

Ad Hoc Expert Group Meeting on
Strategies to End Violence
Against Women: data Collection
Systems for Domestic Violence
in the Caribbean
Port of Spain, Trinidad and Tobago
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**REPORT OF THE ECLAC/CDCC AD HOC EXPERT GROUP MEETING ON
STRATEGIES TO END VIOLENCE AGAINST WOMEN:
DATA COLLECTION SYSTEMS FOR DOMESTIC VIOLENCE
IN THE CARIBBEAN**

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The Economic Commission for Latin America and the Caribbean/Caribbean Development and Cooperation Committee (ECLAC/CDCC) secretariat convened a meeting of experts in the field of statistics and domestic violence over a two-day period, 8-9 November 2001, in Port of Spain, Trinidad and Tobago.

Attending the meeting were representatives from governmental and non-governmental agencies, including the Ministry of Human Development, Youth and Culture of Trinidad and Tobago; Community Policing; Central Statistical Office (CSO); Coalition against Domestic Violence (Trinidad and Tobago); Help and Shelter (Guyana); the Caribbean Community (CARICOM) secretariat; the Pan American Health Organization/World Health Organization (PAHO/WHO); the United Nations Development Programme (UNDP) and the United Nations Development Fund for Women (UNIFEM). The list of participants is annexed to this report.

**Agenda item 1:
Welcome and background to the meeting**

Mr. Lance Busby, Officer-in-Charge, welcomed participants on behalf of the Director of the ECLAC/CDCC secretariat. He endorsed the proposal to develop a data collection protocol for measuring domestic violence, but remarked that the nature of the phenomenon made it difficult for measurement in a strictly clinical manner, or even as definitively as other kinds of criminal offences. He drew attention to the number of agencies that independently collected data on domestic violence and advocated the need for these agencies to meet and discuss their programmes in order to develop a more cohesive approach and to reach clear agreement on the outputs of the data collection system.

He cautioned that in attempting to marry or correlate data from various sources, one might run the risk of comparing dissimilar entities, leading to unsound conclusions. Further, as regards the data presently available, one must determine whether the data is appropriate, incomplete or useless. Mr. Busby urged the participants to be rigorous in their analysis, remarking that counter arguments made after the process of data collection could diminish the effectiveness of the exercise.

The representative of the ECLAC/CDCC secretariat stated that the main objective of the meeting was to share the draft of the data collection protocol prepared by the ECLAC consultant, Dr. Godfrey St. Bernard. She traced some of the important milestones in dealing with domestic violence in the Caribbean, referring to the meeting held on Women, Violence and the Law in 1991 which was co-hosted by the Caribbean Association for Feminist Research and Action (CAFRA) and the ECLAC Subregional Headquarters for the Caribbean. At that time, few countries had compiled crime statistics disaggregated by relationship between victim and offender and this limited the measurement of the incidence or prevalence of domestic violence. The inadequacy in data collection was related to underreporting, under-documentation, administrative incapacity on the part of the police and service workers and a lack of appreciation for the use of statistics in the policy formulation and monitoring cycle.

Since then, there had been much progress in addressing domestic violence. The policy responses to domestic violence had focused on the consequences of violence through: (a) law reform based on CARICOM model legislation; (b) increasing police effectiveness; and (c) the provision of services, such as shelters and hotlines, for victims of violence. In the Caribbean subregion, policy makers were concerned with developing a more holistic and integrated response that would continue to address the needs of the victims for protection as well as the prevention of domestic violence.

In this context, the ECLAC Subregional Headquarters for the Caribbean had received a number of requests for technical assistance aimed at strengthening the data collection capacity in the area of domestic violence. To render effective assistance, ECLAC had developed a model protocol for the integrated collection and compilation of reports of domestic violence. The meeting was informed that at a Working Group Meeting on Data Collection Systems for Domestic Violence convened by the ECLAC/CDCC secretariat in January 2001 the participants agreed that a data collection system for domestic violence should be based on a standardised definition of domestic violence that would be able to accommodate the definitions used by all stakeholders, i.e. by agencies which interacted with victims and/or perpetrators of domestic violence for the purpose of service delivery. The system would have to ensure confidentiality while still catering for the avoidance of duplication of reports through the elaboration of an appropriate unique identifier. Possible stakeholders with an interest in harmonising data collection on reports included the police, the courts, health institutions, organizations that operated shelters and hotlines.

The ECLAC/CDCC secretariat pointed out that with appropriate data one could obtain profiles of victims and violators, evaluate the effectiveness of interventions and ascertain the correlation between domestic violence and other socio-economic and cultural factors allowing for the design of more effective and targeted social policies.

The meeting was informed that the proposed data collection protocol for domestic violence formed one component of a larger ECLAC project, entitled “Development of Social Statistical Databases and a Methodological Approach for a Social Vulnerability Index for Small Island Developing States”.

**Agenda item 2:
Models of data collection for domestic violence**

The representative of PAHO presented on the PAHO experience in developing and supporting a surveillance system for intra-family violence (IFV) in Central America. The eradication of domestic violence was integral to PAHO’s pledge of health, since gender-based violence was seen as an issue of gender inequality and, by extension, a denial of human rights.

She stressed the PAHO view that relevant organizations should be working to measure the impact of violence not only on the individual but as well on the development of the society. However, while many programmes had been developed, there was only limited data to ascertain the level of effectiveness of these interventions.

The PAHO representative elaborated on the health information system in Central America and, in particular, the surveillance system for intra-family violence. The intra-family violence surveillance project was based on certain principles. These were zero tolerance to violence, the need for new forms of interaction and modes of communication between men and women and cooperation between State and civil society to promote detection, attention and prevention of domestic violence issues.

In Central America, PAHO has adopted a strategy aimed at three levels: (i) a national component, which consisted of policies to be adopted and institutional responses; (ii) a sectoral component aimed at capacity building and surveillance to draw attention to the problem of IFV; and (iii) a community aspect which consisted of building of multisectoral networks at community level to ensure easier access to facilities by the general populace.

The IFV surveillance system, which defined family violence as that which resulted in harm to the physical, sexual, emotional, social or patrimonial (economic) state of a person, gathered information on incidents of IFV, the conditions under which the incident took place and any factors considered to be impinging on the situation.

The scope of the programme involved the design of variables, indicators, procedures/forms and the training of personnel. In the implementation of the system, several challenges to harmonization of data collection efforts emerged.

There was no standard definition within Central America or between districts in the same country as to what constituted domestic violence. In addition, although there was passive data collection on the phenomenon within the health sector, this was in the absence of any standardization in the data collection format. In responding to these issues, a decentralized information production and dissemination system was advocated along with the establishment of intersectoral monitoring committees.

Apart from passive screening of intra-family violence, active screening had also been implemented in some countries in Central America. It was hoped that active screening would allow the detection of trends and profiles of persons vulnerable to domestic violence as well as a more accurate understanding of the prevalence of intra-family violence.

The PAHO representative reported that the programme was being implemented in seven countries in Central America. However, the systems were not all identical, but varied according to the circumstances of the particular State. Complete systems existed only in Panama and Belize and each country made its own decision on what constituted core variables. However, the data routinely collected in the IFV system included information on the type of violence, sex of victim and perpetrator, the age group affected and whether the violence was physical, psychological, sexual, economic or a combination of these.

Commenting on the achievements of the programme, the PAHO representative stated that the programme had led to a wider and more integrated response to the problem of IFV. Communities had become active participants in the network of information gathering, the producers and users within the IFV system were able to access processed data for analysis and indicators suited to countries were being defined and generated to monitor country commitments.

The programme, however, was not without its challenges. Some of these included the following: the definition of family violence remained varied; case definition was still uncertain; limited budgets assigned to the programmes; information flow was, in some instances, slow and uncertain; the quality and reliability of data was in need of continuous review; resistance from health personnel and weak or limited data analysis skills.

Constant and sustained media collaboration have been essential to the effectiveness of the intra-family surveillance system. The needs which remained relevant were greater advocacy for the inclusion of data from the surveillance system into the national health and development reports, technical support to the surveillance processes, the publication of reports of the IFV data, continuous active screening of IFV and the promotion of social surveillance to determine the effectiveness of the measures which had been adopted.

In concluding the presentation, the PAHO representative reiterated the system of collected information, which when classified and interpreted, formed the basis for possible interventions. The system was still being assessed and as such, remains dynamic in its structural integrity.

The representative of the Division of Gender Affairs, Trinidad and Tobago, reported on the Cabinet-appointed committee established to develop a policy on domestic violence and the standardization of data collection methodologies across agencies. She indicated that the CARICOM Secretariat had began work on domestic violence in the Caribbean and it was this impetus that eventually led to the establishment of a Domestic Violence Unit within the Division of Gender Affairs and the commencement of a hotline service in May 1999.

The Cabinet-appointed committee examined data collected by various agencies, and identified problems relating to accuracy and confidentiality in the collection and dissemination of data. A major problem was the lack of inter-agency cooperation as agencies had continued to collect data with limited reference to other data collecting sources. The Division had piloted the use of a standardized data collection form that was sent to 14 agencies. There was, however, significant non-response to the use of the standardized forms.

Discussion:

In replying to queries concerning the Central American experience, the PAHO representative shared certain country experiences. In Panama, for example, only the health service was involved in the surveillance system. In El Salvador, the system operated at regional levels, so that national data was not readily available. In Costa Rica, in addition to routine data collection, there was a regime of active screening for domestic violence at health centres. The PAHO representative agreed that even though the local system functioned well in the Caribbean, the best system might be a national system, bearing in mind the land size and population of the countries.

In the discussion of the definition of “the case”, it was agreed that the data collection exercise was not primarily concerned with proving that abuse had occurred. The data collection exercise was concerned to collect and compile reported cases of abuse.

Agenda item 3:

Methodological challenges of developing a protocol for domestic violence

The ECLAC consultant, Mr. Godfrey St. Bernard, presented on the methodological challenges of developing a data collection protocol for domestic violence and looked at variable definitions, data management and data flow.

Acknowledgement was made of the thrust toward the development of systems to collect the requisite data across a range of agencies, such as the police, the courts, shelters, health institutions and other related service delivery organs which all had established independent data collections systems to serve their specific ends. While these multiple data sources had produced a range of critical data that were complementary in many instances, there was need for reconciliation through processes of standardization. However, Mr. St. Bernard pointed out that these disparate elements of data hinged upon different conceptual principles which affected not only upon the variable quality of the data but also on efforts toward reconciliation.

In relation to the disparate data sources, he pointed out that in many instances the data was related to the victim and limited information was available on the perpetrator or even the domestic situation in which the abuse had taken place. He advocated the need for a clear definition of the variables of family or domestic setting. In addition, a decision had to be taken on the behaviour that would constitute domestic violence so as to be captured within the data collection exercise.

Dr. St. Bernard recommended an incident-based data collection protocol which would allow for the collection of information on the victim, the perpetrator and the incident. Such an approach permitted analyses of incidents according to characteristics of the victim, the perpetrator, the nature of the violence/abuse and the physical location. In order to engage in analyses at the level of victims and perpetrators, it would be necessary to identify unique identifiers for the two sets of individuals. Problems of generating a unique identifier could be solved in some countries by use of personal identification cards, social insurance numbers, passports or driver's permits. However in countries where these were not widely used, unique identifiers may have to be developed by reference to personal data and ascriptive traits of informants, such as birth date, geographic location and sex. The unique identifier would also be vital to provide some assurance of confidentiality and avoidance of data duplication in relation to any one incident where the informant went to more than one agency to report an incident.

On the issue of data management, Dr. St. Bernard advised that through a consultative process, agencies should be encouraged to collect the data that served not only their programmatic ends but which also met the data needs of the proposed data collection system. Because agencies had differing data needs, a standardised form would not be feasible. The consultative process should enable the agencies to refine their instruments to serve the data needs of the proposed integrated model of data collection.

Ensuring data quality was also an important aspect of data management. In revising agency-specific instruments to satisfy appropriate data quality standards, Dr. St. Bernard stated that professional inputs would be necessary

to ensure that appropriate standards were met with respect to the different dimensions of the instrument - layout, content, response/recording options and efficiency in data processing.

He advised that the data from disparate data sources should be managed by a central registry. Because access to micro-level data was crucial to ensure proper analyses, confidentiality standards in data management had to be assured. In this regard, he pointed out that the statistics laws in many countries in the region required statistical officers to take an oath of confidentiality as a prerequisite for employment in some departments of the central statistical offices. The central registry should have at least two members of staff devoted to managing the national database. The two officers should have adequate training in official and applied statistics, in addition to exposure to training in the use of computer software such as SPSS, IMPS and CS Pro.

Dr. St. Bernard recommended timely and periodic reports from the central registry. The prospective output of the Central Registry should be in the three data files reflecting data sets pertaining to incidents, victims and perpetrators. Within the Central Registry, the officers should be expected to produce an annual statistical report on domestic violence at national levels. The central registry should also provide data sets to research organizations subject to the submission of a research proposal and the payment of a nominal fee. The central registry should also entertain collaborative research insofar as it may enhance the capability of its staff.

Discussion:

The difficulties inherent to developing a unique identifier in countries that did not have nation-wide identification systems engaged the attention of the participants. Even for countries with such systems, the challenge of capturing data in relation to children was raised. The participants agreed that a combination of birth dates and codes corresponding to acriptive traits might suffice. However, it was felt that it would be difficult to completely eliminate the possibility of duplication of data.

The meeting also agreed that having regard to the differing data needs of participating agencies, a standardised form would not be appropriate. Harmonisation of data was advocated through which a minimum core data set would be identified and collected by all participating agencies.

The possibility that a non-governmental agency might comprise the central registry was mooted. However the issues of instability of funding to such agencies as well as the imperative of confidentiality arose. In that regard, it was agreed that the central statistical offices would be best placed to function as the central registry.

Agenda item: 4
Presentation of the data collection instrument

Dr. St. Bernard reminded the meeting that one objective of the work was to identify the core minimum information needed by participating agencies, such as the police, social services, the courts and health centres.

Apart from capturing data in relation to the alleged abuse, additional data items were required that characterised the features of the incidents. These would include date and time of occurrence, injury status of the victim, mode of injury, ordinal status of incident (first or repeat) and report status of incident (i.e. whether or not reported to the police). These data items were necessary because they provided descriptive parameters important to the monitoring intervention outcomes.

For each incident reported, data ought to be collected to reflect experiences and outcomes associated with the three principal arenas of action. With respect to service providers, Dr. St. Bernard considered that it was necessary to document the name of the service provider agency, date and time of visit/contact, informant (i.e. victim, family member or other person), type of service sought, type of service delivered and nature of referral.

For each incident reported, background data should be collected on victims and perpetrators. Such data included demographic characteristics such as gender, age, marital/civil status, place of residence, labour market characteristics (i.e. employment status and occupational status), educational status (i.e. attainment and qualifications), disability status, religion and ethnicity/race. Dr. St. Bernard pointed out that these data would be important in permitting assessments of differentials in the incidence and prevalence of domestic violence predicated upon gender, age, civil status, religion, ethnicity and residence.

Analyses that hinged upon the link between domestic violence and power relations in domestic settings could also be assessed from correlations with labour market characteristics and/or educational characteristics. Deviance histories (i.e. drug use, alcohol use, assault/violence etc) were also important

as a means of evaluating links between dysfunctional behaviour and a proclivity towards meting out violence within domestic settings.

Discussion:

The participants agreed that the data collection instrument should be as brief as possible while collecting data sufficient to allow for trends analysis as well as point to causal factors for domestic violence. Still, the meeting agreed that reliable data on deviance history of the perpetrator could not be assured should the report be made by the victim as was likely to be the case. The same would also hold true about information on the perpetrator's experience of abuse as a child. Because of the high degree of likelihood that the responses to these questions, if provided by the victim, would not be accurate, it was felt that they should be eliminated from the data collection instrument. However, information as to whether the perpetrator was under the influence of alcohol or drugs at the time of the reported incident should be elicited as well as the informant's perspective on the proximate cause or catalyst for the violent incident. The challenge was to capture subjective components in relation to the incident for the purpose of policy development while at the same time keeping the data collection exercise manageable.

On the question of the unique identifier, it was felt that perhaps there was too much concern with reducing duplication of reports since some of this would be unavoidable. For many countries, it was felt that a unique identifier would have to be developed specifically for the data collection exercise. In addition to the possibility that national identification systems were not widespread or efficient, the meeting agreed that it would be unlikely that persons in crisis would be concerned with carrying identification.

The meeting discussed the need for an exhaustive meta-dictionary and for training of the persons responsible for data collection to ensure a consistent understanding of the variables to be collected. In that regard, the participants identified ambiguity in the questions around nature of the incident (types of abuse). Concern was also expressed for a clearer eliciting of information on educational and employment status, even while recognizing their utility as proxies for socio-economic status. Greater definitional clarity of injury and extent of injury was also canvassed. The participants urged the deletion of the questions on pregnancy beyond that which captured whether the victim was pregnant at the time of the incident.

The data collection form presented by ECLAC allowed for collection of data given by a victim, a perpetrator and an informant. The meeting pointed out most frequently the victim would be the informant and therefore the form as presented was unnecessarily duplicative.

As an aid for monitoring services to victims, the participants considered that there should be data collected on agency response to reports of violence. In a like manner, the form should capture whether a protection order was in force at the time of the incident.

The meeting agreed that for a successful implementation of the data collection protocol that there should be a high level of consultations in the definition of minimum core information to be collected across agencies. Critical, too, would be training of data collectors not only in data management and other technical areas but also in the dynamics of domestic violence.

Prior to implementation, the form should be piloted to validate content and format. However the PAHO representative reminded the participants that imperfections were to be expected, but that it was important to begin the exercise of data collection, even in circumstances that were less than optimal.

Although the recommendation was made and endorsed that the central statistical offices should be the sites of the central registry, it was recognised that these offices were already underresourced and understaffed. Suggestions were made, therefore, for greater institutional collaboration between these offices and the national machineries for women, including the sharing of staff through secondment. It was also recommended that a regional pool of experts be identified who would be able to support countries as they implemented an integrated approach to data collection for domestic violence.

The participants suggested that the ECLAC Subregional Headquarters for the Caribbean identify a select number of countries for the purpose of piloting the protocol and assisting in implementation. The countries to be selected should reflect the various experiences and capacities in data collection. In addition another criterion or guideline in the selection of countries for piloting was whether the country already had in place a system for data collection, as did Saint Lucia and, in that case, the assistance would be geared towards strengthening what already existed. In that regard, the representative of the Central Statistical Office of Trinidad and Tobago felt that there was a need to identify the major stakeholders and to bring the draft protocol to them for feedback and response.

The participants agreed that this work supported by ECLAC was a critical component to attempts to understand and therefore eradicate all forms of violence in the domestic setting. However, attention was drawn to the need for national plans on domestic violence in which data collection would be one essential component.

Agenda item: 5
Agency work and inter-agency collaboration

Representatives of the agencies present at the meeting shared with the meeting their work programme on the theme as follows:

Division of Gender Affairs, Saint Lucia

Saint Lucia was currently in the process of developing a national policy on gender-based violence. At a recently held roundtable on the topic which was attended by a cross section of governmental agencies and non-governmental agencies, it was agreed that response protocols for all sectors would be developed, including data collection protocols. Saint Lucia had started the work of harmonizing its approach to the collection and compilation of data on domestic violence and wished to extend its work to active screening at health centres.

Division of Gender Affairs - Trinidad and Tobago

The Division took an integrated approach to domestic violence and in its work had been supported by UNIFEM, the Organization of American States (OAS) and the Canadian International Development Agency (CIDA). The ECLAC work was seen as timely because of the mandate given to develop an integrated approach to strengthen the understanding of the dimensions of domestic violence.

Help and Shelter – Guyana

The representative shared that the Probation and Family Welfare Department is the governmental agency with responsibility for coordinating the State's activities on domestic violence.

CARICOM

The representative of CARICOM reported that the secretariat was working on gender mainstreaming in the areas of health, HIV/AIDS and labour. However it would support the ECLAC initiative in this area.

PAHO

At a regional level, PAHO had a clear commitment to the development of health and development indicators. Surveillance was a key component in giving visibility to intra-family violence. In this regard, PAHO was also interested in advancing active screening models and looked forward to furthering its work in this area in collaboration with ECLAC.

UNIFEM

This agency had an ongoing gender and social indicators and, therefore, data on violence against women was a critical component. The representative of UNIFEM indicated that that agency would be interested in advancing the implementation of an integrated data collection system.

**Agenda item 6:
Closing**

The ECLAC/CDCC secretariat thanked the participants for their interventions and attendance at the meeting.

Annex**LIST OF PARTICIPANTS****COUNTRIES****Saint Lucia**

Ms. Charms Gaspard, Gender Relations Officer, Walcott Building, Jeremie Street, Castries, Saint Lucia, Telephone: 758-453-0557, Facsimile: 758-453-0938, E-mail: womendiv@candw.lc

Trinidad and Tobago

Ms. Denise Bobb, Chief Operations Officer, Trinidad and Tobago Coalition Against Domestic Violence, 3 Rust Street, St Clair, Port of Spain, Trinidad and Tobago, Telephone: 868-622-7506/7, E-mail: denisebobb@hotmail.com

Ms Aileen Clarke, Director of Gender Affairs, Ministry of Community Empowerment, Youth, Sports and Consumer Affairs, 8 Queen's Park East, Port of Spain, Trinidad and Tobago, Telephone: (868) 623-7032, Facsimile: (868) 625-3278, E-mail: gender@tstt.net.tt

Mr. Earle Gonzales, Police Inspector, Community Policing, Police Headquarters, Corner Sackville and Edward Streets, Port of Spain, Trinidad and Tobago, Telephone: 868-623-0744

Mr. Robert Latiff, Acting Senior Statistician, Central Statistical Office, National Statistics Building, 80 Independence Square, Port of Spain, Trinidad and Tobago, Telephone: 868-623-6834, Facsimile: 868-625-3802, E-mail: popstat@wow.net

ORGANIZATIONS**CARICOM Secretariat**

Ms. Gemma Tang Nain, Deputy Programme Manager, Caribbean Community Development and Women's Affairs, CARICOM Secretariat, Bank of Guyana Building, Avenue of the Republic, Georgetown, Guyana, Telephone: 592-225-1960/1, Facsimile: 592-225-0871. E-mail: gemmatn@caricom.org

Help and Shelter

Ms Sylvia Radhika Conway, Director, Help and Shelter, Home Stretch Avenue, Georgetown, Guyana, Telephone: 592-227-3454/225-4731, E-mail: hands@sdpn.org.gy

PAHO

Ms. Cathy Cuellar, Subregional Advisor – Women, Health and Development Programme, Pan American Health Organization/World Health Organization, P.O. Box 3745-1000, San Jose, Costa Rica, Telephone: 506-258-5810 ext. 249, Facsimile: 506-258-5830, E-mail: cuellara@cor.ops-oms.org

UNDP

Ms. Sandra Baptiste Caruth, Assistant Deputy Representative, United Nations Development Programme, 3 Chancery Lane, Port of Spain, Trinidad and Tobago, Telephone: 868-623-7056/7 ext. 231, Facsimile: 868-623-1658, E-mail: sandra.baptiste.caruth@undp.org.tt

UNIFEM

Mr. Eric Straughn, UNIFEM Consultant, c/o UNIFEM Caribbean Office, P.O. Box 625c, Bridgetown, Barbados, Telephone: 246-424-4767, E-mail: straughnel@caribsurf.com

SALISES

Dr. Godfrey St Bernard, Research Fellow, Sir Arthur Lewis Institute of Social & Economic Studies, St Augustine, Tel: 868-662-2002 ext. 2148, Fax: 868-645-6329, E-mail: gstbiser@tstt.net.tt

ECLAC system

Mr. Lancelot Busby, Officer-in-Charge, ECLAC Subregional Headquarters for the Caribbean, CHIC Building, 3rd Floor, 63 Park Street, Port of Spain, Trinidad and Tobago, Telephone: (868) 623-5595; Facsimile: (868) 623-8485; E-mail: registry@eclacpos.org

Ms Roberta Clarke, Social Affairs Officer, E-mail: rclarke@eclacpos.org

Mr. Donatus St. Aimee, Economic Affairs Officer, E-mail: dstaimee@eclacpos.org

Ms. Lynette Joseph-Browne, Research Assistant, E-mail: lbrown@eclacpos.org