas, namely:

- Fiscal policy and administrative reform, including creating an enabling environment for private enterprise activity;
- Sectoral strategies for growth;
- Strategies for poverty reduction and social protection

Fortunately high standards of social service delivery had been maintained throughout the 1980s and most of the 1990s. Primary school enrolment and immunization rates are practically 100% and incidence of under-weight children, child mortality, malaria and other traditional transmittable diseases remain near zero. Dominica has not fared well however in respect of migration and unemployment rates and the incidence and prevalence of both poverty and HIV/AIDS.

¹ GoD officials use GSPS and PRS interchangeably. For the purpose of this report however the PRS will be used.

Table 2: Selected Socio-Economic Indicators for Dominica

Indicator	YEAR		
	1990	1995	2003
Total Population	72,000	73,000	71,212.8
Economic Growth Rate (%)	7	3.08(1996)	-0.6
Debt Serving % of export earnings	5.64	6.18	7.31
Total Banana Export (metric tons)	58,024 (1992)	32,324	10,336
Infant Mortality Rate (< 1 yr)	19/1000 live births	17/1000 live births	12/1000 live births
Percentage of Children Immunized (<1 yr)	88	99	99
National Poverty Rate	--	--	39%
Unemployment Rate	9.9 (1991)	--	11.6(2001)

Source: http://unstats.un.org/unsd/mi/mi_results.asp?crID=212&fID=r15

Table 3: Dominica Factoids

CATEGORY	
Area	754 sq km
Climate	Tropical; Moderated trade winds; heavy rainfall
Ethnic Groups	Black, European, Syrian, Carib
Religions	Roman Catholic, Protestant
Languages	English (official) French Patios
Government Type	Parliamentary democracy; republic within the Commonwealth
Capital	Roseau
Independence	3 November 1978 (from UK)
Legal System	Based on English common law
Suffrage	18 years of age
Labour Force	25,000 (1999 estimate)
Agricultural Products	Bananas, Citrus, Mangoes, Root crops, Coconuts
Industries	Soap, Coconut oil, Tourism, Furniture, Cement Blocks
Currency	Eastern Caribbean Dollar (XCD); Exchange Rate: USD 1= XCD 2.70
Ports and Harbors	Portsmouth, Roseau
Airports	Marigot (Melville Hall) , Cane Field

Source: CIA Factbook

3 DOMINICA: Progress Towards The Achievement Of The Millennium Development Goals

3.1 **Goal 1: Eradicate Extreme Poverty & Hunger**

Target 1:

- Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day.

Target 2:

- Halve between 1990 and 2015, the proportion of people who suffer from hunger

According to the Country Poverty Assessment (CPA) of June 2003, the income or employment based poverty experienced particularly in rural areas of Dominica is caused by the severe decline in banana cultivation and earnings over the 1990s. More recently however income/employment based poverty has been made acute in urban areas by stagnation in other sectors such as tourism and financial services and by the curtailment of government expenditure.

The poverty unveiled in the CPA is not characterized by a lack of access to basic services, as in the 1980s and for most of the 1990s, substantial investments were made in physical and social infrastructure such as health, and education. Yet the CPA reports that poverty is a growing problem in Dominica and that respectively 39% and 15% of the population is poor and very poor/indigent.

Dominica's progress towards the eradication of extreme poverty and hunger by 2015 although probable, may be severely handicapped. The constraints arise in light of the fact that GoD, the largest employer and probably the biggest procurer of goods and services in the Dominican economy has over the last three years, imposed measures which reduce public sector spending and raise revenue mainly through several newly imposed taxes. In these conditions the Poverty Reduction Strategy (PRS) which is being implemented concomitantly with the curtailment of public sector expenditure, make the core function of job creation a difficult endeavor.

3.1.1 Achievement By Indicator

3.1.1.1 Indicator 1: Proportion Of Persons Living Below The Poverty Line:²

The CPA indicates that in 2002, twenty-nine percent (29%) of all households and thirty-nine percent (39%) of the population were poor. Of the poor households 11% and a corresponding 15% for the general population were recorded to be very poor or indigent.

Table 4: Incidence of Poverty in Dominica 2002

Category	Households (%)	Population (%)
Indigent/Very Poor	11	15
Poor	18	24
ALL POOR	29	39
Non-Poor	71	61
TOTAL	100	100

Source: Country Poverty Assessment (CPA)

The CPA also reveals that poverty in Dominica is characterized by 'rural-ness', ethnicity and age. Sixty-five percent (65%) and thirty-three percent (33%) of all poor households and persons respectively, reside in rural areas. The Carib population which accounts for 4% of the general population and who mainly resides in the rural hamlets designated as the Carib Territory recorded a 70% incidence of poverty, with a further fifty percent (50%) of all poor Caribs deemed indigent. Moreover, 50% of all Dominican children from 5 to 14 years live in poor households.

In the 1996 Poverty Assessment for Dominica household poverty was 27.6%.³ It is expected that any measurement of poverty post 2002 will show deterioration and not improvement.

3.1.1.2 Indicator 2: Poverty Gap Ratio

The poverty gap ratio⁴ was reported to be 10.2% by the CPA. There are no trend data available for poverty gap ratio but this calculation suggests that the average poor person's income falls short of the poverty line by 10.2%.

²Dominica has not calculated its poverty rates using the benchmark US\$1 per day; the Dominica appropriate poverty line is used.

³ There is no historic data to determine poverty trends from 1990, although a poverty assessment was conducted in 1995. Little reference will be made to the 1996 study in this report as it not comparable with CPA of 2003. Since 2002 no poverty assessments were conducted. It is expected however that another CPA will be conducted in 2006.

⁴ Poverty gap is the mean shortfall from the poverty line (counting the non-poor as having zero shortfall), expressed as a percentage of the poverty line. This measure reflects the depth of poverty as well as its incidence.

3.1.1.3 Indicator 3: Share Of Poorest Quintile in National Consumption

As it is with most of the poverty indicators contained in this report, data is only available for 2002. The CPA reports however that the poorest quintile accounts for 7.6% of national consumption with 54% of their income devoted to the purchase of food items. (See Table 5)

Table 5: Share of National Consumption by Quintiles -2003

ITEM	Q1	Q2	Q3	Q4	Q5	ALL
Per capita Expenditure -Upper limit of Quintile	2,670	4,400	6,800	11,100	Over 11,100	
Food Expenditure (% of total)	54%	47%	47%	38%	24%	43%
% of Total Spending	7.6%	12.6%	15.4%	19.8%	44.6%	100%

Source: Country Poverty Assessment (CPA)

3.1.1.4 Indicator 4: Prevalence Of Child Malnutrition (% Of Children Under 5 Yrs)

According to health officials child malnourishment symbolized by under-weight children, has been close to 0% for over two decades now. By contrast, they are reporting a rising number of overweight children and have suggested that because obesity is common it would probably be a more relevant indicator for present day malnourishment in Dominican children.

The prevalence of anemia among youth/children could also be used as another Dominica specific indicator for child malnutrition. In a 1996 anemia study conducted by the Ministry of Health and Social Security (MoHSS) for example, 30% of all 1-5 year-olds were anemic with highest prevalence in the Carib Territory. It must be noted however that health officials fear that if there is worsening of already poor economic conditions, it is possible that cases of under-weight children may reappear.

3.1.1.5 Indicator 5: Proportion Of Population Below The Minimum Level Of Dietary Energy Consumption⁵

The CPA reports that 15% of the Dominican population is indigent and therefore consumes less than the minimum level of dietary energy. Further, the CPA defines indigence as the segment of the Dominican population who cannot afford the Minimum Cost of Daily Food Basket (MFB) for an adult, valued at EC\$5.51 per day, EC\$165 per month or just under EC\$2,000 per annum. This means that only 15% of the population is incapable of providing the MFB themselves.

The relatively low incidence of indigence in Dominica however, is reflective of the fact that most rural households have access to land where they grow their own foods. It is fortunate that Dominica still has a strong agricultural base which provides sufficient food for most households, thereby reducing households' obligation to purchase all their food.

⁵The percentage of persons below the food only poverty line is used as a proxy for the level of dietary energy consumption.

It must be further noted that the Nutritionist at the MoHSS reports that about 48% of all adults are deemed obese. The health reports point out that for Dominicans, the attainment of the minimum dietary energy is not necessarily the problem. The “2004 Report of the Chief Medical Officer –Towards a Public Health Approach” for example states that for patients attended to in the primary health care system, 13.2% and 22.9% were suffering from diabetes and hypertension respectively and that,

“...there is a higher F: M (female to male) ratio which starts as early as 5 years old regarding visits for diabetes. According to the age-range, the F: M ratio can be as high as 6:1 (30-34 year olds). This means that, to prevent diabetes, and based on these data, it is necessary to target women at an early age...The same type of observation can be made for hypertension: the F:M ratio is 7:1”

3.1.2 GoD Approach to Eradicating Extreme Poverty And Hunger

GoD has purposefully initiated programs which should impact poverty. The approach has been to use existing public sector and NGO facilities and services, to deliver poverty reduction programs while at the same time stabilizing the macro economic situation of the country.

3.1.2.1 Poverty Reduction Strategy (PRS)/Social Protection Strategy-

GoD signed a three-year Stand-By Agreement (SBA) with the IMF in 2002. The main aim of the SBA was to significantly improve economic productivity and competitiveness for Dominica through structural reform. The structural reform program known as the Stabilization and Adjustment Programme included a comprehensive local tax system review, a public expenditure review, an acceleration of civil service reform, banana sector restructuring, privatization, and strengthening supervision of the financial system. The program also included attendant austerity measures such as the reduction in public sector wage bill through retrenchment, increased taxes and a nationwide imposition of a 4% and later 3% stabilization levy on all incomes above EC\$9,000 per annum.

Though the SBA was intended to be a three-year program it lasted for approximately one year and was replaced by the Poverty Reduction and Growth Facility (PRGF), which accommodates amended Stabilization and Adjustment Programme measures and added the dimension of a Poverty Reduction Strategy (PRS) as outlined in the GSPS. In particular the PRS will,

- promote of economic growth and job creation
- develop skills and health conditions that will enable current and future households to achieve and maintain sustainable livelihoods

- provide basic health and education services as well as assistance with utilities (e.g. water, electricity, and road access)
- promote the betterment of the conditions of those currently in severe poverty to help them to achieve a sustainable livelihood through a combination of direct income support and other measures

Dominica's PRS works on three levels namely, the restoration of macro economic stability, employment creation particularly in the private sector through sectoral interventions and assistance and the establishment of a social protection system.

Some of the projects designed or re-oriented to fit the PRS objectives are as follows.

Dominica Social Investment Fund (DSIF) -

In 2003, DSIF was established as a not-for-profit organization under the Dominica Companies Act 1994. According to the DSIF Operational Manual 2003, the Fund is intended to reach and address poverty and vulnerability that run deeper than what has been created by the crisis in the banana industry and to build and broaden a more secure social system.

"The Fund is designed to be a focal point of social sector programming in Dominica. Its operation will be based on the principle that the long-term development of Dominica depends on creating stronger communities and institutions, increasing the "stock" of social capital and service and stimulating the means and ability to plan and implement their self-development."

The Fund is soon to commence operations, as provisions have been made for it in the Fiscal Year 2005/06 Budget Estimates. GoD now awaits approval and release of Euro 4.4 million from the European Union's Special Framework of Assistance (SAF) 2000, to officially commence the three-year project.

Through DSIF's machinery, development resources will be efficiently delivered to the poorest and most vulnerable of the country. It will also strengthen existing local government and non-government institutions already delivering similar social services.

Basic Needs Trust Fund 5 (BNTF5)-

The Basic Needs Trust Fund (BNTF) is a twenty-four year old project funded by Caribbean Development Bank (CDB), Canadian International Development Agency (CIDA) and participating governments. Guided by its Poverty Reduction Action Plan (PRAP), BNTF has committed its fifth programme to meaningful collaboration with GoD's PRS by focusing its targeting and interventions on the needs of the poor.

The current implementation of BNTF5 continues the participatory approach started under BNTF4, in its delivery of assistance to low-income communities. BNTF5 provides assistance in

the construction of small scale infrastructure projects and in the development of income earning skills that will ultimately enhance individual and community access to public and social services. During the construction of facilities such as rural water supply systems, feeder roads, pre-schools and community markets, BNTF5 makes a concerted effort to provide short-term employment to the members of the benefiting communities.

Community Tourism Development Program (CTP)-

As part of its poverty reduction strategy GoD has set aside EC\$1 million of the Eco-Tourism Development Programme Fund for the Community Tourism Development Program. The two-year programme is designed to provide funding to community based tourism projects island-wide.

Under the CTP, existing tourism development committees, community based organizations (CBOs) etc. will access finance to develop and/or enhance sustainable community based tourism projects. Projects funded under CTP are required to boost the marketability and variety of the Dominican tourism product, while helping to create new jobs and economic activities in the benefiting communities.

Social Protection Program (SPP)-

The Social Protection Program established in 2002, is European Union funded to the tune of EC\$3.38 million. SPP is manned by various divisions of the Ministry of Community Development and Gender Affairs (MoCD) and is aimed at jumpstarting stalled and declining rural economies.

As stated in the Guide Book/Manual, the SPP consists of three (3) components.

- **Short-Term Employment Program (STEP)-**

Under the Local Government and Community Development Division of the MoCD this component funds and monitors the construction of small infrastructure projects in the rural communities and at the same time creates short-term employment within the benefiting communities. To date 15 projects which include roads, libraries/resource centers, water systems and retaining walls, have been completed and 450 persons have been employed.

- **Community Education Skills Program (CESP)-**

CESP, is run by the Adult Education Division and addresses medium to long term employment creation especially self-employment. Within this component of the SPP several types of demand driven training are made available. The focus here is to create and strengthen within participants, the capacity to develop small enterprises and self-employment activities. So far training has been in areas such as food preparation, craft making, tour guiding and sewing. From 2003 to present, twenty-six (26) different modules have been used to train 503 persons.

- **Credit Delivery-**

Through this credit facility finance is made available to micro-enterprises that would have difficulty accessing traditional credit. Between February 2003 and March 2004, 84 loans totaling EC\$246,519.49 for activities such as smoke meat processing, trucking, pig rearing and huckstering among others have been granted by the executing agency the National Development Foundation of Dominica (NDFD).

3.1.2.2 MoHSS Program For Attitude Modification Toward Healthier Diets

The MoHSS is very concerned about the prevalence of anemia and obesity among Dominicans especially children and women. As such, MoHSS is preparing for a full-fledged awareness and education drive, to counteract the prevalence of these conditions and to curtail the unavoidable high social and economic cost of treating and managing the diseases associated with both conditions.

The components of this education and awareness program currently comprise of the following:

- **A National Young Child Nutrition Program**

In discussions with the Nutritionist for the MoHSS, it was gleaned that work was on-going in the form of a survey to inform the development of a Dominica specific National Young Child Nutrition Program. With technical assistance from the Caribbean Food and Nutrition Institute (CFNI) and funding from the Pan-American Health Organization (PAHO) this program should become fully operational by early 2006.

- **Dietary Guidelines for Dominica**

Also using the types of foods available in abundance in Dominica, MoHSS has compiled Dietary Guidelines. With funds from the Food and Agriculture Organization (FAO) and in collaboration with technical persons from within the public sector, the guidelines are to be presented to the public in October 2005.

3.1.3 Challenges and Recommendations for Improvement

There are several means by which Dominica's current PRS could be made more resilient, cohesive and effective. The impact of poverty alleviation and human development programs must be immediate and sustainable so as to prevent further escalation of indigence in the first instance and poverty in general. Following therefore are identified challenges and recommendations for addressing them.

3.1.3.1 *Creation of Sustainable Jobs*

The CPA indicates that poverty in Dominica is characterized by underemployment and unemployment in mainly rural conditions. The biggest challenge to reducing poverty therefore will be the PRS's ability to put dispossessed farmers (more so banana farmers) and farm workers back to work on a sustainable basis.

In the programs under the PRS that apply to job creation, attention is given to short-term construction type jobs, skills training for self-employment and credit for the development of beneficiary owned micro-enterprises. While skills training and credit support given directly to the poor may create sustainable income earning activities in the long-run, if immediate and sustainable jobs are to be established, other mechanisms must be simultaneously employed.

To directly target mostly the poor segments of the population for credit delivery and micro-enterprise development is to target those who the CPA defines as having little more than primary school education. Specifically, of Dominica's poor that accounts for

- 90% of household heads who were not educated beyond secondary school
- 73% of households where no one twenty years or older was educated beyond primary school level and
- 20-29, 30-39 and 40-49 year olds, of whom 24%, 53%, 83% and 88% respectively are without secondary or higher education.

As a result, the capacity for successfully operating commercial enterprises, sustaining long-term income generating activities and managing credit may not reside among the poor. The time need for acquisition of these capabilities could delay or even retard actual poverty reduction and job creation among poor. To achieve immediate poverty reduction by targeting mainly the poor, may therefore require careful targeting to select, the 10% of households who have had more than secondary school education and the 27% adults beyond 20 years who have been to secondary school.

Alternatively, enterprises (not necessarily micro) that already exist in and around poor communities and those that have a record of survival could be granted access to the non-traditional credit and technical assistance that are now directed mainly at the poor. In turn the benefiting businesses must be obligated to provide employment for poor persons in proportion with the assistance received and be mandated to offer GoD subsidized adult literacy classes and possibly skills training in-house.

This method makes it possible for the poor to simultaneously earn an income and learn new skills on-the-job. It also makes a case for a multifaceted approach to income creation activities aimed at the reduction of income-based poverty. There is need also for highlighting within the current PRS, the lessons learnt from previous poverty alleviation programs that focused on creating income earning activities among the Dominica's poor.

3.1.3.2 Adequate Involvement Of Key Stakeholders In The PRS

In discussions with designers and executors of the programs under the PRS, it was gleaned that there is a lack of high profile involvement of a few key constituents. Two noticeably key stakeholders without prominent involvement are the Office of Disaster Preparedness and representatives of the Carib community. The Carib community has representation on the DSIF Board of Directors.

Dominica is vulnerable to the ravages of natural phenomena such as hurricanes and the management of the risks they pose is a Herculean task for a government with very limited resources. However, to protect the moderate self-sufficiency and food security that currently exist and to prevent a deepening of indigence and general poverty, strategies for minimizing the impact of natural disasters should be a core component of Dominica's PRS. A successful PRS for Dominica demands the participation of disaster specialists, as much of the country's infrastructure and/or production base (especially agriculture) can be decimated by the occurrence of one such disaster. A specialist who can build into the PRS workable national action plans which respond to disasters.

For example, to address the shocks of hurricanes, plans should be developed for large-scale cultivation of quick yielding crops which have high starch and protein content and/or established markets. As part of this hazard mitigation program, a fund should be established for the purchase of seedlings, plant slips or seeds. Ideally, the harvest time for the selected crops in this program should coincide with the waning of international emergency relief.

Also the Caribs, as a group, have been highlighted in the CPA as being, in the main, extremely poor. As a result their representative organizations should be involved at all stages of PRS processes; as active participation for them will garner a sense of ownership, build capacity and generally enhance the success of the strategy. Overall, the participation of key stakeholders would enhance the sensitivity of the PRS in that it keeps the stakeholders' key issues at the fore.

Proper identification of these key constituents is needed and their inclusion at all levels of the PRS should prove beneficial. Their roles should not be restricted to the user or beneficiary of the end products. Therefore, an essential feature of the PRS should be a mechanism to define key stakeholders, develop a key stakeholder register and actively include them in steering/development/design committees, executives and management committees.

3.1.3.3 Several Agencies Performing A Single Function

There appears to be some wastage of resources among the agencies involved in the implementation of poverty reduction initiatives. For example, several governmental agencies create short-term employment through the construction of small-scale infrastructure and skills training.

Best results and improved efficiency in the use of resources may be obtained if a specialist and experienced agency was utilized to manage and execute per specific function. Currently, under

the PRS for example BNTF and the Local Government Department manage and/or execute the construction of small-infrastructure and the Adult Education Division and BNTF offer skills training program. On the other hand, the credit delivery component of the PRS has been outsourced to the specialist agency NDFD, which has a long history of providing business development and credit for micro-enterprises. The same approach should be considered for the placement of skills training and small scale construction programs.

3.1.3.4 Creating Economy of Scale Through Regionalization

Dominica is small in terms of physical size and population and so sustainability plans for GoD supported facilities which raise income for their own operations must give due consideration to economy of scale during planning and implementation. A successful PRS would therefore be significantly strengthened by the development of rural regional development sub-plans instead of individual village plans.

Rural regional development sub-plans must group neighboring villages into regions and determine physical locations of new facilities and services within the regions ('siting'). 'Siting' should depend on what already exists and create or maintain economy of scale for self supporting facilities and enterprises. All implementing agencies under the PRS in particular and development agencies in general must be made aware of these rural regional development sub-plans for benefiting communities. Further to create user/beneficiary ownership and consensus, these sub-plans must be partly driven, managed and supervised by capable and autonomous local/rural governmental bodies.

3.1.3.5 Avoiding Deterioration In Provision of Quality Social Infrastructure and Services

In the current economic circumstances and under the IMF's structural adjustment program, GoD's spending patterns reflect difficult choices that may negatively impact the maintenance of existing critical and high quality social programs and infrastructure.

Dominica is fortunate on two counts as it relates to provision of quality basic social infrastructure and services. Firstly, among Dominica's bank of existing social infrastructure and services, its primary health care, secondary and primary school systems currently provide universal coverage. Close to 100% of all Dominican children are immunized for diseases such as measles and most adults have access to free medication and treatment in an extensive network of primary health centers. Due to decade-long investments in the primary health care system, highly infectious diseases (e.g. Malaria) that are common in most of the developing world currently record close to zero prevalence rates.

As it relates to the Dominican education system both universal primary and secondary education have been achieved. This was made possible through the provision of a network of functioning primary nationwide. GoD provides a space for every school-aged child in its primary and secondary education systems.

Finally GoD is fully committed to poverty reduction and has made it central, to its 2005/06 Budget. However an accurate and on-going monitoring system of the poverty situation and trends would further enhance public financial planning by signaling areas where curtailment of spending would exacerbate poverty.

At the moment, some monitoring of poverty indicators and the impact of poverty alleviation projects is achieved but it is not sufficient. There is a weakness in monitoring of the overall impact of poverty alleviation programs and collected data is often not disaggregated by sex, age, and/or ethnicity nor are they collected for a series of consecutive years. This makes proper analysis of impact and trends difficult and an obstacle to the critical PRS function of close and continuous monitoring, with a view to picking –up on deteriorating patterns. A concerted effort at improving the on-going monitoring of poverty is therefore needed as it will assist with maintaining and improving quality of social infrastructure and services.

3.1.4 Localizing Goal 1, Targets and Indicators

Poverty as measured by the UN stipulated indicators must be monitored with a few to early identification of deteriorating trends. Goal 1 has been given priority status in GoD programs. Due to persisting local conditions however, UN stipulated Targets 1 and Indicator 1 have been modified and one (1) redefined target and indicator have been added. (See Table 6)

Table 6: Localization of Goal 1, Targets and Indicators

	UN MDG Guidelines	Proposed Localization (‘Redefinition’ to Improve Alignment with Dominica’s Development Agenda)
Goal 1:	Eradication of Extreme Poverty and Hunger	
Target 1	Halve, between 1990 and 2015 the proportion of people whose income is less than \$1 a day	<i>Halve, between 1990 and 2015 the proportion of people live below the national poverty line.</i>
Target 2	Halve, between 1990 and 2015 the proportion of people who suffer from hunger	<i>Reduce, between 2005 and 2015 the proportion of people who are obese. (The percentage reduction should be determined by GoD)</i>
Indicator	6. Proportion of population below \$1 a day 7. Poverty gap ratio 8. Share of poorest quintile in national consumption 9. Prevalence of underweight in children (under five years of age) 10. Proportion of population below minimum level of dietary energy consumption	<ul style="list-style-type: none"> ▪ <i>The proportion of the population below the poverty line</i> ▪ <i>Prevalence of obesity and anemia in children and women</i>

3.1.5 Localizing Poverty Indicators

The SIMDG -National Committee has determined that the poverty line should be used to measure poverty in Dominica instead of the international measure of US\$1 per day. This decision is in line with what is used in the Caribbean region, as the poverty line is deemed more accurate and applicable to Caribbean conditions. As a result Target 1 and Indicator 1 have been modified as follows.

Modified Target 1: Halve, between 1990 and 2015 the proportion of people living below the national poverty line

Modified Indicator 1: The proportion of the population below the poverty line

3.1.5.1 Additional Target and Indicator

The more accurate indicators of malnourishment in Dominica are the prevalence of obesity and anemia in children and adults women. This signals possible difficulties with accessing food sources that are high in protein and iron. Or it may be a problem which stems from a poor national attitude, especially among young women and mothers, towards maintaining healthy eating habits and physical fitness. The Dominican public appears to be unaware of the long-term personal and national costs that can be brought on by obesity and anemia. As a result, MoHSS has apportioned some of its resources towards the reduction of the incidence and prevalence of obesity and anemia.

To allow for localization of Goal 1 the following additions have been made.

Additional Target: Reduce, between 2005 and 2015 the proportion of people who are obese.

Additional Indicator: Prevalence of obesity and anemia in women and children

3.2 **Goal 2: Achieve Universal Primary Education (UPE)**

Target 3:

- Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

3.2.1 Progress Review

Officials of the education department revealed that Dominica has so far exceeded the basic requirements of enrolment and access to girls as stipulated by MDG indicators for Goal 2. In fact, the availability of a space per primary school age child had been recorded since the 1960s.

For academic year 2002/03 net enrollment was 92.6% and the percentage of the 1997/98 cohorts reaching Grade 5 is measured at 85.5 %. Dominica's net enrolment rates compares favorably with the rest of the developing world (83%) and Latin America and the Caribbean (LAC) (96 %).⁶

At the primary school level there are now more spaces available than primary school aged children. As a consequence, for the academic year 2004/5, one (1) small primary school was absorbed into a larger neighboring school with excess capacity. Table 7 shows that the ratio of girls to boys in primary schools is practically 1:1 with a slight advantage to boys. This is not surprising since the Population and Housing Census 2001 recorded only 263 more boys than girls in the 5-9 age group.

There however remain some outstanding matters such as the results from national assessments which indicate that girls continue to perform much better than boys throughout primary school and that far too many students leave primary school not adequately prepared to handle secondary education. (See Appendix 3)

⁶Source: The Millennium Development Goals Report-2005 United Nations

3.2.2 Achievement By Indicator

3.2.2.1 Indicator 6: NetEnrolment Ratio In Primary Education (% Of Relevant Age Group)

Table 7: Net primary enrollment ratio and ratio of girl to boys

INDICATOR	1991/92	2000/01	2001/02	2002/03 ⁷
Net primary enrollment ratio	88.7	90.4	99.9	92.6
Ratio of girls to Boys in primary schools	--	0.93	0.92	0.94

Source: Education Planning Unit, MoE, Dominica

Since 1991/92, primary school enrolment has improved but dropped from what was practically 100% enrolment in 2001/02 to 92.6% in 2002/03. The migration of primary school aged children is given as a possible reason for this decline and is also thought to be the reason why more net enrolment ratios are not much closer to 100%. The Education Planning Unit (EPU) of the Ministry of Education (MoE) is currently identifying definitive reasons for lower than 100% enrolment at the primary school level, for the period 1998/99 to 2002/03.

3.2.2.2 Indicator 7: Percentage Of Cohort Reaching Grade 5 (%)

The EPU estimates that from the cohort of students who started Grade K in academic year 1997/98 only 85.5% reached Grade 5. There is no published data currently available for other years. However this is an unsatisfactory percentage since social promotion⁸ is practiced throughout the primary school system, primary education is free and there is a space available for every primary school-aged child. MoE has started investigation to find the causes of a 14.5% drop-out rate for this cohort although as with less than 100% enrolment rates; migration is thought to be the main factor.

3.2.2.3 Indicator 8: Literacy Rate Of 15-24 Year-Olds

From the information presented in the 1993 National Literacy Survey, 18.8% of the population was illiterate; accounting for approximately twenty-five percent (24.8%) of the men and fourteen percent (13.6 %) of women. In the age group 15-29 years, 13.7 % of the population was

⁷ Academic year starts in September and ends in June.

All figures in this section are quoted in academic years rather than calendar years.

The earliest data has been collected is 1991/92 and as such has been used instead of 1990/91 as used in the United Nations Millennium Development Goals Report 2005

⁸ Social Promotion is the practice of promoting students in order to keep them with their age peers regardless of academic achievement

assessed as illiterate.¹⁰ Even in the absence of comprehensive literacy data post 1993, the achievements and enrolment of girls throughout the school systems logically indicate that women in the age group 15-24 years-old would be more literate than men in the same age range. Additionally, education officials report that at present, 20-25 % of all primary school students read at two years or more below their grade level.

3.2.3 MoE Approach To Improving The Quality Of UPE

For reasons dealt with in Section 3.2.2, enrolment is not a major concern for MoE, rather they are working at improving poor literacy and numeracy skills of primary school students, especially for boys (See Appendix 3). As such MoE is mainly focused on improving the quality of primary school education in Dominica and to achieve this goal, the department according to its 'Education Development Plan 2000-2005 and Beyond' intends to train teachers, implement literacy and numeracy programs, develop a gender sensitive curriculum which targets underachieving boys and to improve and standardize Early Childhood Education (ECE).

3.2.3.1 Training Of Untrained (Non-Certified) Primary School Teachers

At present, only 60% of all primary school teachers are certified educators but MoE in collaboration with the Dominica State College is committed to training the remaining 40% to certification. Currently teachers must be absent from the classroom for significant periods during their two-year training. The absent trainee teacher is often replaced by another untrained teacher. These replacements in-turn stay on for extended periods to afford other teachers the opportunity for certification and therefore become uncertified teachers themselves. This system tends to perpetuate the back-log of uncertified educators and due the slow rate of training is counter productive to the elimination of uncertified teachers at the primary school level.

MoE is also working towards the development of a virtual university in collaboration with the Commonwealth Ministers of Education. Through long-distance learning, this project is intended to serve the Small Islands Developing States (SIDS) in their thrust to provide affordable and convenient human resource development. Dominica is planning on utilizing this virtual university to train and certify primary school teachers. Additionally because MoE is cognizant of the fact that most teachers would need financial support to access this university, they are now in discussions with decision makers to make available financial resources with favorable conditions for teachers.

¹⁰ Source: National Literacy Survey 1993 conducted by the Adult Education Division with assistance from the Central Statistical Office (CSO). There is no data available to measure literacy by both gender and age. It is being recommended now that another national literacy survey is conducted for Dominica.

3.2.3.2 Improving The Teaching Of Numeracy And Literacy

MoE's literacy and numeracy policies and plans have been developed to train teachers to teach reading and numeracy and to use MoE developed training packs as part of a gender sensitive curriculum. This training should strengthen teachers' ability to reach diverse groups of students, in particular boys and girls, in the same classroom.

To spearhead the literacy development program initiated in 1999/2000, a Literacy Task Force was set up by GoD. The literacy development program consists of a series of teacher training programs focusing on literacy, the provision of resources such as reading material and equipment to all primary schools, a public awareness component and community based initiatives such as reading workshops. At this time a review is being conducted to measure the impact of the first four (4) years of the literacy development program. Teachers are also being trained to teach numeracy but full-fledged implementation of the numeracy plan will follow completed implementation of the literacy plan.

3.2.3.3 Improving and Standardizing Early Childhood Education (ECE)

In 2000 GoD formalized the Council on Early Childhood Education in compliance with the 1997 Education Act. The Council is responsible for the development of ECE, a purely private sector domain in Dominica. During 2004/05, with funding from UNICEF, all ECE facilities in Dominica were registered, inspected and graded. The ECE facilities graded as unsatisfactory were directed to undertake improvements in order to achieve basic national standards.

In broad terms the Council is charged with standardizing and improving delivery of services at ECE facilities and for ensuring that all five year olds have the same basic foundation for successful primary school careers. Also, the enhanced ECE system now has the capacity to identify and work with children at risk at this stage. The Council has also trained to certification, 109 of a total 150 or 72.7% of all registered pre-school teachers. It is currently working on

- preparing a program for bringing sub-par ECE facilities up to standard,
- finalizing a national policy for ECE
- developing an awareness program for parents and owners of facilities and
- developing a Dominica specific ECE curriculum

3.2.4 Challenges Faced in Improving the Quality of UPE and Recommendations for Improvement

Through their Social Safety Net Services (Education Support Service) the MoE already offers support to primary school students at risk, by making it possible for them to remain available for the maximum amount of instruction hours. The Social Safety Net Services (Education Support Service) consist of:

- **School Feeding Program-** provides daily lunch to every student in seven (7) primary schools in the poorest communities and in schools where students walk long distances to and from schools. A fee of EC\$1.00 is charged per meal.
- **Text Book Provision Scheme-** supplies text books to all government primary schools. A small user fee which reflects the cost of the book is charged per student. This scheme ensures that children of poor households are not disadvantaged since the scheme allows students to take the texts home during the school year and return them to the school at the end the academic year. (Private and church-run primary schools are not part of this scheme).
- **Education Trust Fund-** under its Human Resource Development component offers annual grants of EC\$200 to a selected set of primary schools students. The parents are given the responsibility for spending the sum.

In spite of these services and internationally comparable survival and enrolment rates at primary school levels, the newly instituted Universal Secondary Education (USE) has crudely exposed major deficiencies in Dominica's primary school education system. Since the start of USE¹¹ in 1997/98, secondary school teachers have been submitting complaints to MoE, that significant numbers of their entrants do not possess the minimum core competencies required for survival and learning at academically oriented secondary schools.

The problems of poor literacy and numeracy skills of primary school students are also borne out by the results of the annual Grade 2 and 4 national assessments started in 2000 and the long existing Common Entrance Examinations (CEE). The 2004 national assessment for Grade 4 for example points out that 15% of all children, particularly boys (40%) are reading below their grade level and in mathematics only 37% are at or above Grade 4 level. (Refer to Appendix 3 and 4)

According the national assessments mentioned above, girls on the average perform significantly better than boys in all core areas (mathematics, reading, writing, written comprehension and speaking). Further, the poor state of male literacy extends into the general population where approximately one of every four adult male is deemed to be illiterate.¹²

The following therefore are suggested recommendations, derived in part from consultation with education officials, for complementing the remarkable effort by MoE to improve primary school education in Dominica.

¹¹USE started in one school district and has been expanded gradually to include other school districts, to this year, 2004/05, where USE was achieved nationwide. As a result, as of academic year 2004/05 every child of secondary school age will be afforded a space at the secondary school level, although education officials have retained the Common Entrance Exams (CEE) as a Grade 6 national assessment tool. The CEE will continue to assess secondary school entrants according to performance but poor performance will not exclude any student from entering secondary school.

¹² Source: 1993 National Literacy Survey.

3.2.4.1 Establish Stronger Monitoring Of Impact Of MoE Programs And Utilization Of Teacher Training

It would be useful to establish a system for comprehensive assessment of the impact, of the department's programs. In particular, there is need for proper supervision and monitoring that ensure teachers apply the knowledge and techniques acquired in training. Supervision schemes must be creative and effective enough to ensure that rural schools, which often require costly travel by supervisors, are well supervised. Supervision is important as it records the rates of implementation and improvement at all primary schools.

3.2.4.2 Conduct Of A National Literacy Survey

A national literacy survey that disaggregates all findings by age, sex and geographic region is urgently required. The lead roles of coordination and management of this survey must reside in an entity such as the Central Statistical Office (CSO), which has many of the requisite analytical capabilities. They however will require strong collaboration with the Adult Education Division of MoCD, and the Curriculum, Measurement and Evaluation Unit (C/MEU) and the Literacy Task Force of the MoE. The MoE must press for a national literacy survey as it should be a critical component of its M&E system. The national survey must also provide a set of indicators which can be used to monitor literacy trends between the conduct of the national surveys.

3.2.4.3 Eliminate The Perpetual Back-Log Of Untrained Primary School Teachers

The traditional teacher training programs with the Dominica State College, in its present form has not been successful in eliminating the existing back-log of untrained primary school teachers. The initiative which achieves this goal should either conduct training on-site or replace off-site trainee teachers, with retired and suitably certified and/or experienced educators.

Retired educators in and outside Dominica could form the base from which qualified replacements are sourced. Some investigation however may be required to determine whether there exist a suitable number of interested retired educators in the Dominican and Caribbean Diaspora. Eventually every effort must be made to move towards a system of mandatory certification for new primary school teachers.

3.2.5 Localizing Goal 2, Targets and Indicators

Table 8: Localization of Goal 2, Targets and Indicators

	UN MDG Guidelines	Proposed Localization (‘Redefinition’ to Improve Alignment with Dominica’s Development Agenda)
Goal 2:	Achieve Universal Primary Education	<i>Achieve Universal Secondary Education</i>
Target 3	Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	<i>Ensure by 2015 all primary school leavers boys and girls alike are adequately prepared for secondary level education</i>
Indicators	50. Net enrollment ratio in primary education	<ul style="list-style-type: none"> ▪ <i>Net secondary enrollment ratio (% of relevant age groups)</i> ▪ <i>Percentage of cohort reaching fifth form by sex (%)</i> ▪ <i>Level of male performance at early childhood, primary, secondary and tertiary levels of education</i> ▪ <i>Primary school students’ grade appropriate numeracy and literacy competencies at the Grade 2, 4 & 6 national assessment</i>
	51. Proportion of pupils starting grade 1 who reach grade 5	
	52. Literacy rate of 15-24 year-olds	

To reflect the priorities of the education department, Goal 2 should be redefined. For Dominica UPE has been basically achieved for decades now. The main foci therefore are on the achievement of USE, improved male student performance, and the overall enhancement of the quality of primary school education. As such the more Dominica relevant replacement for Goal 2 should be: *New Goal 2: Achievement of Universal Secondary Education (USE)* and the attendant *New Target 3: Ensure that by 2015 all primary school leavers, boys and girls alike, are adequately prepared for secondary education.*

The redefined Goal 2 and Target 3 emphasize MoE’s focus on USE without ignoring their drive to improve the quality of primary education. The improvements in the quality of UPE should better prepare to primary schools leavers to deal with secondary school after having attained adequate competencies in at least mathematics and reading.

In addition to redefined Goal 2 and Target 3, the following are redefined but relevant indicators which would replace the existing Indicators 6 and 7. The existing Indicator 8 remains relevant.

3.2.5.1 New Indicators for Goal 2:

Literacy rates among males (Boys And Men)

The Population and Housing Census report of 2001 reveals that since 1991 the ratio of females to males in the population has been practically 1:1. The 1993 National Literacy Survey lists male illiteracy as 24.8%, implying therefore that approximately one-eighth of the entire Dominican population was illiterate. In the MoE 2004 Grade 4 national assessment it is stated that

“After five years of primary education about 20% of the boys and 7% of the girls can be classified as having serious reading problems. A further 16% of the students are reading below their level.”

In light of these facts, education officials are rightfully concerned with the performance levels and literacy rates among Dominican males.

Net secondary enrollment ratio (% of relevant age groups)

MoE is also very worried about male enrolment and survival rates at secondary schools. USE as of 2005 provides a space for every secondary school aged child which should increase male enrolment at the secondary level but it is critical that actual male enrolment is monitored and addressed when not adequate.

Percentage of cohorts reaching fifth form by sex (%)

There is some concern about the drop-out rates of mainly secondary school aged males. As Appendix 4, indicates the drop-out, progression and repeater rates for all secondary level students are satisfactory but the respective rates for boys on the average are poorer than those for girls.

If the labour-force is to be better skilled and prepared for competitive production, male literacy, academic performance and retention must improve. It is critical that the provision of places for all the secondary school aged persons be viewed as just the beginning and that high retention or survival rates more so of male students is regarded as paramount.

Level of student performance at early childhood, primary, secondary and tertiary education by sex

Available evidence points to unsatisfactory male performance throughout the education system (Refer to Appendix 3). MoE is also working toward curriculum improvements which start at early childhood education and that which caters to the way in which boys learn, in order to ensure that practically half of Dominica's population is not left behind.

Primary school students' grade appropriate numeracy and literacy competencies at the Grade 2, 4 & 6 national assessment

Grade 2, 4 and 6 national assessments are mandatory requirements under the Education Act of 1997. It means therefore that these are existing measurements used to assess the quality of UPE an in particular the literacy and numeracy levels of all 2nd, 4th and 6th graders in Dominican.

3.3 Goal 3: Promote Gender Equality And Empowerment Of Women

Target 4:

- Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

3.3.1 Progress Review

Dominica does a commendable job as regards equality for girls and boys in its education system, except where it concerns the drop-out rates of secondary school boys and teenage mothers.

Progress on Goal 3 however is lagging with respect to women's representation in work place leadership and in decision making at the highest levels. The data show that women occupy few positions of power in Dominica in spite of decades of superior performance and parity in enrolment in the education system. It appears that if women are to progress in leadership, a change in cultural mindsets may be required.

The data on types of employment also reveal that the majority of women in the workforce are employed in agricultural related jobs. As Table 9 indicates for the years 1991, 1997, 1999 and 2001 forty-eight percent (48.1%) represents the highest level of women employed in the non-agricultural sector. It is realistic therefore to conclude that declining productivity in the agricultural sector may translate into increased poverty and unemployment among women.

3.3.2 Achievement By Indicator

3.3.2.1 Indicator 9: Ratio Of Girls To Boys At Primary, Secondary And Tertiary Levels

As Table 9 indicates, Dominican girls are not left out at any level of education. What is unmistakable is the declining presence of males as education levels progress. Education officers, supported by statistical evidence, convey that boys, as a group, are underachieving and that the male drop-out rate from the secondary school system although improving, is significant enough to cause concern. (Refer to Appendix 3)

The CPA of 2003 makes mention of frequent comments from survey respondents on *"the growing problem of early drop-outs from secondary school, almost entirely among male adolescents"*. The CPA also advises that there is a *"persistent"* problem of teenage pregnancy and motherhood. It reports that teenage pregnancy occurs in 17% of households with children younger than 18.

Table 9: Ratio of girls to boys at primary, secondary and tertiary levels

YEAR	1991/92	2000/01	2001/02	2002/03
Ratio of girls to boys in primary schools	--	0.93	0.92	0.94
Ratio of girls to boys in secondary schools	--	1.09	1.09	1.05
Ratio of girls to boys in tertiary level (Dominica State College)	--	1.50	1.46	1.99

Source: Education Planning Unit, MoE, Dominica

The challenge of under-represented males in the secondary and tertiary level is being addressed, in part, through the USE. Now all boys will be afforded a space at a secondary school and thus the numbers at each level should increase.

Coupled with the USE there is the drive to improve the quality of primary education which includes components that address the different ways in which boys and girls learn. As discussed under Goal 2, MoE is developing a gender sensitive curriculum and the department is researching boys' performance with a focus on learning from the boys who do well at school.

3.3.2.2 Indicator 10: Ratio Of Literate Women To Men In The Age Group 15-24 Years

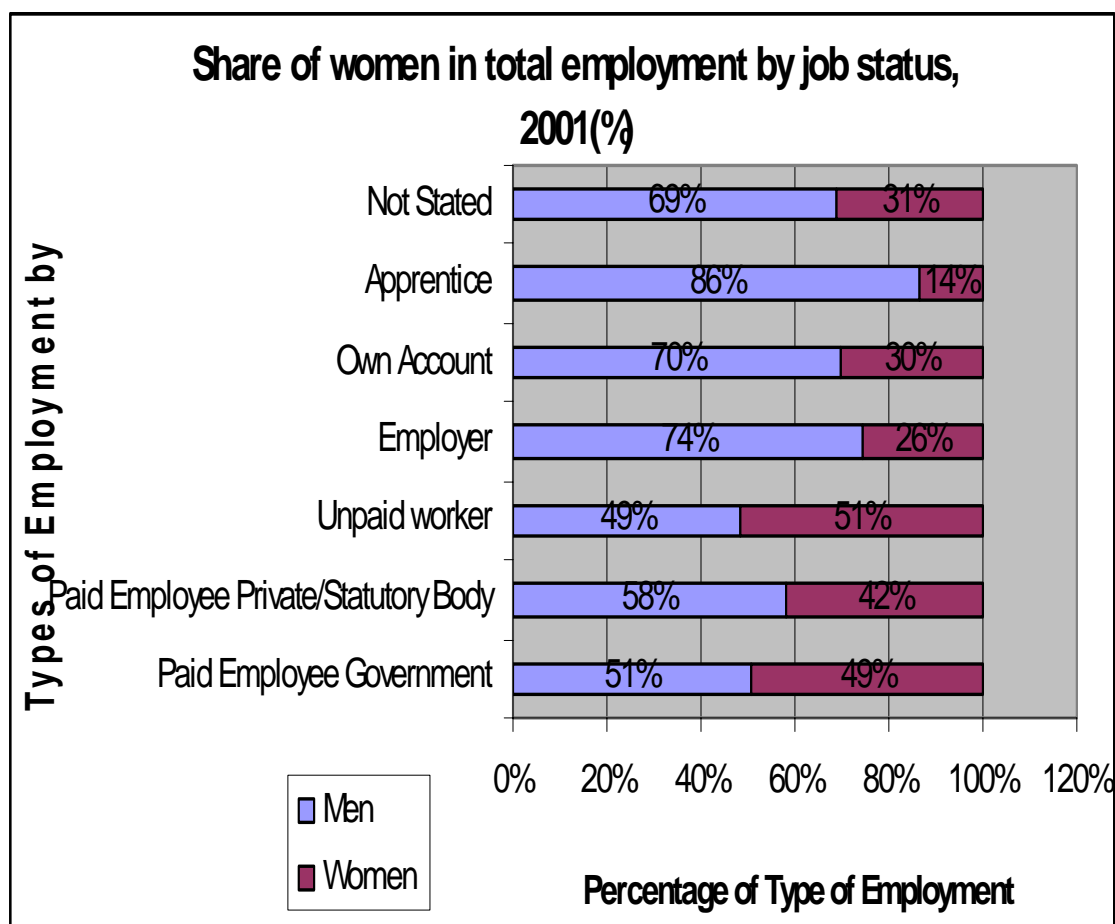
The 1993 National Literacy Survey reported that, for persons in the 15-29 age group, the literacy rate was 86.3%. None of the data available is disaggregated by both age and sex but the literacy rate for women in general was 86.4%.¹³

3.3.2.3 Indicator 11: Share Of Women Employed In The Non-Agricultural Sector(%)

Women have always been part of the Dominican workforce. The Population and Housing Census reveals that in 1981, 1991 and 2001 an estimated 70.1%, 70.5% and 75.6% respectively, of all women in the population were paid employees.

¹³ Source: National Literacy Survey 1993 conducted by the Adult Education Division with assistance from the Central Statistical Office (CSO). There is no reliable data available to measure literacy by sex and age. Since the National Literacy Survey of 1993 may not be reflective of current realities, it is recommended that another national literacy survey should be conducted for Dominica as a matter of urgency.

Figure 1: Share of women in total employment by jobs status, 2001 (%)



Source: Population and Housing Census 2001, CSO, Dominica

Further, as Table 10 suggests, more than half of the share of employed women earn an income in the agricultural sector. Those therefore concerned with women's empowerment should take into consideration what the continued decline in agricultural production may mean for women's ability to earn. Additionally, the picture painted by the Population and Housing Census of 2001 portrayed a dismal employment situation for female workers where 10.7% of all women and 66.7 % of women between the ages 15-24 were unemployed. The employment and poverty status of women, the more literate 50% of the Dominican population, may need special attention to reverse the current trends.

Table 10: Share of women employed in the non-agricultural sector

YEAR	1991	1997	1999	2001
Share of women employed in the non-agricultural sector (%) ¹⁴	41.5	48.1	40.0	44.9

Source: Labour Force Survey 1997&1999 & Population and Housing Census 1991 & 2001, CSO, Dominica

Figure 1 above also shows that most women in the 2001 labour-force did not work for themselves. In fact the Population and Housing Census of 2001 reveals that of the employed Dominicans who were learning a skill¹⁵, self-employed or employers, only 14%, 30% and 26% respectively, were women.

3.3.2.4 Indicator 12: Proportion Of Seats Held By Women In Parliament

Dominica has had the experience of female top level leadership for 15 consecutive years (1980-1995) in former Prime Minister (PM), Mary .E. Charles. Ms. Charles' reign as PM is thought to have boosted, to some extent, women's participation in politics and parliament.

Consequently, the number of women in the Dominica Parliament has been maintained at four (4) or more since 1990. Table 11 below shows an increase in the share of women in parliament for the period, 2000-2004 over that of 1990. It is also observed that in 2005 the share of women in parliament dropped to just above 1990 levels.

In election year 1990, the four (4) female members of parliament (MPs) included the Prime Minister, one (1) elected member and two (2) senators-one each in the government and the opposition.

The election year 2000 when compared with election year 1990, showed a 4.3 % increase in the percentage of women's membership in parliament. There were six (6) women in parliament; five (5) female MPs-four (4) of whom were in the Opposition (two elected members and two senators) and one (1) female Speaker of the House.

Table 11: Share of Women in Parliament (1990 & 2000-2005)

YEAR	1990	2000	2001	2002	2003	2004	2005
Share of women in Parliament (%)	12.9	17.2	23.3	23.3	23.3	23.3	13.3 ¹⁶
No. of Women in Parliament	4	6	7	7	7	7	4

Source: Hansard

¹⁴ Calculated using the definition provided for the indicator and information from the source documents. Definition: Share of women employed in the nonagricultural sector is the share of female workers in the nonagricultural sector (industry and services), expressed as a percentage of total employment in the nonagricultural sector. Source: <http://devdata.worldbank.org/idg/IDGProfile.asp?CCODE=DMA&CNAME=Dominica&SelectedCountry=DMA>

¹⁵ Skills training indicates a possibility of eventually becoming self employed or an employer

¹⁶ For 2005 the information was sourced from the first sitting of the House of Assembly.

For the years listed in Table 11, the highest percentage of female members of parliament (MP) at 23.3% occurred from 2001 to 2004, when seven (7) of the thirty (30) MPs were women. After the general elections in May 2005 however, the female share of the members of parliament fell to just above 1990 levels, to 13.3%. The four (4) current female MPs comprise of one (1) elected MP/Minister of State, two (2) senators, one each on the Opposition and Government (none of whom are ministers) and the Speaker of the House of Assembly.

Table 12: Share of Women in Decision Making Positions in the Public Service

YEAR	2000	2001	2002
Women in Senior Level Positions ¹⁷ in the Government Service (%)	16.1	16.1	16.7

Source: Women's Bureau, MoCD, Dominica

Other than in parliament, decision making power resides mainly in the public service. A review of women in decision making positions for the years 2000 to 2002 shows that they occupy on the average 16.3% of the senior level position in the government service. The Women's Bureau also reports that data and research show an increase in the number of women in management and decision making positions in both the private and public sector.

3.3.3 GoD Approach To Promoting Gender Equality And Empowerment Of Women

The Women's Bureau as part of the public sector machinery is given the responsibility and resources to coordinate and manage pro-women matters as they relate to national development.

The Bureau has an education and awareness program and disseminates information through publications, radio programs and training workshops. Generally the Bureau carries out activities which include conducting attitude change and enhancing awareness with high school aged students and other groups. They also perform advocacy on behalf of women, lobby for funds from international agencies to support Bureau initiatives and counsel women in crisis. The Women's Bureau is now in the process of formulating a national gender policy and policy implementation plan.

Some of the more recent accomplishments of the Bureau include:

The training of women in non-traditional employment areas- such as plumbing, electronics repair, tiling and masonry. There has been some success as regards employment for the participants of these training modules but generally it has been difficult for them to break through traditional and cultural barriers. The Women's Bureau is now conducting an impact assessment of the program.

¹⁷ Senior level Position-include Head of Public /Civil Service, Permanent Secretaries, Governors of Central Bank, Commissioner of Services, Directors of Departments and Advisors.

The annual symposium on gender matters for senior public service administrators and policy makers is an on-going initiative to help raise awareness on how to achieve gender mainstreaming in development processes.

Continuous gender analysis of social indicators is being undertaken by the Bureau in order to investigate gender differentials in the situation of men and women of Dominica. In 2001 the Women's Bureau conducted a situational analysis of women and men in Dominica in four thematic areas, namely education, finance, tourism and politics¹⁸. The data from the situational analysis revealed that in;

The Education Sector- girls outperform boys generally through-out the education system and at the secondary and tertiary levels there are more girls than boys. Girls also surpass boys at all exit examinations but interestingly the research found that the gap narrows in regard to loans extended to men and women for university education. The analysis also found that when afforded the opportunity to choose subject for study at the secondary and tertiary levels, boys tend towards technical and physical sciences, while girls tend to select the arts, social sciences and business.

Finance Sector- the study concentrated on lending and found that in general, fewer women than men participate in the formal lending sub-sector. The difference is most profound for loans for agricultural activities the mainstay of Dominica's economy and the sector in which more than half of the female labour force makes their living.

Tourism Sector- female participation in the tourism sector is biased towards "women" activities such as receptionists and hair braiding as opposed to the more "masculine" activities such as tour guide, taxi operator or security. In the hotel industry for example women dominate the housekeeping department.

Political Sector- Men outnumber women at all levels of government. During the period 2000-2003, at the local government/villages (town) council level 35% of councilors were women but only 13% of the total members of parliament for the four elections between 1980 - 2000, were women. Further women who become members of parliament tend to be nominated rather than elected.

The Women's Bureau has committed part of their 2005/06 budget and work-plan to extending the same analysis to the situation of women and men as regards rural livelihoods.

The Enactment of the Protection Against Domestic Violence Act in 2001 is a major achievement for the Bureau. The Act makes it possible for abused persons to appear before a magistrate without an attorney to seek a protective order. Under the new law the court is also

¹⁸ The findings of the 2001 Situational Analysis of Men and Women in Dominica in four sectors have not been officially released for public consumption. The Women's Bureau indicated that they would reveal the findings in the near future.

permitted to remove the alleged abuser from the home to provide a place a safety for the abused (often women and their children), while the matter is being investigated. The eradication of violence against women remains a focal issue for the Bureau, one that they would like to keep on the fore of national discussions and effort.

The Bureau also provided legal assistance to women in **publication of a set of booklets regarding the “Laws Pertaining to Women and the Family”** and was pivotal in the establishment of the **Legal Aid Clinic**, which provides free legal advice to those unable to afford private legal services.

In 2001 the Women’s Bureau conducted **research on Domestic Violence in Dominica** and presented a comprehensive report to the public. This information from this report which, uncovered evidence of violence among youths in relationships, is the basis for a two-year collaboration between the Bureau and the MoE. The two-year project focuses on the integration of life skills programs, with an awareness component that militates against domestic violence, into the school curricula.

3.3.4 Challenges of Engendering Gender Equality and Empowerment of Women and Recommendations for Improvement

The basic targets set for the empowerment of women and gender equality, which relate to educational achievement have been realized. For Dominica, it is the male population that is of concern as regards educational achievement and literacy. Under Section 2, in reference to Goal 2 the actions being taken to remedy this situation are dealt with in detail.

As it pertains to women, the challenge resides in the changing of cultural tendencies that determine female roles. Cultural tendencies and roles which appear to retard women’s occupation of positions of power; practically eliminate educational opportunities for pregnant young/teen mothers and those that do not foster the meaningful inclusion of pro-women issues in matters of national development.

3.3.4.1 Preparing Girls For National Leadership

Dominica must create a cultural environment which prepares girls to willingly take on public leadership roles. Since the basics are covered because most girls leave school literate, they must now be imbued with the confidence and belief that leadership and decision making at the very top is as much a right choice as the decision to take on any other role.

In the meantime, GoD may need to consider imposing quotas for females in some leadership positions such as in parliament. To ensure that more women participate, now rather than later at the highest decision making levels, some type of affirmative action program could be instituted to mandate that a certain percentage of all parliamentary seats be reserved for

women. Quotas should only be used as an interim measure as any reorientation of girls to actively pursue leadership will garner deferred results. Quotas that reserve parliamentary seats for qualified women would instantly signal the national intention to implement pro-women policies and achieve increase numbers of women in leadership positions.

3.3.4.2 Promoting Compulsory Secondary School For Teenage Mothers

Girls who become pregnant in the formal education system tend to drop-out even at the tertiary level. Although expulsion of student-mothers is not supported in law or in formal education policy, cultural norms and economic strains make it almost automatic. The challenge for the authorities lies therefore in providing teenage mothers with equal - if separate - formal education.

But to completely eradicate the problem of teenage mother drop-outs, the authorities must lead the way in making it totally unacceptable for girls to remain out of school for an extended period due to pregnancy. GoD may choose to enforce the pertinent sections of the Education Act which requires children of certain age groups to be enrolled in and attending school. GoD supported schools should also be penalized if it can be proved that there was any active involvement of their management or faculty in the drop-out of any teen-mother. GoD should be obligated to discourage teen-mother drop-outs for economic reasons by implementing well-designed social assistance programs, such as daycare allowances.

3.3.4.3 Gender Mainstreaming In All National Processes

Throughout this research the consultant has observed weaknesses in gender mainstreaming to include gender analysis and meaningful inclusion of women issues in national development plans and projects. Several departments and units even in the collection of data on programs that are supposed to be gender responsive did not disaggregate the data by sex. Pro-women issues are mostly built into national development if driven by international funding authorities such the World Bank.

As it has been with the other areas of this consultancy there is need for improved data collection and analysis. It may be useful for GoD to make provisions for the employ of a “roving gender specialist” who would serve all relevant government departments during the development of monitoring and evaluation systems and in gender specific analysis.

There is also a need for gender mainstreaming re-orientation beyond the counting of the number of women participating in activities. Specific and particular recognition must be given to differences between men and women in development processes. The work of the Women’s Bureau to assess the status of both men and women by sector should be given priority and special support as it should provide useful information in gender mainstreaming and in improving the efficient use of scarce resources geared towards reduction of unemployment and poverty for both men and women.

A bigger effort should also be made to advance gender issues by making them part of social studies and civic education courses. This would be done in order to introduce ideas on gender equality, women empowerment and gender analysis to Dominicans at a very early age. Schools may adopt approaches along with gender sensitive curriculum, which can suggest to parents lists of activities for boys and girls who exhibit very strong tendencies to sex determined learning and socialization. Meaning that in the Dominican case, schools should help parents understand that girls and boys learn and socialize differently and also encourage them to use techniques that improve boys academic performance (Refer to Appendix 3 and 4) and girls penchanct for avoiding technical or science subjects and leadership.

3.3.5 Localizing Goal 3, Targets and Indicators

Table 13: Localization of Goal 3, Targets and Indicators

	UN MDG Guidelines	Proposed Localization (‘Redefinition’ to Improve Alignment with Dominica’s Development Agenda)
Goal 3:	Promote Gender Equality and Empowerment of Women	
Target 4	Eliminate gender disparity in primary and secondary education, preferably by 2005 and in all levels of educations no later than 2015	
Indicator	53. Ratio of girls to boys in primary, secondary and tertiary education 54. Ratio of literate females to males among 15 to 24 year-olds 55. Share of women in wage employment in nonagricultural sector 56. Proportion of seats held by women in national parliament	<ul style="list-style-type: none"> ▪ <i>Literacy rates for men 15-24 years old</i>

Goal 3, its targets and indicators are relevant. In part, this MDG emphasizes the need to get and retain girls in school. In Dominica however girls have equal access to educational opportunities and they out-perform their male counterpart through-out the education system. As a result, the more relevant emphasis as it regards gender equality in education should be on the Dominican male. Consequently the following indicator is suggested as an addition to the existing indicators under Goal 3; *New Indicator: Literacy rates for men 15-24 years old*

3.4 Goal 4: Reduce Child Mortality

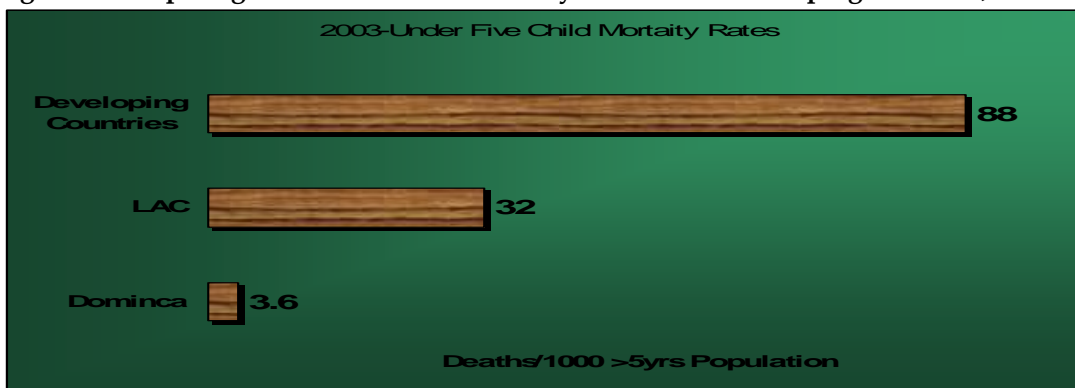
Target 5:

- Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

3.4.1 Progress Review

For the years 1998-2003 under-five mortality rates were very low when compared with other developing regions and LAC¹⁹ (See Figure 2). Though acceptable by international standards and comparable to countries in the Caribbean, Dominica's infant mortality rate was on average three times higher than its under-five mortality rate.

Figure 2: Comparing Under-five child mortality rates for all developing countries, LAC and Dominica



Source: The Millennium Development Goals Report 2005-United Nations

Health officials report that immunization for the years 1998-2002 has been close to 100% but that a very small number of parents refuse immunization on their children's behalf.

3.4.2 Achievement By Indicator

3.4.2.1 Indicator 13: Under Five Mortality Rate

From 1998 to 2003 the under-five child mortality rate has fluctuated between roughly 3 and 5 children per 1000 in Dominica. The highest mortality rate was recorded for 1999 at 4.98 and the

¹⁹ The Millennium Development Goals Report 2005-United Nations

lowest 2.37 in 2002. For five of the six years recorded in Table 13, the mortality rates for boys under-five were higher than for girls, with 1998 being the exception. (See Appendix 5)

Table 14: Under Five Child Mortality Rates

Age group	Sex	1998	1999	2000	2001	2002	2003
Under Five Mortality Ratio	Girls	3.44	4.33	2.86	3.92	2.22	3.59
	Boys	1.78	5.61	3.21	5.03	2.51	3.77
	Total	2.60	4.98	3.03	4.48	2.37	3.68

Source: Health Information Unit, MoHSS, Dominica

3.4.2.2 Indicator 14: Infant (<1yr) Mortality Rate

Table 15 indicates that of those children who do not live pass their fifth birthday, most die within the first year and more often than not in the first month of life. (See Appendix 6)

The “2004 Report of the Chief Medical Officer: Toward A Public Health Approach” submits that in 2003 the major causes of infant death were

- Slow fetal growth, fetal malnutrition and immaturity (35% of all infant deaths)
- Respiratory disorders specific to the perinatal period (15% of all infant deaths)
- Fetus & new born affected by obstetric complications, birth trauma abnormalities (10% of all infant deaths)

Table 15: Infant Mortality Rates

Age group	Sex of infant	1998	1999	2000	2001	2002	2003
Infant Mortality Ratio (IMR)	Girls	18.39	19.97	17.15	16.34	10.17	17.54
	Boys	10.97	26.48	17.86	23.29	12.22	20.26
	Total	14.56	23.20	17.51	19.79	11.10	18.94
Under 1 month IMR		11.33	18.56	12.51	14.01	10.18	16.10

Source: Health Information Unit, MoHSS, Dominica

3.4.2.3 Indicator 15: Percentage Of Children Immunized Against Measles.

For the period 1998-2002, immunization coverage, which includes the following vaccines, BCG, OPV, DPT, MMR and polio, has been practically 100%. Yet MoHSS reports that a small but growing number of parents, who attend post-natal clinics, are refusing immunization for their children. In 2000, 2001, and 2002, twelve (12), fifteen (15) and sixteen (16) parents respectively refused immunization.

Table 16: Percentage of children immunized against measles etc

	1998	1999	2000	2001	2002
Immunization Coverage	99.5	99.5	99.3	98.3	99.6

Source: Health Information Unit, MoHSS, Dominica

3.4.3 MoHSS Approach To Reducing Child Mortality Rates

3.4.3.1 Developing A Sustainable System Of Delivery Of Expensive Vaccines

In order to provide expensive vaccines for diseases such as Hepatitis B and Meningitis, the department must develop sustainable delivery programs. However given GoD's attempts at controlling public sector expenditure, they may not always be able to provide these vaccines, not even for a nominal fee. For these reasons MoHSS officials hope to make hepatitis B vaccines part of the related but better funded HIV/AIDS treatment programs.

On the other hand for the Haemophilus Influenzae Type B (Hib) vaccine, used to prevent meningitis, MoHSS is considering promoting access through private doctors. MoHSS therefore plans on directing their attention and resources towards awareness building on the dangers of meningitis and hepatitis B and the availability of the preventative vaccine through the private health care system.

3.4.3.2 Conducting A Study Of The Parents Who Refuse Immunization

The Primary Health Care Unit is in the process of surveying parents who refuse immunization for their infants. The study is expected to elucidate the reasons for refusal and facilitate the compilation of a profile of this group. This should assist in constructing a program that encourages all parents to accept vaccination.

3.4.3.3 Considering Indepth Research Of Causes Of Infant Mortality

In-depth research is needed to determine the reasons for the relatively high infant mortality rates. Discussions have been held within the MoHSS on the need to start a birth defect registry, which would help to better identify and document the reasons for some infant deaths.

3.4.4 Challenges to Reducing Child Mortality and Recommendations for Improvement

Dominica has achieved the basic requirements for child mortality rates set out by the MDG indicators. MoHSS appears to be taking steps to improve their knowledge on the leading causes of child mortality, developing tools to improve monitoring of infant deaths and is identifying areas that require action.

Since child mortality rates in Dominica have been very low, any recommendations made for further reductions must be contextualized within GoD's ability to support free or subsidized vaccines and treatments and with full knowledge of the extent to which the exodus of skilled and experienced nurses has put pressure on public health care delivery.

The number of cases of undernourished newborns, mother to child Hepatitis B infections, children infected with meningitis, and parents who refuse immunization on behalf of their babies, can all be significantly reduced through increased and focused public awareness programs. Any promotion campaigns implemented through the Health Promotion Unit must heighten the dangers of refusing immunization, the consequences of infections from meningitis and hepatitis B, the types of treatments available and how they can be accessed.

In light of this, the following are comments on some problematic areas relevant to child mortality rates and recommendations for improvements.

3.4.4.1 The Relatively High Infant Mortality Rate For Ages 0-1 Yrs

According to health officials, infant deaths appear to be primarily associated with infections and premature births and very preliminary research of pre-mature births reveal that they tend to happen during the rainy seasons. There is an obvious need for more in depth research and analysis to uncover the fundamental cause(s) of the infant mortality and to promote the development of plans that reduce infant mortalities.

3.4.4.2 Introducing Vaccines For Hepatitis B And Meningitis To Children

The MoHSS intends to improve coverage by introducing a Hepatitis B vaccine to all children one year old or younger improving on the current program which provides vaccine for babies whose mothers are already affected with Hepatitis B.

Meningitis is not prevalent among young children in Dominica. Health officials suggest that notwithstanding the cost of implementation, a Haemophilus Influenza Type B (Hib) vaccination program may well be worthwhile, as it will offset the potential social and financial costs associated with treating victims of this devastating disease.

GoD through regional and international organizations such as CAREC and PAHO already access cheaper vaccines through bulk purchases. CAREC and PAHO also work with such organizations as Global Alliance for Vaccines and Immunization (GAVI) and Global Fund for Children Vaccines that assist poor countries to purchase expensive vaccines. Nonetheless treatment for infected mothers and babies remain expensive.

In order to guarantee sustainable provision and equal access to expensive vaccines, GoD and health officials must design best fit mechanisms for Dominica that include a system for means testing that efficiently targets the poor and needy sections for the receipt of subsidized and/or free (expensive) vaccines.

Also, through prices regulation GoD can control the prices of expensive vaccines and thereby encourage those who can afford, to purchase them from the private sector. This way, more of the subsidized vaccines provided by GoD can go directly to poor patients.

3.4.4.3 Delinquent Parents- Pregnant Women Late First Antenatal Visits & Parents Refusal Of Immunization On Behalf of Infants

There are two areas, where the health officials cite parental action as possibly contributing to infant mortality rates. They are the late first visit to clinics by pregnant women and parents refusal of immunization for their infants.

In 2001 and 2002, only 37.7% and 28.3% of pregnant women seen in the primary health system were registered at antenatal clinics at or before 12 weeks of pregnancy²⁰. The twelfth week mark is the ideal time for pregnant women to start regular antenatal visits. Instead primary health care givers report that pregnant women often are seen much later. By then the iron supplements, nutritional and other advice the nurses deliver may not be as effective as they could be.

In addition, approximately 1% of all parents who receive primary health care services refuse the immunization on behalf of their infants. This is problematic as the children who are not immunized can cause the spread of diseases among other vaccinated children and adults who remain vulnerable to the disease.

Improved health education programs concentrating on these two problems should effectively resolve them. Women who take chances with late antenatal visits must be made acutely aware of the consequences of their action and encouraged to correct them. The same should apply to parents who refuse immunization and to help achieve 100% immunization. The MoE could be mandated to require evidence of the full course of immunization as part of the application for enrolment at the primary school level.

²⁰ 2004 Report of the Chief Medical Officer: Toward A Public Health Approach'

3.4.5 Localizing Goal 4, Targets and Indicators

Despite practical achievement of Goal 4, MoHSS continues to work in areas covered under the goal. Goal 4, its targets and indicators remain relevant for the Dominican circumstances. As such no redefined indicators or targets are suggested for Goal 4. It must be noted however that infant mortality rates are on the average five times higher than child mortality rates. Some attention may be needed to address this disparity.

3.5 Goal 5: Improve Maternal Health

Target 6:

- Reduce by three quarters, between 1990 and 2015, the maternal mortality rate

3.5.1 Progress Review

For the years 1998 to 2003, the annual number of deaths during and around delivery was either one (1) or zero (0). According to health officials here, this is due to the fact that more than 90% of all births occur at the Princess Margaret Hospital, the centre of secondary health care delivery. In Dominica less than 1% of births are attended by untrained professionals.

The health authorities and GoD may need however to concentrate on other related matters such as fertility rates which stood at 2.14 in 2003 and averaged 2.4 in the period 1999-2001. A fertility rate of about 2.5 is the acceptable western standard but since 1981 consecutive national censuses have recorded a declining population and births in Dominica. GoD may wish to determine that low birth and fertility rates are expressly a matter of women reproductive choice or whether it is due to problems of reproductive health. There after GoD should develop ways for addressing the matter appropriately because the absence of a critical mass has implications for national economic productivity and growth.

3.5.2 Achievement By Indicator

3.5.2.1 Indicator 16: Maternal Mortality Ratios

For the period considered in Table 17, official health reports indicate that in each of the years, 1998, 2001 and 2002, one (1) mother died due to complications of pregnancy, childbirth and puerperium. In the other three years, (1999, 2000 and 2003) there were no maternal deaths. As a result, the maternal mortality ratios of the six-year period rose due only to decreasing numbers of live births.

Table 17: Maternal Mortality Ratios per 100,000 live births (1998-2003)

	1998	1999	2000	2001	2002	2003
Maternal Mortality Ratio	80.91	0.00	0.00	82.44	92.51	0.00

Source: Health Information Unit, MoHSS, Dominica

3.5.2.2 Indicator 17: Proportion Of Births Attended By Skilled Health Personnel

According to reports from MoHSS, (Health Information Unit), for the period 1998 to 2003 on average 99.8% of deliveries were attended to by trained professionals. Births where a trained

professional was not in attendance were delivered by spouses or someone else before the mid-wife's arrival.

Since maternal mortality is not a significant problem, there are no special programs for its prevention or reduction. Therefore as far as maternal mortality is concerned the only relevant recommendation would be that attention be paid to maintenance of all the services and programs which keep the maternal mortality rates low.

3.5.3 Localization Of Goal 5, Targets and Indicators

Table 18: Localization of Goal 5, Targets and Indicators

	UN MDG Guidelines	Proposed Localization (‘Redefinition’ to Improve Alignment with Dominica’s Development Agenda)
Goal 5:	Improve Maternal Health	
Target 6	Reduce by three-quarters, between 1990 and 2015 , the maternal mortality ratio	<i>By 2015 establish whether there is any connection between declining population and birth rates and female reproductive health or family planning</i>
Indicator	57. Maternal mortality ratio 58. Proportion of birth attended by skilled health personnel	

3.5.3.1 Additional Target:

Additional Target: *By 2015 establish whether there is any connection between declining population and birth rates and female reproductive health or family planning.*

Notwithstanding Dominica’s admirable position re maternal mortality rates, a new target under Goal 5 could be added, in order to make the goal more relevant to Dominica. National health authorities may wish to spotlight the related issues of fertility, women’s reproductive health and family planning as they relate to population growth rates.

The 2001 national census confirmed that over the 1980s and 1990s the Dominican population has remained virtually the same due to net migration and low birth rates. Health officials report that maternal mortality ratios have increased over the last few years only because of declining births rates.

Fertility rates²¹ in 2003 was 2.14 and for the period 1999-2001 the lowest being 2.4 and highest 2.5. If in the near future GoD gives explicit consideration to policies for population growth, family planning and fertility, they may wish to investigate if female reproductive health issues such as reproductive tract infections (RTI) among others have any bearing on the fertility and birth rates which obtain in Dominica. GoD may wish to establish a fertility baseline by conducting a national fertility survey.

Some of the areas for study could include among others:

- Fertility Rates for women by age, location, education and employment
- Proportion of miscarriages (% of full term pregnancy)
- Prevalence of reproductive tract infections (RTI) and other condition such as , Fibroids and Human Papilloma Virus (HPV)which may cause infertility in women

²¹ Fertility rate-live births to female 15-49 years; Source: 2004 Report of the Chief Medical Officer pg 19

3.6 **Goal 6: Combat HIV/AIDS, Malaria And Other Diseases**

Target 7:

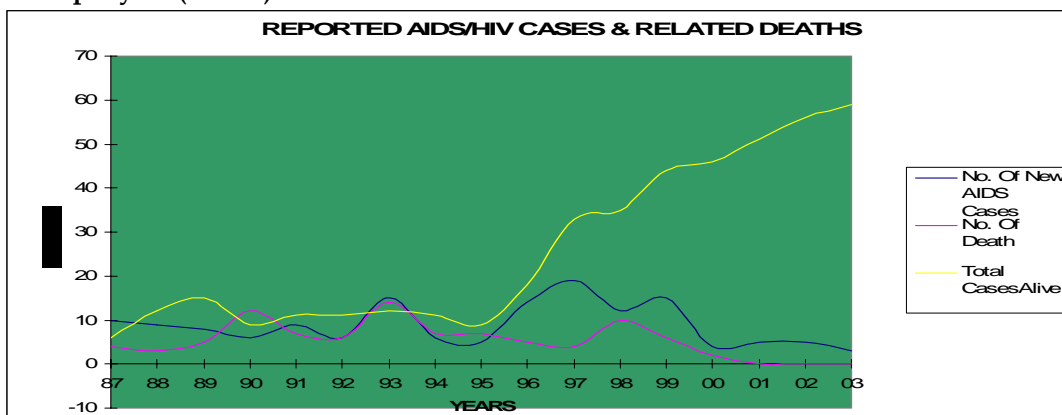
- Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Target 8:

- Have halted by 2015, and begun to reverse the incidence of malaria and other major diseases

3.6.1 Progress Review²²

Figure 3: Reported Cumulative Reported AIDS Cases, No. of Deaths Related to AIDS and AIDS Cases Alive per year ('87-'03)



Source:

<http://carec.net/AIDS/createreport.php?country%5B%5D=9&aliveordead=dead&gender=all&starttime=1987&endtime=2003&displaycolumns=17>

(See Appendix 8)

As Figure 3 depicts, from 1987 to 2003 for Dominica the cumulative number of persons living with HIV/AIDS has steadily increased (See Appendix 7). At the end of 2002, 257 cumulative HIV cases had been reported in Dominica, a 576% increase over the reported 38 cumulative cases in 1990.²³ Though men dominate the reported cases, the number of women who are reported as being HIV positive has grown steadily between 1987 and 2003. Since data also suggest that women dominate 15-24 year-olds who are infected with HIV, there may be major implications for Dominica such as a further decline in the labour force, elimination of the base of its reproductive population and increase in the number orphans due to AIDS.

²² The MoHSS present limited statistics on the prevalence and incidence rates of HIV/AIDS; therefore most of the data for this section will be presented as number of cases. Most of statistics on HIV/AIDS regarding prevalence or incidence rates are at this time sourced from the Caribbean Epidemiology Center (CAREC).

²³ Source: http://carec.org/pdf/status_trends.pdf

3.6.2 Achievement by Indicator

3.6.2.1 Indicator 18: HIV Prevalence Among Pregnant Women age 15-24

For the 15-24 age group, the cumulative number of HIV cases rose from 24 in 2000 to 26 in 2003, with each additional case being female. Moreover, for the period 1998-2003, the proportion of females infected with HIV outweighed that of males for the same age group. (See Table 19)

Table 19: HIV cumulative number of HIV & AIDS reported cases among 15-24 year olds

	Sex	1998		1999		2000		2001		2002		2003	
		HIV	AIDS	HIV	AIDS	HIV	AIDS	HIV	AIDS	HIV	AIDS	HIV	AIDS
15-24	Women	...	4	...	5	13	5	14	5	14	5	15	5
	Men	...	4	...	5	11	5	11	5	11	6	11	6
TOTAL		...	8	...	10	24	10	25	10	25	11	26	11

Source: http://carec.org/pdf/status_trends.pdf

Additionally CAREC[□] reports that in 2001 and 2002 the incidence rate of HIV in Dominica was 33 and 19 per 100,000 population respectively, with the majority of cases occurring in the 25-44 age group. In fact close to 70% of all HIV positive cases are in the productive and reproductive age groups of the Dominican population. CAREC further details that except for the 15-19 age group, men out-number women for all sexually active age groups.

Table 20: Prevalence of HIV among pregnant women (15-24yrs)

Age Group	1998	1999	2000	2001	2002
HIV prevalence among 15-24	19	22	24	25	26

Source: Health Information Unit, MoHSS, Dominica

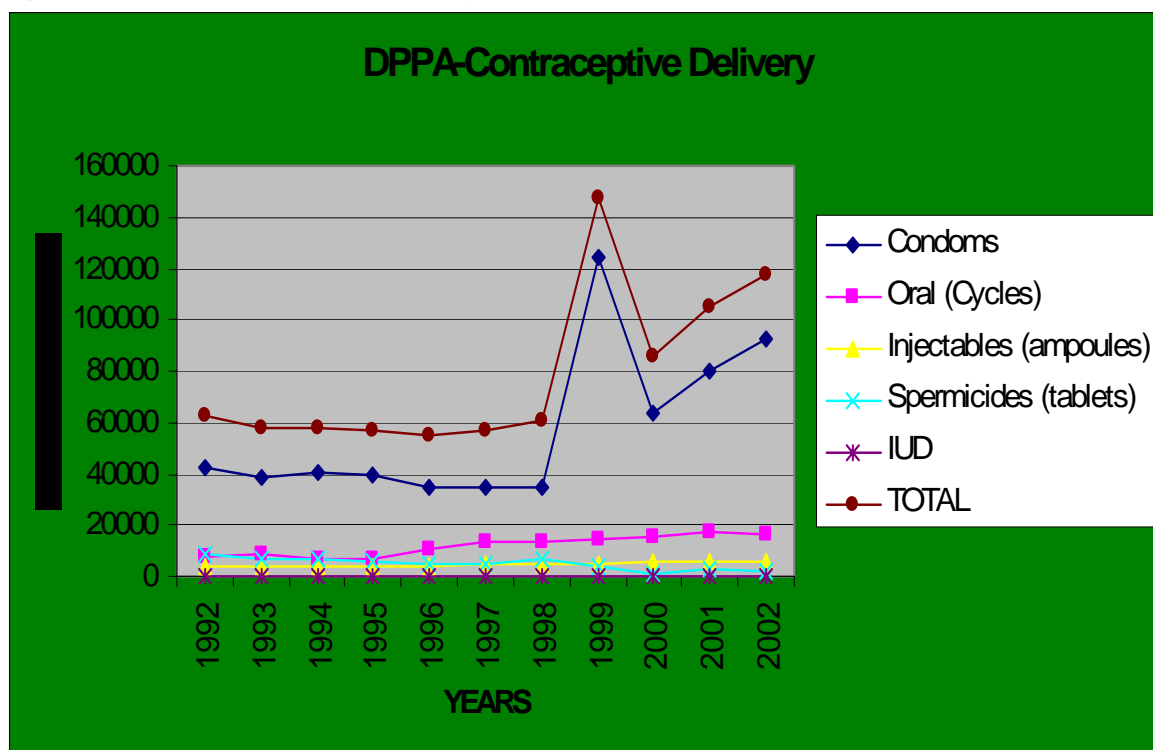
Data from MoHSS for the period 1998 to 2000 indicate that HIV prevalence among pregnant women aged 15-24, has steadily increased. More detailed information from MoHSS reveals two (2) new cases were reported in 2001.

[□] Status and Trends, Analysis of the Caribbean HIV/AIDS Epidemic 1982-2002, by CAREC/PAHO/WHO

3.6.2.2 Indicator 19: Contraceptive Prevalence Rate

The data available on contraceptive use is provided by the Dominica Planned Parenthood Association (DPPA). This is because MoHSS offers very limited family planning services and the majority of contraceptives are purchased from the private sector or from DPPA at reduced cost.

Figure 4: DPPA-Contraceptive Delivery 1992-2002



Source: Dominica Planned Parenthood Association's Annual Report 2002

The DPPA contraceptive program records that the volume sales of condoms and oral contraceptives has increased over the ten year period 1992-2002. However, the sale of condoms predominates throughout. (See Figure 4) Interestingly, condom sales spiked between 1998 and 1999, increasing by 257%. While the demand for condoms dropped almost as dramatically in 2000, for the two years to follow the demand increased at an almost constant rate, with total sales remaining above 1998 levels.

Although more detailed investigation is needed for confirmation, it is believed that the spike in the demand for condoms in 1999 and the steady increase since then was brought on by the awareness garnered through a massive HIV/AIDS and safe sex promotional and educational campaign put on by the DPPA and MoHSS.

More importantly, Table 21 below reveals that between 1998 and 2001 the injection was the most commonly used contraceptive by women and that the prevalence of all contraceptive used by women aged 15-49 averaged 0.14 per 100 females in the Dominican population.

Female demand for condoms remained about 2300 units, except for 1999 when demand rose by approximately 200%, a reflection of the trend of general demand for the contraceptive. Unfortunately unlike the demand for both sexes, after 1999, female demand for condoms dipped below 1998 levels.

Table 21: Female Population 15 yrs. and Over by Contraceptive Use

Method	1998	1999	2000	2001
Oral contraceptive (pill)	2243	2224	2181	1497
Injection	4084	3531	3252	1846
Coil - (Inter-uterine device)	18	184	78	163
Condoms	2386	4176	2485	2305
Diaphragm	0	0	0	0
Other (specify) - Spermicide & T.L.	71	93	13	29
Total	8802	10208	8009	5840
Female Population (15 - 49 yrs. and over)	16448	16725	18085	16481
Contraceptive prevalence rate	0.15	0.14	0.13	0.15

Source: Health Information Unit, MoHSS, Dominica

3.6.2.3 Indicator 20: No. Of Children Orphaned By HIV

MoHSS reported that in 2002 that one (1) boy and one (1) girl between the ages of 10 and 14 became the first known AIDS related orphans.

3.6.2.4 Indicator 21: Prevalence and Death Rates Associated With Malaria

Dominica has not had any reported malaria cases since the 1960s. However, the health authorities are concerned about the reported high rates of positive screening tests for syphilis. They also fear the possible reappearance of malaria due to the influx of large migrants groups originating from countries where the communicable disease is widespread.

3.6.2.5 Indicator 23: Prevalence and Death Rates Associated With Tuberculosis

Table 22: TB Cases & TB Related Mortality Rates per 100,000 Population

YEAR	TB Cases per 100,000 population	TB Related Mortality Rates per 100,000 Population
2000	25.6	2.90
2002	23.2	2.50

Source: http://globalis.gvu.unu.edu/indicator_detail.cfm?Country=DM&IndicatorID=78#row

3.6.2.6 Indicator 24: Proportion Of Tuberculosis Cases Detected & Cured Under DOTS

Table 23: Tuberculosis cases per 100,000 & DOT detected cases

YEAR	TB Cases Cured Under DOTS (% of Cases)	TB Cases Detected Under DOTS (% of Cases)
2000	--	0.00
2001	100	--
2002	--	36.5

Source: http://globalis.gvu.unu.edu/indicator_detail.cfm?Country=DM&IndicatorID=101#row

According to health officials, the number of TB cases reported for 2005 is higher than previous years. Information from MoHSS, on Dominica's health status for 2003, also indicates that tuberculosis was second to AIDS related complications as the cause of death by transmittable diseases. Reports indicate that two instances of co-infection of AIDS and TB were recently uncovered from the records of persons who were known to have died due to complications related to AIDS.

3.6.3 GoD Approach To Combating HIV/AIDS

3.6.3.1 *Establishment Of The National HIV/AIDS Program Unit*

The National HIV/AIDS Program Unit, established in December 2003, has developed a 'scale up' strategic plan which is guided by the regional mechanism, Pan Caribbean Partnership Against AIDS (PANCAP).²⁵

The six priority areas for the National HIV/AIDS Program Unit's are

- program design
- law and policy reform
- prevention of mother to child transmission (PMTCT)
- prevention of further infections among high risk groups such as young persons, sex workers and homosexuals
- care for infected persons

²⁵ The Pan Caribbean Partnership on HIV/AIDS (PANCAP), a coalition of public and private national, regional, and international organizations, was established in 2001 by the Caribbean Community (CARICOM) to scale up national and regional responses to HIV/AIDS among twenty-one Caribbean states and territories. PANCAP's priority areas of action include ensuring that national legislation and policies incorporate international human rights protections; providing treatment, care, and support for people living with HIV/AIDS; and preventing HIV among vulnerable populations, including men who have sex with men and sex workers.

By targeting youth groups and schools but specifically young and high risk persons, the Unit has intensified the national prevention education and behavior/communication change program.

In August 2004, organized care and treatment activities were started, along with the provision of triple therapy for HIV positive persons and support for their care givers. Officials of the National HIV/AIDS Program Unit report that a large portion of funds for these programs came from CAREC and DFID (UK Department of International Development) among other funding sources. The Unit however awaits financial support from the OECS Secretariat (part of the Global Fund) to undertake the full-fledged implementation of its sustainable 'scale up' strategic plan.

3.6.3.2 Program For Testing Pregnant Women For HIV/AIDS & PMTCT.

In 2001, MoHSS put in place a coordinator for PMTCT and the position is now part of the National HIV/AIDS Program Unit. The PMTCT program involves testing of consenting pregnant women and the treatment of those who are infected, free of charge.

In 2004 HIV testing was expanded to include all consenting pregnant women who use the public laboratory. The test is done twice during pregnancy and infected mothers are treated to help reduce the possibility of the transmission of the disease to the fetus. The program also counsels infected mothers against breast feeding and provides them with breast milk replacements.

3.6.3.3 Training Of Human Resource for Delivery Of Services

Part of the 'scale up' strategic plan is the training of medical personnel for delivery of services related to HIV/AIDS. Health officials confirm to date, the majority of the nurses who service health clinics are trained to counsel persons who present for HIV testing, those who test positive and living with HIV/AIDS. The Ministry's records also confirm that 6 persons including two (2) doctors, one (1) lab technician and one (1) service worker received AIDS/HIV related training in 2003.

3.6.4 Challenges for Combating HIV/AIDS, Malaria and Other Diseases and Recommendations for Improvement

Dominica is lagging behind in the achievement of Goal 6, as reported infection rates are growing instead of declining. However, the increase of HIV incidence rates may be due in part to improved testing along with heightened awareness and provision of treatment programs.

Although GoD sponsors an education and awareness program through its National HIV/AIDS Program Unit, these activities are usually demand driven. Aggressive education and

awareness may be needed to immediately reach high risk groups and promote treatment programs offered by MoHSS. There are several other areas for concern among which are, GoD's ability to access and provide affected persons with cheaper drugs on a sustained basis and the health system's ability to monitor and analyze the spread and impact of HIV/AIDS.

The priority area however is the growing number of HIV/AIDS cases among the productive sections of the Dominican population and the increasing number of young women who are being reported as infected. The following therefore are some comments and recommendations submitted on the basis of discussions with health care officials in regard to eliminating these areas of deficiency as they relate to combating HIV/AIDS in Dominica.

3.6.4.1 Reach And Educate High Risk Groups

The fastest growing HIV infection rates in Dominica's population are among productive persons aged 15-44. These persons must be reached immediately. The tone of the education and awareness programs needs therefore to convey the urgency of HIV/AIDS situation in Dominica. Currently, education seems understated and in part demand driven. Presentations to young people are done mostly on the basis of invitation. An all-out offensive is required. It is important to vigorously animate discussions and education programs about how easily Dominica's already small and declining population can be put under extreme pressure by the continued spread of the disease.

HIV/AIDS education and awareness building is also vital in regard to the use and distribution of condoms. Currently, the provision of condoms-the best form of protection against the sexual transmission of HIV mainly resides with the private sector and DPPA. A special GoD supported program promoting the use of condoms among the 15 - 44 age group needs to become a priority. This promotion requires a focused approach that aims to overpower cultural taboos which prevent young women from buying condoms and to significantly increase condom use among men.

MoHSS must also amplify in their promotional activities, the available services which prevent the spread of the disease such as the mother to child transmission (MTCT) program. It is critical that such information reach pregnant women who may have exposed themselves and their unborn child to the fatal disease.

3.6.4.2 Improve Access To Affordable Treatment For All Affected And High Risk Dominicans

With the recent improvements in medication and treatment, it possible for persons infected with HIV to live for many quality years. Yet quality years for infected persons are attainable only if they can access medication and treatment on a consistent basis. The ability to provide a sustainable supply of drugs for HIV /AIDS treatment is therefore an important MoHSS responsibility. In this vein, GoD has been able to access cheaper drugs through negotiations

with the Clinton Foundation and CAREC. GoD is also exploring possibilities for procurement of medicines from countries such as Brazil and India, whose governments manufacture cheaper but effective ART drugs. In discussions, health officials also indicate that the ability to access the resources provided under the Global Fund would remarkably improve their PMTCT program and among others.

3.6.4.3 Better Monitoring And Evaluation Of HIV/AIDS Situations.

MoHSS has been doing comprehensive collection of and reporting on data on the HIV/AIDS situation on an annual basis since 1998. However, MoHSS and the Health Information Unit in particular require strengthening in the presentation of statistics on prevalence and incidence. Presently, MoHSS is preparing for the conduct of its first sero-prevalence study.

There is a critical need also to collect HIV/AIDS cases disaggregated by sexual orientation and high risk groups such as commercial sex workers. Data is lacking on young people's knowledge of HIV/AIDS. The ability to assess their HIV/AIDS knowledgebase and practice of safe sex is important for monitoring the impact of education and awareness programs.

3.6.4.4 Access To Specilised Technical Assistance And Resources

Specialized personnel are needed to monitor the epidemic and to properly implement the Nation HIV/AIDS Program Unit's 'scale up' strategic plan. Currently, the officials at MoHSS such as the epidemiologist are swamped, performing multiple functions.

Since, it may not be feasible for Dominica to acquire all the required personnel to monitor and combat the local spread of HIV/AIDS, the expertise could be provided under a regional umbrella such as an OECS-HIV/AIDS Health Desk. A variety of HIV/AIDS related and specialized services could be housed under one such regional organ to serve the entire OECS on a regular basis.

3.6.5 Localizing Indicators For Combating HIV/AIDS

Based on the discussions held with Dominican health officials about the HIV/AIDS and on the data set for the existing Goal 6 and its targets and indicators, it is evident that they are relevant to the local processes used to combat the pandemic. As a result there will be no redefined or new goals, target or indicators recommended.

There are however, areas of concern, as stated in section 3.6.4 above, that affect the localization of Goal 6 and therefore national ability to combat the spread of the disease. Foremost among them is that GoD need to,

- Access the assigned funds under the Global Fund for its 'scale up' strategic plans
- Intensify and make more aggressive Dominica's HIV/AIDS education and awareness programs and
- Reinforce the promotion of the use of condoms as it regards safe sex and protection against the disease.

3.7 Goal 7: Ensuring Environmental Sustainability

Target 9:

- Integrate the principle of sustainable development into country policies and programmes and reverse the loss of environment resources

Target 10:

- Halve, by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation

Target 11:

- By 2002, to have achieved a significant improvement in the lives of at least 100 million dwellers

3.7.1 Progress Review

Dominica has made progress towards ensuring environmental sustainability on several fronts such as the establishment of protected areas and species, the management and public education on environmentally friendly methods for the disposal of CFCs and other pollutants and the development of community based resource management teams. In fact Dominica has led the way in environmental conservation and protection in the Eastern Caribbean by being the first island to establish in 1975 the Morne Trois Piton National Park, as a national park. Morne Trois Piton National Park was in 1998 designated as a UNESCO world heritage site. The Cabrits Park was established in 1982 and the Morne Diablotin National Park was established in January 2000.

Sixty-five percent (65%) of Dominica's land area has forest cover and 22.8% is largely protected either as forest reserves or national parks. More than 85% of Dominicans have access to drinking water and 70% of Dominicans own their own homes.

3.7.2 Achievement By Indicator

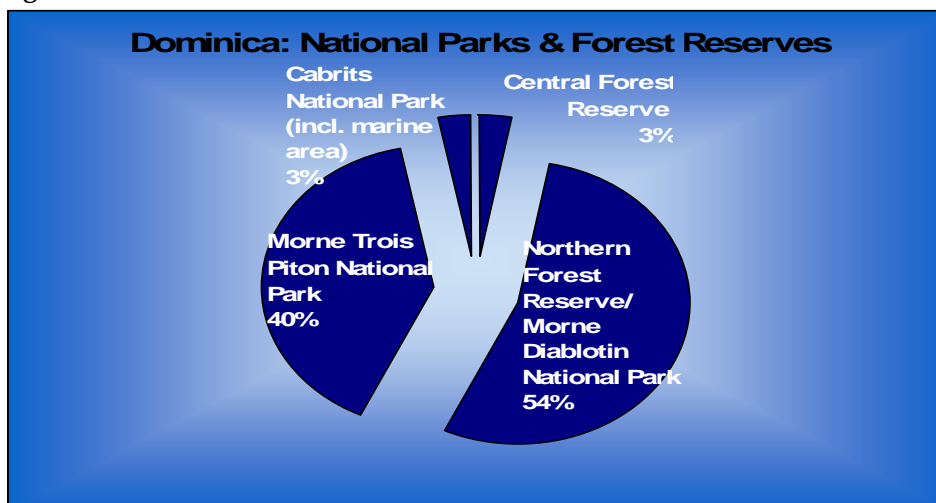
3.7.2.1 Indicator 25: Proportion Of Land Area Covered By Forest

Officials of the Forestry, Wildlife & National Parks Division (Forestry Division), of the Ministry of Agriculture and Environment (MoAE), indicate that a 1987 study estimated that sixty-five percent (65%) or 51,770 hectares of Dominica's land area is covered by natural vegetation. The percentage forest cover has not changed significantly since then, even with 31,062 hectares of the covered area belonging to private owners. There is however concerns about deforestation on privately owned lands.

The natural vegetation is apportioned as follows:

- 9, 224 hectares of forest reserves
- 6, 475 hectares of National Park
- 5, 369 hectares of unallocated State Lands

Figure 5: Dominica National Parks & Forest Reserves



Source: Forestry & Wildlife Division, MoAE, Dominica

3.7.2.2 Indicator 26: Ratio Of Land Area Protected To Maintain Biological Diversity

According to forestry officials, 22.8% of Dominica's total land area is protected to maintain biological diversity. There are two forest reserves, two national parks and one marine reserve.

- **Morne Trois Piton National Park-** established in 1975 was made a UNESCO World Heritage Site in 1997.
- **Cabrits National Park-** established in 1986 consists of 1300 acres of which 1000 is marine reserve.
- **Northern Forest Reserve-** 23,000 acres were established in 1975 as a forest reserve. This area is given a higher form of protection when in 2000 some 8000 acres was re-designated as Morne Diablotin National Park.
- **Central Forest Reserve-** established in 1975 covers 1300 acres of land in the central part of the island.
- In 1997 GoD officially established the Scotts **Head-Soufriere Marine Reserve (SSMR)**. This reserve protects the south-western marine coast on the island. The Fisheries Division (of MoAE) is the official authority for SSMR and as such the Forestry Division does not include this marine reserve in its official listing and database of protected areas.

3.7.2.3 Indicator 27: GDP Per Unit Of Energy Use (As Proxy For Energy Efficiency)

Table 24 shows a steady increase in the consumption of commercial energy in Dominica. The rise in energy consumption from 293 to 509 tons can be attributed to the increase in vehicle ownership and in the demand for electrical power. In 1992, for example the Dominica Electrical Company (DOMLEC), sold 36,744 kWh x 1000, and by 2001 sales rose to 63,914 kWh x 1000.²⁶

Table 24: Energy Use (tons/oil Equivalent Per \$1000 (ppp) GDP)

YEAR	1980	1985	1990	1995	2000	2001
Energy Consumption per Capita (Tons of oil equivalents per capita)	177	247	293	391	514	509

Source: http://globalis.gvu.unu.edu/indicator_detail.cfm?IndicatorID=146&Country=DM

3.7.2.4 Indicator 28: Carbon Dioxide Emission (Per Capita), Ozone Depletion And The Accumulation Of Warming Gases

Officials from the Environmental Coordinating Unit (ECU) of MoAE report that at January 2005, the 1995-1997 baseline consumption of CFCs of 1.57 metric tones had been reduced by 37%. Data collected and published by the ECU also indicate that in 1994, 50% of all carbon dioxide was produced by transports, with the energy industry contributing 26%.

The data in Table 25 shows greenhouse gas emissions and ozone depleting CFCs consumption for the years 1980 to 2001. For that period air pollutions due to carbon dioxide emissions is not significant as Dominica has very little industrial development. Dominica's percentage contribution to carbon dioxide emissions is zero.²⁷

The ECU is conducting awareness and education programs with relevant parties regarding the importation, repair and disposal of products and appliances that contain CFCs and other materials that are hazardous to the environment. The Unit is certain that 100% of all CFCs that are consumed in Dominica are imported and so it is therefore possible through awareness building to control both consumption and the impact of CFCs on the environment.

²⁶Source: Domlec Financial Statement 2001

²⁷ Source: http://earthtrends.wri.org/pdf_library/country_profiles/Cli_cou_212.pdf

Table 25: Carbon Dioxide Emissions per capita

YEAR	Metric tones of carbon dioxide (CO ₂) per capita	Ozone-Depleting CFCs consumption in OPD metric tons	Carbon dioxide emissions ((CO ₂), metric tons of CO ₂
1980	0.5	---	37.0
1985	0.67	----	49.0
1986	-----	0	-----
1990	0.81	---	58.0
1995	1.07	1	80.0
2000	1.30	---	101.0
2001	1.53	---	120.0
2004		1.05 ²⁸	

Source: http://globalis.gvu.unu.edu/indicator_detail.cfm?IndicatorID=146&Country=DM

3.7.2.5 Indicator 30: Proportion Of Population With Sustainable Access To An Improved Water Source

According to the national census of 1991 and 2001, the majority of households in Dominica accessed safe water through public pipe lines into their dwelling or via stand pipes. The percentage of those who had water piped into their homes has grown over the ten year period, 1991-2001. The reverse has occurred for households which depended on water from public stand pipes. (See Table 26)

Improvements in access to water may be directly linked to GoD's Water and Sanitation Program. The program, lasting 14 years (1986 to 2002), was funded by CIDA, CDB, Caisse Française Développement, and the Kuwait Fund for Arab Economic Development. Initial implementation activities consisted of the privatization of the water authorities and subsequent, restructuring, strengthening and capacity building of the Dominica Water and Sewage Company (DOWASCO).

Under this program personnel were trained, spare parts for maintenance were provided, many of Dominica's 39 rural water supply systems were rehabilitated, the water sector database was improved and public awareness programs were successfully implemented.

Over the last two decades, there has been continuous improvement of supply lines through out rural areas, and a major water and sewage system upgrade inclusive of a sewage treatment plant for Roseau the capital. Currently, the urban areas of Dominica have universal access to piped water and overall more than 90% of all Dominican households have access to piped water. (See Table 26)

²⁸ Source: ECU reporting on consumption for Montreal Protocol on Ozone Depletion

Table 26: Distribution of Households by type of water facilities

Type of Water Facility	Number of Households	Percentage of Households	Number of Households	Percentage of Households
	<i>1991</i>		<i>2001</i>	
TOTAL	19,374	100.00	22,369	100.00
Private, piped into dwelling	1,936	10.0	1, 140	5.1
Private catchment not piped	396	2.0	516	2.3
Public catchment piped	338	1.5
Public piped into dwelling	5,733	29.6	10,355	46.5
Public piped into yard	2,057	10.6	2,615	11.7
Public standpipe	7,209	37.2	6,109	27.3
Public well or tank	510	2.6	277	1.2
Other ²⁹	1,533	7.9	1,099	4.5

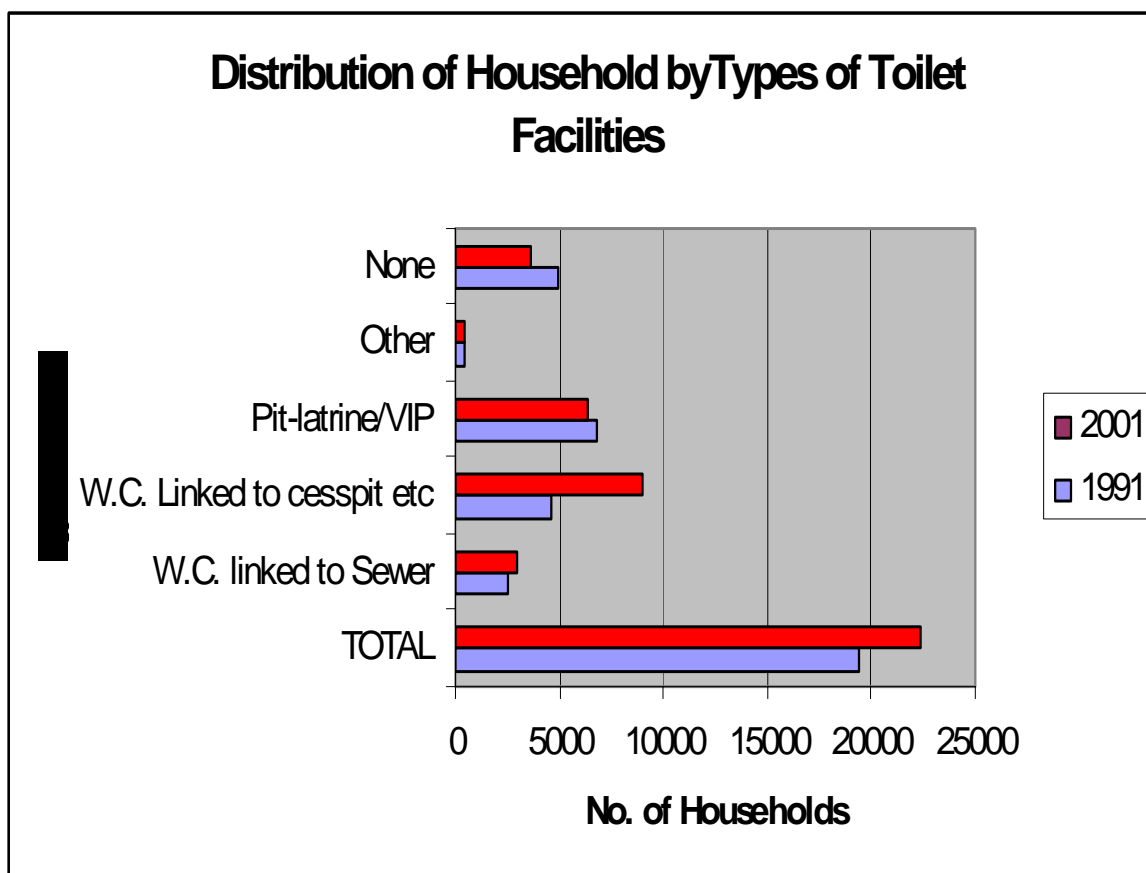
Source: Population and Housing Census 2001, CSO, Dominica

3.7.2.6 Indicator 31: Proportion Of People With Access To Improved Sanitation

Sanitation has improved in that a smaller percentage of households were without toilets in 2001 than in 1991. (See Figure 6) Additionally, in 2001 a larger percentage of households were reported to have WCs (flush toilets) linked to cesspits or sewer systems than in 1991.

²⁹ Other- constitute any other source of water which cannot be grouped under the other listed categories e.g. rivers

Figure 6: Distribution of Households by Types of Toilet Facilities



Source: Population and Housing Census 2001

3.7.2.7 Indicator 32: Proportion Of People With Access To Secure Tenure

More than 70% of Dominican households own homes, with 71.9% and 71.2% of households with secure tenure in 1991 and 2001 respectively. Households which squat remain below 1% of all households and the percentage of rented homes remained about the same over the ten year period, 1991-2001. (See Table 27)

With regard to land tenure by farmers, MoAE reports that in 1995, sixty-five percent (65%) of all farmers owned their farms, 11% farmed family-owned land and 5% cultivated rented lands.³⁰

³⁰ Source: Commonwealth of Dominica: Biodiversity Strategy & Action Plan, 2001-2005

Table 27: Distribution of Households by Types of Tenure

Types of Tenure	Number		Percentage	
	1991	2001	1991	2001
TOTAL	19374	22359	100.0%	100.0%
Owned	13,923	15,919	71.9	71.2
Squatted	75	145	.4	.5
Rented-private	3,723	4,150	19.2	18.5
Rented-government	88	82	0.5	0.4
Leased	76	29	0.4	0.1
Rent Free	1367	1880	7.1	8.4
Other ³¹	83	109	0.4	0.5
Not Stated ³²	39	46	0.2	0.2

Source: CSO, MOFP, Dominica

3.7.3 GoD Approach To Environmental Sustainability

3.7.3.1 Establishment Of The Environmental Coordinating Unit (ECU)

The ECU was established under MoAE to manage GoD's ratified environmental protocols. The ECU is also responsible for sourcing funding for implementation of its work-plans and for the operation of the unit. GoD makes budgetary allocation for the salary of the ECU Coordinator.

The ECU's work program includes public and stakeholder education and awareness building on environmental matters especially those relevant to Dominica and providing assistance in the development of environmental policy, laws and programs for GoD.

The ECU has been able to complete the National Biodiversity Strategy and Action Plan (2001-2005) with support from the Global Environmental Facility (GEF). The plan sets up a framework to guide national environmental plans and programs with a focus on sustainable use of protected and conserved natural resources. To date, due to lack of funds the ECU has not been able to implement the Action Plan in its entirety.

³¹ Other- constitutes any types of household tenure which is not included in other listed categories

³² Not Stated- constitutes respondents who did not provide an answer to this question

3.7.3.2 *Establishment Of Marine Reserves*

Before 1997, when GoD through the Fisheries Division established its first exclusive marine reserve, protected areas consisted of mainly land. The Scotts Head-Soufriere Marine Reserve (SSMR) was established to guide and manage the many users of the marine resources and to protect the physical coastline and its ecosystems.

The management of the SSMR has a two tiered structure. At the top is the Fisheries Division with ultimate responsibility and the Local Area Management Association (LAMA) subordinate to the Division with local community management responsibilities. LAMA consists of stakeholder representatives drawn from among competing users (jet-ski operators, divers and fishermen) and CBOs.

Through LAMA's work with other agencies activities such as the annual SSMR Day and Dive Fest are organized to build awareness, to increase local capacity for preservation and to enhance collaboration among competing users of the natural resources.

3.7.3.3 *Implementation Of Programs For The Protection of Biodiversity And the Physical Environment*

- **Hunting Seasons**

Since 1976, after the passage of the Forestry & Wildlife Act, an annual hunting season has been instituted to allow for the recovery of high demand wildlife such as crabs, crayfish and agouti. Persons can be prosecuted for hunting wildlife and fishing in freshwater streams without a license to do so. Consequently, restaurants and individual consumers are prohibited by law from purchasing game outside of hunting seasons.

- **Turtle Protection**

The CBO, Rosalie Sea Turtle Initiative (RoSTI) has taken on local area responsibility for the protection and conservation of the leatherback, hawksbill and green turtles which come ashore for nesting.

RoSTI is made up of local area community members who work with the Forestry Division to patrol the beaches for poachers and to act as guides to visitors who walk the beaches at night, to see the adult turtles come ashore and young turtles return to sea. RoSTI is also involved in research and awareness building programs on the turtles that are common to their area.

- **Parrot Protection and Research**

Research on both of Dominica's endemic parrots has been ongoing for decades. However, in 1997, with assistance from the Rare Species Conservation Foundation (a US based research facility), GoD established the Parrot Conservation Research Center for the research and protection of the two parrots, the Amazon parrots, the Sisserou (Amazona Imperial, Dominica's national bird) and Jaco (Amazona arausiaca).

- **Reforestation & Village Esthetics and Beautification Program**

Under the Forestry Division, GoD makes plants available to owners of abandoned banana or idle holdings. Owners are being encouraged to reforest with highly prized timber species such as mahogany and fruit trees; in a strategy to simultaneously add value to the property, reduce erosion and soil loss and to increase forest cover.

In a separate initiative the MoCD, has been given the responsibility for promoting village esthetics and beautification around Dominica. The program is also expected to increase awareness of the physical environment through landscaping competitions.

3.7.4 Challenges for Achieving Environmental Sustainability and Recommendations for Improvement

With limited resources over the last three decades, GoD has been able to implement measured but effective activities and programs which promote environmental sustainability. Commendable strides have been made more so in the areas of protection and conservation of Dominica's rich and diverse eco-systems.

However there remain outstanding matters such as the development of a well-defined land use policy, improved protection of rare species from external threats and the ability to strike a balance between exploiting natural resources for economic & development activities and environmental sustainability.

From discussions with officials of the Forestry Division and ECU, some areas of concern were highlighted. Recommendations pertaining to Goal 7 will be therefore be based on these areas with recognition that there is the overarching need for revitalized public education and awareness building on relevant environmental matters.

It is important to note that most of the issues raised below are already incorporated into the comprehensive National Biodiversity Strategy and Action Plan (2001-2005). It would therefore be sensible for decision makers to expedite and support the sourcing of finances for the implementation of that plan.

3.7.4.1 Infected And Dying Crapaud Population

The Crapaud or Mountain Chicken (*Leptodactylus Fallax*) population is dying of a disease caused by the Chytridmycosis fungus. Forestry and Wildlife officials are battling the infection and efforts are currently on the way to determine the extent to which the disease has spread around the country and whether it has begun to affect other amphibian species. A molecular

laboratory was established and forestry officials have been to undertake research and the subsequent diagnosis. Whilst some treatment might be available, containment has been difficult because they occur in the wild and the Forestry Division has limited manpower.

The Forestry Division has also not been able to isolate the source of the fungus but suspect it may have been imported into Dominica. This particular problem requires some focused attention and an eradication plan, in order that the Chytrid fungus does not decimate the Crapaud population to extinction.

3.7.4.2 A Well-Defined Land Use Policy/Legislation

Currently there is a land use policy with attendant legislation in place but Forestry officials indicate that there is need for strengthening in some areas and enforcement in others. Through stakeholder collaboration, GoD must develop an updated land use policy and accompanying legislation, as the existing policy and laws are outmoded and not suited to the demands of modern environmental management matters.

There is need for clear demarcation of land by zoning, since a significant portion of the national protected area is privately owned. Under the existing land use policy GoD would be compelled to purchase any privately owned lands in protected areas to ensure that the lands remain protected. These lands are presently threatened by indiscriminate construction and expansion of agricultural cultivation. An improved policy should also help reduce the erosion of hilly terrain, by restricting inappropriate use.

3.7.4.3 Tension Between Industry, Development And Environmental Sustainability

Forestry officials indicate that there are many instances where the activities of industry and other users of natural resources are in direct contradiction with their efforts at sustainable resource management. The west coast of Dominica in particular, is currently the most troubling to environmental officials because there are no less than six (6) quarries operating within a 15 to 18 mile distance along the coast. Some intervention is essential if marine problems associated with heavy silt deposits are to be reduced and/or reversed.

The growth of eco-tourism also puts stress on nature sites such as the Emerald Pool and Trafalgar Falls. The Forestry Division reports that the carrying capacity of these frequented sites may be easily exceeded during the cruise ship season. The Division may consider conducting environmental impact studies to better assess the types and level of negative impacts caused by visitor loads. Guided by the results of the studies Forestry officials may wish to develop action plans in order to control the negative impact of visitors to these nature trails.

GoD should also stipulate that environmental considerations for the marine biodiversity are clearly stated within the design plans of major shoreline construction such as seawalls, ports and drains. Environmental assessments which focus on the impact that these structures have

on the food source of coastline organisms, the movement of crabs and turtles from land to sea and beach loss must form part of all plans for the relevant physical developments. These environmental considerations should demonstrate how the negative impacts will be reduced.

Above all else, there needs to be proactive initiatives by environmental officials and GoD to curtail private sector practices that are hazardous to the environment. Environmental strategies must promote mechanisms which allow the private sector among themselves to advocate for sustainable development and environmentally friendly practices. GoD with participation from the private sector could regularize industry guidelines for best environmental practice and introduce a system of certification for businesses which practice within their guidelines.

Businesses which comply should be tagged as such, allowing them to use the certification as part of their promotional strategy. The certification process that is used must be easily understood, broadly publicized and periodically updated to retain credibility. This system of environmental certification could be introduced immediately to the construction industry and in particular quarries, which appears to pose significant environmental threats.

3.7.4.4 Expand And Build Capacity Of Forestry Personnel

The personnel of the Forestry Division are overburdened and as a result the responsibility of supervising environmental violations is severely restricted. Yet the enforcement of laws and regulations remains an important part of conservation and protection. It is therefore suggested that a distinct unit for enforcement and monitoring be established within the Division. The unit should be equipped with the services of law enforcement, public education personnel and a management information system.

The Forestry Division's can also expand their monitoring of protected resources and species through organized local area management groups like LAMA and RoSTI. This mechanism could also be initially used to expand the Forestry Division's reforestation program which targets abandoned agriculture fields. The newly established LAMAs could also assist village councils and CBOs with the implementation of village esthetic and beautification programs and with the management of natural resources and protected species in their locale.

3.7.5 Localizing Goal 7, Targets and Indicators

Table 28: Localization of Goal 7, Targets and Indicators

	UN MDG Guidelines	Proposed Localization (‘Redefinition’ to Improve Alignment with Dominica’s Development Agenda)
Goal 7:	Ensuring Environmental Sustainability	
Target 9	Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	
Target 10	Halve by 2015 the proportion of people without sustainable access to safe drinking water	
Target 11	Have achieved by 2020 a significant improvement in the lives of at least 100 million slum dwellers	
Indicators	59. Change in land area covered by forest 60. Land area protected to maintain biological diversity 61. GDP per unit energy use 62. Carbon dioxide emissions (per capita) 63. Proportion of population with sustainable access to an improved water source 64. Proportion of population with access to improved sanitation 65. Proportion of population with access to secure tenure	<ul style="list-style-type: none"> ▪ <i>Knowledge base of national environmental sustainability issues of 15-24 year olds.</i> ▪ <i>Level of visitor load to and negative impact on nature sites/attractions</i> ▪ <i>Silting and purity levels in coastal and rivers water</i> ▪ <i>Number of functioning local area management groups</i>

Under Goal 7 issues such as poor sanitation and land degradation due to the presence of squatters are not pressing issues for Dominica. The environmental authorities are instead concentrating on, improvements in the awareness of the younger population in regards to the impact of behavior and everyday practices on environmental sustainability, the control the negative impacts of visitors at nature sites/attractions, the level of silting of marine water due to quarrying and improved monitoring of protected areas and species.

In order to align Goal 7 with the environmental sustainability process the following additional indicators are recommended.

3.7.5.1 Additional Indicators:

Knowledge base of 15-24 year olds of national environmental sustainability issues

Since Dominica is not heavily industrialized, it is possible to control the negative environmental impacts of CFCs and carbon dioxide by changing attitudes and behavior. The promotion of environmental sustainability through public awareness must start with the young as the practices and outlook which are cultivated in youths and reinforced on a regular basis in adulthood tend to be long lasting. An environmentally conscious youth population augurs well for the future of environmental sustainability.

Level of visitor load to and the negative impact on nature sites/attractions

As Dominica is mainly an eco-tourism destination, visitors in large groups trek through delicate natural vegetation and eco-systems, to experience the products on offer. In order that the nature sites/resources are protected a balance has to be struck between exploitation and conservation. The attainment of proper balance will be evident therefore in the ability of the relevant authorities to consistently monitor and manage the level of visitor load to and the negative impact on these sites.

Silting and purity levels in coastal and river waters

The ability of environmental officials to impact positively on the practices of industry mainly and private individuals to a lesser extent can be measured by monitoring silting and water purity levels. Known problem locations should be given priority.

Number of functioning local area management groups

Local ownership of environmental sustainability strategies can be gauged by the number of functioning local area management groups that exist. The groups can also be used to reduce the heavy workload of the overly stretched Forestry Division staff.

3.8 Goal 8: Develop A Global Partnership For Development

Target 12:

- Develop further an open rule-based, predictable, non-discriminatory trading and financial system

Target 13:

- Address the special needs of the Least Developed Countries

Target 14:

- Address the special needs of land-lock countries and small island developing states

Target 15:

- Deal comprehensively with the debt problems of developing countries

Target 16:

- In co-operation with developing countries develop and implement strategies for decent and productive work for youth

Target 17

- In co-operation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Target 18:

- In cooperation with the private sector , make available the benefits of new technologies, especially information and communications

3.8.1 Progress Review

Grant aid to Dominica increased by 444% comparing 1999 totals with 2004. This implies that GoD has improved significantly its ability to elicit grant support from the international community. On the other hand however, debt service moved from 7.31% in 2000 to 14.6% of total exports in 2003.

As it concerns Dominican access to technology, reports indicate that in 2002,

- 9 per 100 population had personal computers;
- 423.9 per 1000 population had telephones, fixed lines or mobile, and
- internet users were 16 per 100 population

Youth employment figures are not heartening, as in 1999 and 2001 unemployment rates for the 15-24 age group, were 70.2 and 61.3 respectively.

3.8.2 Achievement By Indicator

3.8.2.1 Indicators 33-37 : Overseas Development Assistance (ODA) Volumes

Historical information on the volume of all ODA (grants, loans and technical assistance) was not readily available. Consequently, it was not possible to characterize total ODA by nature,

benefiting sector or debt relief. Information on total GoD grant receipts, for the period 1999 to 2004 show however that total grants fluctuated over the six year period but with a significant growth of 444% comparing 1999 and 2004. (See Table 29)

Table 29: Total Central Government Grant

	1999	2000	2001	2002	2003	2004
Total Grants (EC\$ Million)	11.63	25.98	-----	13.96	33.23	63.32

Source: CSO, MoFP, Dominica

3.8.2.2 Indicator 38-41: Share Of Earnings From Export In Relation To Costs For Debt Servicing

Total debt servicing, as a percentage of exports of goods and services, recorded small fluctuations from 1990 to 2000 but rose from 7.31% in 2000 to 14.6% in 2003. The highest percentage of 14.6% was recorded in 2003 and the lowest of 5.64% in 1990. (See Table 30)

Table 30: Total debt service (percentage of export of goods and services)

	1985	1990	1995	2000	2002	2003
Total debt service (Percent of exports of goods and services)	7.65	5.64	6.18	7.31	9.7	14.6

Source: <http://globalis.gvu.unu.edu>

<http://devdata.worldbank.org/external/CPProfile.asp?SelectedCountry=DMA&CCODE=DMA&CNAME=Dominica&PTYPE=CP>

MoFP also report, that Central Government debt stood at EC\$633 million in June 2005 and that total debt was at 85% of GDP and about EC\$9,043 per capita. In the new fiscal year, 2005/06, debt servicing has been estimated as 15% of recurrent revenue.

3.8.2.3 Indicator 45 : Unemployment Rates Of 15-24 Year Old

Unemployment rates for 15-24 year olds have been high. The highest rate of 70.2% was recorded in the 1999 and the lowest of 46.5% in 1991. (See Table 31)

Table 31: Unemployment rates for 15-24 year old

Age-Group	1991	1997	1999	2001
15-19	30.9	50.4	42.8	40.5
20-24	15.6	15.6	27.4	20.8
15-24	46.5	66	70.2	61.3

Source: 1997 & 99 Labour Force Survey and 2001 Population and Housing Census

3.8.2.4 Indicator 47: Fixed Lines And Mobile Telephones Per 1000 Population

Table 32 shows that accessibility to modern communication increased remarkably over the last thirty (30) years and the number of telephone lines per 1000 population moved from 163.8 in 1990 to 423.9 in 2002. This increase may be due in part to the liberalization of the telecommunications industry in Dominica and the wider Caribbean, which resulted in cheaper telephone rates for most users.

Table 32: No. of Fixed lines and mobile telephoned per 1000 population

	1980	1990	1995	2000	2001	2002
No. of Telephone lines per 1000 population	16.0	163.8	241.3	310.0	397.9	423.9

Source: http://globalis.gvu.unu.edu/indicator_detail.cfm?Country=DM&IndicatorID=42#row

<http://devdata.worldbank.org/idg/IDGProfile.asp?CCODE=DMA&CNAME=Dominica&SelectedCountry=DMA>

In 2002, 9 of every 100 persons in Dominica had access to a personal computer. The 2001 census also confirms that 12.69% of Dominican households have one or more computers.

Table 33: No. of Personal Computers per 100 population

	2000	2001	2002
No. of Personal Computers per 100 population	7.10	7.7	9.0

Source: http://globalis.gvu.unu.edu/indicator_detail.cfm?Country=DM&IndicatorID=91#row

<http://devdata.worldbank.org/external/CPProfile.asp?SelectedCountry=DMA&CCODE=DMA&CNAME=Dominica&PTYPE=CP>

3.8.2.5 Indicator 49: Internet Users Per 100 Population

The number of internet users rose dramatically from 0 to 16 per 100 population comparing 1990 to 2002.

Table 34: No. of Internet Users per 1000 population

	1990	1995	1999	2000	2002
No. of Internet Users per 1000 population	0.00	0.5	2.61	7.8	16.0

Source: http://globalis.gvu.unu.edu/indicator_detail.cfm?Country=DM&IndicatorID=44#row

<http://devdata.worldbank.org/external/CPProfile.asp?SelectedCountry=DMA&CCODE=DMA&CNAME=Dominica&PTYPE=CP>

3.8.3 GoD Approach To Development Of Global Partnership For Development

3.8.3.1 Increase Bilateral Assistance/Aid

Dominica's classification as a middle income country limits its access to grants, concessionary loans and debt relief from multilateral aid agencies and most developed countries. Also recent global trends in ODA show diversion of resources to countries with civil unrest, a category in which Dominica is not included. As a result, GoD has pursued bilateral arrangements to secure aid in response to global decline in multilateral ODA.

3.8.3.2 Facilitates Increase Access To Technology/Personal Computers

GoD in an effort to increase access to technology and the internet has reduced importation duty on personal computers. Lower duties are expected to be translated into reduced retail price of personal computers and improving affordability for the average household.

3.8.3.3 GoD Restructuring Debt Program

According to reports from the MoFP the debt restructuring program has for the most part been completed and GoD has negotiated a 20% reduction in the debt owed. This 20% debt reduction improves fiscal finances and brings Dominica's external debt stock, closer to the Eastern Caribbean Central Bank's benchmark of 60% of Gross Domestic Product (GDP) by moving it from over 100% of GDP in January 2004 to 85% currently³³.

3.8.4 Challenges for Global Partnership and Recommendations for Improvement

Dominica's ability to survive satisfactorily in an increasingly global environment will depend on GoD's skills at forging bilateral partnerships that increase and maximize ODA, increasing export volumes by identifying defined a comparative advantage(s) for Dominica, and retaining and increasing its young skilled and productive population.

3.8.4.1 Maximizing Limited ODA

In the current global environment where access to ODA is severely restricted and where donor agencies and governments are willing to align their aid with the receiving government's developmental strategies; GoD must develop mechanisms which harmonize donor/lender procedures and practices to ensure, the effective allocation of resources to priority areas, the reduction of duplication and transaction costs. Dominica has in its PRS the beginnings of such an example.

Primarily, more coordinated and harmonized aid programs should be aligned to development strategies directly related to growing Dominica's ability to compete in the environment of CARICOM Single Market and Economy (CSME). Some of the areas of critical need are private sector development, development of renewable energy sources, youth employment and overall sustainable development.

³³Source: <http://www.caribbeannetnews.com/2004/01/24/debt.htm>

3.8.4.2 Identification Of A Comparative Advantage for CSME

GoD is fully committed to the CSME and is currently preparing Dominica for full-fledged compliance in order to exploit all the opportunities provided under the economic union.

In the first six month of 2006, the CSME will become a reality for CARICOM member countries. It will remove all restrictions and barriers to trade and economic activities among CARICOM member states. CSME will result in unprecedented, competition for goods and services and movement of goods, capital and professionals among member territories. In Dominica's case identification of its comparative advantage should be the first step in preparation for its long-term survival in CSME.

3.8.4.3 Negative Impact Of High Unemployment Rates Among The Young

Special programs are required immediately to reduce the high level of unemployment among youth, as in Dominica it can be described as being at crisis levels. Further CSME could mean continued erosion of the already small young productive sections of the Dominican population, as unemployed youth migrate to other Caribbean countries in search of jobs.

On the other hand, the current high levels of youth unemployment may suggest an overall low skill and knowledge base among Dominican youth. Or that the current education system does not adequately prepare students for the work place. Further, under the new economic union, where there is free movement of professionals, the Dominican job market may become more competitive. This could possibly result in the loss of employment for young Dominicans who are already employed at home.

3.8.4.4 Level Of Agricultural Export (% Of Total Exports)

Resources have been put towards the privatization of the organ that manages the production, harvesting and exportation of Dominica's bananas. The Dominica Banana Producers Ltd (DBPL) has overall responsibility for the industry and has been working with selected groups of farmers and the Fairtrade Foundation to maintain some presence on the UK market.

The long established Dominica Export and Import Agency (DEXIA) is also responsible for finding and managing markets for all agricultural products. To date DEXIA has had moderate success finding markets for crops such as dasheens, plantains, yams and avocados in the region but better results in terms of sustainable markets have been elusive. In order to eliminate this problem, GoD is currently providing support to DEXIA which is aimed specifically at improving the marketing services they provide local agricultural produces.

3.8.5 Localizing Goal 8, Targets and Indicators

3.8.5.1 Agriculture Export, Highlighting CSME Exports (% Of Total Exports)

Attempts in the 1980s and 1990s to diversify Dominica agricultural based economy have not been successful except in the development of a small and fledgling Eco-Tourism Industry. Yet despite reduced access to the UK banana market, Dominica continues to produce bananas and other agricultural products in the main for exports on the regional market. If it is found that within the unified regional economy, Dominica's historical agricultural production is its comparative advantage, then the country's ability to expand agricultural export earnings within the region should speak to its survival possibilities in the CSME.

4 CONCLUSIONS: A Proposed Mechanism For Localization and Achievement of MDGs by 2015

4.1 Summarized Local MDG Achievement

4.1.1 Progress Towards Achievement Of MDGs

As shown in Table 1 for the purposes of this report, localization of MDGs is accomplished by redefining relevant goals, targets and indicators. Redefinition aligns them with Dominica's development agenda, while simultaneously maintaining the main themes of human development and eradication of extreme poverty which are at the core of the United Nations Millennium Declaration. This type of localization is intended to promote relevancy of the MDGS in the Dominican circumstance and to improve the monitoring of progress towards 2015 achievement.

For the purposes of this research, achievement will be categorized at three levels namely: complete, partial and lagging. As Table 1 shows Dominica has successfully achieved the basic requirements of *Goals 2, 4 and 5* and has had partial achievement in *Goals 3, 7 and 8*. For *Goals 1 and 6* on examination of the available information, show that there is evidence of general movement in the wrong direction.

4.2 Localization Of MDGs

4.2.1 Localization: - Redefinition Of MDGs, Targets And Indicators For Relevance

The basic tenets of some MDGs were fulfilled, in some instances, for decades now. Consequently GoD's priorities for human, social and economic development lie elsewhere. Thus some level of MDG localization is required to improve alignment between guidelines for the MDG and Dominica's national development agenda.

These changes are not only more reflective of the development priorities for Dominica but allow for a better fit for monitoring and analysis of MDG achievement within GoD's prevailing monitoring and evaluation processes. For the purposes of this report, Table 1 and Table 35 below, illustrate in detail the redefinitions that constitute localization. It must be noted that some of redefined targets and indicators do not signal full achievement. They are instead an attempt to improve assessment of progress of prioritized development areas that apply to the Dominican context.

Table 35: Summary of Redefined Goals, Targets and Indicators

	Proposed Localization (‘Redefinition’ to Improve Alignment with Dominica’s Development Agenda)
Goal 1:	Eradication of Extreme Poverty and Hunger
Modified Targets 1	<i>Halve, between 1990 and 2015 the proportion of people live below the national poverty line.</i>
Additional Target	<i>Reduce, between 2005 and 2015 the proportion of people who are obese. (The percentage reduction should be determined by GoD)</i>
Modified Indicator 1	<i>The proportion of the population below the poverty line</i>
Additional Indicator	<i>Prevalence of obesity and anemia in children and women</i>
Goal 2:	Achieve Universal Primary Education
New Goal 3	<i>Achieve Universal Secondary Education</i>
New Target 3	<i>Ensure by 2015 all primary school leavers boys and girls alike are adequately prepared for secondary level education</i>
New Indicators	<ul style="list-style-type: none"> ▪ <i>Net secondary enrollment ratio (% of relevant age groups)</i> ▪ <i>Percentage of cohort reaching fifth form by sex (%)</i> ▪ <i>Level of male performance at early childhood, primary, secondary and tertiary levels of education</i> ▪ <i>Primary school students’ grade appropriate numeracy and literacy competencies at the Grade 2, 4 & 6 national assessment</i>
Goal 3:	Promote Gender Equality and Empowerment of Women
Additional Indicator	<ul style="list-style-type: none"> ▪ <i>Literacy rates for men 15-24 years old</i>
Goal 5:	Improve Maternal Health
Additional Indicator	<i>By 2015 establish whether there is any connection between declining population and birth rates and female reproductive health or family planning</i>
Goal 7:	Ensuring Environmental Sustainability
Additional Indicators	<ul style="list-style-type: none"> ▪ <i>Knowledge base of national environmental sustainability issues of 15-24 year olds.</i> ▪ <i>Level of visitor load to and negative impact on nature sites/attractions</i> ▪ <i>Silting and purity levels in coastal and rivers water</i> <i>Number of functioning local area management groups</i>
Goal 8	Develop Partnerships for Development
Additional Indicator	<ul style="list-style-type: none"> ▪ <i>Agriculture Exports, highlighting CSME exports (% of total exports)</i>

4.3 An Action Plan and Mechanism For Localization and Monitoring Of MDGs

4.3.1 Existing Mechanism(s)

Consultations with relevant stakeholders and the findings of this research reveal some level of localization of the MDGs as regards monitoring achievement, ownership and inclusion in national development processes. GoD is in the early stages of efforts to deliberately localize the MDGs by monitoring and analyzing MDG achievement. There is mention of the MDGs in GoD's departmental plans such as the PRS and stakeholders interviewed for this report have some knowledge of the millennium goals.

The most significant sign of localization to date however has been the establishment and operation of a centralized mechanism for the monitoring of the country's progress towards achievement of the MDGs. The mechanism commissioned by CARICOM is the Social Indicators and Millennium Development Goals (SIMDG): National Committee.

4.3.1.1 The Social Indicators And Millennium Development Goals (SIMDG): National Committee

Dominica has taken its first official steps towards localizing and laying the ground work for successful achievement of the MDGs, through the (SIMDG): National Committee.

The SIMDG National Committee, set up on May 30, 2003, comprises government departments, NGOs, one (1) statutory body and local representatives of international institutions. The committee is chaired by the Chief Statistician of the Central Statistical Office. (See Appendix 1)

The SIMDG National Committee has been developing a data set from existing data starting from 1998. The data set comprises of information on all MDG indicators with the exception of those under Goals 7 and 8 and for several additional social indicators such as crime. This committee is therefore responsible for providing solid evidence, on which the national strategies for achievement of the MDGs can be built. Where data has not been previously collected for any indicator the relevant Government department is mandated to start collection at 2002.

The SIMDG National Committee formed from among it ranks, a Core Committee with responsibility to monitor and evaluate the MDGs indicators and to develop recommendations for presentation to policy makers, who are mainly the Ministers of Government and Permanent Secretaries. The recommendations are intended to be reflective of the national conditions, so

that implementation of programs and projects derived from them will accelerate positive movement in stagnant or unsatisfactory indicators.

The Core Committee through its processes is slowly engendering ownership of the MDGs among Government departments and other relevant organizations. From within the Health and Education departments the required data sets have been collected and analysis and relevant recommendations have been completed. The SIMDG National Committee will present its progress and recommendations to Cabinet in the near future.

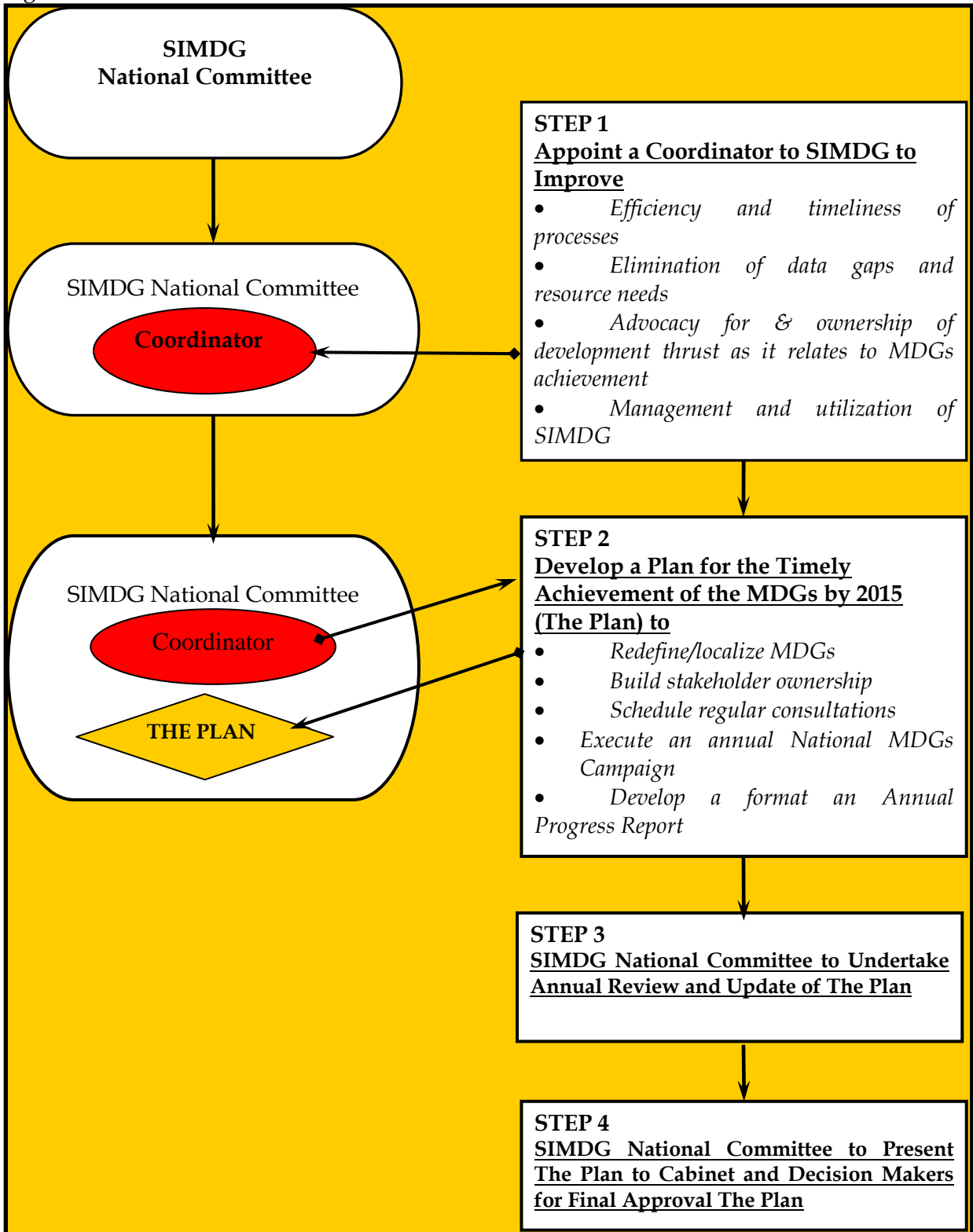
The recommendations put forward by the SIMDG National Committee will be left to the policy makers to take on board, prioritize and transform into national policies, programs, projects and departmental work plans. The departments which will implement these work plans should be the very departments who proffered suggestions for improving the rate of successful achievement of the MDGs.

4.3.2 A Proposed Mechanism For The Localization and Monitoring Successful Achievement of the MDGs by 2015

The recommended mechanism as shown in Figure 7 focuses mainly on the strengthening of the SIMDG National Committee, with a fulltime coordinator and streamlined processes for the timely analysis of Dominica's status as it regards the localization and achievement of the MDGs.

Specifically, it is recommended that the SIMDG National Committee engages a fulltime Coordinator for at least the first two years of the remaining ten. The main responsibility of the Coordinator should be the assembling of a comprehensive and realistic plan for the achievement of the MDGs, based on contribution from all relevant stakeholders. This mechanism however must be fully endorsed and supported by Dominica's leadership in order that it is useful.

Figure 7: Mechanism for the Localization and Successful Achievement of the MDGs



4.3.2.1 *Step1-Strengthen The Coordination And Management Capacity Of SIMDG National Committee*

The SIMDG National Committee must remain the hub for localization and monitoring of the MDGs. There is need however to strengthen the management and co-ordination capacity of the committee. At present, its members' fulltime responsibilities of their substantive posts appear to retard these functions.

The responsibility for management and co-ordination should therefore be assigned to a single position. Recruitment should be from among available, tenured and qualified public officers. The main goal of the SIMDG Coordinator would be to introduce efficiency and timeliness in the processes of the Committee. The Coordinator would also be assigned the tasks of advocacy and mobilization in order that gaps in the MDG data set are eliminated, and that monitoring, analysis, development of recommendations and localization can progress in a timely fashion. At the core of all of the Coordinator's functions however would be the development of "*The Plan for Localization and the Timely Achievement of the MDGs by 2015 (The Plan)*".

4.3.2.2 *STEP2-Develop A Plan For Localization And The Timely Achievement Of MDGs By 2015 (The Plan)*

Overall, rigorous planning is needed to chart how Dominica utilizes the next ten (10) years in achieving and maintaining human development goals, in the spirit of the MDGs. The Plan will be a road map tailor-made for the Dominican circumstance. The Plan must therefore integrate localization and achievement of the MDGs by bringing slow and lagging goals up to speed, helping guard against reversal of the gains made, promote inclusions of the MDGs in national plans and policies and redefine UN goals, targets and indicators to suit Dominica's local conditions.

The Plan must use the analysis of the MDGs data set and the ensuing recommendations to

- Redefine and localize the goals, targets and indicators by bringing to bear the relevancy of Dominica's national development agenda and local conditions. Milestones and dates of achievement must be set for all redefined goals, targets and indicators. All monitoring instruments must be amended to reflect the redefined goals, targets and indicators, where necessary.
- Build stakeholder ownership into the design and implementation of major programs and strategies of The Plan, through stakeholders' participation at all levels. To do this The Plan must build a comprehensive directory of the existing programs, projects and partner agencies (for example the School Feeding Program or the Office of Disaster Management) whose work-plans/activities have direct impact on the successful achievement of the MDGs. The same must be done for key beneficiaries such as the Carib community leadership.

- Schedule regular consultations with relevant key stakeholders, especially executing agencies, to share information, success stories and to conduct needs assessments especially where monitoring and evaluation of programs and activities are concerned.
- Develop and execute on an annual basis a GoD driven national MDGs campaign to build and sustain awareness of priority areas for national development as they relate to MDGs achievement. HIV/AIDS programs and the PRS could be the focus of the first national MDGs campaign.
- Develop a monitoring and evaluation system to include a schedule for the regular collection of indicator data from line ministries and relevant organizations. The system should also schedule submission of reporting instruments and deadlines for monitoring and evaluation activities.

4.3.2.3 Step 3: SIMDG National Committee To Undertake Annual Review and Update Of The Plan

The SIMDG National Committee alongside key stakeholders will on an annual basis formally review the progress, adequacy and relevancy of The Plan. Post review, the SIMDG National Committee will be responsible for stakeholder consultations, spearheaded and organized by the Coordinator. The main aim of the consultations would be to ensure that The Plan is in harmony with general national and sectoral development thrusts and that a satisfactory level of stakeholder ownership of the priority MDGs is attained.

4.3.2.4 Step 4: Presentation To Cabinet And Decision Makers For Approval

The Plan must be presented to Cabinet for final approval. At this time however, approval should be only a formality as during stakeholder consultations, the Ministers of Government should have approved the parts of The Plan pertaining to their ministries.

5 CONSULTATION WITH STAKEHOLDERS

As noted previously, for the purposes of this research, consultation with stakeholders was conducted through individual interviews (See Appendix 2). The way forward proposed in this report is based mainly on the challenges and priorities identified in discussion with these stakeholders. The interviewees were also provided the opportunity to review the final draft of this report, in order to provide feedback and suggest amendments.

On December 1st 2005, consultation with stakeholders culminated at the National Workshop on Localizing the Millennium Development Goals, where Dominica's full picture status on the achievement of on Goals 1 and 6 as documented in this report was presented to attending stakeholders (See Table 36 below). The workshop, which was sponsored by the OECS Secretariat, was organized by the Ministry of Finance and Planning and the Ministry of Community Development. The workshop sought to:

- consolidate efforts at localizing the MDGS
- build capacity for Monitoring and Evaluation of the MDGs at the local level
- strengthen partnership(s) with regional agencies and key stakeholders
- formulate recommendations towards the achievement of the MDGs

The National Workshop began with an opening ceremony attended by Acting Prime Minister Hon. Ambrose George and Minister for Community Development, Gender Affairs & Information, Hon. Mathew Walter. The Opening ceremony was followed by presentations from the following persons,

- **Mr. Elbert Ellis-** Poverty Programme Adviser UNDP Barbados and the OECS-*"Regional Monitoring Framework Activities and Support Mechanisms"*
- **Mr. Ezra Jn. Baptiste-** Head Social Policy Unit OECS Secretariat-
OECS Secretariat Initiatives towards Monitoring, Achievement and Localization of MDGs in Member States
- **Mrs. Prayma Carrette-** Chairperson Social Indicators Millennium Development Goals National Committee Dominica
"Status Report and Presentation on MDG Monitoring in Dominica"
"Review of Recommendation on Data Gaps and Actions"
"Adoption of solution to Data Gaps"
- **Ms. Cisne Pascal-**OECS Consultant
"A Comprehensive Profile of Lagging Goals 1 and 6"

Table 36: Participants in the National Workshop on Localizing the MDGs

NO.	NAME	AGENCY
1.	Mr. Elbert Ellis	Poverty Programme Adviser, UNDP
2.	Mr. Ezra Jn. Baptiste	Head of Social Policy Unity, OECS
3.	Mr. Eisenhower Douglas	Permanent Secretary, Ministry of Community Development, Gender Affairs and Information
4.	Mr. Davis Letang	Permanent Secretary, Health & Social Security
5.	Mr. Samuel Carrette	Ministry of Finance & Planning
6.	Mrs. Prayma Carrette	Central Statistical Office
7.	Ms. Cisne Pascal	OECS Consultant
8.	Ms, Nicole Brown	OECS Consultant
9.	Mr. Ken George	Children Christian Fund
10.	Mrs. Johanna John-Bertrand	Dominica Social Security
11.	Mrs. Andrea Marie	Environmental Health Coordinating Unit
12.	Ms. Virginia Thomas	Ministry of Education
13.	Mrs. Marvlyn Joseph	Dominica Employers Federation
14.	Mr. Matthew Carrette	Basic Needs Trust Fund
15.	Ms. Norma Cyrille	Social Centre
16.	Dr. Alexandra Burton-James	Civil Society
17.	Mrs. Esther Daniel	Local Government Department
18.	Mrs. Claudine Roberts	Local Government Department
19.	Mr. John Fontaine	Local Government Department
20.	Ms. Roslyn Paul	Women's Bureau
21.	Ms. Rosie Brown	Women's Bureau
22.	Mrs. Sandra Charter-Rolle	Office of Disaster Management
23.	Ms. Lucilla Lewis	Consultant
24.	Mr. Desmond Austrie	Police
25.	Ms. Leana Edwards	Police
26.	Mr. Alick Matthew	Police
27.	Mr. Abraham Bernard	Police
28.	Mrs. Joan Henry	Ministry of Health
29.	Ms. Belinda Charles	Central Statistical Office

5.1 Main Points From the Workshop

The main points raised and highlighted for discussion during the plenary sessions were as follows:

5.1.1 Measure of Poverty

The poverty line as determined by the CPA will be used as a measure for poverty in Dominica, as it is, for the Caribbean region, a better measure of poverty than the one US dollar a day indicator.

5.1.2 Available Resource and Assistance

There are available resources for training personnel in monitoring and evaluation among other areas. These resources are provided by regional/international agencies such as the OECS Secretariat and the UNDP.

There is need however for Dominica to develop a simple mechanism that gives a quick but comprehensive picture of how ODA resources are harmonized among donors and with the needs of national projects and programs. This picture must highlight the priority areas of Dominica's development agenda, the areas where assistance is already forthcoming and where there remains outstanding need. This sort of information must be readily available as it will improve Dominica's ability to maximize development assistance and to align ODA with the national development agenda.

5.1.3 Improving the Quality of UPE

For the GoD and MoE improvement in the quality of UPE is very important and though the UPE has been achieved the literacy and numerical competencies of primary school leavers need to be significantly enhanced.

5.1.4 Limitations of Goal 6

Goal 6 deals with Maternal Health but those concerned with women issues expressed that it does not look at the many female reproductive matters that are germane to Dominican women.

5.1.5 Elimination of Data Gaps in the MDGs Data Set

The SIMDG National Committee is the repository of MDGs related data and is responsible for analysis. It is important to note however, that they also perform the same functions for and give equal importance to a separate set of CARICOM defined social indicators.

The SIMDG National Committee sought however, to share the difficulties faced in accessing data, especially as it regards

- crime statistics in general,
- literacy statistics, as there is no scientifically conducted literacy survey to reference
- HIV/AIDS statistics, more detailed statistics are required on female contraceptive use, broken down by age and young people's knowledge on AIDS and HIV

Overall, the SIMDG National Committee is very much focused on maintaining scientific accuracy and consistency in all MDGs data sets, in order that the analysis and recommendations which are derived from them are robust and useful.

6 APPENDICES

6.1 Appendix 1: SIMDG National Committee

Table 37:
SIMDG National Committee

	Organization Department	Type of Organization	Position in Organization/ Department	Name of Representative
1	Central Statistical Office (CSO)	Government Department	Chief Statistician (chairperson)	Prayma Carrette
			Statistician	Belinda Charles
			Statistical Officer	Stephen Nicholas
2	Community Development & Local Government Division	Government Department	Local Government Commissioner	Claudine Roberts
			BNTF-Community Liaison Officer	Randolph Felix
			Social Welfare Officer	Ann Burton
3	Special Projects Unit (SPAT)	NGO	Not Stated	Francisco Esprit
4	Dominica National Council of Women (DNCW)	NGO	Not Stated	Angelica Pierre Louis
5	Dominica Council on the Ageing (DCOA)	NGO	Not Stated	Angela Lawrence
6	National Youth Council(NYC)	NGO	Not Stated	Not Stated
7	Dominica Police Force	Government Department	Not Stated	Desmond Austrie
			Not Stated	Bernard Abraham
8	Dominica Planned Parenthood Association (DPPA)	NGO	Not Stated	Harolda Henry
9	National Drug Prevention unit	Government Department	Not Stated	Martha Jarvis

	Organization Department	Type of Organization	Position in Organization/ Department	Name of Representative
10	Dominica Employers Federation	Labour Union	Director	Cyril Dalrymple
11	Christian Children Fund	NGO	Director/Manager	Francis Joseph
12	UNESCO	International Agency	Representative	A. Burton James
13	Dominica Social Security	Statutory Body	Not Stated	Johanna John
14	UNICEF	International Agency	Local Representative	Alvin Bernard
15	Ministry of Finance Industry and Planning	Government Department	Economist	Eisenhower Douglas
16	Ministry of Labour	Government Department	Not Stated	Lyndell Williams
17	Health Information Unit	Government Department	Epidemiologist	Paul Ricketts
18	Primary Health Care Unit	Government Department	Senior Community Health Nurse	Cynthia John
19	Ministry of Finance, Industry and Planning	Government Department	National Poverty assessment Coordinator	Samuel Carrette
20	Education Planning Unit	Government Department	Statistician	Virginia Thomas
			Curriculum Specialist	Max Andrew
21	Women's Bureau	Government Department	Not Stated	Roslyn Paul

6.2 Appendix 2: Interviewees For Research

Table 38: Interviewees for Research

	Organization Department	Position in Organization/ Department	Name of Representative
1	Central Statistical Office (CSO)	Chief Statistician/ Chairperson SIMDG Committee	Prayma Carrette
2	Ministry of Community Development & Gender Affairs	Permanent Secretary	Davis Letang
		Local Government Commissioner	Claudine Roberts
		BNTF-Community Liaison Officer	Randolph Felix
		Chief Social Welfare Officer	Mrs. Royer
		Adult Education Officer	Martha Andre
		Field Supervisor-Adult Education Department	Francisca Joseph
		Director-Women's Bureau	Rosie Brown
3	Ministry of Agriculture & Environment	Coordinator -Environmental Coordinating Unit	Lloyd Pascal
		Assistant Forestry Officer	Ronald Charles
4	Ministry of Health and Social Security	Primary Health Care Coordinator	Dr. Johnson
		Nutritionist	Jacqueline Prevost
		National Epidemiologist-Health Information Unit	Dr. Paul Ricketts
		Senior Community Health Nurse	Cynthia John
		Coordinator-National HIV/ AIDS Program	Julie Frampton
5	Ministry of Education	Senior Planner-Education Planning Unit	Ted Serrant
		Senior Education Officer	Nicholas Goldberg
		Curriculum Specialist-Education Planning Unit	Max Andrew
		Statistician-Education Planning Unit	Virginia Thomas
		National Coordinator for Special Education and School Operations	Melena Fontaine
		Secretary-Education Trust Fund	Judith Shipley
		Coordinator-School Feeding Program	Pamela Guiste
6	Ministry of Finance Industry and Planning	National Poverty Assessment Coordinator	Samuel Carrette
7	Dominica Planned Parenthood Association (DPPA)	Not Stated	Harolda Henry
8	Christian Children Fund (CCF)	Director/Manager	Francis Joseph

6.3 APPENDIX 3: Boys and Girls Performance at Primary School Level

Table 39: Number of Students Selected for Secondary School 1995-2003 by Sex

Year	No. Boys selected	% Boys Selected	No. Girls selected	% Girls selected	Total selected	% Cohort writing exam
1995	372	38.2	587	61.8	959	42.7
1996	439	43	582	57	1021	46
1997	389	37.2	658	62.8	1047	47.6
1998	462	41.4	654	58.6	1116	60.5
1999	487	42.5	660	57.5	1147	66.1
2000	592	40.6	681	59.4	1273	75.1
2001	611	46.2	711	53.8	1322	77.2
2002	641	49	667	51	1308	82.2
2003	656	50.5	643	49.5	1299	84.2

“...since 1998 the number of boys selected for secondary entry has risen steadily. This year another landmark was achieved. For the first time in over 25 years more boys (656) than girls (643) were selected for entry to secondary school. Girls continue to have greater success to secondary schooling, though, with 89% of all girls entered obtaining places compared to 80% of all boys.”

Source: Ministry of Education Sports and Youth Affairs, C/EMU, Common Entrance Examination 2003 Report

Table 40: Number of Entrants and Selected Students for Secondary School 1995-2003 by Sex

Year	Boy Entrants	Girl Entrants	Total Entrants	Selected Boys	Selected Girls	Total Selected	% Boys Entrants Selected	% Girl Entrants Selected	% Total Entrants Selected
1995	-	-	-	372	587	959	-	-	-
1996	1016	1185	2201	439	582	1021	43.2	49.1	46.4
1997	-	-	2032	389	658	1047	-	-	-
1998	883	961	1844	462	654	1116	52.3	68.1	60.1
1999	842	896	1738	487	660	1147	57.8	73.7	66.1
2000	834	861	1695	592	681	1273	71.0	79.1	75.1
2001	834	878	1712	611	711	1322	73.3	81.0	77.2
2002	834	757	1591	641	667	1308	76.9	88.1	82.2
2003	821	722	1543	656	643	1299	79.9	89.1	84.2

Source: Ministry of Education Sports and Youth Affairs, C/EMU, Common Entrance Examination 2003 Report

Table 41: Key Results of Grade 2 National Assessment 2004

Year	Performing at or above grade level			Performing below grade level		
	Boys	Girls	Total	Boys	Girls	Total
Reading	-	-	66%	-	-	-
Reading	-	-	-	30	12%	-
Written Comprehension	-	-	-	-	-	40%
Writing levels	-	-	-	-	-	30%
Mathematics						69%

Source: Curriculum, Measurement and Evaluation Unit, Key Results of Grade 2 National Assessment 2004 Report, MoE, Dominica

Table 42: Key Results of Grade 4 National Assessment 2004

Year	Performing at or above grade level			Performing below grade level		
	Boys	Girls	Total	Boys	Girls	Total
Reading	60%	80%	70%	20% (at grade 1 level)	7% (at grade 1 level)	15% (at grade 1 level)
Written Comprehension	-	-	43%	37%	13%	-
Writing levels	-	-	25%	40%	23%	-
Speaking	-	-	-	-	-	17%
Mathematics			37%			61% (at grade 2 or 3 level)

Source: Curriculum, Measurement and Evaluation Unit, Key Results of Grade 4 National Assessment 2004 Report, MoE, Dominica

6.4 APPENDIX 4: PROGRESSION, REPETITION AND DROP-OUT RATES FOR SECONDARY SCHOOLS 1998-2002

Table 43: Progression, Repetition and Drop-Outs Rates for Secondary Schools 1998-2002

Year	Progression Rate			Repeaters Rate			Drop-Out Rate		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1998	85.0	90.2	87.4	13.0	7.8	10.0	3.4	2.0	2.6
1999	82.2	89.5	85.8	15.9	8.6	11.7	3.1	1.9	2.5
2000	79.7	90.5	85.5	18.6	7.8	12.5	2.5	1.7	2.0
2001	80.5	89.5	85.2	17.9	8.9	12.9	2.2	1.6	1.9
2002	92.3	91.8	92.1	9.1	5.8	7.3	1.7	2.0	1.9

***“Progression Rate:** Ratio of number of girls (boys) studying at one level divided by the number of girls (boys) studied at previous level.*

***Repeater Rate:** Repeaters are students who do not advance one grade but are retained in the same grade in which they were previously enrolled, due to the inability to fulfill required for promotion to the next higher grade.*

*Repeater Rate = n/P_{y-1} ; n-Number of repeaters in a particular grade in the current academic year;
 P_{y-1} - Population of students in a particular grade in the previous academic year.”*

Source: Education Planning Unit, MoE, Dominica

6.5 Appendix 5: Child Mortality

Table 44: Child Mortality for Under Five Year Olds

Age group	Sex	1998	1999	2000	2001	2002	2003
< 1	Girls	11	13	10	10	6	9
	Boys	7	17	11	14	6	11
	Total	18	30	21	24	12	20
1 < 3 years	Girls	1	1	0	2	1	2
	Boys	0	1	0	0	0	1
	Total	1	2	0	2	1	3
3 - 4 years	Girls	1	1	0	0	0	0
	Boys	0	2	0	2	2	0
	Total	1	3	0	2	2	0
Total	Girls	13	15	10	12	7	11
	Boys	7	20	11	16	8	12
	Total	20	35	21	28	15	23
Number of children (0-4)	Girls	3780	3464	3500	3062	3149	3065
	Boys	3922	3564	3429	3182	3181	3186
	Total	7702	7028	6929	6244	6330	6251
Under Five Mortality Ratio	Girls	3.44	4.33	2.86	3.92	2.22	3.59
	Boys	1.78	5.61	3.21	5.03	2.51	3.77
	Total	2.60	4.98	3.03	4.48	2.37	3.68

Source: Health Information Unit, MoHSS, Dominica

6.6 Appendix 6: Infant Mortality

Table 45: Infant Mortality (< 1 year olds)

Age group	Sex of infant	1998	1999	2000	2001	2002	2003
Less than 1 month	Girls	8	10	7	5	6	8
	Boys	6	14	8	12	5	9
	Total	14	24	15	17	11	17
1-11 months	Girls	3	3	3	5	0	1
	Boys	1	3	3	2	1	2
	Total	4	6	6	7	1	3
Total	Girls	11	13	10	10	6	9
	Boys	7	17	11	14	6	11
	Total	18	30	21	24	12	20
Number of live births	Girls	598	651	583	612	590	513
	Boys	638	642	616	601	491	543
	Total	1236	1293	1199	1213	1081	1056
Infant Mortality Ratio (IMR)	Girls	18.39	19.97	17.15	16.34	10.17	17.54
	Boys	10.97	26.48	17.86	23.29	12.22	20.26
	Total	14.56	23.20	17.51	19.79	11.10	18.94
Under 1 month IMR		11.33	18.56	12.51	14.01	10.18	16.10

Source: Health Information Unit, MoHSS, Dominica

6.7 APPENDIX 7: Cumulative HIV & AIDS Cases

Table 46: Cumulative HIV & AIDS Cases

Age Group	Sex	1998		1999		2000		2001		2002		2003	
		HIV	AIDS	HIV	AIDS	HIV	AIDS	HIV	AIDS	HIV	AIDS	HIV	AIDS
15 – 19	Women	...	1	...	2	7	2	7	2	7	2	7	2
	Men	...	0	...	0	2	0	2	0	2	0	2	0
	Sub-Total	...	1	...	2	9	2	9	2	9	2	9	2
20 – 24	Women	...	3	...	3	6	3	7	3	7	3	8	3
	Men	...	4	...	5	9	5	9	5	9	6	9	6
	Sub-Total	...	7	...	8	15	8	16	8	16	9	17	9
15-24	Women	...	4	...	5	13	5	14	5	14	5	15	5
	Men	...	4	...	5	11	5	11	5	11	6	11	6
TOTAL		...	8	...	10	24	10	25	10	25	11	26	11

Source: Health Information Unit, MoHSS, Dominica

6.8 APPENDIX 8: CUMULATIVE AIDS CASES: NEWLY REPORTED, RELATED DEATHS AND LIVING ('87-'03)

Table 47: Cumulative AIDS Cases: Newly Reported, Related Deaths and Living ('87-'03)

YEAR	REPORTED NEWS CASES	REPORTED CUMULATIVE CASES	REPORTED DEATH CASES	LIVE AIDS CASES
1987	10	10	4	6
1988	9	19	3	12
1989	8	27	5	15
1990	6	33	12	9
1991	9	42	7	11
1992	6	48	6	11
1993	15	63	14	12
1994	6	69	7	11
1995	5	74	7	9
1996	14	88	5	18
1997	19	107	4	33
1998	12	119	10	35
1999	15	134	6	44
2000	4	138	2	46
2001	5	143	0	51
2002	5	148	0	56

Source:

<http://carec.net/AIDS/createreport.php?country%5B%5D=9&aliveordead=dead&gender=all&starttime=1987&endtime=2003&displaycolumns=17>

http://carec.org/pdf/status_trends.pdf