Realising Rights through Social Guarantees: The Case of Jamaica

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By
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Realising Rights through Social Guarantees: The Case of Jamaica

Jamaican society 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 the rights of all Jamaicans, to the independence Constitution of 1962 which explicitly recognises the 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. Health provisioning has escaped much of the deleterious effects of the social delineated society, although elements can be identified in some aspects of health care in Jamaica.

Even among the poor there are distinctions to be made in terms of the realization of rights. Children in the rural areas have access to poorer quality schools than poor children in urban areas; women have more difficulty accessing state housing benefits than men because of their participation in the labour 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.

Hence, the Jamaican experience will illustrate that while the country enjoys fairly sophisticated legal protection and enunciation of rights, the opportunity to experience and realize the benefits of these rights is mixed for the Jamaican population and varies largely according to social class and location in the Jamaican society.

Evolution of social policy provisioning in Jamaica

In 1938 sugar workers erupted, demanding better working conditions, increased pay, greater voice in the political process and acknowledgement of their dignity. While not the first large scale riot or revolt in Jamaica’s history, these riots are seen as a seminal event in Jamaica’s modern social and political development. Out of the uprising grew the political parties and trade unions of modern Jamaica and an apparent acceptance of workers and ordinary citizens as powerbrokers in society. The Moyne Commission, which was established in the aftermath of the riots to assess and make recommendations for the improvement in the lives of the sugar workers and the poor, may well be seen as one of the first attempts by a government in Jamaica to develop social policy driven by both the needs and demands of the general population. The establishment of political parties, and to a lesser extent, trade unions, ensured that the issue of poverty and the rights of the poor would be placed firmly on the development agenda leading into self government and universal adult suffrage in 1944 and ultimately political independence in 1962.

While the amelioration of 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 in this area. Over the last four decades, particularly the 1970s, policy makers and politicians have passed legislation, designed programmes, promulgated policies aimed at improving the lives of the ordinary Jamaican. However there is some evidence to suggest that social policy provisioning has not been effective at
tackling some of the more trenchant development problems in the island. In 2007, almost seventy years after the 1938 Riots, many Jamaicans still live in sub-standard housing, send their children to schools of poor quality and report that they are unable to afford health care when sick (Jamaica Survey of Living Conditions, 2006).

Considered as basic human rights under the Universal Declaration of Human Rights (1948 Articles 25 and 26), education, health and housing are three basic ‘backbone’ provisions necessary for the protection of human dignity. This case study examines Jamaica’s performance in these three sectors with a view assessing the extent to which the rights of individuals have been protected, upheld and realized through the operationalisation of existing policy and accompanying normative, legislative and institutional frameworks in these areas.

**Background: The Economic and Social Context of Jamaica**

**Population Characteristics**

The population census of 2001 established Jamaica’s population as 2.68 million persons. The Reproductive Health Survey, 2002, reported that the Total Fertility Rate has been falling consistently and now stands at 2.5 children per woman. Additionally, there has been a consistent decline in births among women in the 15-19 and 20-24 age groups.

Over the last decade Jamaica has recorded mixed performance in both social and economic growth and development. 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). While showing low and disappointing rates of economic growth, the country 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. Alongside these advances however have been unprecedented increases in the level of violent crime, particularly homicides.

**The Economy:**

Official growth figures for Jamaica indicate that the economy has performed far below its earlier promise of the high growth 1960s. Between 1960 and 1972 the Jamaican economy grew at an annual average rate of 5.1 percent, with inflation in single digit at 4.5 percent (King 2000). This impressive growth was led largely by a structural transformation of the economy from a mono-culture agriculture economy to one driven by heavy investments and growth in the bauxite and tourism sectors in the late 1960s (ibid).

In response to what many at the time saw as the uneven benefits of this strong growth in the 1960s, the populist government of the 1970s pursued policies focused on redistribution and equity rather than growth. Policies were driven by a desire to spread the benefits of economic development across the population, ensuring that all Jamaicans benefit from economic expansion. This resulted in a focus on the expansion of social provisions such as the introduction of free education at the secondary and tertiary levels, expansion of the health care system, provision of social housing, the distribution of government land and the passage of legislation to protect workers’ rights. This new direction was accompanied by the expansion of the state’s role in the economy manifested in acquisition of controlling interests in the bauxite industry, purchase of hotels, public ownership of banks and public utilities and increase in the number of persons employed in the public sector by almost 70 percent in only five years (King 2000). This confluence of expansionary social policy and
state economic activity in the 1970s severely slowed economic growth, leading to an average rate of contraction of 2 percent per annum between 1972-1979.

While there was some minimal recovery in the latter 1980s, the period is most associated with the structural adjustment polices pursued by the government under tutelage from the International Monetary Fund and the World Bank. This period, in stark contrast and perhaps necessarily so, with the 1970s saw a contraction in financing of all critical social services in Jamaica. This was the result of a sharp contraction of the size of government and shrinking role of the state in the economy, which was one of the standard conditions of the structural adjustment which was being pursued.

Since the 1980s economic performance has been disappointing, with the economy growing an average of only 1.4 percent between 1980 and 1996 (King, 2000). Several critical factors accounted for this disappointing performance, chief among which was the fall-out experienced by the financial sector early in the 1990s and the significant cost incurred by government to protect and reposition the sector. In addition, there is the view (World Bank, 2004) that 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. This position is supported by a study of the Informal sector funded by the Inter-American Development Bank (IDB, 2004) which estimates that as much as 40 percent of the country’s economic output may originate from activities in the informal sector. No to be forgotten, is the spiraling debt, which is a major inhibiting factor in the level of public investment needed to stimulate economic growth.

In 2007, the Jamaican economy recorded real Gross Domestic Product (GDP) growth of 1.2 percent, with inflation at 16.8 percent and also a 0.4 percent fall in unemployment to 9.9 percent. Combined with other factors, this result in the country falling short of some of the targets established under its Medium Term Social and Economic Framework (MTSEF), which included inter alia, GDP growth of 3.0-4.0 percent and inflation rate of 6.0 -7.0 percent (PIOJ, 2007). Jamaica’s current economic performance is significantly below the rate of growth of the international economy which grew by an estimated 5.2 percent in 2007. The gap between economic growth in Jamaica and in other developing countries is even greater, as the economies of the emerging markets and developing countries grew by approximately 8.1 percent in 2007, accounting for two-thirds of international growth. Developing countries experienced average rates of inflation in the region of 5.9 percent for the same period, well below the almost 17 percent seen in Jamaica.

Performance of Social Indicators
The key social development indicators for Jamaica have performed promisingly despite the poor economic climate. The level of poverty has fallen substantially since 1995 and in 2006 was at 14.3 percent, the lowest for the period. The country has also experienced universal enrollment for primary age children, high levels of immunisation, and high rates of access to electricity, potable water, sanitary facilities and communication technologies (Jamaica Survey of Living Conditions, various years).

Education performance remains a challenge as despite high levels of enrolment at the primary and lower secondary levels of the system, there is still a concern about the quality of education which is provided (PIOJ, Human Development Report 2004, MDG Report 2004). In excess of 70 percent of

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2 Such as investment in public infrastructure.
the population does not possess any formal academic qualification, although the figure is less for the younger cohort who have benefited from increased access and a series of education reforms since the country achieved its independence in 1962. Nonetheless, even among those younger Jamaican the figure without formal academic qualifications exceeds 60 percent (Jamaica Survey of Living Conditions 2004).

While recording some improvements in social development, Jamaica’s Human Development Index (HDI) ranking nonetheless declined from 98 in 2005 to 103 in 2006. Arguably the largest social challenge currently facing Jamaica is the elevated levels of crime, particularly violent crimes. In 2007, the crime rate increased to 1244 per 100,000, up from 1076 per 100000 in 2006.(PIOJ 2007). This was driven by an increase in the murder rate form 50 per 100000in 2006, to 59 per 100000 in 2007.

Over the last three decades the landscape of crime in Jamaica has shifted from property crimes, to violent crimes. In 1974 violent crimes accounted for only 10 percent of all crimes compared to property crimes at 78 percent. By 2000, these violent crimes were responsible for 44 percent of all crimes reported in Jamaica (Jamaica Social Policy Evaluation Project 2002). This has to be juxtaposed however with the increase in violent crimes for the same period.

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 Progress Report on National Social Policy Goals 2003). Murders rose from 232 in 1973 to 1139 in 2001, and by the end of November 2005 had surpassed the record 1471 murders of 2004 and further to 1574 in 2007. Over the last ten years more than 1000 persons die annually due to violence in Jamaica. The Jamaican homicide rate has more than doubled in the last decade, moving from 24/100,000 in 1991 to over 59/100,000 in 2007.

**Poverty in Jamaica.**

Defying the disappointing economic performance, poverty in Jamaica has been consistently trending downwards since 2003. National poverty incidence for 2007 stood at 14.3 percent down significantly since levels in excess of 25 percent in the early 1990s (See Table 1).

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<tbody>
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<td>22</td>
<td>25.1</td>
<td>24.1</td>
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<td>24.2</td>
<td>22.1</td>
<td>21.1</td>
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<tr>
<td>Jamaica</td>
<td>27.5</td>
<td>26.1</td>
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Source: Jamaica Survey of Living Conditions, various years

The fight against poverty in Jamaica has been a consistent focus of government policy since the 1938 workers riots brought the issue firmly on the national agenda. The policy and programme of poverty eradication was announced to parliament in March 1997 by the Prime Minister in Ministry

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3 The (HDI) is a comparative measure of life expectancy, literacy, education and standards of living for countries. It is a standard means of measuring wellbeing, especially child welfare. It is used to place countries in development categories, and also to measure the impact of economic policies on quality of life (http://en.wikipedia.org/)
Paper No. 13. The programme was to run from 1997 to 2000. The National Poverty Eradication Programme (NPEP) was intended to integrate social and economic development policies at all levels including national fiscal policies. Specifically, it was designed to foster capacity and institutional building to improve delivery of services targeting the poor. In doing so it focused on human resources and social development as well as social protection and improvement in basic social services. Social safety nets were to be built in the form of projects designed to “catch” those persons who for whatever reason fall below the poverty line and who cannot help themselves.

**Social Welfare Provision in Jamaica**

The Social safety net system in Jamaica is composed of a wide range of programmes all designed to alleviate poverty and raise the standard of living of families and individuals and has been undergoing significant reform since 2000. The drivers for the reform were the need to streamline and improve service delivery as well as to improve the targeting of programmes. Social welfare benefits are derived from programmes such as the School Feeding Programme (SFP), the National Health Fund (NHF), Programme for Advancement through Health and Education (PATH), School Fee Assistance Programme (SAP) and the Social and Economic Support Programme (SESP).

Although there exists an array of programmes, the take-up rates for some has traditionally been low, with less than 1 percent of Jamaicans ever applying benefit under them (JSLC 2002). Juxtaposed against rates of poverty well in excess of 10.0 percent it becomes clear that there are significant gaps in the design and implementation of many of these smaller programmes. The notable exceptions have been PATH (and the now defunct Food Stamp Programme) which had application rates over 10 percent, and the School Fee Assistance Programme (SFAP) for which 28.3 percent of secondary school students applied. Interestingly, only one third of poor students in secondary school had sought assistance through the SFAP (JSLC 2002). The absence of clear information on many available social welfare programmes continues to hamper the participation rate as potential beneficiaries report that they do not apply for benefits either because they did not know about the programme or did not think they were eligible for assistance under the programme (JSLC 2002). Successful reforms in the social welfare system depend on improvements in public education and targeting which together will ensure that families in need are aware of potential benefits, apply and ultimately benefit from these programmes. Only in this way will social safety nets serve the real purpose for which they are designed, reaching the poor, strengthening families, improving life chances.

**Programme for Advancement through Health and Education (PATH):** The major feature of the Social Safety Net (SSN) reforms has been the merger of three previous welfare programmes into the Programme for Advancement through Health and Education (PATH). In addition to the operational efficiencies that were expected from the merger, the main objectives of the programme were to:

- Increase the school level of children 6-17 years
- Improve the health coverage for children 0-6 years
- Reduce the level of poverty by increasing transfers to the poor

PATH is the Caribbean region’s first Conditional Cash Transfer Programme (CCT) and represents a change in how social programmes are administered in Jamaica. Previous social programmes, like the

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4 A ministry paper in Jamaica is akin to a white paper, and is normally used to expound on government policies to parliament and the public. It is basically informational because it policies announced through ministry papers are never meant to become law or Acts of Parliament.
Food Stamp Programme, were not specifically designed to improve human capital development and did not require any type of behaviour change modification from beneficiaries. PATH is designed to focus on families with children, and therefore children making up 78 percent of beneficiaries. 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. Children are required to maintain an attendance rate of at least 85 percent while on the programme and parents of young 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 the PATH programme. Beneficiaries are chosen by a Beneficiary Identification System (BIS) which was developed based on the weighting of characteristics identified with persons living in poverty in Jamaica. An evaluation of the programme shows that PATH has proven to be more successful at reaching the poor than the social welfare programmes it replaced (Mathematica Policy Research, 2005). Despite this improvement, there remain some concerns about the failure of the programme to adequately identify and capture the urban poor. Designed around the general characteristics of the poor, the majority of whom are found in the rural areas, the BIS, it appears, has not been sufficiently adapted to incorporate particular features of the poor in urban areas. The obvious consequence of this methodological shortcoming is the relative low levels of PATH coverage of persons living in poverty in urban centres.

Although the programme reports greater success in reaching the poor than its predecessors, one of the consequence of its rigorous targeting mechanism and the conditions for compliance, is its inability to reach its goal of 236,000 beneficiaries. The programme has never had this many beneficiaries receiving payment at any one time and in February 2008 while it had 243,000 persons registered, it provided payment to 211,000.

### Birth Registration in Jamaica

Another critical issue affecting the fulfillment of rights (access to education, social welfare benefits, health care and housing) is the registration of births in Jamaica. Birth Registration is governed by the Registration of Birth and Deaths Act and the experience of the Jamaican child in this regard is mixed. Survey (JSLC) data indicates that approximately 95 percent of births are registered (there was a decrease in this percentage reported in 2006), although there is little accurate data on the age of these children at registration. Given the importance of a birth certificate in interfacing with the public education system, most parents ensure that children are registered prior to attain primary school age – usually age 5-6. Failure to have a child’s birth registered has several important individual as well as societal consequences. Birth registration is the gateway for the full participation and full protection of rights in Jamaican society. Access to the most critical of social services, such as education, begins with proof of birth. Children have to produce a birth certificate to enter school and to progress through each stage. While no proof of birth is required for access to health care, birth certificates are needed for registration in social welfare programmes such as PATH. The absence of birth certificates therefore has the potential to impede the full realization of rights.

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5 Interview with PATH Project Director, February 14, 2008.
6 For example, the poor in urban areas will generally have access to better amenities (electricity, water) than those in rural areas.
7 Interview with PATH Director, February 14, 2008.
particularly of the poor and vulnerable. Incomplete vital statistics also hinder the design and implementation of population sensitive services, such as education, health and housing.

In light of concerns about the accuracy of the national vital statistics, the government has commissioned several studies over the last ten years to access the system for the registering of birth (Fox, PIOJ etc). The findings point to deficiencies in the system, which are tied to faulty practices both in hospitals and in the Registrar General’s Department. These practices include subtle suggestions by hospital personnel that mothers who do not pay their hospital bills will not have the notification of birth forwarded to the Registrar General’s Department (PIOJ, 2003). While the Ministry of Health has strenuously denied knowledge of such practices, and have pointed out that this would be in direct contravention of the law and stated policy, mothers tell a different story. Another important barrier to full early registration was identified as the faulty information given to new mothers about the registration process which led to a state of confusion as to what exactly was required of them.

The establishment in 2004 of a Vital Statistics Commission, with mandate to address barriers to the accurate and timely production of vital statistics, is one important initiative in addressing the issues particular to the registration of children at birth. In addition, however, there is an obvious need for a focused and concentrated behaviour 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.

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.
Delivery of Health Care in Jamaica

The Health care system in Jamaica is largely a public sector system with public facilities accounting for over 95 percent of the beds in the health system. The majority of Jamaicans have access to some basic level of care which is delivered by the state through an island wide network of hospitals, health centres and clinics. These are supplemented by a few private health facilities, supported by 2673 private medical practitioners working in both rural and urban areas. The legislative framework for the health sector is driven by a desire to protect the health of children, ensure the vital statistics (Immunisation 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.).

The Public system comprises 24 hospitals, including five specialist institutions. Their work is supplemented by 348 health centres across the island (PIOJ 2007). The entire system is managed by four semi-autonomous regions with policy direction from the Ministry of Health. Hospitals facilities are broken down 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 are only two in the island, are equipped to offer a full range of tertiary 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. Referrals from Types B and C are sent to Type A hospitals when warranted.

A similar hierarchy exists among health centres of which there are five types (Types 1-5) delivering ambulatory care. A Type 1 centre is the least equipped, without a resident physician and handles only basic primary care matters, and Types 3 to 5 offering physician care, some dental and subspecialty care (e.g. dermatology).

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 the extensive network of health facilities located in even the most rural parts of the country.

Fuelled by this principle, there was a rapid expansion in the 1970s of primary care facilities across the island. The economic stagnation and subsequent adjustment of the 1980s brought with it contraction of health services at all levels of the system. As a senior executive in the Ministry at the time notes, the 1980s was a time of ad hoc, inconsistent and ineffective changes in this system. There was ‘no emphasis on rights’ and the guiding principles were undefined with all changes simply responding to smaller budgets. Cuts in expenditure on health services (a one-third reduction in budgetary allocation between 1982/83 and 1986/87 and again from 1990/91 to 1992/93) had the obvious result of a severe decline in quality, chronic shortages of basic supplies and equipment, exodus of trained personnel-voluntarily and through staff cuts- and the eventual closure of several facilities. Fees were re-introduced, having been removed in the 1970s and there were large reductions, in some cases by as much as 50 percent in the number of Community Health Aides working in communities. Some nursing schools were also closed in this period. In response to the

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8 Medical council of Jamaica
9 World Bank (1994): Jamaica Health Sector Review; Present Status and Future Options
10 Personal communication, February 18, 2008
declining quality of care being offered in public facilities, Jamaicans shifted to the private sector to meet their ambulatory care needs (World Bank 1994).

This ‘crisis’ led in due course to a major reform of the system in the 1990s which saw the introduction of semiautonomous regional health authorities which were set up to localize and hence improve the management of the network of public health facilities around the island. The reform also placed greater emphasis on customer service and client care throughout the health sector. By the end of the 1990s there had been some recovery in the health sector, with international donor partners providing financing for the rehabilitation of some key hospitals island wide and the construction of additional facilities.

This reform process has brought about significant changes in the health sector in the last decade. New hospitals have been built, some refurbished and the management of the health sector has changed with the introduction of Regional Health Authorities (RHA).

**Legislative, Policy and Institutional Framework**

Health care has always been recognised as a basic right in Jamaica. The expansion of primary health care facilities in the 1970s was a direct response to this belief. Although so considered, 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 Immunisation Act mandates immunisation of every Jamaican child under the age of seven years. Failure to immunize a child will result in the child being unable to attend school.

In an effort to align the provision of health care with national priorities, there have been several shifts in policy direction since independence in 1962. Policy shifts have resulted in an expansion of the sector in the 1970s, severe contraction in the 1980s, reform in the 1990s, which included the introduction of cost-sharing in public hospitals and culminating presently with the removal of fees for all 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.

Objective assessment of health needs of the population have led to several initiatives within the Ministry of Health which are geared at directly addressing some of the causes of the major conditions and illnesses in Jamaica. Acknowledging that the main health issues are lifestyle related, the Ministry has focused on health promotion through its healthy lifestyle and violence prevention programmes, which target hypertension, diabetes, HIV/AIDS and preventable injuries.

**Access to Health Care**

With an extensive network of hospitals and health centres, NGOs and private providers, Jamaicans have relatively easy access to some basic level of health care. Issues of access however remain important in relation to 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), persons still have to meet several out-of-pocket expenses associated with access to health care. These attendant costs include the cost of pharmaceuticals and some diagnostic services as well as the cost of some specialized surgical materials.
Health Seeking Behaviour of Jamaicans
The health seeking rate for persons reporting illness was 70 percent for 2006 (JSLC 2006). The main reasons given by persons for not seeking health care was they did not think they were sufficiently ill to require care (33.8 percent) while 22.2 percent indicated that they could not afford care and 28.5 percent used home remedies to treat their condition (Table 2).

TABLE 2: REASONS FOR NOT SEEKING CARE AS A PERCENTAGE OF THOSE WHO REPORTED BEING ILL DURING THE REFERENCE PERIOD (JSLC, 2006)

<table>
<thead>
<tr>
<th>Reasons for not seeking health care</th>
<th>Could not afford</th>
<th>Was not ill enough</th>
<th>Preferred Home Remedy</th>
<th>Other (including did not have time to go)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region</td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>KMA (N=36)</td>
<td>22.2</td>
<td>36.1</td>
<td>27.8</td>
<td>16.7</td>
</tr>
<tr>
<td>Other Towns (N=54)</td>
<td>22.2</td>
<td>40.7</td>
<td>27.8</td>
<td>9.3</td>
</tr>
<tr>
<td>Rural Areas (N=153)</td>
<td>22.2</td>
<td>32.0</td>
<td>14.1</td>
<td>13.7</td>
</tr>
<tr>
<td>Quintile</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poorest (N=63)</td>
<td>35.2</td>
<td>20.1</td>
<td>34.5</td>
<td>10.2</td>
</tr>
<tr>
<td>2 (N=42)</td>
<td>19.2</td>
<td>44.9</td>
<td>17.4</td>
<td>18.5</td>
</tr>
<tr>
<td>3 (N=48)</td>
<td>19.5</td>
<td>34.7</td>
<td>35.6</td>
<td>13.2</td>
</tr>
<tr>
<td>4 (N=39)</td>
<td>14.6</td>
<td>35.5</td>
<td>36.1</td>
<td>13.8</td>
</tr>
<tr>
<td>5 (N=51)</td>
<td>16.7</td>
<td>40.1</td>
<td>20.2</td>
<td>23.0</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male (N=94)</td>
<td>27.1</td>
<td>34.2</td>
<td>28.7</td>
<td>9.9</td>
</tr>
<tr>
<td>Female (N=149)</td>
<td>19.1</td>
<td>33.6</td>
<td>28.4</td>
<td>18.9</td>
</tr>
<tr>
<td>Age (Years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-4 (N=35)</td>
<td>7.3</td>
<td>57.5</td>
<td>23.7</td>
<td>11.4</td>
</tr>
<tr>
<td>5-9 (N=38)</td>
<td>30.0</td>
<td>38.7</td>
<td>26.5</td>
<td>4.8</td>
</tr>
<tr>
<td>10-19 (N=30)</td>
<td>24.9</td>
<td>28.4</td>
<td>31.2</td>
<td>15.6</td>
</tr>
<tr>
<td>20-29 (N=14)</td>
<td>14.0</td>
<td>49.5</td>
<td>21.4</td>
<td>15.1</td>
</tr>
<tr>
<td>30-39 (N=16)</td>
<td>23.2</td>
<td>25.5</td>
<td>38.2</td>
<td>13.2</td>
</tr>
<tr>
<td>40-49 (N=18)</td>
<td>34.0</td>
<td>26.5</td>
<td>30.4</td>
<td>9.0</td>
</tr>
<tr>
<td>50-59 (N=22)</td>
<td>37.6</td>
<td>13.7</td>
<td>19.1</td>
<td>29.6</td>
</tr>
<tr>
<td>60-64 (N=21)</td>
<td>15.8</td>
<td>31.6</td>
<td>43.5</td>
<td>9.3</td>
</tr>
<tr>
<td>65+ (N=49)</td>
<td>18.8</td>
<td>27.6</td>
<td>28.0</td>
<td>25.7</td>
</tr>
<tr>
<td>Jamaica (N=243)</td>
<td>22.2</td>
<td>33.8</td>
<td>28.5</td>
<td>13.9</td>
</tr>
</tbody>
</table>

Among the 70 percent who sought medical care, the majority 52.8 percent received care in the private system, compared to 41.3 percent who were attended to at a public facility. This usage pattern while fairly consistent over the last ten years (JSLC 2006) has shifted in favour of public health system over the years. Indeed in 2002 a higher percentage of Jamaicans received care in public health institutions than in the private sector, with a slow return to private been experienced thereafter. What is clear is that despite the variance in the actual usage has been that there has been a steady decline in the use of private health care since 1996 (figure 1).
This closing of the gap may be interpreted as an indication of the improvement in overall quality and service in the public sector in the post-reform era. Several hospitals have been upgraded, waiting time cut, service, staff upgraded, technology improved and service environments enhanced, making the public system more attractive to health seekers.

There is also the affordability issue. Visits to private facilities in 2006 cost almost 40 percent more than visits to public facilities. While, this is so, it cannot however provide a full explanation for the increasing use of public faculties, as private care has always been more expensive (See Table 3). However, lower fees coupled with improved services meant that clients were now getting better value for money and more willing to use public facilities than in the past when the higher cost in the private sector appeared justified. With the removal of user fees in the public system as of April 1, 2008, a further increase in public usage can be anticipated for 2008.

**Table 3: MEAN PATIENT EXPENDITURE ($) ON HEALTH CARE IN PUBLIC AND PRIVATE FACILITIES IN THE FOUR WEEK REFERENCE PERIOD, JSLC 1996 TO 2004 and 2006**

<table>
<thead>
<tr>
<th>Year</th>
<th>Visits</th>
<th>Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Private</td>
<td>Public</td>
</tr>
</tbody>
</table>

Source: Jamaica Survey of Living Conditions Report 2006: Planning Institute of Jamaica
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>598</td>
<td>92</td>
<td>148</td>
<td>23</td>
<td>685</td>
<td>106</td>
<td>176</td>
<td>27</td>
</tr>
<tr>
<td>1997</td>
<td>693</td>
<td>95</td>
<td>283</td>
<td>39</td>
<td>946</td>
<td>129</td>
<td>575</td>
<td>78</td>
</tr>
<tr>
<td>1998</td>
<td>832</td>
<td>106</td>
<td>315</td>
<td>40</td>
<td>1 050</td>
<td>134</td>
<td>316</td>
<td>40</td>
</tr>
<tr>
<td>1999</td>
<td>1 301</td>
<td>154</td>
<td>339</td>
<td>40</td>
<td>1 196</td>
<td>142</td>
<td>401</td>
<td>47</td>
</tr>
<tr>
<td>2000</td>
<td>1 081</td>
<td>120</td>
<td>309</td>
<td>34</td>
<td>1 241</td>
<td>138</td>
<td>468</td>
<td>52</td>
</tr>
<tr>
<td>2001</td>
<td>1 103</td>
<td>115</td>
<td>546</td>
<td>57</td>
<td>1 698</td>
<td>177</td>
<td>742</td>
<td>77</td>
</tr>
<tr>
<td>2002</td>
<td>1 339</td>
<td>132</td>
<td>464</td>
<td>46</td>
<td>1 501</td>
<td>148</td>
<td>571</td>
<td>56</td>
</tr>
<tr>
<td>2004</td>
<td>2 278</td>
<td>191</td>
<td>489</td>
<td>41</td>
<td>2 181</td>
<td>183</td>
<td>843</td>
<td>71</td>
</tr>
<tr>
<td>2006</td>
<td>1406</td>
<td>101</td>
<td>860</td>
<td>62</td>
<td>2212</td>
<td>158</td>
<td>1174</td>
<td>84</td>
</tr>
</tbody>
</table>

Source: PIOJ/STATIN: Jamaica Survey of Living Conditions 2006

While public care remains less expensive than private care, there is some indication that over that last 2-3 years there has been significant nominal increases in fees at the public centres. Fees paid in the public system increased by 76 percent in nominal terms in the 2004-2006 period, reflecting increases to user fees which were implemented in 2005. The new policy of free user fees has therefore come at a time when there had been increases in user fees for public health care. The timing of this initiative is therefore an important factor in considering its impact.

Improvements in the system, increased utilization of public health provision, and removal of user fees notwithstanding, evidence exists to suggest that the health system continues to function below the level of demand for healthcare in Jamaica. 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 showed an inability of the hospitals to handle any increase demand with existing resources. This lack of ‘wiggle room’ to respond to sudden increases in demand demonstrates the very tight constraints within which the public system operates as illustrated clearly by the experience of beneficiaries under the PATH programme (Box1). The removal of user fees for the general population did not seem to result in a rush on the system as some had anticipated. Prior to the new policy health care professionals expressed publicly their concerns about a run on the system in a context of unchanging resources. Even while such concerns were being expressed, officials within the Ministry were pointing out that in the event of the public sector’s inability to respond to increased demand, persons would revert to the private sector to fill their unmet needs. There is therefore some danger that this policy may have no real impact on improving access to health care in Jamaica.

**BOX 1: PATH and the Public Health System**

A cash transfer programme, PATH was designed to cater to 236,000 individuals of whom 168,000 are children, and provides direct to support parents in their responsibilities to care for their children. The Health benefit was specifically included to address the needs of families with very young children. In order to prevent the spread of certain diseases which are prevalent among young children, PATH requires beneficiaries between 1 and 6 years old to visit their selected health care

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11 Official figures not yet available
centre once every six months. By enforcing this requirement, PATH intended to increase immunization rates, decrease malnutrition and be able to identify at an early stage any form of abuse and or learning disabilities that may be experienced among the children 1-6 years old (PATH Health Study).

PATH required 1-6 year old beneficiaries to visit the health centres once every six months (10 times for the 5 year period) while the MOH (health centre) requires the beneficiaries to attend the health centre 3 times over the same five year period. Given the requirements of the MOH (health centre), the beneficiaries are given an appointment to come in at 18 months and two appointments are given to children who fall in the 4-6 age group. Given the rate of health non-compliance in this aspect of the programme, which ranged from between 134 percent to 44 percent and the importance of human capital development to breaking the intergenerational cycle of poverty that affects Jamaicans, the Programme has decided to re-examine some features of the Health benefit.

Among the findings was that:

1. A major impediment to full compliance with this health condition is the capacity of health centres to accommodate and provide services to beneficiaries based on the visiting schedule designed by PATH. Health Centres report that requirement for increase visits by babies under PATH has led to an increase in the number of clients the Clinic services on a daily basis and they are forced to prioritize, seeing babies who are ill or in need of immunisation before those attending for PATH well baby visits (PATH Study 2006). Some health centres have even stated that parents of the 4-6 year old beneficiaries are advised not to attend the health centre as vaccinations for children within this age range can be received from the schools when nurses visit.

2. The lack of free services year round to the PATH beneficiaries, has served as a deterrent to parents who are responsible for taking their children to the health centre as required by PATH. Although the health centre staff indicated that they would still provide services to beneficiaries who had exhausted those two free visits, it was revealed that some parents would be apprehensive about going to the health centre without being able to pay.

3. In addition, the cost of transportation to attend clinics, some parents do not see the need for their children to visit the health centre if they are not obviously ill or in need of immunization.

4. Although parents are requested to present birth certificates in order to register their children at the health centres, many health personnel revealed that the high cost of the birth certificates was a barrier to access, even though at some health centres children are registered without the birth certificates.

Affordability and therefore access is also affected by the rate of health insurance coverage. Nationally, health insurance coverage for 2006 was 18.4 percent showing no significant difference compared with 2004 Health insurance coverage ranged from 14.0 to 24.2 percent with Rural Areas reporting least coverage and KMA highest. When examined by quintile, health insurance coverage increased from the poorest to the wealthiest quintile i.e. from 8.5 percent to 35.2 percent respectively. Males and females had similar levels of coverage in 2006. With coverage among the poorest group being less than one-quarter of that of the wealthiest, it is apparent that the poor experience greater barriers in trying to access health care in Jamaica.
Quality of Care in Jamaica

The quality of health care in Jamaica can be broadly assessed by the health status of the population. While this is an important indicator, deeper issues of quality can be masked behind the numbers, so the section will review some issues which impinge on the process of health care delivery in Jamaica.

Health Status

The health status of the Jamaican population, 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, thyroid complications etc), followed by heart disease and cancer.

In the area of child care, immunisation levels are high, but falling (PIOJ 2007). The aim of the Ministry to achieve coverage of 90-95 percent has not been met as expansion of coverage was affected by decreases in the number of home visits and outreach. This reduction has been due largely to limited personnel and other resources within the family health portfolio of the government health system. 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 an significant improvements since 2002 (Table 4).

Table 4: Selected Health Indicators 2002-2007

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy</td>
<td>72</td>
<td>72.3</td>
<td>73.3</td>
<td>73.3</td>
<td>73.3</td>
<td>72.4</td>
</tr>
<tr>
<td>Crude Birth rate/1000 pop</td>
<td>20.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crude death rate/1000 pop</td>
<td>6.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal mortality rate /1000 live births</td>
<td>106</td>
<td>106.2</td>
<td>106.2</td>
<td>106.2</td>
<td>106.2</td>
<td>n/a</td>
</tr>
<tr>
<td>Infant mortality rate/1000 pop</td>
<td>24.5</td>
<td>24.5</td>
<td>19.2</td>
<td>19.2</td>
<td>19.2</td>
<td>16.7</td>
</tr>
<tr>
<td>Low birth weight (percent)</td>
<td>9.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunization coverage of children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPV</td>
<td>86</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DPT</td>
<td>87</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCG</td>
<td>90</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td>86.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to safe water (percent)</td>
<td>86.2</td>
<td>n/a</td>
<td>79.2</td>
<td>n/a</td>
<td>77.3</td>
<td>n/a</td>
</tr>
<tr>
<td>Number of new HIV/AIDS cases</td>
<td>989</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Compiled from PIOJ Jamaica Human Development Report 2005 and ESSJ 2007

While these macro indicators appear satisfactory, they mask a story of limited capacity, a shortage of medical personnel, a chronic shortage of pharmaceuticals and diagnostic and treatment equipment and basic supplies in some institutions.\(^{12}\) In addition, violence, other preventable injuries (motor vehicle and domestic accidents) and conditions (diabetes, hypertension, HIV/AIDS), place a significant pressure on already severely burdened public health system. 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. This has the effect of significantly compromising care in other areas. The health system has yet make adjustments to address the HIV/AIDS challenge as well. These adjustments have not placed the same level of strain on existing resources as they have been largely financed through grants from the Global Fund and have not yet been brought entirely on the Ministry of Health’s budget.

\(^{12}\) Personal communication, Senior Director Ministry of Health Feb. 12, 2008
Financial Protection

Health care in Jamaica is financed through a mix of public and private resources, with the state allocations supplemented by user fees (up to April 1, 2008), the work of non-government organisations and loans and grants from International donor partners.

Table 5: National Health Expenditure, Jamaica 1997-2001

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>General government expenditure on health as a percent of total health expenditure</td>
<td>56.2</td>
<td>59.5</td>
<td>50.9</td>
<td>47</td>
<td>42.1</td>
</tr>
<tr>
<td>Private expenditure on health as percent of total health expenditure</td>
<td>43.8</td>
<td>40.5</td>
<td>49.1</td>
<td>53</td>
<td>57.9</td>
</tr>
<tr>
<td>Out-of-pocket expenditure as percent of private expenditure on health</td>
<td>69.4</td>
<td>66.7</td>
<td>70.3</td>
<td>65.6</td>
<td>73.4</td>
</tr>
</tbody>
</table>

Source: Jamaica Human Development Report 2005

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. User fees covered approximately 11 percent- $J1.1-$J1.6billion-to of the cost of care in the public sector (PIOJ 2007). 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 programmes, 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.


<table>
<thead>
<tr>
<th>Year</th>
<th>Real Net MOH Budget JM$</th>
<th>Net MoH budget/GOL budget (percent)</th>
<th>Real Net MOH per capita growth rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992/93</td>
<td>1,5471.85</td>
<td>6.6</td>
<td></td>
</tr>
<tr>
<td>1993/94</td>
<td>1937.53</td>
<td>6.6</td>
<td>25.7</td>
</tr>
<tr>
<td>1994/95</td>
<td>2059.06</td>
<td>6.0</td>
<td>6.3</td>
</tr>
<tr>
<td>1995/96</td>
<td>1,518.73</td>
<td>4.7</td>
<td>-26.2</td>
</tr>
<tr>
<td>1996/97</td>
<td>1,940.67</td>
<td>5.1</td>
<td>27.8</td>
</tr>
<tr>
<td>1997/98</td>
<td>2008.56</td>
<td>.9</td>
<td>3.5</td>
</tr>
<tr>
<td>1998/99</td>
<td>2261.67</td>
<td>6.4</td>
<td>12.6</td>
</tr>
<tr>
<td>1999/2000</td>
<td>1763.05</td>
<td>4.8</td>
<td>-22.0</td>
</tr>
<tr>
<td>2000/01</td>
<td>1646.44</td>
<td>3.8</td>
<td>6.6</td>
</tr>
<tr>
<td>2001/02</td>
<td>1717.76</td>
<td>3.7</td>
<td>4.3</td>
</tr>
<tr>
<td>2003/03</td>
<td>1497.00</td>
<td>3.4</td>
<td>12.9</td>
</tr>
</tbody>
</table>

Source: Jamaica Human Development Report 2005

National Health Fund
Among the most urgent and persistent areas of concern in the financing of health care in Jamaica has been the high cost of pharmaceuticals and the impact on completion of health care. The majority of Jamaicans do not have health insurance coverage, but purchase their medication in the private system (JSLC various years). The chronic shortage of drugs in the public system as well as the limited range available means that for the poor, private procurement is often the only, but unaffordable option, hence findings that suggest that about a quarter of those prescribed medication do not actually purchase the drugs to complete care.

In tackling this problem, the government established the National Health Fund in 2003 financed through the levy of an excise tax on the sale of cigarettes and an annual contribution of J$500 million from the consolidated fund. Supported by the National Health Fund Act, the fund’s mandate is to ‘provide financial assistance for the national health care system to improve its effectiveness and the health of the Jamaican population.’ In fulfilling this mandate the Fund provides two types of benefits, individual and institutional. The individual benefit goes to persons with a condition on the list of prescribed conditions for the purchase of medication and the institutional benefit is provided to both public and private sector institutions for projects aimed at health promotion and protection as well as for infrastructure improvements at some service delivery points.

Accessing benefits under the Fund is simple. Anyone diagnosed with one of the conditions listed under the programme can register as a beneficiary. There is no age, socio-economic status or other eligibility criteria for access. Once registered, beneficiaries are provided with subsidized medication from participating private pharmacies across the island.

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. This has been due to a cessation of cigarette production by the sole local producer which now relies on imports to supply the local market (NHF Annual Report 2007). This poses a significant threat to the financial protection of the benefits offered under the Fund and already the allocation for institutional benefits have been cut by 32 percent as a result of declining inflows.

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 has made adjustments in the nature of the tax in its 2008/09 budget to address the issue of the shortfall in revenue.

**Participation and Continual Revision**

The health system in Jamaica has demonstrated its flexibility 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.

13 http://www.nhf.org.jm
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 behaviour change communication portfolio centered around prevention of HIV transmission, healthy lifestyles, child health and violence prevention. The design of health care provisions 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.

**Redress**

Although driven by the principle of health care being a right of the citizen, the system does not have clearly defined institutional and administrative mechanism to offer redress in the event that the right is not fulfilled or 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 bringing an action in the regular courts system, persons can make complaints directly to the Ministry for investigation, but there no established mechanism for redress for improper care or service delivery in the health sector. Given that there is no constitutional provision establishing a right to health care, citizens also have no 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.

**Social Guarantees in the Health System**

The Jamaican health system operates on the principle that every citizen is entitled to a basic level of care. While there are both legislative and institutional mechanisms to provide such care, there is no formal establishment of guarantees for the protection of this right. The current capacity of the system falls short of the overall demand for health care and almost half of the population seeking ambulatory care purchase services from the private sector. The public sector remains the choice for hospital care, but this must be understood in the context of limited capacity in this area in the private sector. Access to pharmaceuticals is still mainly through a network of private providers as the public sector has consistently been unable to meet this demand. It is therefore apparent that unless there is significant expansion in public sector capacity in critical areas, health policy cannot yet contemplate giving guarantees in the health care delivery.

This limited capacity coupled with the absence of financial protection as seen in variability of state funding for the sector and the limited provision for redress suggests that health care is Jamaica is still at the pre-guarantee level. Moving to a level of guarantees would entail attention to expanding capacity via increase in personnel and equipment and establishing an effective mechanism for redress.
Housing in Jamaica

Housing development cannot be merely seen as the provision of shelter. Housing has such a direct bearing on behavioural patterns, on the establishment of norms and values and on the capacity of people for organisation and collective action that it must be seen in its wider context of being a catalyst for nation building (George and King, 2007).

Status of Shelter in Jamaica

The need for affordable, decent housing has been a long standing challenge to improved living conditions in Jamaica. Shelter, a place to secure family and possessions, is one of the dreams of most Jamaicans, like people all over the globe. In the early post-independence period, the absence of land tenure for the majority of the population, particularly in rural areas, which is a residual feature of the post slavery plantation social and economic structure, prevented many Jamaican from owning their own homes. Since independence in 1962 however, successive governments have focused on housing and land provision as key components of their social development policies. Governments 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. There has also been much effort invested in meeting the housing needs of poor and low income Jamaicans since the 1940s. 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 throughout Jamaica’s political history.

The most destructive manifestation of this patronage has been the formation of what has become known in the local political lingua as ‘garrison communities’. Designed around securing perpetual political support in a particular area, these garrison communities were established by the development of large scale housing schemes which were populated by supporters of whichever political party was in government at the time. They are characterized by highly homogenous voting patterns (favouring one of the two main political parties), control by a dominant political figure, exclusion of outsiders from the community including service providers, restricted movements and the imposition of political will by violence perpetrated through highly armed gangs aligned to political figures (Kerr Report, 2005).

The result is the creation of… politically partisan communities that reflect one-party tendencies’ (Stone 1989: 26). In garrison constituencies the election of the representative of the party that built the housing scheme is secure. Party activists have ensured voter intimidation and fraudulent voting practices with vote counts of over 100 percent. Intense loyalty in these communities accompanied by high levels of violence has been the tragic consequences of this garrison culture, widely referred to as ‘tribalist’. The expulsion of supporters from the opposing political party from some already established communities was also another method via which garrison communities were created. The housing needs of the expelled were often satisfied by squatting on crown land and aiding in the formation of closed, garrison like squatter communities which over time took on some of the more deleterious effects of the original garrisons.

At its most blatant in the immediate pre and post independence period, this deliberate spatial distortion for political purposes is no longer a feature of the provision of housing in Jamaica, although the society continues to spend significant sums to address its far reaching negative social consequences.

**Housing provision**

The Jamaican housing industry is supported by a formal sector comprising various public and private sector agencies. Informal sector participants have also made contributions to the sector through the provision of low income housing solutions, better identified as self-help housing initiatives. These housing solutions are generally classed as informal settlements e.g. squatter settlements or as non-conforming built developments.¹⁵

The main public actors in the housing industry 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 organisations, including the United States Agency for International Development (USAID), United Nations Human Settlement Programme (UN-Habitat) and Food for the Poor Jamaica.

Public sector involvement in the housing industry has been on two distinct levels. Housing programmes have been designed and implemented at:

1. The central government level through the Ministry of Housing
2. The statutory (regional) level by Statutory Agencies

The Ministry of Housing, operating at the central government level, has had responsibility for the implementation of various social housing programmes between 1950 and 1996. Social housing programmes were conferred formal status as part of the Poverty Eradication Programme (PEP) being implemented out of the Office of the Prime Minister, but have always been part of the agenda of the Ministry (Personal Communication, 2008). With the support of the Housing Act (No. 55 of 1968)¹⁶, the Ministry through the Minister in charge of Housing has undertaken several housing schemes.

**The National Housing Trust**

These varied efforts at providing housing for the population underpin the central place which the sector was given by successive governments. The most important and sustained effort at providing housing has been the establishment of the National Housing Trust in 1976 by an amendment to the National Insurance Act, 1976, to provide shelter to its contributors. The Trust's mission at the time of its establishment was to increase and enhance the existing housing stock and provide financial assistance to the neediest contributors. Other aspects of the mandate included the generation of funding for the housing construction sector, the promotion of improved building systems and greater efficiency within the industry (McHardy, 2007). Funding for the Trust comes from the compulsory salary deductions of 2 percent from workers and 3 percent from employers’ wage bills.

There has been much criticism of the operation of the Trust as the data shows that the majority of its beneficiaries are not low income contributors and indeed the middle class worker has benefited more form the Trust than the originally intended target. Data from 1996 indicate that persons at the lowest 40 percent of the formal workforce had a 2 percent chance of qualifying for a NHT benefit.

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¹⁵ These are developments that have not met established planning standards such as required building setbacks, height, minimum floor area ratio etc.

¹⁶ Under the Housing Act the Minister is designated a 'corporation sole' and can make decisions in his own right without having to seek approval from Cabinet or any other body. This provision in the Act makes easier for the Minister to act in his sole discretion on a range of matters, including distribution of housing benefits.
(Klak and Smith 1997). Only contributors are eligible for a NHT benefit, and qualification is contingent on meeting a points system and set income criteria. Both the points and income criteria vary according to the individual’s income level and the size of the benefit for which they are applying. In addition, the Trust is seen as highly bureaucratic and inefficient, using as much as 25 percent of total contributions to maintain the service delivery machinery by way of recurrent expenditure on staff and plants across the island (ibid). Critics have argued that with greater attention to internal efficiency, the Trust can increase the number of housing units added to existing stock each year.

The Trust presently offers ten loan products to its contributors. These are: buying a unit in a NHT housing scheme; buying a house on the open market (not a NHT housing scheme); buying a house lot on the open market (not a NHT housing scheme); building a house on land owned by the contributor; construction funds to build on a lot secured under a house lot loan or serviced lot loan; home Improvement; help loan; hope loan; and solar water heater loan.

Interest rates at the Trust ranges from 2 percent to 6 percent and is structured according to weekly income. The rate paid is dependent on where contributors fall on the weekly income payment structure, which in July 2007 ranged from Up to $7,500 to above $20,000 (Table 7). Solar water heater loans attract interest rates of 3 percent.

<table>
<thead>
<tr>
<th>Weekly Income</th>
<th>Interest Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to $7500</td>
<td>2 %</td>
</tr>
<tr>
<td>$7501-$10,000</td>
<td>4 %</td>
</tr>
<tr>
<td>$10,001-$20,000</td>
<td>5 %</td>
</tr>
<tr>
<td>Above $20,000</td>
<td>6 %</td>
</tr>
</tbody>
</table>

Source: NHT, 2007

In addition to delivering houses through government constructed housing schemes and latterly the NHT, the government of Jamaica also facilitates housing provision through its Joint Venture Housing Programme initiated in 1997. The Joint Venture Housing Programme has largely been accessed by private developers that cater primarily to lower middle and middle income groups. This is not surprising, as private developers are concerned with profit making and are not in the business of providing social housing.

**Legislative, Policy and Institutional Framework**

Housing as a social good is said to provide individual and collective dignity, privacy and security. Part of the challenge of effective shelter delivery in developing countries is the absence of clearly defined policy frameworks which address critical issues such as access to land, security of tenure, provision of affordable housing and supporting infrastructure, gender equity and economic and environmental sustainability.

Within the Jamaican context there exists policy, legislative and institutional frameworks regarding shelter delivery. 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 and affordability, delivery, access and security.
The Housing Act of 1955 is the cornerstone of the legislative framework of the housing sector. The act provides the Minister in charge of housing with the power to decide which areas are suited for proper development, redevelopment, clearance etc. The act confers upon the Minister power to allow or disallow any housing development taking place on lands within the territory of Jamaica. Under this Act, the Minister has the authority to declare any area as a Housing Area and to initiate slum clearance schemes if, in his opinion, the area merits such action. The Town and Country Planning Act of 1957 stipulates areas for which a Development Order has been prepared and whether planning permission is required from the Local Planning Authority before "development" as defined by the Act can be undertaken. In those areas for which no development orders have been prepared no planning permission is required to undertake development. Permission to erect buildings however is required under the Building Law (Local Building Regulations). The Development Order is therefore the legal document guiding development in Jamaica.

**The National Land Policy**

These laws are supported operationally by The National Land Policy and the National Housing Policy. Developed in 1996 the National Land Policy, addresses some of the more complex and critical issues related to land management, land use and development (socio-economic dimension), including access and ownership rights. More specifically, the policy aimed to curtail the indiscriminate use of land, by reducing (with the intent of achieving total elimination) the illegal construction of buildings, poor agricultural practices, degradation of forests, unplanned urban and rural developments, squatting and environmental pollution. As it relates to shelter delivery, the Land Policy specifies that the implementation of measures and programmes 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).

Government’s National Housing Policy is based on the achievement of affordable, safe and legal housing access for all. This policy approach follows on a 1987 housing needs assessment which stated that Jamaica’s housing requirements averaged 15,500 new units annually by year 2006. In addition, according to the assessment, the country required, on average, 9700 upgrades annually over the same period to maintain the housing stock in acceptable standard.

**Access to Housing**

The demand for housing is tied directly to population growth and management. The provision of housing is usually linked to population growth rate and changes in wage status. Since the 1980s, significant efforts have been made to facilitate the incorporation of demographic variables, i.e. population size, structure and distribution, in various social, economic and environmental policies, programmes and plans of action (PIOJ, 2007). Despite a steady growth rate below 1 percent since 1998, and a steady growth rate of 0.5 percent since 2000, the demand for housing has continued to increase; and supply has lagged behind.
Housing Tenure
Access to and the distribution of land, supported by local tenure arrangements has historically played a significant role in housing affordability and security. Land ownership is proven through a registered title, which is superior to the common law title and is considered to be conclusive evidence of ownership. According to a study undertaken by Mycoo (undated) on ‘Urbanization and Housing in the Caribbean,’ 78 percent of land in Jamaica was found to be under private ownership. The 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 lived 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.

Part of the strategy for addressing the national housing deficit, came through various land settlement and housing programmes of the 1970s, 1980s, and 1990s (these are mentioned in section 1.1 above). The latest housing data provided by the PIOJ Survey of Living Conditions (2004, 2007) shows that more than 60 percent of Jamaicans have housing security. In fact the housing data from 1996 showed that housing ownership has remained relatively unchanged, with the percentage of households living in their own homes varying between 57 and 61 percent over the period (Table 8).

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Owned by Household</td>
<td>60.3</td>
<td>57.9</td>
<td>58.6</td>
<td>57.9</td>
<td>58.3</td>
<td>61.2</td>
<td>61.2</td>
<td>56.9</td>
<td>60.5</td>
</tr>
<tr>
<td>Rent-free</td>
<td>13.8</td>
<td>13.0</td>
<td>13.6</td>
<td>15.2</td>
<td>18.3</td>
<td>16.5</td>
<td>16.5</td>
<td>19.3</td>
<td>17.6</td>
</tr>
<tr>
<td>Rented/Leased</td>
<td>23.3</td>
<td>27.1</td>
<td>25.8</td>
<td>25.5</td>
<td>22.9</td>
<td>21.6</td>
<td>21.6</td>
<td>22.5</td>
<td>20.7</td>
</tr>
<tr>
<td>Squatted</td>
<td>1.4</td>
<td>1.0</td>
<td>0.9</td>
<td>1.0</td>
<td>1.3</td>
<td>0.6</td>
<td>0.6</td>
<td>1.2</td>
<td>1.2</td>
</tr>
<tr>
<td>Other</td>
<td>1.2</td>
<td>0.9</td>
<td>1.1</td>
<td>0.5</td>
<td>0.3</td>
<td>0.1</td>
<td>0.1</td>
<td>0.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>


Housing ownership, according to regional housing statistics, shows that housing security is greatest in rural areas. In 2006, approximately 67.8 percent of rural households owned their house, this compared to 47.7 percent in the Kingston Metropolitan Area (KMA). Housing ownership in the KMA has remained relatively unchanged when compared with 2002 housing data, which records housing ownership at 47.2 percent in the KMA. In rural areas, housing ownership declined by 3.4 percent from the 2002 figure of 71.2 percent. Changes in housing status have largely corresponded

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18 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).
with changes in consumption. 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. The Living Conditions data indicate that many of these homes are of poor quality and do not have private access to water and subsequently toilet facilities. As is the case globally, persons living in urban areas have certain basic standards below which they are not prepared to engage in home ownership.

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. The term squatter, though generic in its application, does not take into account all households which do not have formal land tenure status. Hence for example, in the KMA, where household ownership is 47.8 percent, formal land tenure status amongst said households is far below ten percent. This is because of increasing housing densities (apartments, town houses etc.) and limited land space in the KMA region. While not having land tenure in the strict application, these households have property tenure as they have registered titles for their strata homes.

**BOX 2: Informal Settlements: Squatter Management in Jamaica**

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. These informal settlements are generally without legal claims to land and/or permission from the respective authorities to build; as a result of their illegal or semi-illegal status, infrastructure and services are generally inadequate.

The origination of squatters in Jamaica is tied directly to the establishment of shanty towns, spontaneous settlements and unplanned developments, which thrived during the 1960s to 1980s period. In fact, various studies across the Caribbean Region have shown that informal settlements thrived during the 1940s and 1950s, as absence of clearly defined land use planning policies and legislation supported the ad hoc settlement pattern that evolved as a result of lack of access to affordable land.

In 2004, a study undertaken by the University of Technology (Utech), on behalf of the Ministry of Land and Environment identified 595 squatter settlements across the island of which 380 (64 percent) were surveyed. The survey revealed that approximately 104,810 persons were squatters, with the highest number of squatter settlements located in the parishes of St. Catherine (56 or 14 percent), followed by Kingston and St. Andrew (50 or 13 percent). Approximately 75 percent of the squatter settlements were located on government land. Despite discrepancies with information presented by Utech, the findings of the study reinforce the need to address the problem of squatting in Jamaica.

In June 2006, the Squatter Management Unit was created in the Ministry of Agriculture and Lands to address and rationalize the regularization of squatters programme through the development of an integrated policy approach to settlement upgrading. The general goal of the Squatter Management Unit is to promote planned and sustainable development of land resources in order to:

- Decrease the rapid growth of illegal and hazardous settlements across the island
- Identify and select squatted sites for regularization and or relocation
- Assist institutions in the development of housing for low income settlements by identifying suitable and available sites
- Educate and encourage positive participation of the community members for community development

One of the challenges being faced by the unit is the absence of a broader national policy on housing, covering issues such as security of tenure, housing finance, infrastructural development, community and participatory planning and changes in cultural ideologies and norms.
Housing Provision vs. Housing Requirements

In 1982, the Government of Jamaica (GOJ) sought to introduce a National Housing Policy, aimed at providing housing solutions for the growing Jamaican population. The Housing Policy at the time was seen as a viable solution in addressing the housing deficit, which in 1980 was approximately 55,300 units (Jamaica draft National Housing Policy 1982). According to the 1987 National Shelter Strategy Report, to satisfy housing needs Jamaica needed to have built 15,500 new units and upgraded 9,700 units each year until 1990 to eliminate over crowding, and build an average of 4,009 new units and upgrade 2,580 units annually to the year 2006.\(^{19}\)

Between 1997 and 2000 housing starts averaged 5,147 annually and completions 4,811 with the majority of starts (87 percent) and completions (87 percent) provided by the public sector. According to the Economic and Social Survey of Jamaica (2005), from 2001-2006 there have been 31,424 housing starts and 26,324 completions. During this period, housing starts averaged 5,237 annually and completions 4,387; an estimated two percent increase in housing starts and a nine percent decline in completions from the 1997-2000 period. Shortfalls in the period averaged 1087 annually, while surplus averaged 237 (Table 9). Based on the 13,260 annual housing requirements, at the ending of 2005, 66,300 housing units were needed to address the ‘back log’ problem. With only 26,324 houses constructed at the end of the 2001-2006 period, Jamaica still required the construction of 39,976 housing units to fill its deficit.

Table 9: Housing Starts and Completions by the Formal Sector 2001-2006

<table>
<thead>
<tr>
<th>Year</th>
<th>Starts</th>
<th>Completions</th>
<th>Shortfall</th>
<th>Surplus</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>5173</td>
<td>3195</td>
<td>1978</td>
<td>-</td>
</tr>
<tr>
<td>2002</td>
<td>9396</td>
<td>5544</td>
<td>3852</td>
<td>-</td>
</tr>
<tr>
<td>2003</td>
<td>4656</td>
<td>3967</td>
<td>689</td>
<td>-</td>
</tr>
<tr>
<td>2004</td>
<td>5203</td>
<td>5832</td>
<td>-</td>
<td>629</td>
</tr>
<tr>
<td>2005</td>
<td>4121</td>
<td>4186</td>
<td>-</td>
<td>65</td>
</tr>
<tr>
<td>2006</td>
<td>2875</td>
<td>3600</td>
<td>-</td>
<td>725</td>
</tr>
<tr>
<td>Total</td>
<td>31,424</td>
<td>26,324</td>
<td>6519</td>
<td>1419</td>
</tr>
<tr>
<td>Annual Average</td>
<td>5237</td>
<td>4387</td>
<td>1086.5</td>
<td>236.5</td>
</tr>
</tbody>
</table>

Source: Economic and Social Survey of Jamaica, Planning Institute of Jamaica, 2006

With the actual provision of housing 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 provider of housing (Table 10), has been unable at any point in its history to meet the housing needs of the population and in particular of the low income group which was originally conceived as its main target.

Table 10: Sectoral Performance in Housing Starts and Completions 2001-2006

<table>
<thead>
<tr>
<th>PARTICULARS</th>
<th>STARTS</th>
<th>COMPLETIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Water and Housing (p)</td>
<td>531</td>
<td>869a</td>
</tr>
<tr>
<td>Urban Development Corporation (p)</td>
<td>306</td>
<td>0</td>
</tr>
<tr>
<td>National Housing Development</td>
<td>688</td>
<td>4096</td>
</tr>
</tbody>
</table>

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 qualify for a mortgage loan based on the requirements. Indications are that less than ten percent of Jamaicans have sufficient incomes to qualify for a private sector mortgage for the cheapest units available (Klak and Smith 1997). One of the strategies used to address this issue is graduated interest rates based on income. Even at the lowest end of the scale, persons below a certain income group still has difficulty qualifying and thereby accessing benefits under the Trust.

This situation is compounded for low income women who work in the informal sector, particularly as domestic helpers and are not even registered with the Trust. Women have a higher probability of receiving mortgages than their male counterparts, although their income levels average 75 percent of men’s. Data on NHT beneficiaries indicate that while the women “acquire a reasonable portion of NHT mortgages by international standard’, 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.20

The inability of those most in need to afford and therefore qualify for a housing benefit from the Trust and the low probability that they are actually contributors to the NHT in the first place, indicates that there remains an important role for social housing in addressing the urgent needs of the poor.

Providing Social Housing: Public and Private Sector Initiatives

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 provision of social housing has become more difficult with changes in the social and economic climate of Jamaica. 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 labour market and wage structure, educational attainment and changes in the family structure have also had a tremendous impact on the provision and availability of social housing.

In the financial year 2003/2004 the government introduced a Social Housing Programme to assist the neediest in the country. This is a targeted programme and only provided to persons within a certain income band. The demand for units has been so great that the program has been over

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20 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.
subscribed and the Ministry has temporarily suspended accepting applications. One disadvantage of the programme is the absence of toilet facilities, as such facilities are not provided with the houses.

The Ministry of Water and Housing has designed and implemented a greater number of social housing programmes than any other public or private sector agency in the country. There however has been considerable support for social housing programmes, as seen in the contributions made by statutory agencies, such as the Urban Development Corporation, the National Housing Trust and the National Housing Development Corporation.

**Box 3: Inner City Housing Project: Social Housing and the National Housing Trust**

The Inner City Housing Project (ICHP) was established in 2003 as support for the redevelopment of Downtown Kingston (otherwise known as the Business Improvement District-BID). The Programme, managed by the National Housing Trust (NHT) is aimed at the regeneration of inner city areas within the capital city of Kingston. The programme seeks to develop 5,000 two and three-bedroom units within three years in various inner city communities in and outside the BID and in other inner city areas in rural towns. The programme offers social housing to persons who are members of the Trust, and who have resided in the selected communities for a number of years.

As part of (what was considered to be) a more extensive government programme, the Urban Renewal Programme, the ICHP sought to upgrade communities characterized by poor housing stock, high unemployment, crime, and long tenure. The NHT in its drive to change the concept of “Inner City” included social amenities, such as letterboxes, drying yards, and landscaping. Other physical and social provisions were provided including the provision of utilities, electricity, water supply, telephones, central sewerage, garbage collection, postal services and cable television.

As of February 2007, 580 units had been completed and handed over to beneficiaries. In 2006, the NHT revealed that the project, previously estimated to cost J$6 billion, would now cost J$15 billion, a 66 percent cost overrun. This was due mainly to rising infrastructure costs and the need to purchase private properties because of the unavailability of land.

The programme, which was originally intended to benefit low-income contributors of the Trust, has encountered several problems. Many of the persons who benefited from the programme have not kept up on their mortgage payments. The non-payment of mortgage has been due to two main factors: (a) many of the persons who benefited under the scheme are not long standing contributing members of the Trust, while (b) others have complained about joblessness, which has made monthly mortgage payments difficult for families (Jamaica Gleaner, Sunday April 27, 2008). In the recently held budget debate (2008/2009) the Government has committed itself to completing the projects already started, but will refocus the programme before any new schemes are undertaken.

The GOJ has indicated that persons who benefit from the Inner City Housing Programme should be members of the Trust, and not, as is the current situation, benefit from the contributions of other members.

Generally, the provision of social housing has 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-UN-Habitat), have made significant contributions in providing social housing through private social housing programmes and land development initiatives. In Jamaica, the state and agencies of the state have been the major providers of social housing. Private sector social housing programmes have been facilitated by several NGOs working in collaboration with private developers. NGOs, while
providing a valuable service, do so on a very small scale as they do not have the capacity to undertake large projects even though the demand is pressing.

**Housing Quality**

Of the mix of dwelling types which comprise the housing stock in Jamaica, the vast majority (78.6 percent) are in the category Separate House Detached. This dwelling type remained the dominant choice for households in 2006 (Table 11). The second largest component of the housing stock, Part of House accounted for 10.3 percent of dwelling types in 2006. Some 3.2 percent of the wealthiest quintile lived in townhouses compared with less than one percent of the three poorest quintiles. This is due to infilling in the low density northern sector of the KMA whereby large residential lots have been subdivided into townhouse developments for middle- and upper-income groups. The unavailability of large tracts of land in the KMA for urban expansion and the security provided by these ‘gated’ townhouse developments has led to increase in this type of housing in the KMA in the last decade.

<table>
<thead>
<tr>
<th>Type of Dwelling</th>
<th>KMA (%)</th>
<th>Other Towns (%)</th>
<th>Rural Area (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separate House</td>
<td>56.1</td>
<td>86.7</td>
<td>91.3</td>
</tr>
<tr>
<td>Semi-detached House</td>
<td>9.4</td>
<td>2.8</td>
<td>3.5</td>
</tr>
<tr>
<td>Part of House</td>
<td>19.9</td>
<td>8</td>
<td>4.3</td>
</tr>
<tr>
<td>Apartment/Townhouse</td>
<td>14.2</td>
<td>0.9</td>
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Source: Jamaica Survey of Living Conditions 2006

**Overcrowding**

While the majority of Jamaican households lived in detached units, this is not necessarily an indicator of acceptable housing conditions. In 2006, one half of Jamaican households (50 percent) had one or less person per habitable room\(^{21}\), 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). 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 (50.0 percent) live in overcrowded conditions.

In addition, housing quality is also assessed based on access to certain basic amenities such as potable water, type of toilet facility and access to electricity (\(^？\)). The quality of life in human settlements depends in significant measure on their water and sanitation services. Consequently, livability can be enhanced by providing adequate access to safe water and sanitation services. Safe water refers to uncontaminated water\(^{22}\) while adequacy of sanitation services depends heavily on reducing the number of households who have to share toilet facilities or who still use pit latrines, which itself is a major health hazard (JSLC 2006).

**Water Supply**

With regard to the criteria used for assessing the provision, for water supply to be ‘adequate’, it must be: of good quality, readily available, piped to the house (or at least very close by), and affordable. The percentage of dwellings enjoying access to piped drinking water has remained fairly constant over the period 1996 to 2006, while the proportion of households relying on Public Standpipes

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\(^{21}\) 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.

\(^{22}\) Uncontaminated water may include untreated water (rivers, springs, rainwater and tanks)
declined from 14.9 percent in 1995 to 6.7 percent in 2006 (Tables 12). This decline in the use of Public Standpipes as a source of drinking water is due in large measure to public policy and also as a result of the breakdown of pumps and water therefore being supplied intermittently.

### Table 12: Percentage Distribution of Source of Drinking Water 1996 -2002, 2004 and 2006

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<td>Piped Water</td>
<td>66.8</td>
<td>66.1</td>
<td>65.7</td>
<td>67.6</td>
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<td>13.1</td>
<td>12.1</td>
<td>9.5</td>
<td>6.7</td>
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<td>Truck/Bottled Water</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1.9*</td>
<td>1.8</td>
<td>2.8</td>
<td></td>
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<tr>
<td>River/Spring/Pond</td>
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<td>3.2</td>
<td>3.2</td>
<td>3.1</td>
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<td>Rainwater (tank)</td>
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<td>13.1</td>
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<td>11.7</td>
<td>11.6</td>
<td>15.3</td>
<td>7.9</td>
<td>15.4</td>
</tr>
<tr>
<td>Well/Other</td>
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<td>3.5</td>
<td>2.6</td>
<td>3.5</td>
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<td>100</td>
<td>100</td>
<td>100</td>
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</tbody>
</table>

Source: (PIOJ/STATIN) JSLC 2006 Question fielded for the first time in 2002 Note: Figures have been rounded;

Slightly less than two thirds (64.9 percent) of households in 2006 had access to a flush toilet. The proportion had increased since 1996, when it was 53.6 percent. A considerable proportion of households (33.3 percent) still rely on pit latrines although this declined from 46.1 percent in 1996. Sanitation is an important determinant of vulnerability to water-borne diseases and also the pollution of water sources and destruction of watersheds. These persistent gaps, namely, between sanitation services and wastewater treatment, and water infrastructure and environmental management therefore need to be under constant review.

### Housing Financing

Housing financing has remained one of the critical areas of concern in the developing housing market of Jamaica. Increased cost of housing and inequitable distribution of wealth has made it difficult for many Jamaicans to buy or build homes. Changes in government policy have increased finance flow from various public and private sector agencies within the last twenty years. Within the last 15 years mortgage financing to the housing sector has increased as a result of changes in government policy.

In the last 15 years the NHT is said to have provided 70,855 mortgages valued at JA$41.5 billion, while the NHDC has provided more than JA$6.9 billion in 102 Operation PRIDE projects. Private sector companies such as Building Societies, Credit Unions and Insurance companies have also had a tremendous impact on the sector. At the end of 2004 the Jamaica Mortgage Bank, had largely 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 is said to have provided 36,932 mortgages valued at JA$40.4 billion. Additional financial support has come from the Jamaica Credit Unions and the Credit Union League (JCCUL) as loans, the Local Government through

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23 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.

subsidies, and private sector support from the Caribbean Housing Finance Corporation (CHFC). In 2004, Building Societies accounted for 58 percent total mortgage financing for housing sector. In 2005, the House of Representative approved a J$500 million loan to the JMB for financing housing developments in some parishes.

Intense competition in the market has resulted in the reduction of interest rates amongst the two largest building societies. The NHT has however remained the largest provider of mortgages in terms of number of mortgages, however the building societies in terms of the value of mortgages has surpassed the Trust (McHardy, 2007).

In spite of these large sums dedicated to the provision of housing, the majority of the poor is still outside of the net and is unable to benefit from this provision. The lack of land tenure bars the poor from access to certain benefits (e.g. build-on-own land) and low incomes and informal sector labour force participation largely mitigates against them meeting the basic requirements to receive any type of market housing solution through the main housing provider and financier, the NHT.

**Participatory Planning within the Housing Industry**

Community and participatory planning is lacking considerably in Jamaica. Despite several attempts at inter-agency cooperation, particularly at the community level, land and housing development programmes 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 neither at the national, local or community level. The absence of updated planning legislation governing land and housing development has resulted in a very 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.

**Redress**

As with participation and revision, the redress mechanism in the housing sector remains underdeveloped. Concerns about lack of housing provision and poor quality housing are raised either directly with the housing provider, or with the political representative. There is really no formal mechanism through which citizens can have matters addressed. 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.

**Social Guarantees and the Housing Sector**

The housing sector, like that of health and education in Jamaica is firmly at the pre-guarantee stage. While there is no explicit right to housing in the Constitution, Jamaica’s approach to housing provision has recognised the human need for shelter and as signatories to the UDHR, implicitly recognises housing as a right. Despite a multiplicity of programmes in 50 years, huge deficits still remain and a considerable section of the population remain in need of some type of social housing intervention.

The patent lack of capacity by both the state and private providers to meet demands for housing units and finance, as well as the limited capacity of the population to carry mortgages to create an effective demand for more houses has been a barrier to any movement beyond pre-guarantee stage.
Lack of creative approaches with respect to increasing the accessibility of mortgage financing also prevents expansion of this sector.

Where housing is treated as separate from an overall sustainable development framework, the provisions will remain piecemeal and short term. This is compounded by changing population dynamics as overpopulated towns create pressure on urban land and housing markets.

The limited access to development financing is a real barrier to any effort to guarantee housing solutions to Jamaicans. The high cost of finance, even at subsidized government rates, continues to be a barrier to access of quality housing for Jamaican, especially the poor. Several initiatives have been implemented to address this problem. These interventions are ad hoc and not necessarily afforded any financial protection as there have been numerous programme and policy shifts depending on outlook of incumbent government.

The poor remain particularly vulnerable to informal and unlicensed schemes because of lack of success in participating in formal market. They are also more prone to purchase property in areas which pose an environmental hazard (e.g. prone to flood damage) due to a lack of affordable solutions in other areas.

Housing because it requires a long term corresponding commitment from beneficiaries paying mortgages) has to be examined in context of overall economic factors such as employment and income earning opportunities.
The case of the Education System

Background

The Task Force on Educational Reform Jamaica in its 2004 Report stated categorically that

“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 in relation to the critical minimum targets set out in the White Paper of February 2001”

Such a declaration highlights shortcomings of the system as a whole, the schools and their leadership/management and resources, the students and their families, and also of the community. During the 2005/06 school year, the GOJ began its implementation of recommendations made by the National Education Task Force, embarking on educational transformation. Arising out of this initiative, the GOJ demonstrated its commitment to education transformation through dedicated resources and an institutional framework aimed at implementing the recommendations of the Task Force. The aims of the Education Transformation are to:

1. Create a world class education system in Jamaica
2. Enable Jamaica to compete in the global economy
3. Raise educational standards for all
4. Enable access and equity for all
5. Produce disciplined, ethical and culturally aware Jamaican citizens.

A number of programmes have since been implemented, all seeking to address issues of equity, quality and access and ultimately outcomes and performance. A Transformation Team has been assembled since March 2005 to oversee this exercise.

The reason for the state of education and the need for this new initiative can be largely attributed to the original design of education and the education system in Jamaica. The current education system cannot be properly understood or accurately evaluated without an appreciation of the historical roots of the education system in Jamaica, which from its beginnings had a two-tiered structure, offering different-quality education and appealing to different socioeconomic classes. This two-tiered structure has remained. Coupled with the fact that achievement in the education system is mostly dictated by socioeconomic status, there is no surprise that poorer children are disadvantaged.

History of the Access to Education in Jamaica

Prior to 1962, the year when Jamaica gained its independence from Britain, the education system was particularistic in nature, catering very minimally to the poor who mostly accessed elementary education, while the children of wealthier families were able to access secondary education that was classical in nature. Upon the emancipation of slaves in 1838, the education system which emerged was mostly two-tiered, with the masses receiving elementary education which was 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 offered to children of the middle and upper classes.

Both the elementary and secondary (or high schools) system was propelled by Church. While services were free at the elementary level, the high schools, offering a ‘classic’ education, were

financed by Church administered funds from private sources such as Trusts established by wealthy planters, supplemented by fees paid by student.

Political independence meant an opening up of the education system and the guaranteeing of the provision of universal primary education and since 2001 the provision of universal secondary education up to grade 11. While access to education has improved substantially, the quality of education has remained problematic given the two-tiered nature of the secondary education system. Poorer students mostly qualified to attend the poorer status All Age, Primary and Junior High Schools and the New Secondary Schools currently referred to as upgraded high schools. Wealthier students accessed and continue to access secondary education largely from the prestigious Secondary High schools which were patterned off the British Grammar Schools. These indicate two types of schools which have been in operation have, until the early 1990s, been marked by different curricula and examinations, different governance structures and different resources.

**Legislative, Policy and Institutional Framework**

The Jamaican Education Sector is buttressed and guided by the Education Act of December, 1965; the National Education Policy outlined in the 2001 White Paper entitled Education: The Way Upward; and the 2004 Report of the Task Force on Educational Reform Jamaica, along with an Early Childhood Policy and its attendant administrative and legislative frameworks. They all seek to address the major concerns related to quality, access, equity, performance and outcomes.

The sector consists of four levels including early childhood, although the Education Act of 1965 indicates in Section 7 that “The statutory system of public education shall be organized in three stages” identified as primary, secondary and tertiary education. There are in addition, special arrangements made for children with special needs, with a Special Education Policy due to be finalized in 2008, a Human Empowerment and Resource Training (HEART) Trust/National Training Agency (NTA) providing vocational and skills-training for individuals who exited the secondary system at the end of grade 9 and who had no form of certification or skill, and the Jamaica Foundation for Lifelong Learning (JFLL), which focuses on remedial interventions for adults.

Guiding the provision for early childhood education is 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.

At the primary level, the National Assessment Programme has since 1999 instituted four examinations used to assess readiness and competence throughout the system, including readiness for the secondary level. These examinations are the Grade One Readiness Inventory (GRI), the Grade Three Diagnostic Test, the Grade Four Literacy Test (GFLT) and the Grade Six Achievement Test (GSAT) which is used for placement at the secondary level. 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. By 2009, this GFLT will be administered under Ministry of Education examination conditions as is the GSAT. This new initiative is aimed at

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25 HEART Trust/NTA also offers solidly secondary and tertiary level programmes which are attended by successful graduates of secondary and tertiary level institutions.
26 The children’s development and progress are monitored by the Grade One Readiness Inventory which indicates their readiness for entry into the primary level.
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 in an area in which they demonstrate aptitude.

Prior to 2001, secondary education provisions were limited as there was a substantial shortfall between the number of children sitting the primary level's terminal examination the Grade Six Achievement Test (GSAT) which replaced the Common Entrance Examination (CEE) in 1999, and the number of available secondary schools and related spaces. Since then, this shortfall has been mostly addressed through the construction of new High Schools, although there are current concerns that some of the 2008 GSAT cohort would not be able to be accommodated at the secondary level given a shortfall in secondary school places. This problem of inadequate secondary level spaces is being addressed over a period of years with the construction of new High schools. In 2007, the then Prime Minister, Hon. Portia Simpson Miller announced that some eight 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.

With regard to teachers as part of the institutional framework delivering education, the Education Act outlines the functions of a Teachers Service Commission which include the registration of teachers, assessment of their qualifications and the enforcement of disciplinary action where necessary. It also advises the Minister of Education on the appointment of school principals and vice-principals.

The raising of the status and profile of the teaching profession is seen to be critical to ensuring that teachers act with accountability, professionalism and receive necessary on-going training to raise the quality of teaching. The recent announcement of the Jamaican Teaching Council should therefore be positively greeted. Additionally, training in school leadership and management is expected to result in gains to school performance and to the school atmosphere and learning experience. As schools are charged to demonstrate increased accountability, this must be seen as helping to guarantee school and teacher efficiency and effectiveness. Where schools will be evaluated for performance, it is expected that student performance will improve.

As part of institutional provisions, parents and households must be included as significant stakeholders. The Ministry of Education highlights a focus on parenting the establishment of a Parenting Support Commission and the development of a National Parenting Policy. Parents, it is being recognized need to be taught their rights and how to advocate for them. Additionally, they need to reflect the fact that education is a priority. There is as well, a need for parents and schools to forge deeper and more meaningful relationships in which parents feel and are made to feel welcome beyond their involvement in fund-raising activities. According to the Head of the Education Transformation Team, “some (parents) feel alienated by the ethos of the school and the PTA.” These issues are currently being addressed through the National Parent Teacher Association, established in 2006. However, the President notes that almost no resources are allocated to the association, making it poorly resourced and grossly under-funded given its mandate. The Association’s proposal is for the NPTA to become a line item on the Ministry of Education’s budget.

All 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.

**Access to Education in Jamaica**

**Early Childhood Education**

Although the Education Act speaks to three levels in the public education system, in 1970 the Ministry of Education established an Early Childhood Programme which was the adoption and extension of the Bernard Van Leer Foundation project on early childhood education. Since then, Pre-primary or early childhood education has been guaranteed by the state within the last decade. The 2006 Jamaica Survey of Living Conditions (JSLC) enrolment data show almost universal enrolment by the 3-5 years age cohort, with 89.2 percent of them enrolled at the early childhood level and some 7.6 percent already enrolled at the primary level. Hardly any significant difference is observed in the enrolment levels of the various socioeconomic groups as reported by the JSLC 2006. The enrolment of the poorest children is 93.9 percent, increasing steadily to full enrolment by the wealthiest consumption quintile.

Driven by more active state support for education at this level there has been a steady increase in the enrolment of children in this cohort (305 years) in educational institutions in the last decade. In 1996 it was estimated that 17 percent of children were not attached to an institution, by 2006 this had fallen to 3.2 percent (JSLC 2006). This has been largely influenced by the increase enrolment of poor and rural children in the last decade (Table 13). Given the convergence between poverty and spatial location, these two groups may indeed be one and the same.

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**Region**

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<td>96.4</td>
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28 Primary, secondary and tertiary.

29 This refers to children in the lowest consumption group and not those methodologically defined as ‘poor’.

Primary and Secondary Education

Universal enrolment in primary education has been achieved in Jamaica since the early 1980s (JHDR 2004), reflecting the government’s focus on ensuring that every child’s right to a basic education is honoured. Primary schools cater to children between the ages of 6-11 years. The majority of students in this cohort are registered in public primary schools (91.5 percent), with the others attending private preparatory schools. While there is no official data on the socio-economic status of almost ten percent of children 6-11 years attending private preparatory schools, those schools are fee-paying31 institutions and hence generally draw their students from among the wealthiest segments of Jamaican society.

At the secondary level, there is near universal (99.0 percent enrolment) access by the younger age cohort, 12-14 years, reducing to 88.3 percent enrolment among the 15-16 age group, and to below 50.0 percent (45.9 percent) by the older 17-18 age cohort for which there are no guaranteed policy provisions. Five years of secondary education, grades 7 to 11, have been guaranteed since 2001.

Children in rural areas (85.8 percent) are less likely to benefit from upper level secondary education than children in other areas of Jamaica (91.7 percent). There is also a marked gender disparity in enrolment for boys and girls at this level. High enrolment levels for girls (92 percent) are offset by enrolment levels of approximately 85 percent for boys. This is partially the result of too few school spaces for rural children in this cohort which results in many leaving school after grade nine which is the end of the first cycle of secondary education in Jamaica. 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 school places. Recognising this as a major barrier to access, the Ministry of Education, under its Transformation project has constructed over 6250 additional places for Grades 10-11, with special focus in rural areas.32

Although over 96 percent of Jamaican children attend public secondary schools, private providers also account for a small percentage of school places at the secondary level. No concrete data is available, but unlike at the primary level, the public secondary schools are widely known and considered to have higher academic standards than those operating in the private sector. Consequently, there is very little demand for private secondary places in Jamaica, even among the wealthiest groups.

Attendance

While enrolment levels are high in Jamaica, the society has not yet attained full attendance rates of 85 percent at any level of the system (ESSJ 2007). All-age school (those which terminate at grade 9), largely considered of the poorest quality schools in the system, have the lowest attendance rates, further reinforcing the concerns about their effectiveness.

Barriers to attendance have been identified both at the economic and social levels; families report not having the financial resources, but also admit to withdrawing children to ‘run errands (JSLC 2006). While more a feature of poorer households, the practice cuts across all social groups. While not a completely new phenomena, rural Jamaican families have traditionally taken their children from school on a Friday to assist with selling in the market, this practice requires more in-depth assessment, understanding and active intervention. It is important to note that the attendance level

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31 Average fees for these schools are between US$2000-$3000.00 per year.
32 Interview with Senior Director Modernisation Unit, Ministry of Education. February 15, 2008
set for child beneficiaries of PATH exceeds the national attendance average. This has raised questions about what some see as the ‘unnecessary stringency’ of the condition.\textsuperscript{33}

Transportation concerns also affect access and attendance at school and students outside of the metropolitan centre and in particular in rural areas (where poverty incidence is highest) are especially challenged by high transportation costs as there is no public transportation system as exists in the capital city and the main city in the western end of the island where students enjoy subsidized transportation and the students of PATH households are fully subsidized. Ongoing evaluations of the PATH indicate the tremendous challenge posed by students’ transportation cost. Given the condition of the PATH that children in school must have an attendance record of at least 85 percent to be eligible for ongoing assistance, the burden of transportation rests heavily on the modest assistance package. The GOJ must, with immediacy, work out the modalities of providing transportation subsidies to rural students in particular if there is to be any improvement in overall school attendance levels.

Crime and violence in communities have also contributed significantly to student attendance. A feeling of insecurity led by general fear or specific incidence 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.

\textbf{Quality of Education in Jamaica}

Although it is clear that barriers to access at some levels and attendance require constant monitoring and improvement, it is with issues of quality that the education sector struggles most. It is universally conceded in Jamaica that the education outcomes of students are generally well below socially acceptable standards.

Early Childhood Education (ECE) has been provided by a variety of actors including the state, individuals and communities, churches, private sector bodies, with differential resources and training. In a bid to reduce these gaps and the need to ensure equity and improved quality, the GOJ embarked on a programme of registration of such facilities and the training and upgrading of the teachers and the curriculum.

Performance on primary level tests is low to average. Results of the Grade One Readiness Inventory (GRI) for the 2006/07 year showed approximately 51.0 percent of girls mastering the four 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 “approximately 64.6 percent of the students achieved ‘mastery’ (ESSJ 2007)\textsuperscript{34} on the three components, word recognition, reading comprehension and writing. With respect to the GSAT, while some 97.0 percent sat the exam in 2007, performance was generally weak, although there were improvements in Social Studies and Communication Tasks over the previous year. In Language Arts and Mathematics, mean percentage scores were 48.0 percent and 46.0 percent, respectively. In Social Studies and Science, scores were 51.0 and 52.0 percent, while in Communication Tasks the mean score was 66.0 percent. There is definitely a problem with the mastery of concepts and there appears to be concern regarding teaching effectiveness. These are not, however, the extent of the problem. With overall

\textsuperscript{33} Interview with PATH programme Director, Feb, 14, 2008.

\textsuperscript{34} 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.
performance not being strong, children are at risk of not nearly achieving their potentials. This eventually affects their ability to exert agency and ultimately affects the potential of the country to enjoy high levels of growth and development.

Under the current Education Transformation initiative, strategies for addressing literacy and numeracy weaknesses have been developed as the former interventions such as Competency Shelters have been re-evaluated. To address illiteracy, the Ministry of Education has appointed a National Literacy Coordinator along with a team of regional coordinators to work on improving 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, a programme titled Literacy 1-2-3 is currently being introduced in grades one to three of 800 primary schools where all of the children of poor households are enrolled. Private preparatory schools are the domain of the middle and upper classes, although they account for approximately 7 percent of primary level enrolment. With respect to addressing 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. However, 2008 saw for the first time, the introduction of a numeracy component to the Grade Four Literacy Test.

It must be noted that once problems of illiteracy and innumeracy are addressed, these would improve the opportunities available to the poor who are mostly the students currently challenged. Their households are unable to afford private supports to develop and bolster competencies and so must rely on the schools for most or all forms of assistance. The school textbook programmes along with school feeding programmes will of course be required supports. Without the required textbooks and nutritional support, learning is compromised.

The secondary level sees students pursuing training for a variety of national and regional examinations namely the Grade Nine Achievement Test, the Secondary Schools’ Certificate and the Caribbean Secondary Examination Certificate (CSEC) sat at the end of grade 11. City and Guilds examinations are also taken by students pursuing the technical education track. Regarding the CSEC, performance is relatively weak, particularly in the critical subjects of English Language and Mathematics and not all the eligible cohort is usually entered to sit the examinations. According to the ESSJ 2007, some 79.0 percent of the eligible 2006/07 cohort wrote the CSEC examinations. The following tables highlight the 2005 and 2006 performance of students in English Language and Mathematics, the two core subjects which should be compulsory. The tables show that not all the eligible cohort is entered to take these examinations and they highlight the disparities in the system, fuelled largely by the fact that the historical underpinnings which led to the creation of a two-tiered system. Secondary High schools are largely attended by the middle and upper classes while the Upgraded and Technical High schools are largely attended by the poor and working classes.

| Table 14 – Student Performance in CSEC English Language at the General Proficiency Level |
|-------------------------------------|------|------|
|                                    | 2005 | 2006 |
| **Secondary High Schools**         |      |      |
| Eligible Cohort                    | 12,393 | 12,814 |
| Entries                            | 10,751 | 11,209 |
| Total Awards                       | 8,336  | 7,939   |
| percent of Passes\(^{35}\)         | 78 percent | 71 percent |
| **Upgraded High Schools**          |      |      |

\(^{35}\) The percent passing in each case indicates the percentage passing of the cohort entered and not of the eligible cohort.
Eligible Cohort | 19,930 | 21,684  
Entries        | 6,477  | 7,844  
Total Awards   | 2,515  | 2,341  
percent of Passes | 39 percent | 30 percent

**Technical High Schools**

| Eligible Cohort | 4,646 | 4,526  
Entries        | 2,358  | 2,730  
Total Awards   | 1,042  | 846    
percent of Passes | 44 percent | 31 percent

| Eligible Cohort | 4,646 | 4,526  
Entries        | 2,358  | 2,730  
Total Awards   | 1,042  | 846    
percent of Passes | 44 percent | 31 percent

**Table 15 – Student Performance in CSEC Mathematics at the General Proficiency Level**

| Eligible Cohort | 19,930 | 21,684  
Entries        | 6,477  | 7,844  
Total Awards   | 2,515  | 2,341  
percent of Passes | 39 percent | 30 percent

**Secondary High Schools**

| Eligible Cohort | 12,393 | 12,814  
Entries        | 9,445  | 10,414  
Total Awards   | 4,843  | 5,225  
percent of Passes | 51 percent | 50 percent

**Upgraded High Schools**

| Eligible Cohort | 19,930 | 21,684  
Entries        | 6,477  | 7,844  
Total Awards   | 2,515  | 2,341  
percent of Passes | 39 percent | 30 percent

| Eligible Cohort | 4,646 | 4,526  
Entries        | 2,358  | 2,730  
Total Awards   | 1,042  | 846    
percent of Passes | 44 percent | 31 percent

| Eligible Cohort | 4,646 | 4,526  
Entries        | 2,358  | 2,730  
Total Awards   | 1,042  | 846    
percent of Passes | 44 percent | 31 percent

| Eligible Cohort | 4,646 | 4,526  
Entries        | 2,358  | 2,730  
Total Awards   | 1,042  | 846    
percent of Passes | 44 percent | 31 percent

| Eligible Cohort | 4,646 | 4,526  
Entries        | 2,358  | 2,730  
Total Awards   | 1,042  | 846    
percent of Passes | 44 percent | 31 percent

The data in Tables 14 and 15 indicate the need for an education transformation as they clearly highlight the fact of a large percentage of the eligible secondary age cohort unable to be entered for these examinations and therefore eventually constrained in their ability to take up opportunities which may arise in the labour market or for further education.

Beyond grade 11, students who advance to 6th form (grades 12-13) take the Caribbean Advanced Proficiency Examination (CAPE) or the GCE A’ Level examinations, for matriculation into tertiary level institutions. This cohort is relatively small as 6th form is not offered in all secondary level schools. The traditional high schools (grammar schools) all offer this level of education, along with some former Comprehensive High schools and a minority of upgraded high schools. Students in the upgraded High schools are mostly prepared for the labour market and they follow a curriculum with heavy focus on vocational and technical training such as in cosmetology, hospitality arts, construction, agriculture, automotive trades and commercial skills. (Schools, however, complain of inadequately resourced laboratories). Graduates tend to enroll with the HEART Trust/NTA to receive more advanced training in areas that they were exposed to while at secondary school.

The Human Empowerment and Resource Training (HEART) Trust/National Training Agency (NTA) must be understood also as offering second chance opportunities to graduates of the secondary system who either dropped out or completed schooling but failed to attain the requisite competencies to effectively transition into the labour market or into further education. Entrants to HEART/NTA must have completed at least grade 9 of the secondary system. Even in spite of the upgraded High schools offering vocational and technical training which involves some working experience, and the HEART/NTA which mostly builds on such training, Jamaican youth identify
‘no suitable training opportunities’, ‘unsuitable general education’ and ‘unsuitable vocational education’ as three of five major obstacles in finding suitable jobs.\textsuperscript{36}

With respect to addressing 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. In 1975 the GOJ entered into a partnership agreement with the Dutch Government, resulting in the development of a formal programme for special education in Jamaica. Immediately, the Mico Teachers’ College was designated the training college for teachers in Special Education, the Mico Child Assessment and Research in Education (CARE) Centre was established along with a special education Bachelors degree offered jointly by Mico and the UWI, Mona. Additionally, some Primary and All Age schools saw the addition of Special Education units to their programmes. A Special Education Unit was established within the Ministry of Education in 1989 to properly administer special education programmes in schools. In 1998, special education was incorporated into the teaching curriculum of Teachers’ Training Colleges.

There is as well 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 such persons. An Early Stimulation Project is also in place, run by the Ministry of Labour and Social Security. This aims to stimulate children with disabilities from birth to six years old while attending daycare facilities. This is limited, however. At present, special education is “delivered in one school for the visually impaired; seven schools for the hearing impaired with four satellite locations; six schools for the mentally challenged (intellectually challenged) with 23 satellite locations; and seven units for the multiple disabled. The units for students with multiple disabilities provided remedial intervention in Reading in resource rooms settings attached to Primary, All-Age and Junior High schools in six parishes. The satellite locations are in primary and high schools” (ESSJ 2007). There are as well, home/community based programmes.

In spite of these introductions, they are still inadequate. While the Education Act (Section 24, sub-section 1) stipulates the role of the Education Minister in providing special education for such children, there are shortcomings in the system. Provisions are inadequate, - facilities, numbers of specially trained teachers and numbers of adjunct professionals. The students continue to be marginalized in the education system largely on account of the unavailability of adequate numbers of specially trained teachers, lack of adequate equipment, physical layout and other resources in schools which reduce their access and affect the quality of provisions. The lack of knowledge, awareness and sensitivity of parents also presents a challenge in terms of addressing the learning needs of such children. In some instances this affects the ability of teachers and the education system to appropriately assist these students. Additionally, the lack of necessary support structures and personnel such as medical personnel, diagnostic and treatment facilities, makes it that much harder to address their needs. Such children from rural Jamaica are more disadvantaged because of the higher incidence of poverty in Rural Areas and reduced access to available support systems which are already generally inadequate.

There is, however, a revised special education policy which the Ministry of Education has developed. Arising out of this policy there are commitments to conduct an audit of special educational needs, develop a system of early identification of special needs along with a system of

\textsuperscript{36} Steven Kerr et al, 2006. The Transition of Jamaican Youth to the World of Work. Report prepared by the Human Development Unit, PIOJ. Kingston: PIOJ and ILO.
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.\(^{37}\)

The adjunct facility which is the Jamaica Foundation for Lifelong Learning (JFLL) must also be seen as integral to the education system as it strives to reduce adult illiteracy and assist individuals with ongoing human capital upgrading. Given the Government’s commitment to lifelong learning, the JFLL facilitates adult or continuous education, including literacy development. It is largely the poor and individuals who exited the regular school system without any specific competencies who are largely facilitated by such programmes. This commitment, involves a host of other government ministries apart from the Ministry of Education, with the intention of ensuring the effectiveness of the concept.

The articulated vision of the National Lifelong Learning Policy is:

“A transformed Jamaica in which each person values and participates in Lifelong Learning to generate and sustain personal productivity in the pursuit of national growth and development.”

Two of the ten policy objectives highlight the commitment to promoting “inclusion and equality of opportunity for all learners of every age” and “increas(ing) access to, and widen(ing) participation in the education and training system.” By these, no individual should be excluded and by extension, all deficits should be addressed where possible.

Poverty has a tremendous impact on access to education and on outcomes based on the fact that social class has largely dictated access to education beyond the primary level and on education outcomes. Performance and social class go hand in hand. In that respect, various governments and the education system failed many of the poor for a long time because the quality of education accessed was mostly of a lower quality and level than that accessed by the non-poor.

Perhaps the most challenging aspect of the education system has been the secondary provisions which were fraught with problems of selectivity and elitism. Prior to the Independence period, secondary education was accessed mainly by children of means (wealthier households), with small numbers of poorer and working class children accessing such education by means of scholarships. The situation improved somewhat in the 1950s with the introduction of the Common Entrance Examination in Jamaica in 1957, increasing access by children of the poor and working classes. However, different types of secondary schools and varying quality emerged, perpetuating the two-tiered system which emerged post emancipation. The concern with issues of access, equity and quality was demonstrated from as early as the immediate post-emancipation period. A Reform of Secondary Education (ROSE) programme established in 1994 saw further work aimed at improving the quality of secondary education and increasing equity. This ROSE saw the establishment of 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.

Secondary education has since 2001, been guaranteed to all from grade 7 to grade 11. Two additional years of secondary education are provided in limited numbers to students and these permit matriculation into tertiary level institutions. The GCE A’ Level examinations and Caribbean Advanced Proficiency Examination (CAPE) administered by the Caribbean Examinations Council (CXC) are offered in these additional years which have always been a part of the structure of the

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Traditional High schools (Grammar schools). Many of the upgraded High schools, the former New Secondary schools, do not offer these additional years of schooling.

With the current Transformation initiative in force, modernization plans for the Ministry of Education include trimming the MOE to that of a policy Ministry with operational responsibilities vested in a National Inspectorate, a Teaching Council and a Curriculum Agency.

Financial Provisions for Education in Jamaica

As noted by the ESSJ 2007, the financing of education is a collaborative enterprise between the GOJ, Private Sector entities (such as NCB, Scotia Bank Jamaica Foundation, and Digicel Foundation), 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). Primary education is free, although schools request of parents a voluntary contribution which is used to defray certain school-related expenditures. At the secondary level, the beginning of the 2007/08 school year saw the abolition of tuition fees by the Government, 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 as in the case of the UWI, and parents/households paying the difference. The SLB assists with loans and grants (for poorer successful applicants).

The Education Act stipulates in Section 4, sub-section 1g, that the Minister of Education is vested with the power “subject to such conditions as may be prescribed, to render to any student or class of students such forms of assistance as may be necessary to enable such student or class of students to take full advantage of the educational facilities available.” The Act in Section 4, sub-section 2 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 therefore free textbooks to Primary school students, subsidized school meals, the School Feeding Programme (welfare focused), tuition free secondary education to all secondary level students, free secondary education to the poor and to students who are wards of the state via the Programme of Assistance Through Health and Education (PATH) which also has health benefits, a Secondary Schools Book Rental scheme, subsidized transportation to students in the Kingston Metropolitan Area (KMA) and Montero Bay, free transportation to students who are PATH beneficiaries and grants to tertiary level students who are PATH beneficiaries. In 2007, the National Textbook Rental Programme provided textbooks to students in grades 7 to 11 of 270 secondary level schools and was valued at J$490.6 million (ESSJ 2007). There is as well a Primary Textbook Programme in which the textbooks and workbooks of the core subjects, Mathematics, Language Arts, Science and Social Studies are provided free of cost to all primary school pupils. Even with this provision, not all students possess all of the required textbooks as Table 21 shows. Printing establishments not delivering textbooks on time are one cause of the problem.

Table 16 - Possession of Required Textbooks by Region and Quintile, 2006

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>Has All</th>
<th>Has Some</th>
<th>Has None</th>
<th>Don’t Know</th>
<th>Not Stated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KMA</td>
<td>427</td>
<td>67.2</td>
<td>29.5</td>
<td>3.0</td>
<td>0.2</td>
<td>0.0</td>
</tr>
</tbody>
</table>
The share of the national budget allocated to education in the 2007/08 financial year was 12.6 percent 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 level, followed by 31.9 percent to the secondary level, 18.2 percent to the tertiary level and 4.3 percent to the early childhood level. According to the ESSJ 2007,

“Compared with 2006/07, there was a 40.0 percent increase in allocation to special education, a 24.5 percent increase at the early childhood level and a 7.2 percent increase at the secondary level. The Government reduced its allocation to the tertiary level by 1.1 percent.”

With the emphasis on addressing primary education and on literacy, it is understandable why the largest share was so allocated. The acknowledgement that early childhood education is critical to successes at all other levels of the education system and to facilitating other social gains, it is gratifying to note the increased budgetary allocations to the sector. This is in spite of the fact that basic schools are heavily financed through fees and support from the NGO sector. The ECE budget is supported by funding from the Jamaica Social Investment Fund (JSIF) and the Culture, Health, Arts, Sports and Education Fund (CHASE)" (ESSJ 2007). But, it is a generally difficult task, that of allocating to different sub-sectors. In the case of Jamaica, the largest share of the education budget going to the primary level is, without question, justifiable, especially given the size of the primary cohort.

In terms of capital spending in the 2007/08 school year, this increased over the year by some J$2.2 billion as the GOJ increased “support to the Education Transformation Project and the North Western Jamaica Schools Project” (ESSJ 2007).

The educational transformation process was assisted by a GOJ allocation of J$5.0 billion taken from the National Housing Trust and which is currently being attributed as one of the major reasons for the Trust’s poor financial state. This allocation 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.

Private contributions to education are onerous for households. As Table 17 shows, the largest percentages, however, are not direct school costs, but rather are related expenditures, - Lunch and
Snacks, Transportation and Extra Lessons. Regardless of consumption status, these costs are substantial as seen in Table 18.


<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>7,379.93</td>
<td>641.7</td>
<td>7,294.18</td>
<td>323.6</td>
<td>9,317.17</td>
<td>327.1</td>
</tr>
<tr>
<td>Exam and Other Fees</td>
<td>7,040.2</td>
<td>612.2</td>
<td>8,315.10</td>
<td>285.8</td>
<td>6,009.54</td>
<td>211.0</td>
</tr>
<tr>
<td>Extra Lessons</td>
<td>7,545.20</td>
<td>406.3</td>
<td>10,585.20</td>
<td>441.8</td>
<td>12,155.33</td>
<td>426.7</td>
</tr>
<tr>
<td>Books</td>
<td>2,344.00</td>
<td>120.2</td>
<td>2,739.50</td>
<td>115.17</td>
<td>3,692.88</td>
<td>129.6</td>
</tr>
<tr>
<td>Transportation</td>
<td>9,219.80</td>
<td>847.6</td>
<td>11,805.20</td>
<td>829.8</td>
<td>13,265.73</td>
<td>713.3</td>
</tr>
<tr>
<td>Lunch &amp; Snacks</td>
<td>13,023.00</td>
<td>1,189.30</td>
<td>15,463.00</td>
<td>1,302.9</td>
<td>18,688.76</td>
<td>1,249.97</td>
</tr>
<tr>
<td>Uniforms</td>
<td>2,231.90</td>
<td>215.2</td>
<td>2,601.40</td>
<td>235.7</td>
<td>3,140.54</td>
<td>251.7</td>
</tr>
<tr>
<td>Other</td>
<td>1,281.90</td>
<td>122.5</td>
<td>1,241.90</td>
<td>94.7</td>
<td>1,321.61</td>
<td>80.5</td>
</tr>
<tr>
<td>Total</td>
<td>50,065.93</td>
<td>4,161.02</td>
<td>60,065.48</td>
<td>3,629.36</td>
<td>67,591.56</td>
<td>3,391.82</td>
</tr>
</tbody>
</table>

Source: PIOJ/STATIN 2008, JSLC 2006, Table 4.11

Table 18 - Mean Annual Household Expenditure on School and School Related Items by Region and Quintile, 2006 (Current Prices)

<table>
<thead>
<tr>
<th>Region</th>
<th>N</th>
<th>Books</th>
<th>Extra Lessons</th>
<th>Transportation</th>
<th>Lunch &amp; Snacks</th>
<th>Uniforms</th>
<th>Other Supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td>KMA</td>
<td>433</td>
<td>5,624.32</td>
<td>15,689.93</td>
<td>11,381.75</td>
<td>20,826.40</td>
<td>3,411.10</td>
<td>1,544.48</td>
</tr>
<tr>
<td>Other Towns</td>
<td>303</td>
<td>3,304.62</td>
<td>9,810.50</td>
<td>14,392.70</td>
<td>19,828.50</td>
<td>3,351.65</td>
<td>1,536.26</td>
</tr>
<tr>
<td>Rural Areas</td>
<td>827</td>
<td>2,733.13</td>
<td>9,442.50</td>
<td>13,828.60</td>
<td>16,892.60</td>
<td>2,888.35</td>
<td>1,122.59</td>
</tr>
<tr>
<td>Quintile</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>363</td>
<td>1,795.28</td>
<td>7,991.80</td>
<td>9,706.88</td>
<td>12,244.24</td>
<td>2,267.18</td>
<td>791.00</td>
</tr>
<tr>
<td>2</td>
<td>348</td>
<td>3,085.80</td>
<td>8,069.21</td>
<td>12,344.48</td>
<td>17,202.61</td>
<td>2,708.25</td>
<td>1,205.67</td>
</tr>
<tr>
<td>3</td>
<td>333</td>
<td>3,575.46</td>
<td>10,276.12</td>
<td>13,133.43</td>
<td>18,588.00</td>
<td>3,180.10</td>
<td>1,306.38</td>
</tr>
<tr>
<td>4</td>
<td>294</td>
<td>4,719.30</td>
<td>11,518.21</td>
<td>15,583.48</td>
<td>21,469.63</td>
<td>3,490.55</td>
<td>1,587.30</td>
</tr>
<tr>
<td>5</td>
<td>225</td>
<td>5,710.60</td>
<td>16,938.19</td>
<td>16,221.46</td>
<td>27,048.15</td>
<td>4,480.19</td>
<td>1,912.07</td>
</tr>
<tr>
<td>Jamaica</td>
<td>1,563</td>
<td>3,692.88</td>
<td>12,155.33</td>
<td>13,265.73</td>
<td>18,688.80</td>
<td>3,140.54</td>
<td>1,321.61</td>
</tr>
</tbody>
</table>

Source: Adapted from PIOJ/STATIN 2008, JSLC 2006, Table E-11

Tertiary level education is mostly financed by families and the Students’ Loan Bureau (SLB), along with private sector entities and foundations such as the NCB Jamaica Ltd, Scotia Bank Jamaica Foundation and the Digicel Foundation. Improving the percentage of successful applicants, the 2007 applications saw 94.0 percent being approved. Grants were made available to approximately 29.0 percent of successful applicants (ESSJ 2007).

Participation and Continual Revision

The education system, while transforming its structures and seeking to increase its effectiveness, is challenged by issues of poverty; relatively high youth unemployment; violence, drug use, illicit sexual activity and indiscipline; poor parent-school interactions/relationships; and the high cost of transportation, among others. These challenges negatively impact the effectiveness of the school system to deliver quality output and realize improved outcomes.

An integral part of the design and execution of the Education Transformation project has been citizen/stakeholder participation. The objectives of the project were derived from the results of island wide consultations which were undertaken in 2003-2004. These consultations included meetings with immediate stakeholders such as education professionals (teachers, administrators) and the wider public, which included parents. 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.

Active citizen engagement and participation are still integral to the reforms in the system. One of the six work streams of the Education Transformation project thus involves behaviour change and community relations. Another involves communications and stakeholder relations. The Project organizes town hall type meetings in major towns to apprise the public of the developments solicit feedback and suggestions and address any concerns.

Part of the Transformation initiative of the MOE is, also the establishment of a Parenting Support Commission. A National Parenting Policy is currently being developed and this is being led by the Early Childhood Commission. Parenting is being brought into sharp focus by the MOE but currently the National Parent Teacher Association (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 putting the inadequacies 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 have, using performance data, pushed for a re-think of education direction and was largely responsible for the commissioning of the Transformation assessment and subsequent Project by the then Prime Minister.

Redress

The Education Act and the Early Childhood Act are the two major pieces of legislation governing the education sector in Jamaica. Parents and guardians can bring claims against the government under both pieces of law as well as under general common law principles governing a range of administrative actions, including applications for certiorari orders to squash the decisions of a public body.

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. The parents brought an action against the Ministry claiming that their child had been penalized without any evidence. Ruling in the parents favour, the judge chastised the Ministry of Education for the arbitrary manner in which it acted. Although few, there have been other instances of individuals successfully challenging actions of the education ministry in the courts. Parents have successfully opposed attempts to remove children from school because of their hair style (dreadlocks) or to force children to participate in religious rituals against their beliefs.

Additionally, on a more localized level, parents and caregivers have sought the intervention of the Ministry in school related problems. It is not uncommon for parents to demonstrate for the removal of principals, teachers or Board members who are allegedly underperforming. In such disputes, the Ministry of Education is often required to mediate and at times have acceded to the demands of caregivers.

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.  

**Education and Social Guarantees in Jamaica**  
As with the health and housing sector, education in Jamaica is decidedly still at the level of a pre-guarantee. The sector, while demonstrating adherence to some of the corner stone principles on which the social guarantees approach is built, is still faced with severe challenges which will have to be decisively addressed before a policy of social guarantees can be actively pursued. The issue of access is perhaps most clear-cut and closest to a guarantee level. Supported both by policy and legislation, the state has signaled in concrete terms, its commitment to protecting and upholding the right of every child to go to school. Where there were inadequate provisions in the cohort of children 17-18 years old, the government is now taking steps to provide places for them while extending the compulsory education provision from 16 to 18 years.

Quality is undoubtedly the area in which most work has to be undertaken before there can be any boast of the right to quality basic education being fulfilled in Jamaica. It is also the area that poses by far the most significant challenge to policy makers and practitioners. Poverty has affected many students’ capacities to learn as nutritional challenges render the learning experience muted. It has also affected school attendance, particularly because of the inability of families to provide adequate nutrition and their inability to afford transportation.

Financial protection too is of concern as already limited resources which could otherwise be allocated to improving the schools and their facilities have to be diverted to social welfare and support programmes such as the Safe Schools Programme aimed at combating violence in the schools, School Feeding Programmes aimed at increasing the attendance of poor students and improving their capacity to learn. Community violence and inter-community ‘war’ also affect students’ attendance and curtail schools’ effectiveness. There are instances of the ‘war’ spilling over into the schools as students from ‘warring’ communities avenge their wrongs on the school compound.

Another issue is the high failure at 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. This is one area of the education system that requires immediate attention to reduce what appears to be high failure (in academic programmes) when in fact it need not be so. 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: xiv). Current initiatives by the MOE include the requiring of all students at the upper level of the high school system (grades 10 and 11) to take at least one vocational subject. This is a welcomed policy change, one which will assist students in making a smoother transition to the labour market.

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38 Interview with Head of the Transformation Team Feb 12, 2008
Social Guarantees Approach: The Prospects for Jamaica

This case study has shown that Jamaica has strong institutional, legal and policy frameworks which guide its delivery of services in health, housing and education. It is clear however, that within each sector there are important and systemic obstacles to the country being in a position where it can ‘guarantee’ its citizen provisions in these areas. 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 -removal of fees for health and education, 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.

The prospect of providing social guarantees is undermined by the continued high levels of crime and violence being experienced in Jamaica. In situations of general insecurity, the financial, human and social capital needed to ground the delivery of social services is absent. 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 are 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

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<tbody>
<tr>
<td>Education Act 1965</td>
<td>Pre-school Education Early Childhood Commission Early Childhood Unit, Ministry of Education Network of over 2000 basic schools across the island.</td>
<td>There is no early childhood development policy.</td>
<td>Education Spending J$ 2.0 billion</td>
</tr>
<tr>
<td>Early Childhood Commission Act of 2004</td>
<td>Primary Education Primary Education Unit, MOE Public Schools 216 private schools</td>
<td>National Education Policy 2000 Education Transformation Policy 2005 Special Education Policy (pending)</td>
<td>$15.3 billion</td>
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### Table A1. Right to Health in Jamaica

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<tr>
<td>Immunisation Act</td>
<td>Ministry of Health Regional Health Authorities 24 Hospitals 348 Health Centers National Health Fund</td>
<td>Free Health Care Policy Health Sector Reform Project HIV/AIDS Project (Global Fund) Jamaica Drugs for the Elderly Programme (JaDEP) National Health Fund (NHF)</td>
<td>J$15.2 billion</td>
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<td>United Nations Convention on the Rights of the Child (UNCRC)</td>
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<td>United Nations Human Rights Convention (UNHRC)</td>
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<td>Public Health Act Legislation for the Registration of medical professionals. National Health Fund Act</td>
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### Table A11. Right to Housing in Jamaica

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<td>Town and Planning Act 1957</td>
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<td>National Housing Trust Act 1977</td>
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39 Looks only at education up to the secondary level, which is the extent of compulsory education law.
Annex II: References


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