

Jamaica: The challenge of social service provision in the political arena¹

Context

1. Jamaican society, population 2.68 million², has moved through several stages of development, each of which has been informed by a particular social, economic and political outlook. From slavery, through to emancipation, to crown colony government and to independence, Jamaica has experienced the complete absence of rights, the limited recognition of rights of all Jamaicans, to the independence Constitution of 1962 which explicitly recognizes equal rights of all citizens. Nonetheless, the residual effects of a society deliberately shaped in inequity remains. While work has been done in the last 50 years to provide services for all Jamaicans, it is not clear that this has been driven by a philosophy of equal rights for all. This layered approach is reflected today in the provision of social services, especially in education and housing.
2. While ameliorating social conditions, eradicating or alleviating poverty and building a society of 'equal rights and justice' has been part of the language and rhetoric of development debate, thought and research for over six decades, Jamaica still has much to accomplish. Over the last four decades, particularly the 1970s, Jamaica has passed legislation, designed programs, and promulgated policies aimed at improving the lives of ordinary citizens. However there is evidence to suggest that social policy provisioning has not been effective at tackling some of the island's more trenchant development problems. In 2007 many Jamaicans still lived in sub-standard housing, send their children to poor quality schools and report that they cannot afford health care when sick (Jamaica Survey of Living Conditions, 2006). Even among the poor there are distinctions to be made in terms of the realization of rights. For example: children in the rural areas have access to poorer quality schools than poor children in the urban areas; women have more difficulty accessing state housing benefits than men because they often participate in the labor market at lower, more informal levels; the rural poor has more limited access to some levels of health care than the urban poor because of the spatial distribution of different types of hospitals in the island.
3. The Jamaican economy has performed far below its earlier promise, when between 1960 and 1972 the Jamaican economy grew at an impressive annual average rate of 5.1 percent, with inflation at 4.5 percent (King 2000). In response to what many saw as the uneven benefits of this strong growth, the populist government of the 1970s pursued policies focused on redistribution and equity rather than growth, which resulted in expanding both the state's role in the economy and social provisions, such as free secondary and tertiary education, health care, and social housing provision (King 2000). This confluence of expansionary social policy and state economic activity in the 1970s is blamed for severely slowing economic growth, leading to an average rate of 2 percent contraction per annum between 1972 and 1979.
4. The 1980s saw a contraction in financing critical social services in Jamaica. While there was some minimal economic recovery in the latter 1980s, the period is most associated with the structural adjustment policies pursued by the government under tutelage from the International

¹ Adapted by Rachel Nadelman from the original report: Watson, Carol (2008). *Realising Rights through Social Guarantees: The Case of Jamaica* (unpublished). The original report was commissioned by the World Bank's Social Development Department as part of a wider research project on Rights, Guarantees and Social Policy. Summaries of all case studies and related documents from this project are available at <http://go.worldbank.org/P2LXPQU1Z0>

² 2001 Census

Monetary Fund and the World Bank. Between 1980-1996, the economy was measured as growing an average of only 1.4 percent (King, 2000)³, but there is the view (World Bank, 2004) that in addition to some aspects of the country's GDP may be underestimated due to the growth of the informal sector and the difficulties associated with capturing informal economic activity in the official statistics (IDB, 2004). Not to be forgotten is the spiraling debt, which is a major inhibiting factor in the level of public investment⁴ needed to stimulate economic growth. By 2004 the level of indebtedness of the Government of Jamaica - 150 percent of the country's GDP -was one of the highest in the world (World Bank, 2004).

5. Defying the disappointing economic performance, Jamaica has paradoxically enjoyed significant improvements in some critical social indicators (e.g. access to basic amenities, life expectancy) and substantial decreases in the overall levels of poverty. The level of poverty has fallen substantially since 1995 and in 2006 was at 14.3 percent, the lowest for the period and down significantly from levels in excess of 25 percent in the early 1990s. At the same time as showing low and disappointing rates of economic growth, the country has also experienced universal enrollment for primary age children, high levels of immunization, and high rates of access to electricity, potable water, sanitary facilities and communication technologies (Jamaica Survey of Living Conditions, various years).
6. The fight against poverty in Jamaica has been a consistent focus of government policy, which has included a social safety net system. Since 2000, the system has undergone significant reform to streamline service delivery and improve program targeting. The reform's major feature was the merger of previous welfare programs into the Programme for Advancement through Health and Education (PATH), the Caribbean region's first Conditional Cash Transfer Program (CCT). As the family and particularly children are the main targets under PATH, payments of benefits are linked to certain conditions pertaining to school attendance and child health practices. While in the program, children are required to maintain an attendance rate of at least 85 percent and parents of children less than 6 years old are mandated to visit the clinic for well-child or preventative sessions. Targeting of the poor has also improved under PATH from the social welfare programs it replaced (Mathematica Policy Research, 2005). Despite this improvement, there remain concerns about the program's ability to adequately identify and capture the urban poor. Designed around the general poverty characteristics, the majority of whom are found in rural areas, targeting has not been sufficiently adapted to incorporate particular features of the urban poor⁵ with the consequence that there are relative low levels of PATH coverage in urban centers.
7. Alongside the country's advances have been unprecedented increases in the level of violent crime, particularly homicides, arguably the largest social challenge. In 2007, the crime rate increased to 1244 per 100,000, up from 1076 per 100,000 in 2006 (PIOJ 2007). Over the last three decades the landscape of crime in Jamaica has shifted from property crimes, to violent crimes. From 1974 violent crimes increased from 10 percent of all crimes reported to 44 percent in 2000 (Jamaica Social Policy Evaluation Project 2002). The most disturbing aspect of this increase in the proportion of violent crimes has been the continuous increase in the homicide rate, which is the highest in the Caribbean and one of the highest in the world (JASPEV, Annual

³ Damien King (2000): the Evolution of Structural Adjustment and Stabilization Policy in Jamaica. ECLAC Economic Reform Series # 65.

⁴ Such as investment in public infrastructure

⁵ For example, the poor in urban areas will generally have access to better amenities (electricity, water) than those in rural areas.

Progress Report on National Social Policy Goals 2003). Over the course of almost two decades, the homicide rate has more than doubled, moving from 24/100,000 in 1991 to over 59/100,000 in 2007.

8. Birth registration is another critical issue affecting the fulfillment of rights in Jamaica. Governed by the Registration of Birth and Deaths Act, approximately 95 percent of births are registered (JSLC). Birth registration is the gateway for the full participation and protection of rights in Jamaican society. Parents must produce a birth certificate to enter their children in school and progress through each stage. While no proof of birth is required to access health care, birth certificates are needed to register in social welfare programs like PATH. The absence of birth certificates therefore has the potential to impede the full realization of rights, while incomplete vital statistics also hinder the design and implementation of population sensitive services, such as education, health and housing. Government studies over the last ten years (Fox, PIOJ etc) reveal deficiencies in the system, which are tied to faulty practices both in hospitals and in the Registrar General’s Department. The establishment in 2004 of a Vital Statistics Commission, with the mandate to address barriers to the accurate and timely production of vital statistics, is one important initiative to address birth registration. In addition, however, there is an obvious need for a focused and concentrated behavior change campaign targeting parents by providing them with accurate information in the antenatal clinics so they are aware of all the steps in the registration process before giving birth.

9. Efforts towards the fulfillment of rights in Jamaica must therefore be seen against the backdrop of disappointing economic progress coupled with some improvements in key social indicators. High levels of crime and issues such as uneven quality of some services and barriers to access such as weaknesses in the birth registration system continue to hinder progress towards the realization of some basic human rights. The extent to which the state has been able to respond to a demand for social protection in the areas of health, housing and education is a key indicator of the society’s capacity to uphold basic human rights in Jamaica. Table 1 below, captures key elements of existing social guarantees and pre-guarantees in Jamaica relating to education, health and housing. Utilizing the social guarantees approach, the analysis explores how rights-based norms and procedures have, or have not, been integrated into the delivery of social services in each of these areas.

	<i>Health</i>	<i>Education</i>	<i>Housing</i>
<i>Are the beneficiaries and services clearly defined?</i>	Yes – and in some cases there are legal provisions Immunisation Act Public Health Act National Health Fund – prescribed illnesses	Yes. Compulsory children 6-16 and changing to 18.	Housing Trust – all contributors to the Trust Certain income and spatial groups for social housing e.g. Inner city Housing Project
<i>Are there institutional procedures for monitoring access?</i>	No, however Ministry of Health has a health information system which indicates types and number of cases JSLC	Yes – Major monitoring tool to see if children of school age not going – JSLC. Also Ministry of Education Census. monitoring unit in the	No
<i>Are there legal or institutional</i>	No overarching non-discrimination legislation,	Education Act – Ministry of Education – education	No. Access to housing benefit still discretionary

<i>mechanisms that ensure non-discrimination in the access to services?</i>	but original rights based principles from the 1970s. Regional Health Authorities (decentralization)	regions	in many cases. NHT most developed selection process. Access to financing is by definition discriminatory (on basis of income)
<i>Are services guaranteed for the amount of time needed?</i>	Not clearly, and not for all treatments.	Universal coverage up to grade 9.	No. Can lose home for non-payment
<i>Is there a maximum waiting period for receiving the service?</i>	No	It's available on demand.	No
<i>If service is unavailable within this waiting period, what is a guaranteed alternative (in the same time period)?</i>	None	No (but proposals for entrance to extension schools – building classrooms)	No
<i>Do beneficiaries need to contribute to the cost of service?</i>	No user fees, but client carries other costs such as medication and some diagnostic services	No tuition fees. Families meet other costs related to education, transportation, lunch, books at secondary level, uniforms.	NHT – contributory scheme
<i>Are services accessible to those who cannot contribute to the cost?</i>	Yes. NHT covers cost of some medication.	Yes - There is rental book scheme, school feeding programs. (Fees for secondary school abolished in September 2007).	Yes Most social housing programs do not require contribution; Some require mortgage payment such as Inner city housing project.
<i>Is this information effectively communicated to the public?</i>	Yes	Yes	Not sure
<i>Are there clear quality standards?</i>	Not sure if for all aspects: Service level agreements which set standards for different level health facilities. Use international standards	Yes; standard testing to measure learning at primary and secondary The teacher/student ratio is defined. Teachers at both secondary and primary (especially at primary and early childhood) need	Clear housing standards established by legislation for housing in formal sector.

		special certification. Use National grade level curriculum standards. Grade 4 literacy/numeracy (new) assessments – watershed point	
<i>Are programs evaluated on a regular basis?</i>	Only for some clearly defined programs such as HIV/AIDS and Malaria etc. Not across sector	Quality is measured by the Ministry of Education and there are plans for an inspectorate through Education Transformation Program (with regional branches) - not clear how regularly measurement takes place	No
<i>Are standards and evaluation results clearly communicated to the public?</i>	Very often not to general public – can be available to those who can access	Yes - Standardized test scores are available – proxy evaluations of the system. In the newspaper, etc.	No
<i>Are there mechanisms allowing citizens to claim adequate provision of the services guaranteed?</i>	Without assuming guarantees – yes, are mechanisms for people to express and then to have their concerns addressed	Yes - Parent Teacher Associations, School Boards, Ministry of Education. Upcoming – new inspectorate	No
<i>Do civil, parent, or other community organizations have a concrete role in the design, implementation, and monitoring of the program?</i>	Often “closed shop”., but participating in some specific projects such as HIV/AIDS awareness and Violence Prevention	Yes – PTA	For some social housing e.g. Site and service
<i>Which law or institution guarantees citizens’ involvement?</i>	Not a guarantee – consultation code in public sector – mandate for consultation with every new policy and law being developed - sets out process of consultation that must take place	consultation code in public sector – mandate for consultation with every new policy and law being developed sets out process of consultation that must take place	consultation code in public sector – mandate for consultation with every new policy and law being developed sets out process of consultation that must take place
<i>Are there mechanisms that allow for continual improvement of</i>	Yes – monitoring and evaluation mechanism	Yes	Yes

<i>services?</i>			
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10. Health care has always been recognized as a basic right in Jamaica and the expansion of primary health care facilities in the 1970s was a direct response to this belief. This is not direct result of any local law, although as signatories both to the Universal Declaration on Human Rights and the Convention on the Rights of the Child, these rights are considered part of the legislative framework for the provision of Health services in Jamaica. In addition, the 1986 Regulations to Immunization Act mandates immunization of every Jamaican child under seven years old and is enforced by preventing school enrolment if parents do not immunize their children. Policy shifts since Jamaican independence in 1962 have resulted in significant changes to the system including; expansion of the sector in the 1970s, severe contraction in the 1980s which forced many Jamaicans to turn to the private system, reform in the 1990s including the introduction of cost-sharing in public hospitals, and culminating today with user-fee removal for primary and some secondary health services in public hospitals. Examined closely it becomes evident that in large measure these macro level shifts have been informed by economic and political positions, rather than by objective assessments of the health needs of the population.
11. The legislative framework for the health sector is driven by a desire to protect the health of children, ensure the vital statistics (Immunization Act and Registration of Births and Deaths Acts) and provide for general public health (Public Health Act). Outside of these local laws, the health system is driven by international agreements and conventions to which Jamaica is signatory. Policies, rather than regulations however provide the main framework for the system, with policies to address varied aspects of health care (Child Nutrition, Breast Feeding, HIV/AIDS, Mental Health, etc.). Developed around the primary health care model and built on the principle that no citizen should have to travel too far for health services, the system is designed and delivered to ensure that all Jamaicans have access to basic health care. Hence there is an extensive network of health facilities located in even the most rural parts of the country.
12. The financial framework for health care in Jamaica is financed through a mix of public and private resources, with state allocations supplemented by the work of non-government organizations, loans and grants from International donor partners and, until April 1, 2008, user fees. As the major provider, the Government of Jamaica (GoJ) contributions account for the lion's share of funding going to the sector, approximately \$J20 billion in 2006, with almost \$15 billion going directly to health service delivery. Although the Government is a significant financier of health care, individuals also invest heavily in private health care (Table 4). While the Ministry of Health portfolio includes primary and secondary care services, facilities and programs, the government of Jamaica spending is skewed towards the provision of secondary and tertiary services. As much as 67 percent of the budget is allocated in these two areas. This reflects the traditionally high cost of such services. This is in a context where the government expenditure on health has fallen from 6 percent of the overall national budget in the 1990s to less than 4 percent in 2003.
13. With an extensive network of hospitals and health centers, NGOs and private providers, Jamaicans are considered to have relatively easy **access** to a basic level of health care. The health care system in Jamaica is managed by four semi-autonomous regions with policy direction from the Ministry of Health delivered through an island wide network of hospitals (including specialist institutions),⁶ health centers and clinics. While it is largely a public sector system, private health

⁶ The health system includes hospitals that are organized in three general types (Types A-C) according to the range of service which they offer, with each of the fourteen parishes having at least one hospital. Type A hospitals, of which there

provides play a considerable role in health care delivery, offering a significant supplement the government funded system. In contrast to primary care, significant difficulties in access remain for secondary and tertiary care. With only two specialist hospitals serving the needs of the 2.6 million Jamaicans, there are obvious concerns about the capacity of the health system to provide effective care beyond basic levels to meet demand. Access is affected not only by institutional capacity, but also by economic considerations such as affordability. While user fees at public hospitals have been removed in two-phases since 2007 (first for children and then for all), people still have to meet several out-of pocket expenses associated with access to health care. These attendant costs include the cost of pharmaceuticals, some diagnostic services as well as some specialized surgical materials.

14. Notwithstanding the improvements in the system, increased utilization of public health provision, and removal of user fees, there is evidence to suggest that the health system continues to function below the level of demand for healthcare in Jamaica. While usage of the public system vs. private providers increased between 1996-2002, since then there has been a considerable return to private care, with x percent of those seeking medical care turning to private services in 2006. While the public sector remains the choice for hospital care, this must be understood in the context of limited capacity in this area in the private sector. The removal of fees for children in 2007 led to a sharp increase in the number of children taken coming into the public system and an showed an inability of the hospitals to handle any increase demand with existing resources. This lack of 'wobble room' to respond to sudden increases in demand demonstrates the very tight constraints within which the public system operates. Prior to the new policy health care professionals expressed publicly their concerns about a run on the system in a context of unchanging resources, yet the removal of user fees for the general population did not seem to result in a rush on the system.⁷ Therefore, because the removal of user fees was not accompanied by adjustments to capacity, there is therefore some danger that this policy may have no real impact on improving access to health care in Jamaica.
15. The **quality** of health care in Jamaica can be broadly assessed by the health status of the population, which measured in accordance with several international indicators is generally regarded as good. Like many developing countries, Jamaica has made the epidemiological transition from infectious and communicable diseases such as malaria (although there was an outbreak in 2007) to chronic lifestyle diseases such as hypertension and diabetes. In 2007, the leading cause of death among Jamaicans was endocrine nutritional and metabolic diseases (such as diabetes, etc), followed by heart disease and cancer. In the area of child health, immunization levels are high. While malnutrition remains low, it has also remains stubborn, with little improvements in nutritional status of children over the last five years (JSLC various years). Maternal and infant mortality rates although low, have not seen significant improvements since 2002.
16. While macro indicators appear satisfactory, they mask a story of limited capacity, insufficient medical personnel, a chronic shortage of pharmaceuticals, diagnostic, treatment equipment and basic supplies in some institutions, all of which contribute to lessening the quality of care provided by the public system⁸. With private care available, these quality concerns have been a significant factor influencing Jamaicans decisions to patronize private providers rather than the

are only two in the island, are equipped to offer a full range of tertiary services, services. Types B services include orthopedics, pediatrics, and gynecological and Type C offer lower level medical and surgical services, but no specialist care at all.

⁷ Official figures not yet available

⁸ Personal communication, Senior Director Ministry of Health Feb. 12, 2008

public system. It is still not known what impact the 2008 removal of user fees will have on these trends. In addition, violence, other preventable injuries (motor vehicle and domestic accidents), and HIV/AIDS place a significant pressure on already severely burdened public health system, affecting the quality of care. The cost to health care system of treating violence related injuries are estimated to be in excess of J\$2.2billion per annum. (MoH 2002). This imposes a severe burden on the system as resources which could have been utilized in other types of care are being channeled to treat those injured by acts of violence. The health system has yet make adjustments to address the HIV/AIDS challenge as well, but the country has not experienced the same level of strain on existing resources because of significant financing provided by the Global Fund.

17. **Financial protection** in the Jamaican health system facilitates access to direct medical care and supplementary services, like medication. Most recently, some significant financial barriers to seeking care in the public system were removed with the abolishment of user fees, first for children in 2007 and then for the general population on April 1, 2008. The new policy of free user fees has come at a time when there had been increases in user fees for public health care that had created a burden for citizens. However, while the fee removal reduces monetary obstacles to care, there are concerns that the care itself will suffer because it is not clear how the revenue previously generated by these fees will be replaced or how additional demand that could result will be managed, since capacity has not been increased.
18. In 2003, the government developed the National Health Fund 2003 to protect Jamaicans against the high cost of pharmaceuticals. A chronic shortage of drugs within the public system has forced most Jamaicans to purchase medication privately even though the majority do not have private insurance, making important medication unattainable (JSLC various years). Institutionalized by the National Health Fund Act and financed through an excise tax on locally produced cigarettes and an annual contribution of J\$500million from the consolidated fund, the fund provides subsidized medication from participating private pharmacies to registered beneficiaries diagnosed with a condition included in the program. However, with increasing enrollment levels (up 33.3 percent in 2007), the Fund has also suffered from an almost 50 percent decline in revenue for the same period because of changes in cigarette production and sale. Demand for assistance through the Fund has been high, with current enrollment of 291,390 persons, exceeding the initial target of 250,000. With such high and growing demand for assistance, the Fund will have to find ways of sustaining initial inflows if it is to maintain the level of benefits in the long run. The government is currently addressing the shortfall in revenue in its 2008/09 budget.
19. The Jamaican health system has demonstrated its flexibility for community **participation** and **continual revision** over time, responding to a changing health profile and the occasional outbreak of infectious diseases. This flexibility reflects the system's ability to respond to its environment and revise its operations accordingly. Like all large institutions/systems, the response has been slow in some areas, as seen in the response to the malaria outbreak in 2006. Initiatives centered around relatively new health concerns such as HIV/AIDS and violence have nonetheless reflected well on the system of continuous revision of service delivery in the health sector as the sector has shifted significant resources into prevention rather than curative aspects of health and wellbeing. The scope for participation of citizens in the design and revision of health care delivery remains limited in Jamaica. Much of the citizens' engagement is through a highly developed behavior change communication portfolio centered on HIV/AIDS prevention, healthy lifestyle promotion, child health and violence prevention. Health care design is largely

and not surprisingly, seen as an ‘expert’ activity with little input from the general population. Participation is most encouraged in terms of customer service changes at the various facilities.

20. Although driven by the principle of health care being a citizen’s right, Jamaica’s health care system does not have clearly defined institutional and administrative mechanisms to offer opportunities for **redress** in the event that the right is not fulfilled or is abused. Jamaica has no specific legislation to protect the citizen from medical negligence and actions in this area are brought under the regular common law provisions dealing with the tort of negligence. Outside of acting in the regular courts system, persons can make complaints directly to the Ministry for investigation, but there no established mechanism for redressing improper care or service delivery in the health sector. Given that there is no constitutional provisions establishing a right to health care, citizens also have do not have any legal recourse if they are denied care by a public health facility. Action brought in courts for medical negligence are notoriously difficult to succeed in Jamaica as the health sector is perceived as a ‘closed shop’ with medical professionals unwillingly to provide evidence against colleagues. Where such action has been pursued successfully, it is at considerable expense and usually requires the expert testimony of medical professionals from outside of Jamaica.

Housing

21. The need for affordable, decent housing has been a long standing challenge to an improved living condition in Jamaica. While there is no explicit right to housing in the Constitution, Jamaica’s approach to housing provision has recognized the human need for shelter and signatories to the UDHR, implicitly recognizes housing as a right. Since independence in 1962, successive governments have focused on housing and land provision as key components of their social development policies. While there is extensive formal housing, informal shelter⁹ has developed as a low-income solution. Over the last 40 years, different national governments have invested in meeting housing needs for poor Jamaicans and have embarked on large scale land titling projects aimed at registering parcels of land on which families have settled for generations without any formal proof of ownership. While there have been important successes in housing provision and establishing land tenure, this area, more than any other social service has been the source of political patronage. This was most blatant during the immediate pre and post independence period when homogenous ‘garrison communities’ were created to secure political support for the party in power. This deliberate spatial distortion for political purposes is no longer a feature of housing provision in Jamaica, although the society continues to spend significant sums to address the remnants of its far reaching negative social consequences.
22. Jamaica has substantial legislative and institutional frameworks regarding housing provision. However, the absence of updated legislation and well defined policy and institutional structures has resulted in a dysfunctional and cumbersome process relating to housing financing, affordability, delivery, access and security. The Housing Act of 1955 is the cornerstone of the legislative framework, authorizing the Minister of Housing to decide the areas suited development, redevelopment, clearance etc., and to allow or disallow any proposed housing developments. Under this Act, the Minister has the authority to declare any area as a Housing Area and to initiate slum clearance schemes if he believes such action is merited. Developed in

⁹ These are developments that have not met established planning standards such as required building setbacks, height, minimum floor area ratio etc. Examples include squatter settlements and non-conforming built developments. According to the 2001 Population Census, Jamaica had close to 20,000 squatters living in more than 500 squatter communities. Squatting is defined usually as residential areas that have developed outside the legal planning system.

1996, the National Land Policy¹⁰ addresses some of the more complex and critical issues related to land management and development, including access and ownership rights.

23. Jamaica's main public housing industry actors are the Ministry of Housing (MOH), the National Housing Trust (NHT), the National Housing Development Corporation (NHDC) and the Urban Development Corporation (UDC). Several private entities also provide housing solutions, along with non-profit organizations, including the United States Agency for International Development (USAID), United Nations Human Settlement Programme (UN-Habitat) and Food for the Poor Jamaica. The most important and sustained effort to provide housing is the National Housing Trust, established in 1976, whose mission at the outset was to increase and enhance the existing housing stock and provide financial assistance to the neediest contributors with funds collected through a compulsory payroll deduction (2 percent from workers and 3 percent from employers). In addition, the government of Jamaica facilitates housing provision through the 1997 Joint Venture Housing Programme. However, this program has largely been accessed by private developers who cater to lower middle and middle income groups.¹¹
24. Despite a steady growth rate below 1 percent since 1998, and 0.5 percent since 2000, the demand for housing has continued to increase while supply has lagged behind. With actual housing provision running at less than one-third of the projected requirement, the housing needs of thousands of Jamaican families remain unmet. The National Housing Trust, while the major housing provider, has been unable to meet the population's housing needs, particularly for low income groups, who were originally conceived as the main target. One of the main reasons for the Trust's failure to cater to the needs of the poor is the inability of such persons to meet the requirements to qualify for a mortgage loan. Indications are that less than 10 percent of Jamaican has sufficient incomes to qualify for a private sector mortgage for the cheapest units available (Klak and Smith 1997). This situation is compounded for low income women who work in the informal sector and are therefore not registered with the Trust. Data on NHT beneficiaries indicate that while the women "acquire a reasonable portion of NHT mortgages by international standards", they are the ones who are often most in need of the benefit due to their economic insecurity and the responsibilities they face as single household heads.¹²
25. Among the Jamaicans that have **access** to some kind of shelter, about 40 percent live in conditions not considered legally secure (PIOJ Survey of Living Conditions 2004, 2007) a figure that that has remained relatively unchanged for over a decade. Access to and the distribution of land, supported by local tenure arrangements¹³ has historically played a significant role in housing affordability and security in Jamaica. Land ownership is proven through a registered title, which is superior to a common law title and is considered to be conclusive evidence of ownership. 78 percent of land in Jamaica was found to be under private ownership¹⁴, yet the

¹⁰ As it relates to shelter delivery, the Land policy specifies the implementation of measures and programs be formulated and implemented to: offer affordable access to land and legal security of tenure as strategic prerequisites for a variety of uses by the majority of people; develop sustainable human settlements and increase the provision of adequate shelter for all, in both urban and rural areas; and rationalize property taxation and expenditure measures to enhance greater efficiency in the provision of necessary services (daCosta, 2002).

¹¹ Interview with Director of Research and Policy, Ministry of Water and Housing, March 22, 2008

¹² Almost half of Jamaican households are headed by single women (47 percent in 2006), with a high concentration at the lower end of the socio-economic scale.

¹³ Land tenure arrangements in Jamaica operate at two levels. A legal system of freehold and leasehold which often conflicts with what is considered to be a traditional system based on the categories of family land, bought land, and inherited land (McHardy).

¹⁴ According to a study undertaken by Mycoo (undated) on *'Urbanization and Housing in the Caribbean,'*

National Land Policy (1996) indicated that less than 45 percent of land under private 'ownership' had registered titles. Based on data from the National Land Agency in 2001 there were 680,000 parcels of lands listed on the property valuation roll. However if all illegal sub-divisions were taken into consideration, the number of parcels of land increased well over 1,000,000. At the beginning of 2002, only 450,000 parcels on the property valuation roll were registered under the Registration of Titles Act (daCosta, 2002). This relatively low registration of ownership has always been a major inhibiting factor to the expansion and development of the housing sector in Jamaica. Where persons are uncertain of their tenure, they are less inclined to invest in permanent housing structures and in the absence of registered titles they often have no security with which they can secure financing for the construction of their home or capital for any income generating activity which would allow them to afford a home. As such, land registration has historically been an important social development intervention in Jamaica. The 2006 JSLC indicates that approximately 21 percent of the population lives on rented/leased land, a percentage which has been declining steadily since 1997 (27 percent). This decline may be very cautiously interpreted as reflecting the outcome of consistent efforts to regularize ownership and land tenure in Jamaica.

26. Housing ownership, according to regional housing statistics, shows that housing security is greatest in rural areas. In 2006, approximately 68 percent of rural households owned their house, this compared to 47.7 percent in the Kingston Metropolitan Area (KMA). According to the PIOJ (2006) with housing security higher in poorest consumption quintile than the wealthiest, the question remains however whether or not these houses are owned within the formal sector and the condition of such housing. In spite of the steady increase in housing security amongst households, it is important to note that many of the households do not have formal land tenure status, and as such are classified as squatters.¹⁵ Other households do have property tenure, meaning they have registered titles for their strata homes, while they do not have land tenure in the strictest application. For example, in the KMA, where household ownership is 47.8 percent, formal land tenure status amongst said households is far below 10 percent. This is because of increasing housing densities (apartments, town houses etc,) and limited land space in the KMA region.
27. Providing adequate social housing has remained a vast challenge, despite changes in the legislative and institutional framework to address land management and development, housing access and security, and housing finance and affordability. The availability of financial resources to support housing developers, mortgage lending institutions and housing seekers have become increasingly difficult due to changes in both local and global economic policies, and their respective financial markets. Social issues (and biases), such as population changes, gender inequity, changes in the labor market and wage structure, educational attainment and changes in the family structure have also had a tremendous impact on housing provision and availability. During financial year 2003/2004 the government introduced a Social Housing Programme to assist the neediest in the country. The demand for units has been so great that the program has been over subscribed leading the Ministry to temporarily suspended accepting applications. One disadvantage of the program is the absence of toilet facilities which are not provided with the houses. The provision of social housing has generally been the responsibility of the state, however with growing housing demands, other actors, such as non-governmental agencies (NGOs) and international aid agencies (e.g. United National Humans Settlement Programme-

¹⁵ According to the 2001 Population Census, Jamaica had close to 20,000 squatters living in more than 500 squatter communities. Squatting is defined usually as residential areas that have developed outside the legal planning system.

UN-Habitat), have made significant contributions providing social housing through private social housing programs and land development initiatives. .

28. Housing **quality** can be assessed based on access to basic amenities such as potable water, type of toilet facility and electricity. While the majority of Jamaican households lived in detached units, this is not necessarily an indicator of acceptable housing conditions. Living Conditions data indicate that many homes that are considered legally tenured, particularly in rural areas, are of poor quality and do not have private access to water and subsequently toilet facilities. In 2006, one half of Jamaican households had one or fewer person per habitable room¹⁶, increasing slightly by 1.3 percentage points between 2004 and 2006. The highest proportion of such households was in the Rural Areas (52 percent) followed by the KMA (48 percent) and Other Towns (47.8 percent). The In Jamaica most dwellings are small and based on the international standard that the accepted number of persons per habitable room is 1 to 1.01 persons, a considerable proportion of Jamaica households (50 percent) live in overcrowded conditions. The percentage of dwellings with access to piped drinking water has remained fairly constant over the period 1996 to 2006, while the proportion of households relying on Public Standpipes declined from 14.9 percent in 1995 to 6.7 percent in 2006, in large part because of public policy. Slightly less than two thirds of households in 2006 had access to a flush toilet. The proportion had increased since 1996, when it was 53.6 percent. 33.3 percent of households still rely on pit latrines, although this declined from 46.1 percent in 1996.
29. **Financial protection**, in the form of access to housing financing, has remained a critical area of concern in Jamaica's developing housing market. Increased housing costs and inequitable wealth distribution have made it difficult to buy or build homes. Within the last 15 years, mortgage financing has increased as a result of changing government policy. Since the early 1990's, the NHT has provided 70,855 mortgages valued at JA\$41.5 billion, while the NHDC has provided more than JA\$6.9 billion. Private sector companies such as Building Societies, Credit Unions and Insurance companies have also had a tremendous impact, for example at the end of 2004 the Jamaica Mortgage Bank¹⁷, through interim financing, made available more than J\$575 billion dollars available for mortgage insurance. The Building Societies of Jamaica within the same time period provided 36,932 mortgages valued at JA\$40.4 billion.
30. Additional financial support has come from the Jamaica Credit Unions and the Credit Union League (JCCUL) as loans, the Local Government through subsidies, and private sector support from the Caribbean Housing Finance Corporation (CHFC). In 2004, Building Societies accounted for 58 percent of total mortgage financing for housing. Intense competition in the market has resulted in reduced interest rates among the two largest building societies. In spite of these large sums dedicated to financing housing, the majority of the poor is still outside the net and unable to benefit. The lack of land tenure bars the poor from accessing certain benefits (e.g. build-on-own land) while low incomes and informal sector labor force participation largely prevents meeting the basic requirements for receiving financial support through the main

¹⁶ Habitable Room includes those used for general living purposes such as sleeping and eating. Excluded are garages, kitchens, bathrooms, toilets, verandas, passageways and the like.

¹⁷ In 1971 the Jamaica Mortgage Bank (JMB) was established as a limited liability company and was converted to a Statutory Corporation by an Act of Parliament in 1973. The main objective of the Bank was to foster the development of housing island-wide through:

- a. The mobilization of loan funds for on-lending to developers and other lending institutions.
- b. The operation of a secondary mortgage market facility.
- c. The provision of mortgage insurance services as set out in the Mortgage Insurance Law of 1960.

housing provider and financier, the NHT. These financial constraints also increase the likelihood that they will purchase property in areas which pose an environmental hazard (e.g. prone to flood damage).

31. Community **participation** in planning for housing and mechanisms for **continual revision** are lacking considerably in Jamaica. Despite several attempts at inter-agency cooperation, particularly at the community level, land and housing development programs and plans of action have not made provisions for community involvement in local based development initiatives. The Town and Country Planning Act (1957) mandates community involvement within the land development process, but this has not been enforced at the national, local or community level. The absence of updated planning legislation governing land and housing development has resulted in a fragmented approach to sustainable land-use planning. Without changes in the legislative and institutional framework guiding land management, particularly at the policy level, then community involvement will never translate into social and economic benefits for the various communities.
32. As with participation and continual revision, the **redress** mechanisms in the housing sector remain underdeveloped. Concerns about lack of housing provision and poor quality housing are raised either directly with the housing provider, or with a political representative. There is no formal mechanism through which citizens can address grievances. In instances where there has been a breach of contract in delivery of housing (usually between private developers and citizens), persons have the option of bringing the matter before the courts for settlement. Expensive and slow, this mechanism does not recommend itself to many Jamaicans.

Education

33. The education system as it exists today in Jamaica must be evaluated with an appreciation for its historical roots. From its beginnings post emancipation, the system had a two-tiered structure, with the general population receiving elementary education mostly aimed at ‘civilizing’ them. This elementary education, which became synonymous with the All Age school system, was provided alongside a more classical and broader academic education for children of the middle and upper classes. With political independence, came a widening of access to education and the guaranteed provision of universal primary education, which since 2001 has included universal secondary education until grade 11. Yet the two-tiered system has remained in place. Poorer students mostly qualify to attend the poorer status All Age, Primary and Junior High Schools and the New Secondary Schools currently referred to as “upgraded high schools”. Middle and upper class students continue to largely attend the prestigious Secondary High schools which are patterned off British Grammar Schools. Until the early 1990s, these two types of schools encompassed different curricula and examinations, divergent governance structures, and unequal resources¹⁸. While the overt structural differences have been removed, the disparities between the two kinds of schools remain.
34. A strong legal framework guides the Jamaican education sector, which includes the Education Act of December, 1965, the National Education Policy (2001) which guarantees education through 11th grade, the 2004 Report of the Task Force on Educational Reform, and an Early

¹⁸ The 1994 Reform of Secondary Education (ROSE) program established a common curriculum between grades 7 and 9 to ensure that all students across the secondary system were following the same curriculum at the first cycle of the secondary system.

Childhood Policy with its attendant administrative and legislative frameworks.¹⁹ There are several normative, institutional and instrumental provisions for those with special needs: the Education Act stipulates provisions for education children with special needs and a Special Education Policy is due to be finalized in 2008; there is a National Policy for Persons with Disabilities (September, 2000) and a National Council for Persons with Disabilities whose mandate includes the provision of vocational training for the disabled; the Human Empowerment and Resource Training (HEART) Trust/National Training Agency (NTA) provides vocational and skills-training for individuals who exited the secondary system at the end of grade 9 without certification or skills²⁰; and the Jamaica Foundation for Lifelong Learning (JFLL) focuses on remedial interventions for adults. The financial framework for education comprises collaboration between the Government of Jamaica, Private Sector entities, religious institutions and other NGOs, communities and families/households. International Development Partners also assist through loans and grants such as in the case of World Bank assistance to the Students' Loan Bureau (SLB). The Government provides the highest individual contribution, which in the 2007/08 financial year was 12.6 percent of the national budget and represented a 6.7 percent increase over the 2006/07 revised estimates (ESSJ 2007: 22.1). The largest share of 32.5 percent went to the primary, 31.9 percent to secondary, 18.2 percent to tertiary and 4.3 percent to early childhood education.

35. 2008 finds the Jamaican education system three years into an “Education Transformation.” Launched in response to a 2004 report by the Task Force on Educational Reform that concluded, “despite high enrolment rates, significant curriculum reform and other efforts, performance at all levels of the system has been well below target as measured by student scores on national and regional assessments and performance”, the system-wide reform aims to address critical issues of equity, quality, access, outcomes and performance. The reform is working to transform all aspects of the educational system, from modernizing the Ministry of Education so it is a smaller, more efficient policy ministry, to drastically increasing the number of facilities and improving existing infrastructure, to making classroom instruction more affective by introducing new strategies to address students’ demonstrated literacy and numeracy weaknesses. These policy, legislative and institutional initiatives have been pursued in a national climate which fiercely advocates for improvements in the education system. Buttressed by access to data on student performance at the primary and secondary levels, there has been a consistent national clamor for fundamental changes in how education is structured, managed and delivered. The Education Transformation Project was initiated in direct response to these demands.
36. The 2006 Jamaica Survey of Living Conditions (JSLC) demonstrates that from pre-primary through 9th grade, Jamaica provides high levels of **access** to education. Achieved since the early 1980s, children 3 to 5 year’s old show almost universal enrolment, with little difference between socioeconomic groups (JHDR 2004). At the secondary level, there is near universal (99.0 percent) access by the younger age cohort, 12-14 years, but it drops to 88.3 percent among the 15-16 age group and to 45.9 percent by the older 17-18 age cohort for which there is no guaranteed policy provisions. Opportunities for education are available beyond those for youth. The Jamaican government is committed to fostering access to lifelong learning opportunities and one of the main mechanisms for fulfilling this principle is the Jamaica Foundation for Lifelong

¹⁹ Jamaica has a notably extensive legal and instrumental framework for early childhood education, including a draft National Plan of Action for Early Childhood, an Early Childhood Commission, and an Early Childhood Policy. The legislative framework comprises the Early Childhood Commission Act of 2004 and the Early Childhood Act and Regulations enforced in 2005. These are bolstered by the broader Child Care and Protection Act of March, 2004.

²⁰ HEART Trust/NTA also offers solidly secondary and tertiary level programmes which are attended by successful graduates of secondary and tertiary level institutions.

Learning (JFLL), which strives to reduce adult illiteracy and assist individuals with ongoing human capital upgrading. The JFLL facilitates adult and continuous education, including literacy development and largely serves the poor and individuals who exited the regular school system without specific competencies. Beyond the Ministry of Education, fulfilling this commitment involves a host of other government ministries with the intention of ensuring the program's effectiveness.

37. While education is intended to be guaranteed through 11th grade, a shortage of physical spaces in 10th and 11th grades, particularly in rural areas, has created the biggest barrier to fulfillment. The most notable disparities in educational access can be seen by spatial location and gender. Children in rural areas (85.8 percent) are less likely than urban and sub-urban children (91.7 percent) to complete their education and high enrolment for girls (92 percent) is offset lower levels for boys (85 percent). The rural/urban disparities can be explained in part by shortages in classroom spaces for 10th and 11th grades, which forces children to leave school after grade nine. Moreover, boys are more likely to be enrolled at schools which terminate at grade nine and hence have been more adversely affected by this shortage of spaces for 10th and 11th grade. Recognizing this as a major barrier to access, the Ministry of Education, under its Education Transformation project has constructed new high schools, creating over 6250 additional places for Grades 10-11, with special focus in rural areas.²¹
38. While enrolment levels are high in Jamaica, attendance continues to be a challenge (ESSJ 2007), caused by economic and social barriers, such as transportation costs and fear of crime and violence. All-age schools (those which terminate at grade 9) largely considered the poorest quality in the system, have the lowest attendance rates. While school fees were abolished in 2007, some families still report not having the financial resources for additional educational costs such as books, lunch and transportation, but also admit to withdrawing children to 'run errands' (JSLC 2006). Withdrawal from school to assist with livelihood activities, like Friday market, is more of a feature of poorer and rural households, but the practice cuts across all social groups. Students outside the metropolitan center and in particular in rural areas (where poverty incidence is highest) are especially challenged by high transportation costs, since there is no public transportation system as exists in the capital and principal city on the western end of the island where students enjoy subsidized transportation. Furthermore, a feeling of insecurity led by general fear or specific violent incidents is increasingly responsible for the closure of schools or the inability of children to leave their communities to attend school. Although there is no empirical data yet available on the number of school days lost to violence, anecdotal evidence suggests that this is an emerging issue which needs to be carefully monitored by schools and the Ministry of Education. Therefore, while schooling is available to the majority of Jamaican youth, the barriers to daily attendance have reduced the system's actual accessibility.
39. Although it is clear that barriers to access and attendance require constant monitoring and improvement, the education sector in Jamaica struggles most with issues of **quality**. The quality issues that exist are directly related to Jamaica's two-tiered system, with Jamaica's traditional high

²¹ Interview with Senior Director Modernisation Unit, Ministry of Education. February 15, 2008. In 2007, the then Prime Minister, Hon. Portia Simpson Miller announced that some eight (8) High schools were constructed, resulting in 7,685 spaces in addition to 15,000 created in 2006. An additional four new high schools were introduced in the 2007/08 school year. This construction was financed in part with funds taken from the National Housing Trust, which was not applauded by all as it was argued that the Trust's funds should never be interfered with for anything other than the provision of housing benefits to contributors.

schools that are primary accessed by middle and upper class children renown for the rigor and academic performance and the All x schools infamous for their poor results. When evaluating education outcomes on the aggregate level, it is universally conceded in Jamaica that the results are well below socially acceptable standards. As a means to assess students' academic readiness and competence, since 1999 the National Assessment Program has instituted four examinations at the primary level that test academic readiness, literacy and overall achievement and the Grade Six Achievement Test (GSAT) is used for placement at the secondary level. Overall performance on primary level tests is low to average, with 2007 GRI results showing approximately 51 percent of girls mastering the four measured cognitive skills, compared with approximately 38.0 percent of boys. On the Grade Four Literacy Test, only 70.8 percent of the eligible 2006/07 cohort was entered and only approximately 64.6 percent of the students achieved 'mastery' (ESSJ 2007)²² on the three components, word recognition, reading comprehension and writing.

40. Under the current Education Transformation initiative, strategies for addressing literacy and numeracy weaknesses have been developed. To address illiteracy, the Ministry of Education has appointed a National Literacy Coordinator along with a team of regional coordinators to improve student competence, especially in schools with poor performance. The team provides necessary support to schools by way of particular reading approaches and working with school-based literacy coordinators and cluster-based literacy specialists. There are plans to recruit approximately 50 literacy specialists to work with particularly challenged schools. Additionally, the program "Literacy 1-2-3" is being introduced in grades one to three in 800 primary schools that serve children of poor households. To address innumeracy, a National Numeracy Coordinator has been appointed, along with a team and a revised draft policy. These efforts are not yet at the same stage of advancement as are the literacy efforts, but in 2008 for the first time a numeracy component was included in the Grade Four Literacy Test.
41. To address the education of children with special needs, provisions have been made largely through the efforts of private voluntary organizations working in collaboration with the GOJ. A Special Education Unit was established within the Ministry of Education in 1989 and in 1998, special education was incorporated into the teaching curriculum of Teachers' Training Colleges. An Early Stimulation Project, run by the Ministry of Labour and Social Security, aims to stimulate disabled children from birth to six years old while attending daycare facilities. However it has been criticized as limited in implementation. Currently, special education is delivered through one school for the visually impaired, seven schools for the hearing impaired with four satellite locations, six schools for the mentally challenged with 23 satellite locations, seven units for the multiple disabled and opportunities for home/community-based programs (ESSJ 2007: 22.13). In spite of these services, students continue to be marginalized in the education system largely because there are not adequate numbers of teachers with the necessary training, specialty equipment, facilities and other school resources. The lack of knowledge, awareness and sensitivity of parents also presents a challenge in terms of addressing the learning needs of such children. Additionally, the lack of necessary support structures, trained personnel, and diagnostic and treatment facilities, makes it that much harder to address their needs. The revised special education policy by Ministry of Education commits to conducting an audit of special educational needs, develop a system of early identification of special needs along with a system

²² The Ministry of Education, however, reports that some 79 percent of the age cohort achieved mastery. The target is 85 percent by the year 2015.

of referral and placement, improve the use of technology in special education provisions, revise the teacher training curriculum in special education and identify the required human resources.²³

42. Perhaps the most significant quality challenges can be found in secondary educational provisions which, as discussed above, are fraught with the most extreme problems of selectivity and elitism as a result of the long standing two-tiered education system. While secondary education has been guaranteed to all from grade 7 to grade 11 since 2001, the two additional years of secondary education that permit matriculation into tertiary level institutions, are provided in limited numbers to students. The Traditional High schools have always included grades 12 and 13, during which the GCE A' Level examinations and Caribbean Advanced Proficiency Examination (CAPE) administered by the Caribbean Examinations Council (CXC) are offered. Even today, many of the upgraded High schools, the former New Secondary schools, do not offer these additional years of schooling and therefore do not provide their students with the opportunity to take these exams which are crucial for advancement. An additional issue facing secondary education is the high failure rate of student on secondary level terminal examinations. Available National Council of Education-collated CSEC results data show that the upgraded High Schools are for the most part the poor performers on the CSEC examinations. Given the existing situation, it is no surprise that youth reported as the main obstacles to finding suitable jobs “no suitable training opportunities”; ‘unsuitable general education’; ‘no education’; ‘unsuitable vocational education’ and ‘not enough jobs available’” (PIOJ, 2006). Since 2008, the new Government has indicated its intention to certify for literacy, arguing that no child will be permitted to take the terminal GSAT unless so certified. This new initiative is aimed at arresting the problems of illiteracy and innumeracy faced by many secondary level schools in which the poorest GSAT performers are placed. Additionally, there are plans to extend the prescribed five years of secondary education to seven years to provide students who performed poorly on the CSEC examination an opportunity to pursue technical or vocational training.
43. Jamaica currently has several mechanisms in place that offer **financial protection** to students and prevents their exclusion based on financial need. Primary education is free, although schools request parents provide a voluntary contribution which is used to defray certain school-related expenditures. At the secondary level, tuition fees were abolished in 2007, leaving parents responsible for other school-related costs as books (some, since there is the book rental programme), meals, uniforms, examination fees and transportation. There is cost-sharing too at the tertiary level as education is subsidized by the government and other CARICOM governments with parents/households paying the difference. The Education Act stipulates that the Minister of Education can “forms of assistance as may be necessary to enable such student or class of students to take full advantage of the educational facilities available” and indicates that such assistance “may include the provision of free places in independent schools, books and medical and dental service, and such other forms of assistance as the Minister may consider necessary in any particular case.” In this vein, the GOJ provides free textbooks to primary school students, subsidized school meals, the School Feeding Programme (welfare focused), a Secondary Schools Book Rental scheme, subsidized transportation to students in the Kingston Metropolitan Area (KMA) and Montego Bay, free transportation to students who are PATH beneficiaries and grants to tertiary level students who are PATH beneficiaries. Private contributions to education are onerous for households. The largest percentages, however, are not direct school costs, but rather are related expenditures, such as lunch and snacks, transportation and extra-curricular academic support. Regardless of consumption status, these costs can be substantial.

²³ Ministry of Education – Education Transformation, Cabinet Briefing, 18 January, 2008.

44. An integral part of the design and execution of the Education Transformation project has been citizen/stakeholder **participation** which enables **continual revision**. Active citizen engagement is being emphasized as integral to successful system reforms and this is emphasized through two of the new six work streams which focus on student behavior change and community/school relations. The initiative's objectives were derived from results of island wide consultations undertaken in 2003-2004. These consultations included meetings with immediate stakeholders such as education professionals (teachers, administrators) and the wider public, with an important focus on parents. Education Transformation organizes town hall type meetings in major towns to apprise the public of the developments, solicit feedback and suggestions, and address any concerns. Two new innovations to encourage parental involvement in the education system are the establishment of a Parenting Support Commission and the development of a National Parenting Policy led by the Early Childhood Commission.
45. Driven by public recognition of the critical role families must play in improving education outcomes, the Ministry of Education, through the Education Transformation Project has facilitated the formation of the National Parent Teacher Association of Jamaica (NPTAJ) in 2005. The main role of the NPTAJ in the transformation process is improving the home-school relationship and bringing parents in the system as key rights holders. However, currently the NPTA is severely under-resourced and under-funded. There is the hope that the NPTA will become a fully funded line item on the MOE budget as this would increase its capacity to advocate and effect change in the home-school relationship. In addition to structured opportunities to participate in the design of educational policy, there is also an active, loose civil society lobby put the inadequacies in of the current education system squarely in focus particularly in the public debates around crime and economic development in Jamaica. This lobby, which includes stakeholders from across Jamaican society, has used performance data to push for a re-assessment of the education system and was largely responsible for the commissioning of the Transformation assessment and subsequent Project by the then Prime Minister.
46. Per the Education Act and the Early Childhood Act as well as under general common law principles governing a range of administrative action, parents and guardians can seek **redress** for grievances against the educational system by bringing legal claims. Although few, there have been instances of individuals successfully challenging actions of the education ministry in the courts. Parents have successfully used the courts to oppose attempts to remove children from school because of their hair style (dreadlocks) or to force children to participate in religious rituals against their beliefs. A recent judgment in the Jamaican court ordered the Ministry of Education to pay damages to a family after the child was denied a scholarship under suspicion of cheating, because it was judged the penalty had been enacted without evidence. The well established and accessible governance structures in the education system – School Board, Principal, Ministry of Education Regional Office, Ministry of Education Head Office, has allowed for some limited measure of redress for families. Under the Transformation project there is a proposed accountability framework which will allow stakeholders access to information on the performance of schools against specific agreed targets. A mechanism for seeking redress if the school which your child attends fails to meet these targets will not be part of the framework however.²⁴ In addition, on a more local level, parents and caregivers directly seek the intervention of the Ministry to mediate school related problems. For example, it is not

²⁴ Interview with Head of the Transformation Team Feb 12, 2008

uncommon for parents to demonstrate to remove principals, teachers or Board members for alleged underperformance

Conclusion and Lessons

1. In conclusion, while Jamaica has strong institutional, legal and policy frameworks which guide its delivery of services in health, housing and education it is clear that within each sector there are important and systemic obstacles to being able to ‘guarantee’ citizen provisions. Not least of such obstacles, is the inability to secure financial protection for the services currently provided. The evidence shows that social service provisioning in these areas is susceptible to the vicissitudes of the economic and political environment, expanding in times of growth and contracting in leaner times. With these economic – or political-shifts also come policy changes which often affect the fee structure for accessing the service. This has been shown in health and education sectors where cost –sharing regimes were introduced and subsequently removed based on a confluence of economic ability and political expediency. Social guarantees require that social service delivery be guided objectively by the needs and rights of the citizens and not be subject to political manipulation. Jamaica has not yet demonstrated a desire to remove the provision of social services from the political arena. Changes, such as removing fees for health and education and provision of social housing, are often announced as part of political campaigning, rather than grounded in and guided by data and rigorous policy analysis. To the credit of the delivery system, providers have shown the flexibility to respond to these changes and continue to provide the general population with a menu of basic services.
2. The prospect of providing social guarantees is undermined by the continued high levels of crime and violence experienced in Jamaica. Violence contributes to uncertainty and brings reluctance on the part of major economic players to invest in and grow the economy, perpetuating dismal economic performance and flight of human resources. Social capital, critical to vibrant citizen participation and pursuit of redress, is also crippled in an environment of fear and violence. While Jamaica has shown its ability and willingness at legislative, policy and institutional levels to upholding the basic rights of its citizens, it has a much work to do in providing a stable social and economic environment in which it can pursue a system of guarantees.

Annex I:

Right to Education in Jamaica ²⁵			
Legal Framework	Institutional Framework	Instrumental Framework (Policies and Programs)	Financial Framework (2007)
<p>Education Act 1965 Early Childhood Commission Act of 2004 Early Childhood Act 2003 and Regulations under the Act Child Care and Protection Act (2000)</p> <p>Human Employment and Resources (HEART) Act</p>	<p>Pre-school Education Early Childhood Commission Early Childhood Unit, Ministry of Education Network of over 2000 basic schools across the island.</p> <p>Primary Education Primary Education Unit, MOE Public Schools 216 private schools</p> <p>Secondary Education MoE; network of 558 schools – including 48 private schools.</p>	<p>There is no early childhood development policy.</p> <p>National Education Policy 2000 Education Transformation Policy 2005 Special Education Policy (pending)</p> <p>Primary Education Support Programme (IDB) Expanding Education Horizon (EEH) Project (USAID) Primary Textbook Programme</p> <p>Reform of Secondary Education (ROSE) Project. E-Learning Project Textbook Rental scheme The school Feeding Programme Secondary School Enhancement Programme (SSEP) Safe Schools Programme</p>	<p>Education Spending J\$ 2.0 billion</p> <p>J\$15.3 billion</p> <p>J\$15.0 billion</p>
Table A1. Right to Health in Jamaica			
Legal Framework	Institutional Framework	Instrumental Framework (Policies and Programs)	Financial Framework (2007)
<p>Immunisation Act United Nations Convention on the Rights of the Child (UNCRC) United Nations Human Rights Convention (UNHRC) Public Health Act Legislation for the Registration of medical professionals. National Health Fund Act</p>	<p>Ministry of Health Regional Health Authorities 24 Hospitals 348 Health Centers National Health Fund</p>	<p>Free Health Care Policy Health Sector Reform Project HIV/AIDS Project (Global Fund) Jamaica Drugs for the Elderly Programme (JaDEPO) National Health Fund (NHF)</p>	<p>J\$15.2 billion</p>
Table A11. Right to Housing in Jamaica			
Legal Framework	Institutional Framework	Instrumental Framework (Policies and Programs)	Financial Framework (2007)
<p>Registration and Titles Act Housing Act 1955 Town and Planning Act 1957 National Housing Trust Act 1977</p>	<p>Ministry of Housing National Housing Trust National Housing Development Corporation (NHDC) National Land Agency Urban Development Corporation</p>	<p>Local Building Regulations National Land Policy (1996) National Housing Policy (being revised) Joint Venture Housing Programme Operation Pride Inner-city Housing Project</p>	<p>Total mortgages J\$31.6 billion</p> <p>J\$15 billion for Inner-city Housing Project</p>

²⁵ Looks only at education up to the secondary level, which is the extent of compulsory education law.

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