



Commonwealth of Dominica

# Millennium Development Goals Achievements 2015



Central Statistics Office  
Ministry of Finance



# MILLENNIUM DEVELOPMENT GOALS

## ACHIEVEMENTS 2015

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**DOMINICA**  
**MILLENNIUM DEVELOPMENT GOALS ACHIEVEMENTS AND REVIEW OF  
RECOMMENDATIONS**

**Preface**

In September 2000 world leaders met at the United Nations headquarters, New York and adopted the Millennium Declaration. The Millennium Development Goals (MDGs) which are aimed at improving human condition are derived from the Millennium Declaration. The MDGs broadly embraces eight goals and eighteen targets, are universal parameters applied to all countries with membership in the United Nations.

Within the national context annual MDG assessments focus on the analysis of trends (based on indicators) and evaluation of performance relative to achieving the MDGs. The indicators are integral to national planning processes and programs. The MDGs and targets are integrated into the country's medium term Growth and Social Protection Strategy (GSPS). The GSPS has at its core, the attainment of sustainable economic growth with the reduction of poverty as one of its main focus.

This report is intended to inform policy-makers, other stakeholders and the people of Dominica on the achievement of the MDGs. It can also serve as a guide to public policy and programs on sustainable national development goals. The report also intends to provide non-government organizations, national, regional and international agencies and researchers with information on these development goals. The MDG Caribbean specific goals, an extension of the MDGs inclusive of a set of localized goals that fit into the context of regional development ( agreed upon by Caribbean countries, January 2008) are also included in the analysis of the MDG achievements.

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## **The Commonwealth of Dominica**

### **Description and General Background**

The Commonwealth of Dominica is the most northern and largest of the Eastern Caribbean's Windward Islands, situated between Latitude 15° 20 minutes North and Longitude 61° 22 minutes West. It lies between the French islands of Guadeloupe to the north and Martinique to the south. The island is 751 square kilometers (289.5sq miles). Dominica's climate is classified a humid tropical marine, characterized by little seasonal variation between the wet and dry season. Its pronounced high rainfall during the wet season contributes to its lush vegetation.

The island's topography is rugged with steep, luxuriant rain forest mountains, deep river-incised valleys and tree-covered hills that produce and sustain pristine rivers, perennial streams and tumbling mountain waterfalls. The island has great diversity of flora and fauna. The Morne Trois Pitons National Park (incorporating the central mountain range) is inscribed on the United Nations World Heritage List since 1998, based on the criteria of Outstanding Universal Value to Mankind, its natural aesthetic, rich bio-diversity and irreplaceable contribution to the understanding of science and natural landscape phenomena.

Dominica's relatively undisturbed and rugged landscape, extensive forest, pristine fresh and sea water and overall ecological system have contributed to Dominica's being acclaimed as "the Nature Island of the Caribbean". This label has impacted favorably in positioning Dominica's global choices as a tourist destination for nature lovers and environmental adventure seekers. The island is currently promoted and is in its advancing stage as an eco-tourist destination.

The island is subdivided into ten parishes or population zones with capital city Roseau, located within the parish of St. George in the south-west. The total population registered 70,739 with the city of Roseau recording a non-institutional population of 14,725 in the 2011 Population and Housing Census. The population comprises mainly people of African descent, 84.7; an 8.7 percent mixed race population and 3.7 percent of indigenous Kalinago people, the survivors of the original or first people of the Caribbean. The Kalinago occupy a demarcated area called the Kalinago Territory, on the northeast of Dominica.

Cruise ships call regularly registering a record 516,820 passengers in 2010. Visitors increased by 4.2 percent from 2004 to 2014, reaching a total arrival of 83,455 in 2014. The three major markets are the Caribbean accounting for 51.5 percent of visitors, United States of America, 24.1 percent and Europe 18.0.

## **Political and Economic Situation**

Dominica attained political independence from England in 1978 and retains a political organization based on the British Parliament multi-party democracy. Dominica inherited its official language, English. However, partly due to historical influences, the majority of the population speaks a patois "kweyol" composing of French linguistic structures.

Traditionally, Dominica's economy has been based on agriculture. However, global and regional events have contributed to the declining dominance of agriculture in particular the cultivation of bananas. In recent times, the Wholesale and Retail Trade and Transport, Storage and Communication sectors have emerged as the leading industries accounting for 14.80 and 14.26 percent respectively, of Gross Domestic Product (GDP) in 2014. Agriculture (mainly non-banana) contributed 12.12 percent of

(GDP) in 2014. Education, mainly Private Education (off-shore) accounted for 10.73 and Real Estate, Renting and Business Activities, 10.08 percent. Economically, Dominica pursues and sustains a free-market and liberal economy. During the 2014 period the economy registered an estimated growth rate of 3.42 percent. The Fishing industry recorded sharp growth of 38.73 percent following a slump in the sector. Hotels and Restaurant grew 12.67 percent; Public Administration, 10.67; Construction, 9.24 and Wholesale and Retail Trade, 4.32. The All Items Consumer Price Index recorded a 0.77 percent increase in 2014.

## **Introduction**

From the 2003 period efforts in achieving the MDGs continued in completing the indicators (this is evident in the localizing of additional indicators relevant to national context); the completion of data gaps; the revision of source data following the validation process; harmonization of definitions, concepts and formula; the publication of the first national MDG Report in June 2006; the publication of the MDG 2010 Assessment; the monitoring and evaluation of data collecting systems and presently the MDG 2014 Achievements and Review of recommendations.

The work continues and will continue at all levels. Currently, the main goals are to aim at programs to reduce poverty; assess the quality of education at all levels; provide and maintain quality and sustainable health care and promote the participation of women in the political and decision-making process.

This Report highlights some of the main achievements of the MDGs up to 2014 (and in some cases estimates and progress up to May 2015), provides an assessment of programs and policies relative to the MDGs targets, presents the adoption of policies relative to poverty alleviation, poverty reduction and well-being; and reviews the adoption of recommendations as presented in the MDGs 2010 Assessment. Section I presents the Millennium Development Goals Achievements while Section II presents a Review of the Adoption of Recommendations presented in the Millennium Development Goals 2010 Assessment.



## **DOMINICA**

### **Millennium Development Goals Achievements 2015**

#### **Section 1**

##### **Goal 1. Eradicate Extreme Poverty and Hunger**

Poverty level is estimated at 19.8 percent as of May 2015, recording a further nine points drop from 28.8 percent. From 2002, poverty levels declined 50.4 percent thus achieving the Millennium Development Goals target *to halve the proportion of persons below the poverty line*. Even so, this target was achieved within a shorter time-frame.

##### ***Head Count Poverty***

Currently, poverty rate estimates consider 80.2 percent of the population as not poor, noting further improvement in socio-economic conditions in comparison to the last survey period (2009) when 71.0 percent of the population was considered not poor. In addition, this records a marked change from the 2002 period when 60.1 percent of the population were considered not poor. Government's intense response to adequate housing, economic empowerment mainly through decent employment creation and targeted poverty alleviation programs including public assistance have contributed tremendously to the sustained decrease in poverty levels. Non- government organizations have also contributed to poverty alleviations programs particularly in the area of educational support for children.

##### ***Indigent Line***

The vulnerability line is estimated at 17.2 percent above the poverty line in comparison to 25.0 percent in the last survey period. The vulnerability line measures the number of persons who, though not poor, are at risk of falling into poverty given the occurrence of any adverse economic event or natural disaster.

##### ***Rate of underweight children***

The prevalence of underweight children declined steadily to 0.89 in 2009 following a peak, 2.45 in 2005. The wider gap in the prevalence of underweight infant girls has been narrowed significantly with an almost equal rate in the 2011 period. From 2013, a revised methodology for incidence rate (instead of prevalence) was adopted to calculate underweight children. The incidence rate uses a measurement in relation to number of children seen at health centers and not to child-population. The incidence rate for 2013 was 4.1 and includes all stunted and wasted. The surge in the incidence rate to 5.9 for 2014 is presently under rapid response and investigation for appropriate intervention and ultimate elimination.

##### ***Incidence of Obesity***

The general concern of the incidence of obesity particularly in children has resulted in the adoption of national programs that adequately addresses the provision for good nutrition for the population. Before 2012 child obesity recorded an almost stable prevalence rate of 11.0 in the under-five population. In 2012 Dominica implemented the new World Health Organization child growth reference standards. The new standard provide information and tools for parents and health

professionals alike to recognize both sub-optimal and excessive weight gain in children. Such revised methodology provides data for monitoring and further program implementation. The child obesity rate recorded a slight reduction from 3.6 to 3.4 over the 2013 to 2014.

## **Goal 2. Achieve Universal Primary Education**

Dominica has already achieved universal primary and secondary education, with a net enrollment ratio of 98.6 for primary education. The emphasis is on quality of education which is continuously monitored through the Primary School Assessment for Grades 2 and 4 in all schools. Students are assessed using a combination of evaluation processes for example Fry's reading inventory, appropriate cultural passages and appropriate levels of Mathematics. The evaluation process administered by the Education Planning Unit, Ministry of Education assesses reading ability, decoding and comprehension.

Quality education at the high school level is monitored through the high school second level competency assessment (conducted from the 2009/2010 academic year). Third year secondary school students are able to write the Caribbean Certificate in Second Level Competency (CCSLC) examinations in English, Mathematics and Social Studies. This assessment measures student's level of achievement relative to the current secondary level. The assessment also serves as an internal measurement benchmark for comparative analysis of schools.

## **Goal 3. Promote Gender Equality and Empower Women**

Both boys and girls alike have equal access to all levels of education. Boys have constantly recorded slightly higher enrollment ratios than girls in primary education. This trend however, does not reflect that girls are deprived but indicates an uncontrolled event springing from the constant higher enrollment of boys at the entry of primary level. This pattern may have resulted from the higher sex ratio at birth for males over recent years. It may be worth noting the Education Act enforces compulsory education up to the age of sixteen. For secondary education, the ratio of girls to boys registered 0.97 or an almost one to one ratio in academic year 2013/2014.

### *Sharp gender disparity exists in tertiary education enrollment*

Women in tertiary education constantly record higher enrollment than men. The percentage of women in tertiary education recorded 65.92 for the 2013 academic year.

### *Employed Population*

The 2011 Population Census results recorded a 6.3 percent increase in the employed population over the last Census period. Women accounted for 42.2 percent of the employed in comparison to 39.6 in the previous Census. The employment to population ratio recorded a slightly upward trend over the census periods moving from 0.36 to 0.39 even so given the challenges emanating from the global economic crises during the inter-censal periods.

Women employed in the non-agricultural sector recorded 95.0 percent (that is of all women employed) in 2011 up from 91.76 percent in 2001.

The unemployment rate registered an estimated 13.2 percent down from 16.9 in 2013. The unemployment rate for the 15-24 age group recorded an estimated 35.8 percent in 2014 falling sharply from 45.9 in 2013. The Government's National Employment Program (NEP), implemented in December 2013 served as a means to directly address the growing challenge of unemployment, particularly among youth. In 2014, the NEP which caters to persons at varying academic levels, skills and experience, reportedly created 1, 287 jobs to graduates, undergraduates, technicians, education mentors, farmers and varying levels of unskilled workers. Further employment- generating opportunities will continue as programs that are integral to sustained social and economic well-being are implemented.

The Dominica Youth Business Trust (DYBT), an initiative of the Commonwealth Youth Program, Caribbean Centre and the Government of Dominica coordinates projects that deliver services to young entrepreneurs. The program was officially launched in May 2004 and targets young men and women aged 18-35 years who are desirous of starting or developing a micro or small business. Since its inception in 2004, five hundred young entrepreneurs have been trained, one hundred and fifty have been able to access loans from financial institutions and two hundred businesses have been in operation. DYBT also provides for the expansion of business operations and continues to provide support to young person's towards an entrepreneurial path to combat the problem of youth unemployment. The organization has become an accredited member of Youth Business International, 2009 and has been awarded best practice by the Commonwealth Secretariat, 2012.

#### *Women in Decision-making*

Women participation in parliamentary and decision-making remains relatively low. In 2015 women in Parliament increased to 21.9 percent still below the targeted 40.0 percent, with seven out of thirty-two, in comparison to 18.5 percent, with five women to twenty-two men in Parliament in 2009. However at the public administration managerial level (permanent secretaries or higher permanent positions), women account for 64.3 percent (in 2014) up from 61.5 percent in 2010.

#### **Goal 4. Reduce child mortality**

The under- five mortality rate that is the number of deaths occurring between the 0-4 age group over the number of live births (per 1000), registered 31.1 in 2013 with 96.5 percent occurring in the first year of life. The infant mortality rate (IMR) that is the number of deaths that occurred before reaching an infant's first birthday per 1000 live births recorded 30.08 in 2013. A relatively low rate of 13.93 was recorded in 2010. Therefore lower rates are achievable. The IMR is currently 19.6 recording a sharp 34.8 percent decrease from the last year. Joint efforts from various agencies to reduce child mortality continue to aim at a sustainable lower rate. A target of less than 10.0 per 1000 live births is expected by the end of 2020.

#### *Dominica continues to achieve one hundred percent immunization of one year olds*

The proportion of one year old children immunized against preventable diseases as recorded by the Primary Health Care Department registered 99.2 (2013) with coverage against measles, mumps and rubella (MMR); diphtheria, pertussis and tetanus (DPT); poliomyelitis; and bacilli calmette Guerin (tuberculosis B.C.G). According to health officials the 0.8 non-coverage is strictly

due to migration of children and their families to other countries and to deaths occurring in the first year of life.

### **Goal 5. Improve Maternal Health**

A 0.00 maternal mortality rate has been achieved. According to senior health professionals 99.8 percent (2013) of deliveries are attended by trained personnel. Births attended by non-professionals occur before the arrival of a health professional. However, post-natal care is provided and the infant and mother's health are closely monitored.

### **Goal 6. Combat HIV/AIDS, Malaria and other diseases**

Dominica records an annual average of 17 new cases of human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS) particularly over the last two years. The cumulative figure registers 410 cases as of the end of 2013. The pandemic remains male dominated as 70.0 percent of cases are males. The 25 to 49 age group continues to be the most affected population. However, over the last two years a higher rate of infection has been recorded in the 50 and over age group for both males and females. Of the reported new cases, 73.5 percent were males. This indicates the 3 to 1 male to female ratio remains the trend for the last twenty years. The number of HIV/AIDS deaths declined steadily from 2004. Currently the cumulative death registers 150 from 1987 to 2013, recording an average of 6 deaths per year.

#### *Testing and Counselling Services*

The Ministry of Health, AIDS Unit is committed to providing care and treatment to people living with HIV/AIDS (plwha). Anti-retroviral drugs have been available and have been provided free of cost from 2004. Health officials have reported that since the introduction of such treatment a decrease has been recorded in HIV/AIDS-related deaths. Public awareness has increased as the number of HIV tests rose 45.0 percent over the last year.

HIV/AIDS testing is provided as a free service. During the period under review, the HIV Testing and Counselling Program made services more accessible to the general population. Rapid testing sites were set up in two (2) additional health districts and one non-government organization, thus making HIV testing services available in all type three health centers as well as in the private sector. In addition, one of the testing sites at a main hospital provides such services to pre-natal mothers.

The National HIV and AIDS Response Program (NHARP) continues to play a leading role by ensuring that the testing and counselling services meet the required international quality standards. Thus a total of one hundred and twenty-nine persons were trained in the last year.

#### *Prevention of Mother to Child Transmission*

The Prevention of Mother to Child Transmission (PMTCT) Program has been an achievement since the inception of the National HIV and AIDS Program. Since the introduction of the treatment and care program and the provision of anti-retroviral treatment (at no cost), there has been no reported sero-conversions among HIV exposed infants. The number of children orphaned

by AIDS is extremely low recording less than three in the 10-14 age group in 2002. Currently, the number of children orphaned by AIDS is still relatively low.

#### *Treatment Care and Support*

The National HIV and AIDS Response Program (NHARP) provides immediate care and support to new diagnosed cases. With the enhancement of HIV case-based surveillance system coverage will be given to cases that may not be registered in formal systems. The Treatment and care program is guided by the Organization of East Caribbean States (OECS) HIV/STI Treatment and Care Guidelines, updated in 2013. Recently, the management of HIV positive persons have been updated to include Treatment 2.0 and Option B+ for the PMTC Program. Laboratory monitoring to support clinical management are provided both in country and the region. Financial support for these services are provided by developmental partners and the Government of Dominica.

#### *Monitoring and Evaluation*

A monitoring and evaluation plan is being developed. A referral system and contact tracing have already been established. In addition a case-based surveillance for HIV, STIs and TB. case-based Surveillance have been upgraded with support from the PANCAP Global Fund Round 9 Grant through the Organization of the Eastern Caribbean States HIV and AIDS Project Unit (OECS HAPU). With the increase in prevention education and following the UNGASS and Global Fund Indicators, the Ministry of Health continues efforts towards realizing a reduction in the number of new cases overtime.

#### *Policy Environment*

There has been progress in creating an enabling environment to address HIV and AIDS related human rights issues. An assessment of the Law, Ethics and Human Rights as they relate to HIV and AIDS will address these issues. In addition, both the public and private sector have workplace policy to address HIV and AIDS. The national policy supports and encourages the need for an effective HIV Response to ensure the provision of basic human rights for all and therefore a rights-based response to HIV.

#### *Dominica has virtually eradicated the incidence of malaria*

Dominica has virtually eradicated the incidence of malaria. Deaths associated with malaria was 0.00 up to the 2013 period. According to senior health officials no local transmission of malaria has occurred since the 1960s. Therefore insecticide-treated bed nets are not applicable even to the wider Region.

In 2007, the number of deaths due to tuberculosis recorded 3 or 0.5 percent of all deaths. These deaths primarily occurred in the oldest age-group, 80 years and over, with that age group accounting for 100.0 percent of occurrences. According to health officials all tuberculosis cases were managed under the DOTS internationally recommended tuberculosis control strategy. Even so, over the last six years (from 2009 to 2014) no death due to tuberculosis was recorded.

## **Goal 7. Ensure environmental sustainability**

*Dominica registers an increase in recorded Protected Areas; A significant decrease is recorded in ozone depleting substances; Dominica continues to work towards the process of integrating the principles of sustainable development into country policies and programs.*

Dominica continues to work towards the process of integrating the principles of sustainable development into the country's policies and programs and reverse the loss of environmental resources. Dominica is committed to preserving its natural endowment of flora and fauna by the establishment of protected areas, enforcement of environment protective laws and continued campaign in environment education. The involvement of environmental educators and non-government organizations on environment advocacy and protection facilitates the monitoring of programs and actions related to the environment with the main goal of preservation for the present and future. One of the protected areas, the Morne Trois Pitons National Park (incorporating the central mountain range) is inscribed on the United Nations World Heritage List since 1998, based on the criteria of Outstanding Universal Value to Mankind, its natural aesthetic, rich bio-diversity and irreplaceable contribution to the understanding of science and natural landscape phenomena.

In 2000, an additional 8,242 acres of forest was added to the forest reserve thereby registering a total forest reserve of 40,229 acres covering 21.71 percent of total land area. In 2009, the Forestry Division, Ministry of Agriculture submitted a proposal to the Authorities for an additional 1.93 acres of protected area in the William Settlement to be added to the Emerald Pool protected area.

The imports of ozone depleting substances (ODS) dropped drastically, recording an 77.5 percent decrease in HCFC22 and a 68.8 percent reduction in CFC12 for the last reporting period (2007). The imports of other substances as CFC115 and CFC11 are being restricted with legislation enforced for compliance.

Protected marine area covers 2,660 acres in two reserves namely the Cabrits Marine section and the Soufriere-Scotts Head Marine Reserve.

Environment protective laws cover animal species threatened with extinction as stipulated in the Forestry and Wildlife Act, Chapter 6002, 1976. Additional regulations for wildlife protection were approved in 2010 as the Forestry and Wildlife Division continues to impose restrictions and enforce legislation on the hunting or destruction of these species. The 2014 year update continues to confirm lobsters, turtles, conch, birds (two species), lizards (one species) and frogs (one species), remain on the endangered or threatened list. The period 1st June to 30th September is the official closed season for hunting turtles. Outside that period, the animals can be captured but only at sea. Land catch is prohibited since the turtles come ashore to reproduce. With reference to conchs, the catch size is restricted to 18 centimeters in length.

### *Water Quality Tests follow World Health Organization standards*

The quality of water is tested by the Dominica Water and Sewerage Services and follows the World Health Organization standards for safe drinking water. The three parameters for safe drinking water are bacteriological, physical and chemical. Bacteriological parameters examines level of coliform (including *E-coli* and faecal coliform). Physical assesses color, turbidity, temperature and

total dissolved solids while chemical measures the various levels of ions and other compounds. The acceptable range for chlorine residual is 0.2 to 0.5. The chlorine test is conducted daily at different water distribution systems.

The advance test for parameters are conducted on a weekly basis. However, such tests are conducted daily for large distribution systems. In addition, the Environmental Health Unit conducts independent routine checks. However, records on the frequency of these checks should be readily available.

The proportion of households using an improved sanitation facility increased by 48.0 percent. Households with sustainable access to safe drinking water registered 95.4 percent. Following a major national water access program, undertaken by the Government of Dominica and the Dominica Water and Sewerage Company, post 2011 Population and Housing Census, Dominica attained full sustainable access to safe drinking water for all in December 2013.

#### *Public Housing Program*

A vibrant Housing Program implemented from 2007 provides for the construction of new houses, repairs to houses and additional fixtures of basic facilities, thereby providing adequate housing and basic facilities.

Special housing and loan facilities were also included as part of the housing program. Of housing applicants, 80.7 percent were females with 52.2 percent of these females from semi-urban areas. Interestingly 100.0 percent of all semi-urban applicants were females. Urban residents accounted for 21.1 percent of applicants; semi-urban accounted for 42.1 percent and rural registered 36.8 percent.

The Special Loan Facility operated by the Government Housing Loans Board registered 47 approved applicants from December 2007 to the end of 2008. Of these applicants, females accounted for 59.6 percent with 67.9 percent single females. Of the 19 males or 40.4 percent accessing these loans, 57.9 percent were single males. The applicants fell in the age range of 25-45 with the distribution as follows: the age group 25-29 recorded 14.9 percent; the 30-34 recorded 31.9 percent; the 35-39 registered 29.8 percent and the 40-45 accounted for 23.4 percent applicants.

The Agricultural Industrial and Development Bank (AID Bank) under the Housing Line of Credit funded by Petro Caribe approved 106 housing loans from 2011 to 2014. Females accounted for 60.3 percent of approved applicants (excludes joint ownership). In addition, 35 new homes were provided for residents in rural communities while 60 homes will be assigned to families in an urban area. Altogether the Housing Program has assisted and improved the lives of 498 families with new homes and 769 with renovations, repairs, sanitation, and other assistance.

Households with internet connections recorded a significant 290.3 percent increase over the last ten years. According to the national output, rate of growth of gross value added by the Communications sector registered steady increases from 2004 to 2008 with sharp growth of 7.66 percent recorded in 2008. For the next five years decreases in revenue affected growth in that sector. However in 2014 the sector recovered registering an estimated 1.09 percent growth.

## **Goal 8. Develop a global partnership for Development**

Given the participation in global economic development (including trade and financial), collaboration with regional and international partners and investment in communication and technology, the country further expanded its relations with external partners. Dominica pursues and maintains a free market and liberal economy. No restrictions exist on any country. In 2013 and 2014 the main trading partners came from the Caribbean Region registering 92.1 and 90.9 percent of exports respectively. The country's main exports are soaps recording 43.2 percent of export earnings, followed by bananas registering 9.6 percent and pumice sand and aggregate, 9.5 percent in 2013. The main trade suppliers are the Caribbean Region accounting for 39.2 percent followed by the United States of America registering 35.7 percent of imports.

External Tariffs are imposed on goods imported from outside the Caribbean Community (CARICOM). During shortages waivers are granted. Tariffs range from 90.0 percent on fruits and eggs, 135.0 to 150.0 percent on mineral water, aerated beverages and fruit juices to 165.0 on paints.

### ***Trade Facilitation Needs Assessment completed for Dominica***

Presently a National Export Council has been established. The Council will be guided by strategies from the National Export Strategy (NES) to mainly improve and increase global trade relations with the goals of achieving a greater contribution of exports of goods and services to national income, create employment and alleviate poverty. The country is also keeping abreast with global development in trade with representation at the Negotiating Group on Trade Facilitation (NGTF) at the World Trade Organization(WTO) Secretariat, Geneva. Enhanced software that facilitates global trade information have been adopted by the Customs and Excise Division.

*Regional and International countries continue partnership in providing technical assistance, grants, loans and debt relief*

Dominica benefited from debt relief mainly from the Government of Venezuela. This included the restructuring of loans. This was opportune as the country emerged from a deep economic recession during the 2002 to 2004 period. For 2007 and 2008 debt service (domestic and external) registered 16.2 and 16.1 percent of domestic exports(goods and services). In 2013 debt service recorded 11.69 percent of domestic exports, accounting for a noted percentage decrease (of domestic exports) over the last five years. Even so debt (external) to gross domestic product registered steady decreases moving from 65.9 percent in 2012 to 63.2 in 2014.

Regional and international organizations continue to maintain partnership in national economic development. The Eastern Caribbean Central Bank and the International Monetary Fund conducts quarterly and bi-annual economic reviews. The Caribbean Development Bank (CDB) is a major partner and has key role in national projects and development through initiatives as Basic Needs Trust Fund (BNTF); grants and soft loans, and technical assistance. The CDB has also granted policy-based loans with the main rationale to sustain poverty reduction.

The Organization of Eastern Caribbean States (OECS) addresses current developmental concerns of the region. The OECS rapid response in assessing effects of natural disasters and



providing assistance for recovery mitigates the associated incidence of poverty or economic hardship.

The Caribbean Community (CARICOM) is greatly involved in building capacity mainly through technical assistance. The CARICOM initiates and coordinates major regional programs in both social and economic sectors and monitors accomplishments. The CARICOM is also a coordinating agency for international institutions in several regional initiatives and development programs. In particular, CARICOM Regional Statistics Program has coordinated several programs towards completing and monitoring the MDG for example the customization of Devinfo, (a major MDG monitoring tool), the Social Indicators and MDG (SIMDG), the Caribbean Specific Development Goals among others. The implementation of such programs have built capacity and facilitated institutionalization of data critical to the monitoring aspect of the MDG.

The **United Nations Development Program (UNDP)** provides financial and technical assistance for the implementation of social programs. Other UN regional and country offices, **UNICEF, UNESCO, UNECLAC, UNFPA, UNWomen** continue to be involved in the national development process providing advisory services, technical assistance and training. In particular UNICEF continues to be involved with special emphasis on the needs, protection and development of children.

The **European Union** has been an international partner and assists in national development programs (Ninth and Tenth EDF).

The Poverty Reduction Strategy Paper (PRSP) initiated by the **World Bank** emphasizes the need for national commitment in reducing poverty (January 2002). Dominica produced an interim PRSP in 2004 with commitment to implement programs to foster economic growth and private sector employment. In 2006 the Growth and Social Protection Strategy (GSPS) continued commitment for economic growth, creating the environment for investment in critical sectors of the economy, employment creation and poverty reduction. The successive Government budget addresses from 2007 capture the programs undertaken under the GSPS framework. The World Bank continues to assist countries to reduce poverty in offering strategic guidance for assessing impacts of shocks, linking social indicators with economic development and advising on post-effects of policies. The Bank has supported vulnerability reduction projects in several communities in Dominica.

Official Development Assistance (ODA) from external donors recorded a 120.7 percent increase from 2006 to 2007. This significant increase was mainly associated with contributions towards the recovery process following Hurricane Dean in 2007. Official Development Assistance recorded a 170.0 percent increase over the 2013 to 2014 financial period registering \$21.6m (Eastern Caribbean currency) in international aid in 2014.

### **Post 2015 National Priorities**

Government will begin work on the achievement of the Post 2015 Sustainable Development Goals following its formalization by end of 2015. In addition, the Government of Dominica will

continue to focus on programs that are integral to the sustained social and economic well-being of its people.

Government is continuing its extensive program in the agricultural sector towards increasing production, obtaining sustainable export markets, maintaining diversification and creating employment. In addition, Government is providing support to and expanding the agro-processing sector with linkages to programs for increased agricultural production and ultimately foster greater use of local raw materials. Even so, “the proposed export development machinery “Export Dominica” will provide impetus to agricultural production and related services”.

Tourism continues to be a critical sector for economic empowerment particularly for young entrepreneurs and female-headed households. The edge remains eco-tourism and is in the expanding stage with one of the unique features the Waitikubuli Trail, a multi-segment trail traversing the island through scenic and indigenous rainforest- presenting their unique blend of fauna and flora- and pristine rivers and waterfalls all to the comforting and soothing whistles of the Sisserou parrot, (specie only found in Dominica). Along the trail one can also find quiet communities offering cabins and lodges for a night’s rest, after which, only to prepare avidly for the next trail segment. This expanded community eco-tourism activity contributes significantly to economic empowerment, employment and thus poverty reduction.

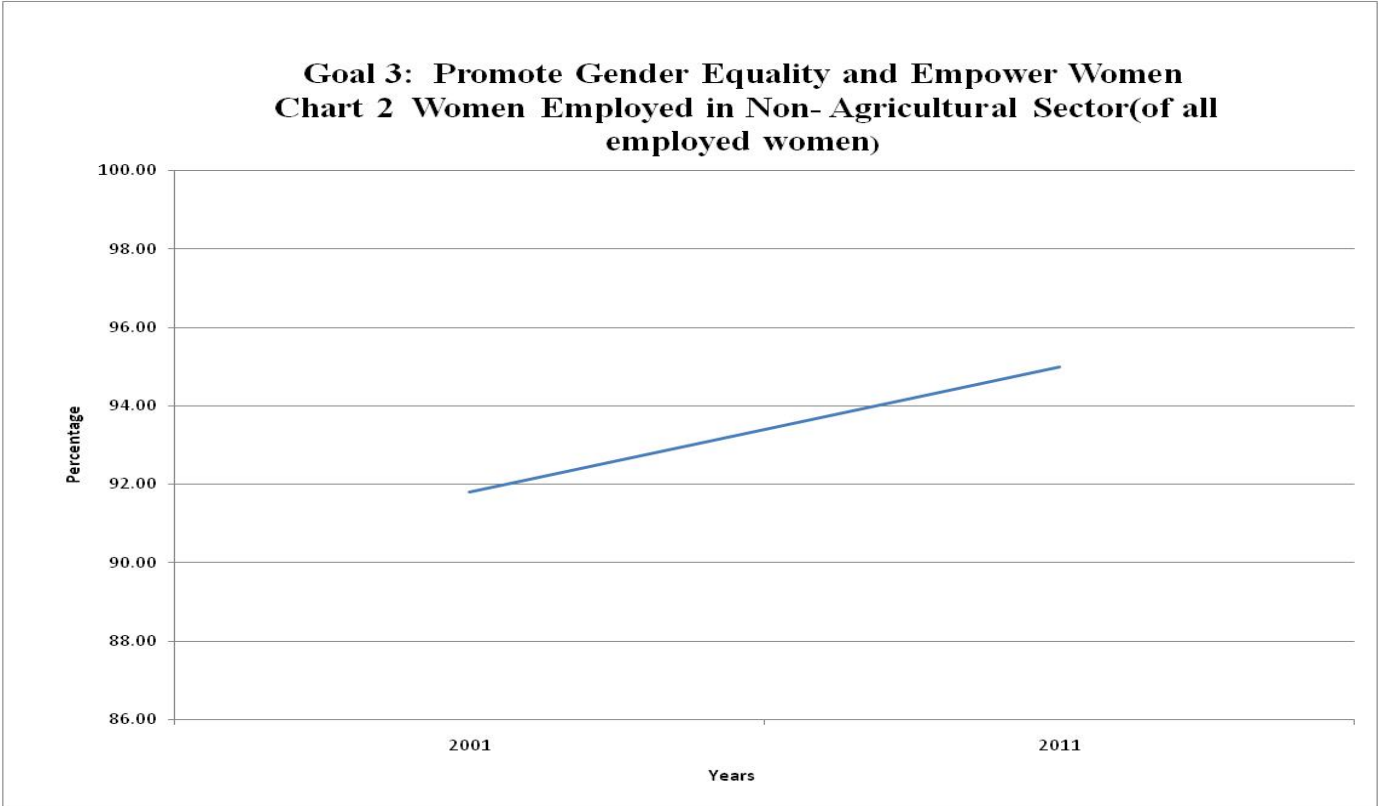
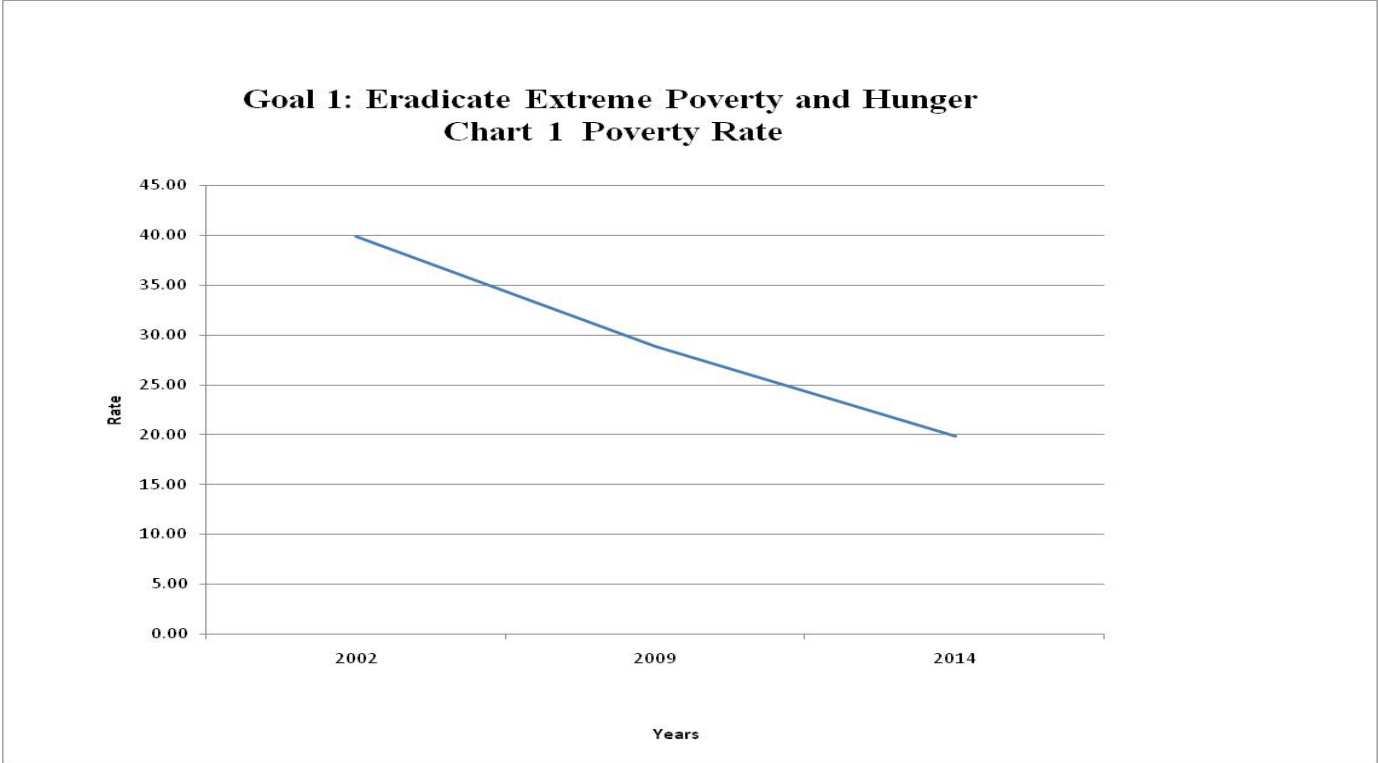
Government’s drive towards renewable energy especially the current exploration of geothermal energy will complement the targeted programs and achieve the goals of economic competitiveness thus hedging against possible unforeseen global economic crises. Programs are being undertaken towards the clean energy concept which is planned to support and attract foreign direct investments in green industries. The Government “has developed the Geothermal Wheel of Opportunities which outlines the multiplier effects of the geothermal project. The adoption of the Low-Carbon Climate Resilient Development Strategy 2012 -2022, and its implementation of the Pilot Program for Climate Resilience(PPCR) as well as government’s continued engagement with the United Nations Framework Convention on Climate Change (UNFCCC) should advance Dominica’s green economy endeavors”.

The successful achievement of alternative energy, continued competitive sector expansion and the sustenance of growth in key sectors will assist in realizing the goals of poverty reduction and improvement in the general well-being of the people of Dominica and moreover establish competitiveness and socio-economic resilience.

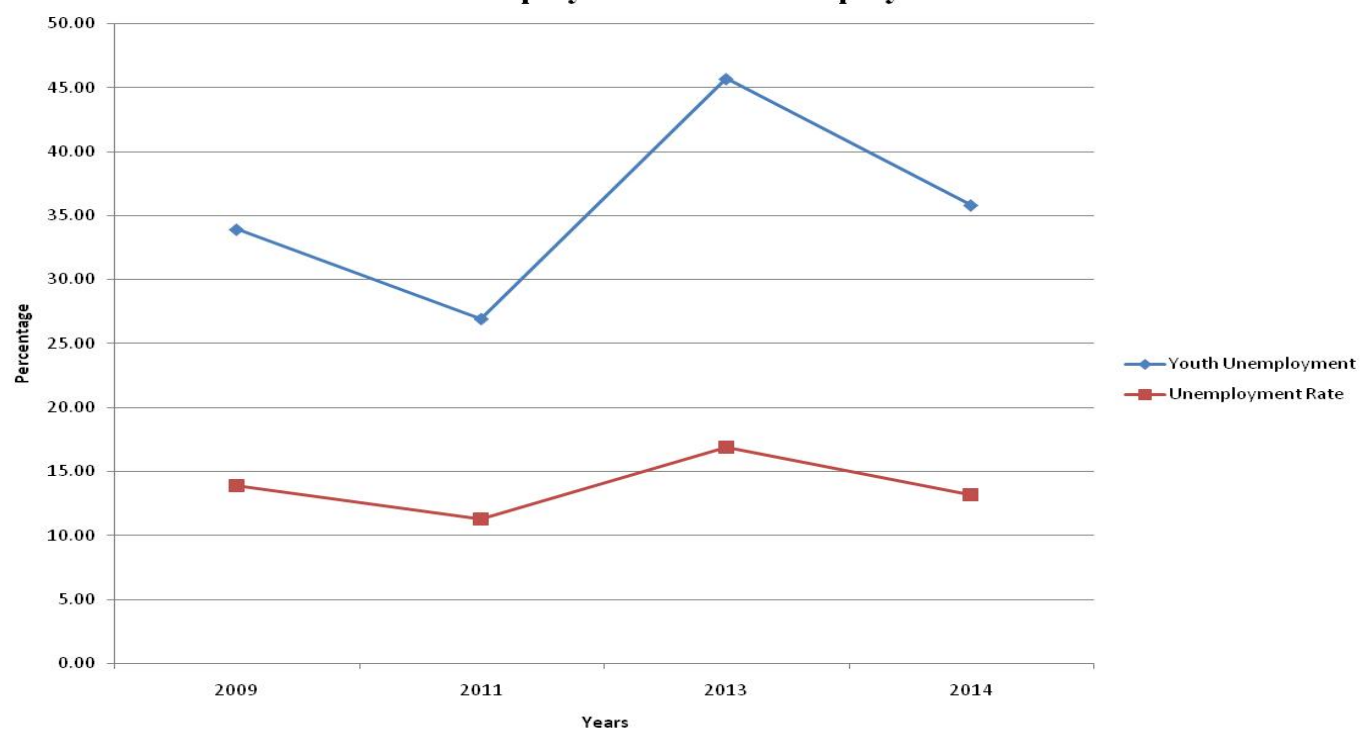
### ***Other Priorities***

Government will review, with the aim to terminate, unacceptable disciplinary methods or punishment (includes corporal punishment) by end of 2015 wherever these methods still exist in the education system.

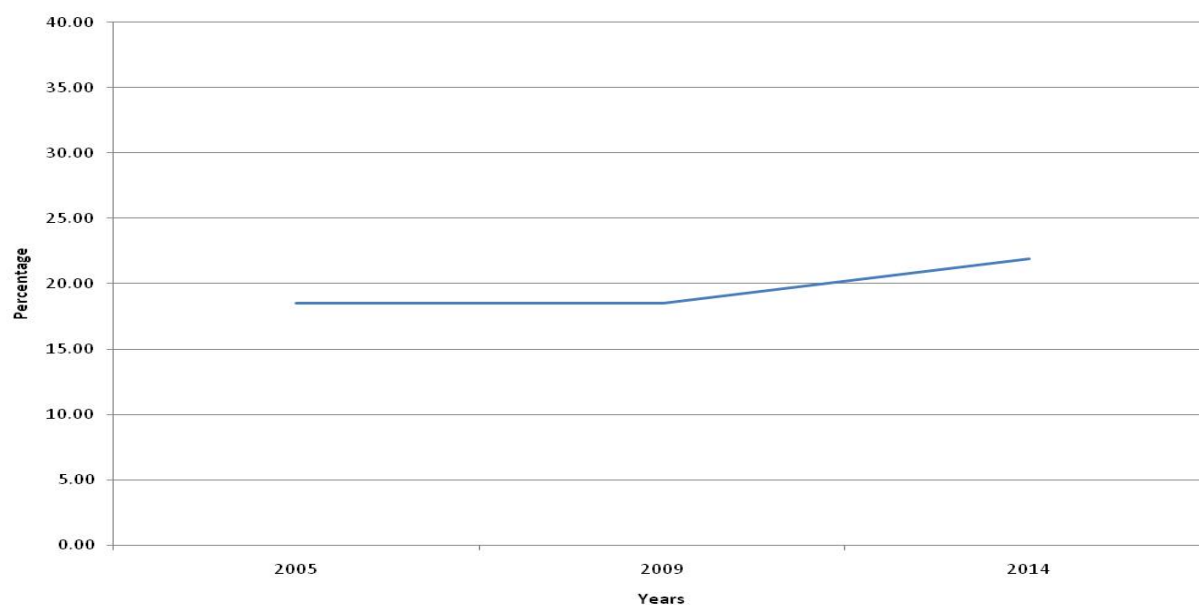
Charts



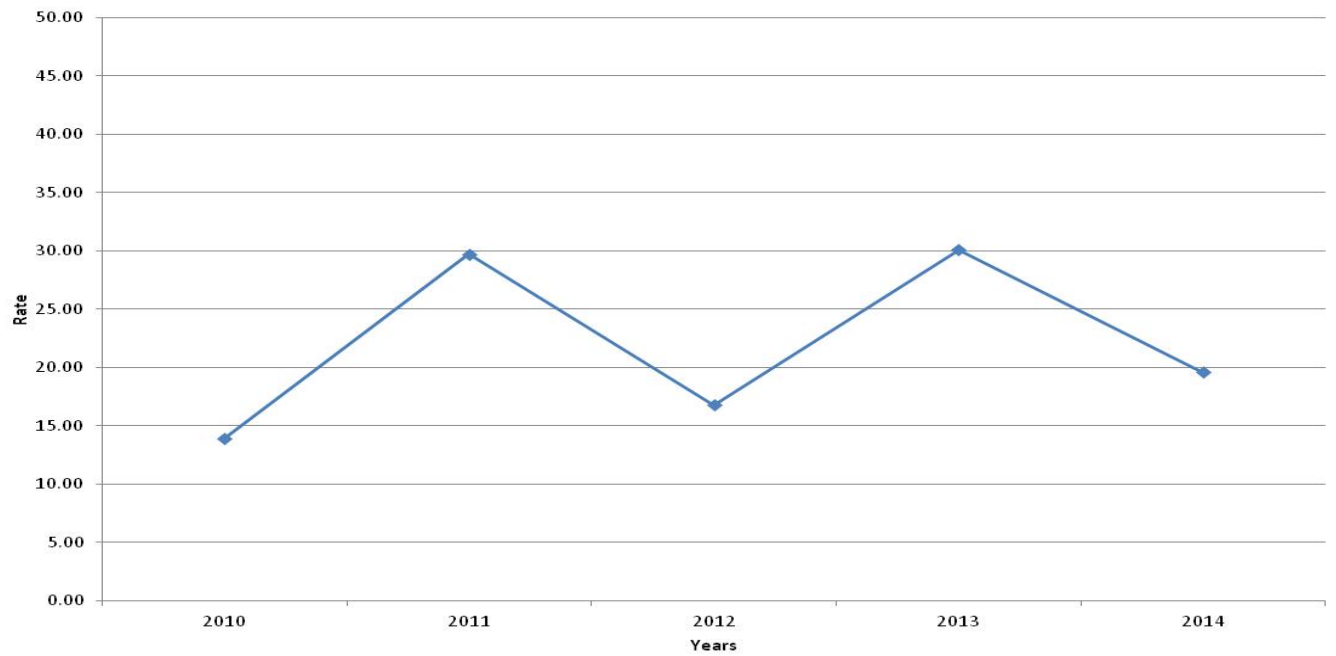
**Goal 3: Promote Gender Equality and Empower Women**  
**Chart 3 Youth Unemployment and Unemployment Rate**



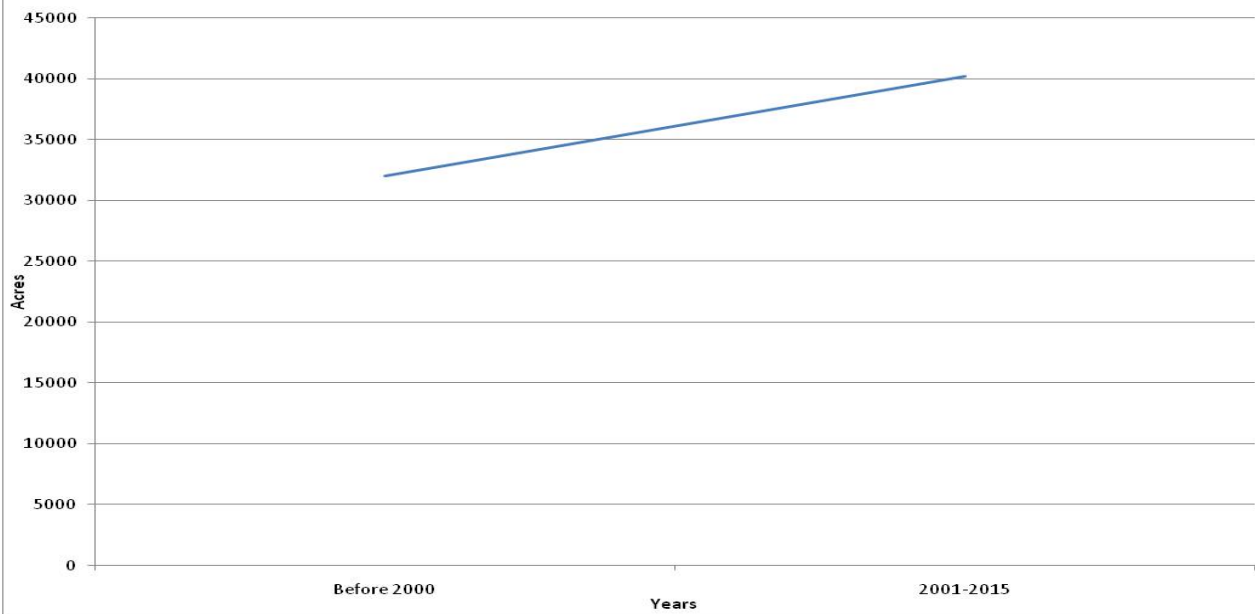
**Goal 3: Promote Gender Equality and Empower Women**  
**Chart 4 Women in Parliament**



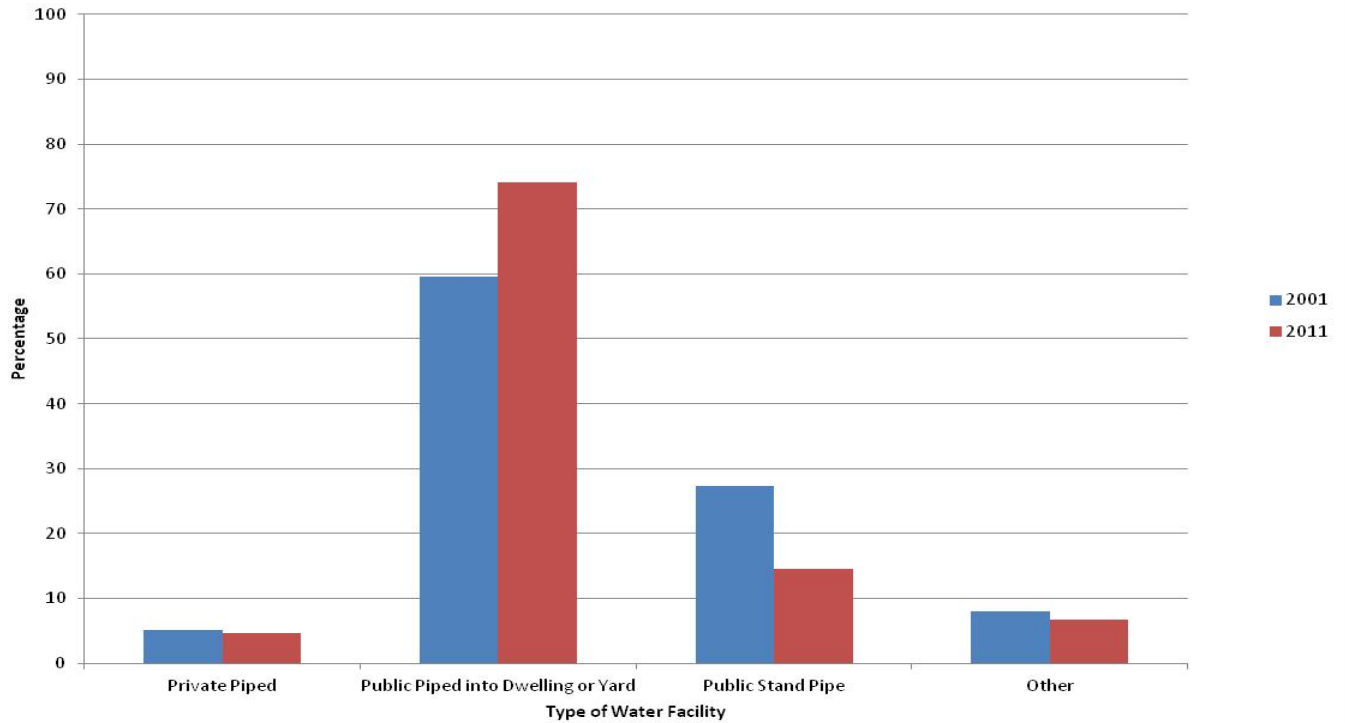
**Goal 4: Reduce Child Mortality**  
**Chart 5 Infant Mortality Rate**



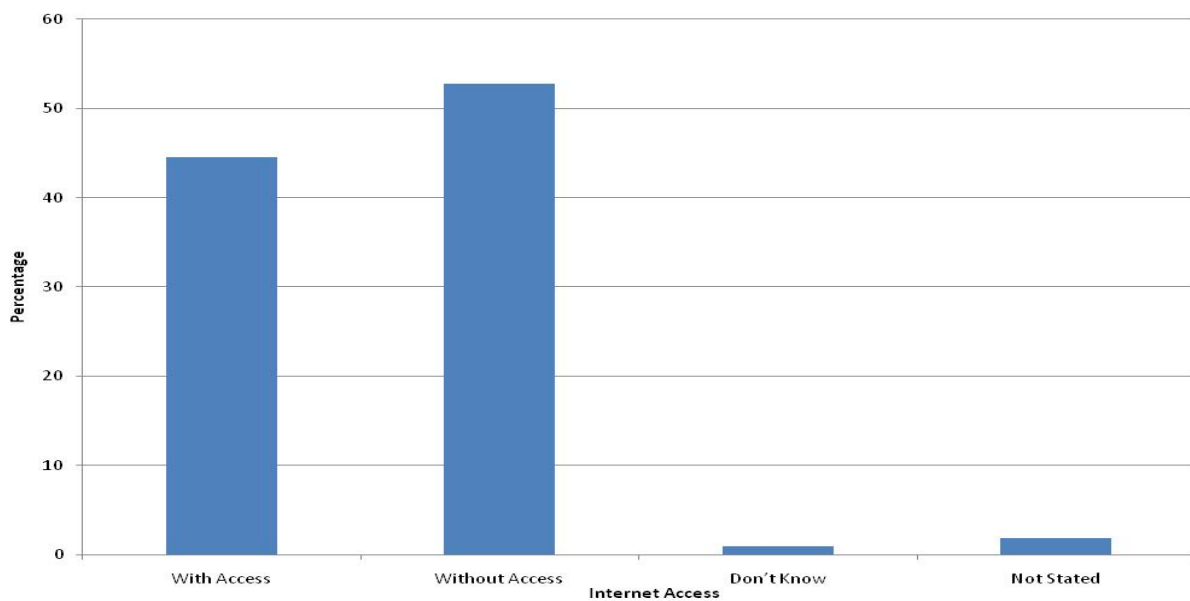
**Goal 7: Ensure Environmental Sustainability**  
**Chart 6 Total Forest Reserve**



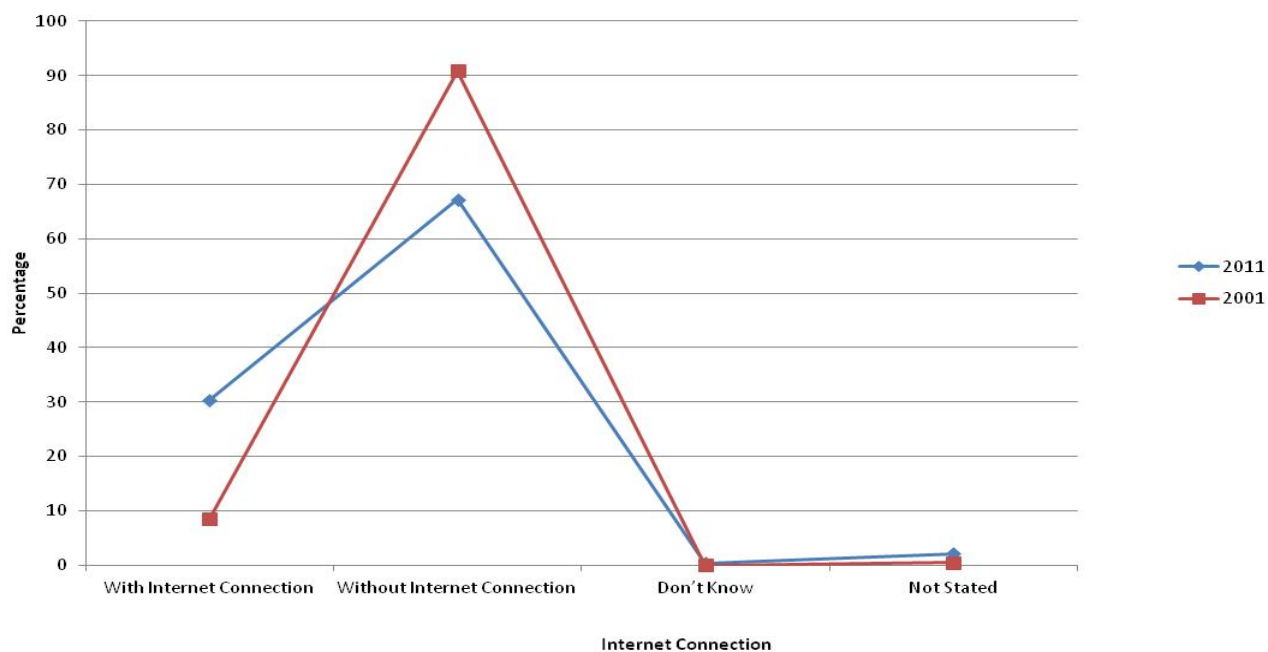
**Goal 7: Ensure Environmental Sustainability**  
**Chart 7 Percentage of Households by Type of Water Facility**



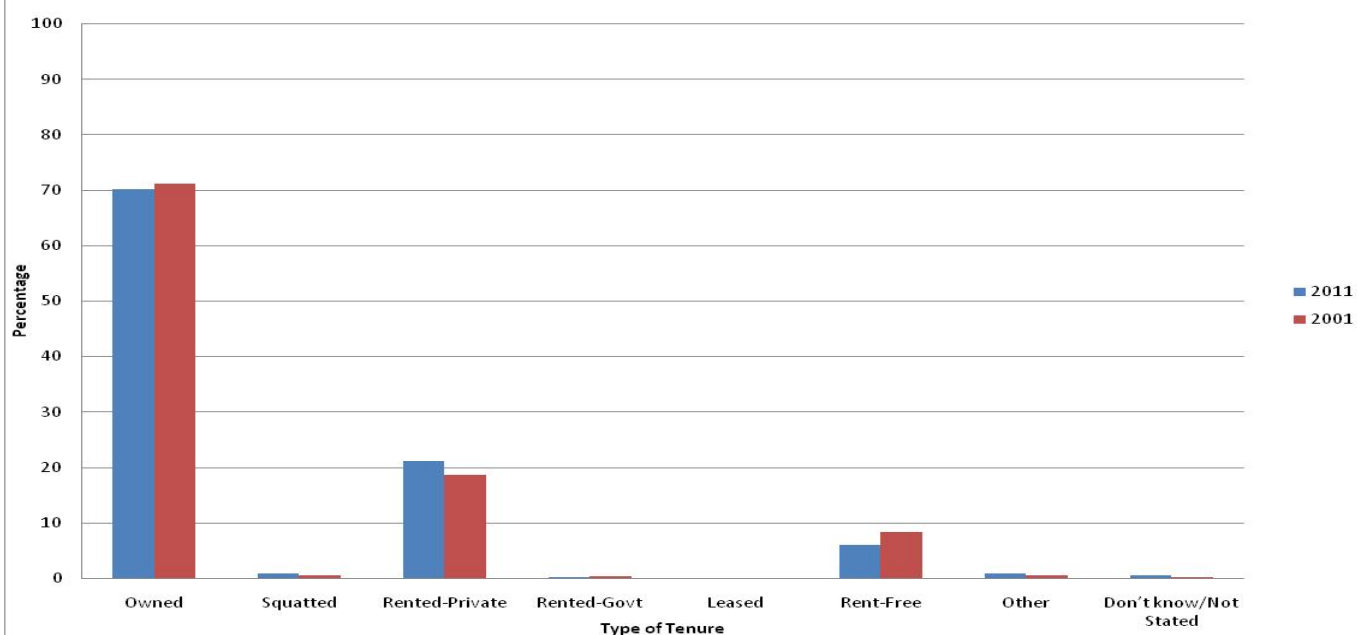
**Goal 7: Ensure Environmental Sustainability**  
**Chart 8 Percentage of Households with Internet Access 2011**



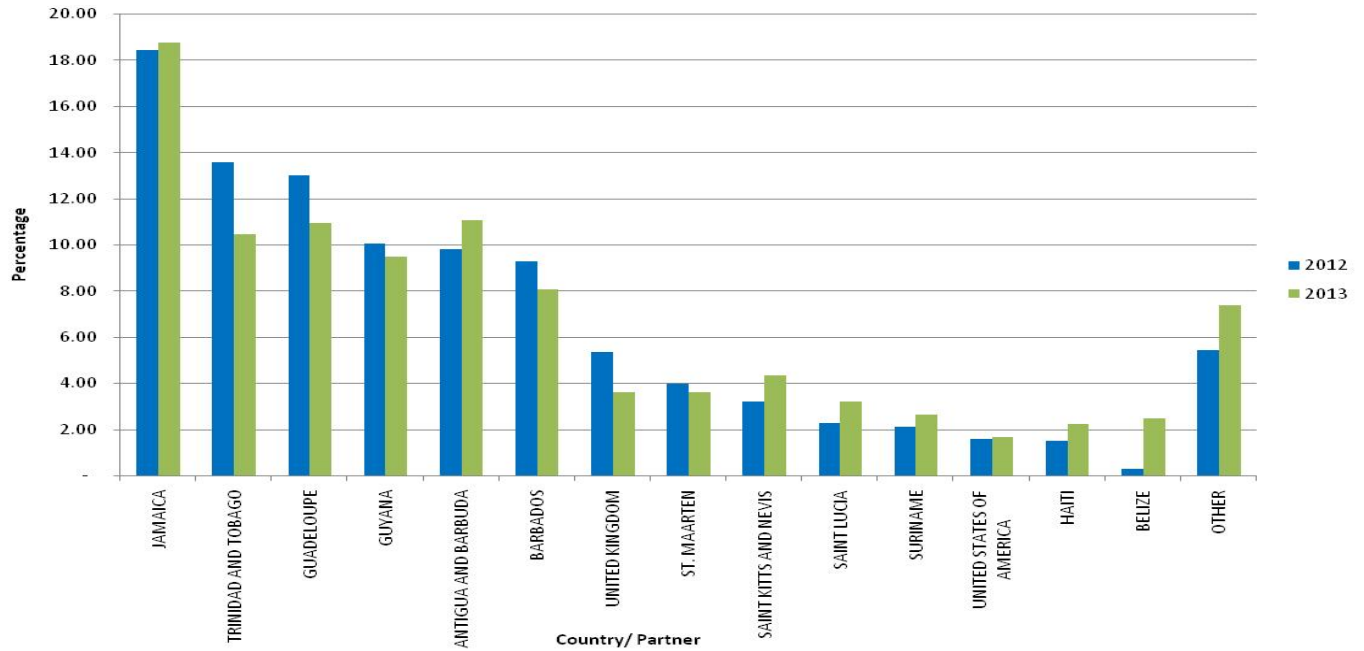
**Goal 7: Ensure Environmental Sustainability**  
**Chart 8.1 Percentage of Household with Internet Connection**  
**2011 and 2001**



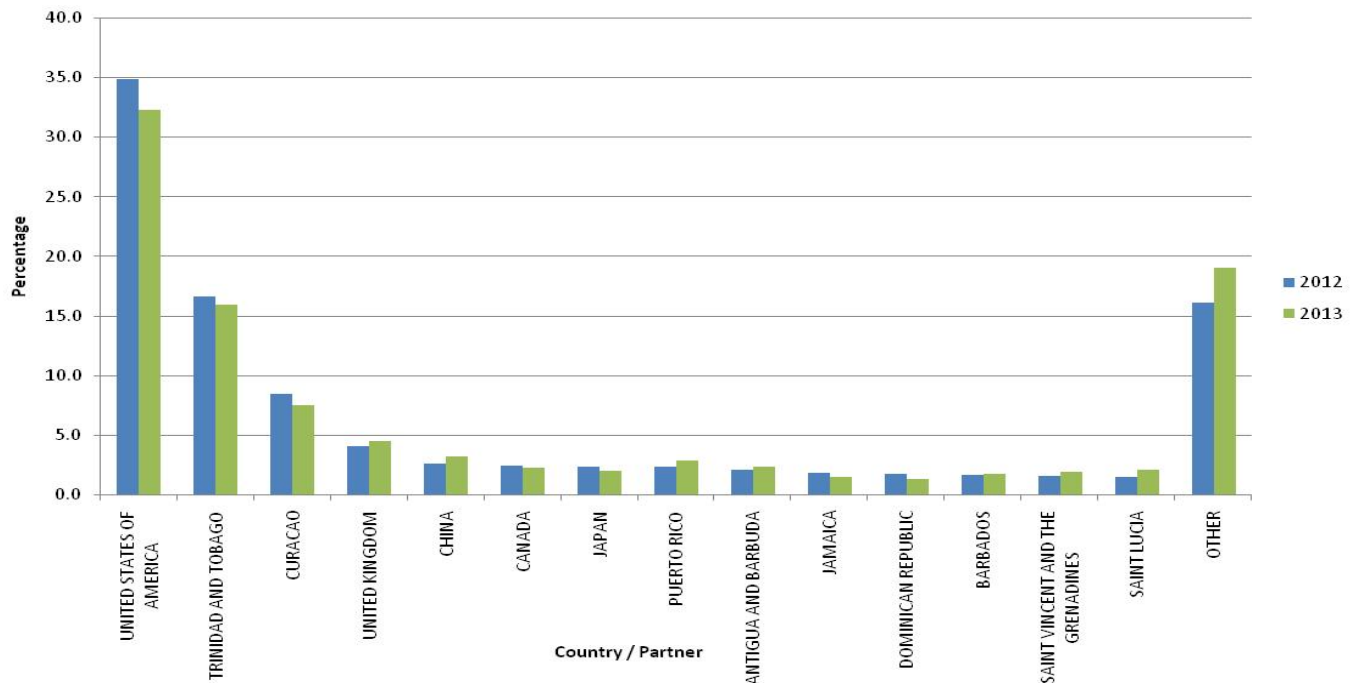
**Goal 7: Ensure Environmental Sustainability**  
**Chart 9 Percentage of Household by Tenure 2001- 2011**



**Goal 8: Develop a Global Partnership for Development**  
**Chart 10 Percentage of Exports by Main Trading Partners**  
**2012- 2013**



**Goal 8 : Develop a Global Partnership for Development**  
**Chart 11 Percentage of Imports by Main Trading Partners**  
**2012-2013**





## Section II

### Review of the Adoption of 2010 Recommendations for Targets

#### Recommendation

##### *Review*

#### **Goal 1. Eradicate Extreme Poverty and Hunger**

1.1 The needs of the indigent and vulnerable should be addressed and monitored in order to effectively reduce poverty and ensure that such persons or households move to an acceptable and sustainable socio-economic level in society(revised 2015).

*Identification of the indigent and vulnerable persons have been conducted and currently identification is being conducted by population zones and districts using data from censuses and surveys.*

1.2 The Survey of Living Conditions (SLC) and other household surveys should be used extensively to inform policy decision and implement targeted poverty reduction , elimination or alleviation programs.

*Usage of the Survey of Living Conditions and other household surveys has been limited. No specialized study has been conducted from these surveys.*

1.3 In order to closely and continuously monitor poverty levels, poverty indicator modules should be attached to continuous household surveys.

*A poverty indicator survey was attached to the 2013 Labor Force Survey conducted by the Central Statistics Office. A Multi-Dimensional Poverty module will be included in the September 2015 Labor Force Survey.*

1.4 A review of databases to examine whether poor households have benefited from the various poverty alleviation programs should be conducted on a bi-annual basis.

*No follow-up process is established to evaluate household progress(from formerly poor households) in terms of socio-economic improvement from the various poverty alleviation programs.*

1.5 Policy makers need to establish systems to measure or monitor program outcomes(for example employment and skill creation programs that empower the poor and vulnerable, specifically targeting those who comprise the labor force).

*Recent employment programs have been implemented. However empowerment has not been measured in terms of skills, training, and economic independence.*

## **Public Sector Investment Program (PSIP)**

1.6 In order to measure the impact of employment programs in terms of poverty reduction, data collection on employed persons disaggregated by gender, area, occupation, wages and expected duration of employment, ministerial monitoring of such programs needs to be implemented.

***The Public Sector Investment Program(PSIP) has not been successful in implementing a formal system for data reporting and monitoring that measures socio-economic results of investment programs.***

1.7 The Primary Health Care Unit is encouraged to continue monitoring children at risk and utilize rapid intervention to address and reduce occurrences of underweight children.

***The pilot phase for monitoring of nutritional status based on new standards was implemented in January 2012. However rapid intervention does is not formalized and coordinated.***

1.8 Eliminate the occurrence of the proportion of underweight children by 2015

1.8.1 A 0.0 underweight incidence is targeted and can be attained by 2015 given the already encouragingly low prevalence.

***The Health authorities has not confirmed a targeted 0.0 underweight incidence.***

1.9 Households with underweight children should be assessed for appropriate public assistance.

***Though intervention is conducted, the Health and Public Welfare authorities have not confirmed a formal assessment of households with underweight children nor established a rapid collaborative response program for appropriate intervention.***

1.10 Health professionals must assist in directing policy and programs specifically health education programs on obesity in order to combat this life- threatening but controllable health concern.

***In 2012 Dominica implemented the new WHO child growth reference standards. The new standards provide information and tools for parents and health professionals alike to recognize both sub-optimal and excessive weight gain in children. It is expected that appropriate program planning and management of nutrition in children will improve. A targeted obesity incidence has not been confirmed. Health education is on-going on obesity prevention for all populations.***

## **Non- Government National Programs**

1.11 The Child Fund needs to develop a database of recipients classified by geographical area following the national urban and rural area classification.

***Child Fund has conducted monitoring and evaluation Level 1 that is accountability (data related to Finance), status of beneficiaries and sponsorship deliverables. Beneficiaries and sponsorship are recorded through several online tools & systems that capture enrollment, residence, gender, age etc. An Annual Beneficiary Count tool captures all grants and sponsorship beneficiaries at the end of a fiscal year. A Child Verification System captures the recipient's level or status of***

***Health, Education, Participation and Presence every six months. In addition, participation matrices capture recipient's name, community, gender and that of other family members in various program activities.***

***Monitoring and evaluation Level 2 will capture data relating to program outcomes as it relates to children. This will be aligned with a Theory of Change for the three major age groups -0-5, 6-14 and 15-24. Monitoring and evaluation Level 3 which is being further developed will capture longitudinal data. Data is compiled by districts.***

1.12 Appropriate Departments, School Administrations, other institutions and individuals need to quickly identify students who may need assistance and recommend these students and their households for participation in available poverty alleviation programs.

***The Ministry of Education has in place a draft policy for intervention, where the needs of children within that socio-economic level can be identified and addressed through the school feeding program.***

1.13 In order to ensure national poverty alleviation programs directly target the needy and are implemented on informed or evidence-based decisions, assisted recipients should be validated against national databases( where vulnerable persons can be readily identified).

***National databases on recipients of poverty alleviation programs do not exist.***

1.14 Specific and detailed registers of program recipients should be created and reviews conducted periodically.

***The Social Welfare Division maintains a register of recipients of public assistance. However reviews that indicate recipients qualification for continued assistance are not conducted. Recipients of other public support programs are not registered.***

***The 2011 Population and Housing Census measures the impact of public support programs particularly the public assistance provided for repairs to houses.***

## **Goal 2. Achieve Universal Primary Education**

2.1 Monitor the quality of education in primary and secondary level

***The quality of education in primary and secondary level is being monitored through the Primary Level Grades 2 and Grade 4 National Assessment. Primary level students are assessed by their passing grades and institution output are reflected in student's success rates. The Secondary level Third Year Certificate in Second Level Competency examinations assesses students attainment by the third year in high school and gives an indication of a student's strengths or challenges at the mid-secondary level.***

2.2 In order to achieve an effective way of assessment for students knowledge of appropriate levels of Mathematics at the secondary level, the Ministry of Education is advised to prepare a national syllabus for Mathematics and English particularly for students from the first to third year of secondary school.

***The Ministry of Education is in the process of finalizing a Mathematics and English syllabus for the first to third year of secondary school. According to education officials the draft version will be adopted during the 2014/2015 academic year.***

2.3 The Ministry of Education should seek to increase the number of ***trained teachers in secondary schools***, ensuring that an advance Child Psychology course is mandatory for certification.

***The Ministry of Education has not adopted a mandatory requirement for an advance course in Child Psychology for certification of secondary schools teachers.***

2.4 Additional resources should be allocated for teacher training specifically in subject areas.

***The Ministry of Education has provided support for higher education. Forty six secondary school teachers earned first degrees up to the 2013/2014 academic year with 13.0 percent completing first degrees in Mathematics. However it has not been determined whether these graduates are assigned to their subject areas.***

2.5 Create adequate programs and resources to address the associated needs of and challenges faced by both boys and girls.

***There are no specific programs and resources that address the associated needs of and challenges faced by both boys and girls.***

2.6 Tertiary Enrollment

Programs to stimulate male interest in continuing academic studies and vocational training should be implemented at the tertiary level.

***Programs to stimulate male interest in continuing academic studies have been not implemented. However at the vocational, certified or professional skills level, studies have been implemented.***

2.7 Data collection systems at the tertiary education level needs to be strengthened.

***No formal databases presenting statistical information exist at the tertiary level.***

2.8 The Ministry of Education Planning Unit is urged to review its tasks in the production of education indicators and create a data collecting system for early childhood and tertiary education statistics.

***Some education indicators are not systematically collected. In addition, a formal data collecting system for early childhood and tertiary education statistics does not exist.***

*Literacy Rates*

2.9 Conducting a Literacy Survey is critical in completing the literacy data gaps that currently exist and are required for the MDG.

***A CARICOM Literacy Survey questionnaire and manual have been prepared. The Literacy Survey pilot is scheduled to be conducted in May 2016.***

### **Goal 3: Promote Gender Equality and Empower Women**

3.1 A database should be created for students studying overseas particularly for those receiving government assistance.

***No formal database for students studying overseas particularly those receiving government assistance exist. The Central Statistics Office will assist in establishing the database by end of 2015.***

3.2 An independent study on the level of interest in continuing studies at the State College should be conducted at the secondary level. The questionnaire should be designed by the Ministry of Education and the Central Statistics Office. This Survey could indicate the underlying cause of the sex disparity for new entrants at the State College and an explanation on the course of general achievement for both sexes before completion of secondary education.

***Specific studies have not yet been undertaken on the sex disparity at tertiary level.***

3.3 Ensure women occupy at least 40.0 percent of seats in Parliament by 2015.

National programs should promote and encourage gender equality and empowerment of women in various sectors. The gender disparity at the parliamentary level needs to be addressed.

Further steps need to be taken to encourage women participation in the decision-making process, one of which is creating a conducive environment for participating in the political process. Women should be motivated to participate in the political process and opportunities should be given for representation.

***No formal programs have been established to encourage gender equality, empowerment and women participation in decision-making at the parliamentary level.***

3.4 The Bureau of Gender Affairs and respective authorities are encouraged to submit the United Nations Convention of the Elimination of Discrimination Against Women (CEDAW) Report for Dominica.

***The Bureau of Gender Affairs and respective authorities have submitted the United Nations Convention of the Elimination of Discrimination Against Women (CEDAW) Report for Dominica to the Cabinet but the document has yet been approved.***

3.5 A gender balance needs to be promoted at higher level managerial positions specifically in the Public Service as women occupy 61.5 of these positions. The basis however, would be to re-examine gender career pursuits in the Public Service and at tertiary level education.

***No policy or formal procedures are in place to re-examine gender career pursuits in the Public Service and at tertiary level education.***

### **Goal 4: Reduce child mortality**

4.1 It is recommended that the data collection instruments and the health administrative records on infant mortality are reviewed every half year.

*The neonatal deaths surveillance forms have been in use from June 2013. To date, data has been presented and reviewed for the last quarter of 2014.*

4.2 The mortality data collecting instruments should be examined by the national statistics agency.

*The Implementation of Perinatal and Neonatal Deaths Surveillance forms, a means of improving data collection regarding deaths is provided to the Neonatal and Maternity Units in a timely manner in order to effect appropriate interventions to improve outcomes. The data is used to measure and analyze specific indicators and to identify strengths and weaknesses in Maternal and Child Health service delivery. This is a collaborative effort between the Neonatal and Maternity Units and the Health Information Unit. To date data has been presented and reviewed for the last quarter of 2014. However data has not been submitted to the Central Statistics Office.*

4.3 The health care system should aim at attaining a 0.0 Infant Mortality Rate by 2015.

*While Dominica has made significant progress in combating childhood diseases, a high Infant Mortality Rate (IMR) has been identified as one of the major challenges within the health care sector. The IMR is currently 19.6 recording a sharp reduction from 30.08 (per 1000 live births) in 2013. A target of less than 10.0 per 1000 live births is expected by the end of 2020.*

4.4 According to senior health officials, in order to reduce infant deaths, investments in more efficient hospital care in the early days of life particularly for premature infants should be given great consideration.

*Neonatal Mortality has emerged as the most significant contributor to infant mortality. Attempts at decreasing Dominica's IMR should focus heavily on decreasing the Neonatal Mortality Rate(NMR). This involves a critical assessment of Maternal and Child Health (MCH) care services in Dominica. Following a situation analysis of the MCH care services three priority areas were identified for improvement with the ultimate aim to reduce the IMR:*

- 1. MCH-related Policy*
- 2. Service delivery at Primary and Tertiary levels*
- 3. Health Information System*

*To date, several of the activities have been implemented, while others are at various stages of implementation. These include:*

*The revision of staff rotation and assignment rules to allow for a core team to be permanently assigned to the Neonatal Unit.*

*The revision of the Maternal and Child Health (MCH) manual is completed within internationally recommended standards.*

*Increased awareness of required health care requirements and standards particularly in terms of infection control and sanitation.*

*Minor physical changes to the Neonatal and Maternity Units in order to reinforce infection control and reduce nosocomial infection outbreaks are nearing completion.*

*The acquisition of new medical equipment and supplies- namely incubators, radiant warmers and surfactant.*

*The implementation of strict access control to the Neonatal and Maternity Wards, through the installation of cameras and keyless entry doors.*

*The procurement and installation of equipment in hospitals to improve health care.*

4.5 Periodic reviews (from health and statistical professionals) of registration of infant deaths to ensure the mandated legal recording and classification of such events are conducted.

*The Neonatal Deaths Surveillance Forms have been in use from June 2013. To date, data has been presented for the last quarter of 2014. Forms have not been submitted for collaborative review.*

## **Goal 5: Improve Maternal Health**

**This goal has been achieved and is sustained.**

## **Goal 6: Combat HIV/AIDS, Malaria and other diseases**

6.1 Policies that address and monitor the education enrollment or school attendance of orphans should be enacted.

*Policies that address and monitor the education enrollment or school attendance of orphans do not exist.*

6.2 A fertility survey to capture information on condom use at last high risk sex and population with comprehensive correct knowledge of HIV/AIDS is recommended.

*The AIDS Coordinating Unit Knowledge, Attitude, Practices and Behavior((KAPB) Survey , October 2010 presents information on condom use, high risk population and knowledge of HIV/AIDS.*

### *Combat Malaria*

6.3 Efforts to control transmission particularly with the increase in visitors from areas with endemic malaria need to be continuously monitored. National vector control programs must be strengthened in order to eliminate the occurrence of malaria in anopheles-prone areas by end of 2015.

*Surveillance is conducted in swampy areas and fumigation is done regularly at least every three months. Imported cases are closely followed for full eradication and control of disease.*

## **Goal 7: Ensure environmental sustainability**

7.1 The daily testing of the three parameters should be conducted in all water distribution systems.

*Capacity challenges remain a concern in fully conducting the advance parameters for testing specifically for the physical and bacterial.*

## **Goal 8: Develop a global Partnership for Development**

8.1 The Ministry of Agriculture is urged to consider the recommended data collection system of the Fisheries Division and provide appropriate resources for the collection of agricultural data in a more accurate, timely and reliable manner.

***The Ministry of Agriculture data collection remains a challenge particularly with agricultural production statistics.***

8.2 An Agricultural Census should be conducted within the next three years. The last Census was conducted in 1995. Government must provide for Agricultural Surveys to be conducted at least every five years.

***An Agricultural Census is planned by the end of 2015.***

8.3 Policy makers need to examine the terms of trade for imports and standard packing for exports.

***Policy makers have not formalized trade in terms of standards for imports and standard packaging for major exports.***

8.4 Policy makers need to promote trade as a tool to reduce poverty.

***Policy makers have not established programs where trade is conducted as a tool to economic relief and economic empowerment.***

8.5 Policy makers need to develop and implement programs to provide for the employment of young persons. The provision of decent work at these younger age groups assists in the alleviation of poverty, breaks the cycle of poverty and creates empowerment.

***The Government of Dominica initiated the National Employment Program (NEP), in December 2013 as a means to directly address the growing challenge of unemployment, particularly among the youth. As of August 2014, the NEP which caters to persons at varying academic levels, skills and experience, reportedly created over 1,000 jobs to graduates, undergraduates, technicians, education mentors, farmers and varying levels of unskilled workers.***

8.6 Formal systems to track persons who should benefit or have access to affordable drugs should be established.

***Formal systems to track persons who should benefit or have access to affordable drugs do not exist.***

8.7 A health administrative monitoring system ensuring that essential drugs are available and affordable should be established.

A health administrative system fostering partnership with the private sector and drug manufacturing companies should be established.

***Formal health administrative systems that ensure essential drugs are available and affordable in collaboration with the private sector and drug manufacturing companies do not exist.***

8.8 The public should be informed of programs relating to information on the accessibility and availability of essential drugs.

***The public is aware of programs relating to information on the accessibility and availability of essential drugs upon visits to health centers and hospitals but is not informed prior to such visits.***



8.9 Essential drugs should be affordable( affordable also means that persons who are unable to afford or obtain these drugs when necessary, are still able to acquire them without difficulty).

***Government subsidizes some drugs to those who cannot afford while some drugs are free of charge to senior citizens and children under sixteen.***

## **References**

*2009 Survey of Living Conditions*

*2013 Environmental Statistics*

*2012 Annual Trade Update*

*2010 Millennium Development Goals Assessment*

*2005 Labor Force Survey*

*2004 Occupational Wage Survey*

*2001 and 2011 Population and Housing Censuses*

*Dominica Youth Business Trust, Best Practice Model*

*HIV/AIDS Unit Report Summary 2013*

*Other Sources:*

*Ministry of Finance and Social Security*

*Government Welfare Department*

*Ministry of Education Statistics Unit*

*Ministry of Health, Health Statistical Unit*

*Ministry of Trade and Foreign Affairs*

*Child Fund (formerly Christian Children Fund)*

*Ministry of Agriculture Fisheries Division and Forestry and Wildlife Division*

*Dominica Water and Sewerage Services Company (DOWASCO)*

*2015 House of Assembly records*

*Accountant General's Office*

*Agricultural Industrial Development Bank (AID Bank)*

*Growth Social Protection Strategy*

## **ANNEX I Millennium Development Goals -Internationally Agreed Development Goals**

### **Goal I: Eradicate extreme poverty and hunger**

**Target 1a:** *Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day*

- 1.1 Proportion of population below \$1 (PPP) per day
- 1.2 Poverty gap ratio
- 1.3 Share of poorest quintile in national consumption

**Target 1b:** *Halve, between 1990 and 2015, the proportion of people who suffer from hunger*

- 1.4 Growth rate of GDP per employed person
- 1.5 Employment to population ratio
- 1.6 Proportion of employed living below \$1 (PPP) per day
- 1.7 Proportion of own-account and contributing family workers in total employment

**Target 1c:** *Halve between 1990 and 2015, the proportion of people who suffer from hunger*

- 1.8 Prevalence of underweight children under five years of age
- 1.9 Proportion of population below minimum level of dietary energy consumption

### **Goal 2: Achieve universal primary education**

**Target 2a:** *Ensure that by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary schooling*

- 2.1 Net enrolment ratio in primary education
- 2.2 Proportion of students starting grade 1 who reach last grade of primary education
- 2.3 Literacy rate of 15-24 year olds, women and men

### **Goal 3: Promote gender equality and empower women**

**Target 3a:** *Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.*

- 3.1 Ratio of boys to girls in primary, secondary and tertiary education
- 3.2 Share of women in wage employment in non-agricultural sector
- 3.3 Proportion of seats held by women in parliament

### **Goal 4: Reduce child mortality**

**Target 4a:** *Reduce by two thirds between 1990 and 2015, the under-five mortality rate*

- 4.1 Under-five mortality rates
- 4.2 Infant mortality rates
- 4.3 Proportions of one year old children immunized against measles

## **Goal 5: Improve maternal health**

**Target 5a:** *Reduce by three quarters between 1990 and 2015, the maternal mortality ratio*

- 5.1 Maternal mortality ratios
- 5.2 Proportion of births attended by skilled health personnel
- 5.3 Contraceptive prevalence rates

**Target 5b:** *Achieve by 2015 universal access to reproductive health*

- 5.4 Adolescent birth rate
- 5.5 Antenatal care (at least one visit and at least four visits)
- 5.6 Unmet need for family planning

## **Goal 6: Combat HIV/AIDS**

**Target 6a:** *Have halted by 2015 and begun to reverse the spread of HIV/AIDS*

- 6.1 HIV prevalence among population aged 15-24 years
- 6.2 Condom use at last high risk sex
- 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS
- 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years

**Target 6b:** *Achieve by 2010 universal access to treatment of HIV/AIDS for all those who need it*

- 6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs

**Target 6c:** *Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases*

- 6.6 Incidences of death rates associated with malaria
- 6.7 Proportion of children under 5 sleeping under insecticide-treated bed nets
- 6.8 Proportion of children under 5 sleeping with fever who are treated with appropriate anti-malarial drugs
- 6.9 Incidence, prevalence and death rates associated with tuberculosis
- 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course

## **Goal 7: Ensure environmental sustainability**

**Target 7a:** *Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources*

- 7.1 Proportion of land area covered by forest
- 7.2 Carbon dioxide emissions, total, per capita and per \$1 GDP (PPP) and consumption of ozone-depleting substances
- 7.3 Proportion of ozone-depleting substances
- 7.4 Proportion of fish stocks within safe biological limits
- 7.5 Proportion of total water resources used

**Target 7b:** *Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources*

- 7.6 Proportions of terrestrial and marine areas protected
- 7.7 Proportions of species threatened with extinction

**Target 7c:** *Have halted by 2015, the proportion of people living without sustainable access to safe drinking water and basic sanitation*

- 7.8 Proportion of people using an improved drinking water source
- 7.9 Proportion of people using an improved sanitation facility

**Target 7d:** *By 2020, to have achieved a significant improvement in the lives of at least 200 million slum dwellers*

- 7.10 Proportion of urban population living in slums

## **Goal 8. Develop a global partnership for development**

**Target 8a:** *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 international*

**Target 8b:** *Address the special needs of the least developed countries.*

Includes: tariff and quota free access for the least developed countries' exports; enhanced program of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction that is united

- 8.1 ODA, net, as a percentage of OECD/DAC donors' GNI
- 8.2 ODA to LDCs, net, as a percentage of OECD/DAC donors' gross national income.
- 8.3 Proportion of total ODA to basic social services
- 8.4 Proportion of bilateral official development assistance of OECD/DAC donors

**Target 8c:** *Address the special needs of landlocked developing countries and small island developing States (through the Program of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)*

- 8.5 ODA received in landlocked developing countries as a proportion of their gross national incomes
- 8.6 ODA received in small island developing States as a proportion of their gross national incomes

*Market access*

- 8.7 Proportion of total developed imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty
- 8.8 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries
- 8.9 Agricultural support estimate of OECD as a percentage of their gross domestic product
- 8.10 Proportion of ODA provided to help build trade capacity

**Target 8d:** *Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term debt sustainability*

- 8.11 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)
- 8.12 Debt relief committed under HIPC initiative
- 8.13 Debt service as a percentage of exports of goods and services

*In cooperation with developing countries, develop and implement strategies for decent and productive work for youth*

- 8.14 Unemployment rate of young people aged 15-24 years, each sex and total

**Target 8e:** *In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing Countries*

- 8.15 Proportion of population with access to affordable essential drugs on a sustainable basis

**Table 8f:** *In cooperation with the Private sector, make available the benefits of new technologies, especially information and communications*

- 8.16 Telephone lines per 100 population
- 8.17 Cellular subscribers per 100 population
- 8.18 Personal computers in use per 100 population
- 8.19 Internet users per 100 population

## ANNEX II Caribbean Specific Targets and Indicators

Goals	Targets	Indicators
1.Eradicate extreme poverty and hunger	1.Halve, between 1990 and 2015, the proportion of people who fall below the poverty line.	1.Proportion of population living below the poverty line by sex;  1(a). Proportion of households living below the poverty line, by sex of Head of Household  1(b). Proportion of employed living in households with a household per capita income which is below the poverty line, by sex of head of household  2.Poverty gap ratio, by sex;  3.Share of poorest quintile in national consumption, by sex;
	2.Halve, between 1990 and 2015, the proportion of people who suffer from hunger.	4.Prevalence of under weight children under 5 years of age by sex;  5. Proportion of population below minimum level of dietary energy consumption by sex.
	3.Halve, between 1990 and 2015, the proportion of persons without access to basic services.	6.Proportion of households with access to electricity by sex of head of household;  7. Proportion of households using pit latrines by sex of head of household.
2.Achieve universal primary and secondary education	4.Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary and secondary schooling, up to Form 5.	8.Net enrolment ratio in primary education by sex;  9.Proportion of students of school age attending primary school by sex and grade;  9(a). Proportion of students of school age attending secondary school by sex and form;  10.Proportion of pupils starting Grade 1 who reach Grade 5 by sex;  11.Net enrolment ratio in secondary education by sex;  12.Proportion of students starting Form 1 who reach Form 5 in secondary school by sex;  13.Proportion of students who complete

Goals	Targets	Indicators
		<p>secondary school at Form 5 with passes in at least two subjects English (or official language of country), and Maths by sex;</p> <p>14.Literacy rate of persons 15-24 year olds by sex;</p> <p>15.Proportion of students in secondary schools in 5th Form enrolled in science and technical subjects, by sex</p> <p>15(a) Proportion of teachers trained in the area of gender sensitization</p> <p>16.Proportion of schools implementing a gender-sensitization program</p> <p>17.Proportion of children in class above the average age of the class, by sex</p> <p>17(a) Proportion of children in class below the average age of the class, by sex</p> <p>18.Percentage of trained teachers in primary schools by sex;</p> <p>18(a) Percentage of trained teachers in secondary schools by sex;</p> <p>19.Average class size by grade/form</p>
	5.Ensure that, by 2015 pre-school age children have universal access to early childhood education	20.Proportion of children attending early childhood education institutions, by sex
3.Promote gender equality and empower women	6.Eliminate gender disparity in primary and secondary education, preferably by 2005 and in all levels of education no later than 2015.	<p>21.Ratio of girls to boys in primary enrolment</p> <p>22.Ratio of girls to boys in secondary enrolment</p> <p>23.Ratio of girls to boys in tertiary enrolment;</p> <p>24.Ratio of literate women to men of 15- 24 years;</p> <p>25.Proportion of students who take Mathematics and at least one of the Sciences in examinations (CXC or equivalent) at 5th Form by sex;</p>
	7.Eliminate gender disparities in	26.Share of women in wage employment in the



Goals	Targets	Indicators
	income and occupational opportunities at all levels and in all sectors, no later than 2015.	<p>non-agricultural sector;</p> <p>27.Average earned income (gross) of men and women by occupational group;</p> <p>28.Proportion of the employed persons by occupational group and sex;</p> <p>29.Proportion of seats held by women in national parliament;</p> <p>30.Proportion of women holding office in local government.</p> <p>31.Proportion of women in other decision-making occupations;</p>
	8. Reduce by 60%, the incidence of physical acts of gender based violence by 2015.	<p>32.Incidence of reported physical abuse by sex of the abused;</p> <p>33.Number of persons per 1,000 population who have been victims of major crimes, by sex</p> <p>33(a) Average age of victim of major crimes, by sex</p> <p>34.Number of persons per 1,000 population who have committed major crimes, by sex</p> <p>34(a) Average age of offender who have committed major crimes, by sex</p> <p>35.Number of persons per 1,000 population who have experienced physical violence in the past 12 months at the hands of spouse/partner, by sex</p> <p>35(a) Average age of persons who have experienced physical violence in the past 12 months at the hands spouse/partner, by sex</p>
	9.Reduce by 2015, all forms of gender based violence	<p>36.Percentage of sexual assault cases completed through the court process in the past 12 months;</p> <p>36(a) Average time (in months) it takes for a sexual assault case to be completely processed through the courts from the date of charge.</p>
4.Reduce child	10. Reduce by two-thirds between 1990 and 2015, the	37.Under five mortality rate by sex;

Goals	Targets	Indicators
mortality	under-five mortality rate.	<p>38. Infant mortality rate by sex;</p> <p>39. Proportion of children 1-4 years of age who have received complete immunization coverage (BCG, 3 doses DPT, oral polio and measles);</p> <p>40. Number of deaths of children through violence per 1,000 population under 5, by sex</p> <p>40(a) Average age of children under 5 who died through violence, by sex</p> <p>40(b) Number of perpetrators responsible for the death of children under 5, by sex</p> <p>40(c) Average age of perpetrators responsible for the deaths of children under 5, by sex</p>
5. Improve maternal health	11. Reduce by three-quarters between 1990 and 2015, the maternal mortality ratio	41. Maternal mortality ratio
	12. Universal access to reproductive and sexual health services through the primary healthcare system by 2015.	<p>42. Proportion of births attended by skilled health personnel.</p> <p>43. Proportion of contraceptive demand satisfied.</p> <p>44. Adolescent (10-19) fertility rate</p> <p>45. Proportion of adolescent (10-19) attending ante-natal care clinics.</p> <p>46. Number of women aged 15-49, per 1000 women of this age group, contracting sexually transmitted infections by type</p> <p>46(a) Number of women 15-49, per 1,000 women of this age group treated for sexually transmitted infections by type</p>
6. Combat HIV/AIDS malaria and other diseases	13. Have halted by 2015 and begun to reverse the spread of HIV/AIDS.	<p>47. HIV prevalence among pregnant women aged 15-24;</p> <p>48. Condom use, rate of contraceptive prevalence:</p> <p>48(a) Condom use at last high-risk sex, by sex;</p>

Goals	Targets	Indicators
		<p>48(b) Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS by sex;</p> <p>48(c) Contraceptive prevalence rate.</p> <p>49. Condom use as a proportion of overall contraceptive use for persons 15-24 in consensual unions;</p> <p>50. Percentage of population 15-24 years in support of abstinence</p> <p>51. Ratio of school attendance of orphans to school attendance of non-orphans 14 and under;</p> <p>52. Proportion of children orphaned by HIV/AIDS by age group;</p>
	14. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.	<p>53. Prevalence of malaria by sex and age;</p> <p>53(a) Death rates associated with malaria by sex and age;</p> <p>54. Proportion of population in malaria risk areas using effective malaria preventative and treatment measures;</p> <p>55. Prevalence of tuberculosis, by sex and age</p> <p>55(a) Death rates associated with tuberculosis, by sex and age</p> <p>56. Proportion of tuberculosis cases detected and cured under DOTS.</p> <p>57. Prevalence of Dengue, by sex and age;</p> <p>57(a) Death rates associated with Dengue, by sex and age</p> <p>58. Prevalence of selected chronic non-communicable diseases by sex and age;</p> <p>58(a) Death rates associated with selected chronic non-communicable diseases by sex and age;</p>
7. Ensure environmental sustainability	15. Integrate the principles of sustainable development into country policies and programs	<p>59. Proportion of land area covered by forest;</p> <p>60. Ratio of area protected to maintain</p>

Goals	Targets	Indicators
	and reverse the loss of environmental resources.	biological diversity to surface area; 61. Energy use (kg oil equivalent) per \$1 GDP (PPP); 62. dioxide emissions (per capita); 63. Proportion of population using solid fuels by type of tenure.
	16. Halve by 2015 the proportion of people without sustainable access to drinking water and to improve sanitation.	64. Proportion of population with sustainable access to an improved water source; 65. Proportion of population with access to improved sanitation facility, urban/rural;
	17. Halve achieved by 2020 significant improvement in the lives of at least 70% of persons living in poor communities.	66. Proportion of households with own dwelling;
	18. Ensure the availability of a vulnerability index for the Caribbean which is sensitive to economic, social and environmental threats within the next five years.	67. Percentage of coral reefs destroyed by human activity and by natural disasters; 68. Incidence of natural disasters; 69. Economic losses resulting from natural disasters; 70. Social dislocation resulting from natural disasters;
8. Develop a global partnership for development	19. Develop further an open ruled-based predictable, non-discriminatory trading and financial system.  20. Address the special needs of the Least Developed Countries, LDCs, (includes tariff and quota free access for LDCs' exports; enhanced program of debt relief for HIPC and cancellation of official bilateral debt; and more	ODA  71. Net ODA as a percentage of OECD/DAC donors' gross national product (targets of 0.7% in total and 0.15% for LDCs);  72. Proportion of ODA to basic social services (basic education, primary health care, nutrition, safe water and sanitation).  73. Proportion of ODA that is untied;  74. Proportion of ODA for environment in

Goals	Targets	Indicators
	<p>generous programs of debt relief for countries committed to poverty reduction).</p> <p>21.Address the special needs landlocked countries and SIDS.</p> <p>22.Deal comprehensively with the debt problems of developing countries, through national and international measures in order to make debt sustainable in the long term.</p>	<p>Small Island Developing States;</p> <p>75.Proportion of ODA for transportation in land-locked countries.</p> <p>Market Access</p> <p>76.Proportion of exports (by value and excluding arms) admitted free of duties and quotas;</p> <p>76(a) Export of services as a proportion of total goods and services exported</p> <p>77.Average tariffs and quotas on agricultural products and textiles and clothing from developing countries;</p> <p>78.Agricultural subsidies for OECD countries as a percentage of Gross Domestic Product for respective countries,</p> <p>79.Cost of implementing sanitary or phyto-sanitary measures as a percentage of the total value of exports for which these measures are required;</p> <p>80. Proportion of ODA provided to help build trade capacity.</p> <p>Debt Sustainability</p> <p>81.Proportion of official bilateral HIPC debt cancelled;</p> <p>82.Debt service as a percentage of export of goods and services;</p> <p>83.Proportion of ODA provided as debt relief;</p>
	<p>23.In cooperation with developing countries, develop and implement strategies for decent and productive work for youth, women and especially vulnerable groups.</p>	<p>84.Unemployment rate by sex;</p> <p>84(a) Unemployment rate for the 15-24 age group by sex</p>

Goals	Targets	Indicators
	24.In cooperation with pharmaceutical companies, provide access to affordable internationally approved essential drugs in developing countries.	85.Proportion of population with access to affordable essential, approved drugs on a sustainable basis;
	25.In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.	86.Telephone lines per 1,000 people; 87.Personal computers per 1,000 people; 88.Ratio of personal computers/laptops available for use in primary and secondary schools to number of students enrolled in primary and secondary schools (respectively); 89.Ratio of ministerial/departmental websites used in providing information to the population to the number of ministries/departments within the government. 90.Internet users per 100 population 91.Cellular subscribers per 100 population.

Note: some renumbering of targets and indicators would have occurred as a result of the expansion of targets and indicators.

