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### Acronyms and Abbreviations

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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARC</td>
<td>Adolescent Resource Centre</td>
</tr>
<tr>
<td>BGA</td>
<td>Bureau of Gender Affairs</td>
</tr>
<tr>
<td>BPO</td>
<td>Business Process Outsourcing</td>
</tr>
<tr>
<td>CCDC</td>
<td>Caribbean Child Development Centre</td>
</tr>
<tr>
<td>CDA</td>
<td>Child Development Agency</td>
</tr>
<tr>
<td>CDB</td>
<td>Caribbean Development Bank</td>
</tr>
<tr>
<td>CFNI</td>
<td>Caribbean Food and Nutrition Institute</td>
</tr>
<tr>
<td>CPWD</td>
<td>Council for Persons with Disabilities</td>
</tr>
<tr>
<td>CSO</td>
<td>Civil Society Organization</td>
</tr>
<tr>
<td>DRR</td>
<td>Disaster Risk Reduction</td>
</tr>
<tr>
<td>ECLAC</td>
<td>Economic Commission for Latin America and the Caribbean</td>
</tr>
<tr>
<td>ESRI</td>
<td>Environmental Systems Research Institute</td>
</tr>
<tr>
<td>FAMPLAN</td>
<td>Jamaica Family Planning Association</td>
</tr>
<tr>
<td>FFS</td>
<td>Farmer Field School</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender-based Violence</td>
</tr>
<tr>
<td>GoJ</td>
<td>Government of Jamaica</td>
</tr>
<tr>
<td>GRULAC</td>
<td>Latin America and Caribbean Regional Group</td>
</tr>
<tr>
<td>GSAT</td>
<td>Grade Six Achievement Test</td>
</tr>
<tr>
<td>HFLE</td>
<td>Health and Family Life Education</td>
</tr>
<tr>
<td>ICPD</td>
<td>International Conference on Population and Development</td>
</tr>
<tr>
<td>IDB</td>
<td>Inter-American Development Bank</td>
</tr>
<tr>
<td>IDPs</td>
<td>International Development Partners</td>
</tr>
<tr>
<td>JFLL</td>
<td>Jamaica Foundation for Lifelong Learning</td>
</tr>
<tr>
<td>JSLC</td>
<td>Jamaica Survey of Living Conditions</td>
</tr>
<tr>
<td>KSA</td>
<td>Kingston and St. Andrew</td>
</tr>
<tr>
<td>LMRC</td>
<td>Labour Market Reform Commission</td>
</tr>
<tr>
<td>MAF</td>
<td>Ministry of Agriculture and Fisheries</td>
</tr>
<tr>
<td>MDAs</td>
<td>Ministries, Department and Agencies</td>
</tr>
<tr>
<td>Acronym</td>
<td>Full Form</td>
</tr>
<tr>
<td>---------</td>
<td>-----------</td>
</tr>
<tr>
<td>MoAF</td>
<td>Ministry of Agriculture and Fisheries</td>
</tr>
<tr>
<td>MoTE</td>
<td>Ministry of Tourism and Entertainment</td>
</tr>
<tr>
<td>MoE</td>
<td>Ministry of Education</td>
</tr>
<tr>
<td>MoEYI</td>
<td>Ministry of Education, Youth and Information</td>
</tr>
<tr>
<td>MPI</td>
<td>Multidimensional Poverty Index</td>
</tr>
<tr>
<td>MTF</td>
<td>Medium Term Socio-Economic Policy Framework</td>
</tr>
<tr>
<td>NCSC</td>
<td>National Council for Senior Citizens</td>
</tr>
<tr>
<td>NCU</td>
<td>Northern Caribbean University</td>
</tr>
<tr>
<td>NEPA</td>
<td>National Environment and Planning Agency</td>
</tr>
<tr>
<td>NFPB</td>
<td>National Family Planning Board</td>
</tr>
<tr>
<td>NHP</td>
<td>National HIV/AIDS Programme</td>
</tr>
<tr>
<td>NIC</td>
<td>National Irrigation Commission</td>
</tr>
<tr>
<td>NIS</td>
<td>National Insurance Scheme</td>
</tr>
<tr>
<td>NTA</td>
<td>National Transfer Accounts</td>
</tr>
<tr>
<td>NSC</td>
<td>National Standards Curriculum</td>
</tr>
<tr>
<td>NSS</td>
<td>National Statistics System</td>
</tr>
<tr>
<td>NWA</td>
<td>National Works Agency</td>
</tr>
<tr>
<td>OCA</td>
<td>Office of the Children’s Advocate</td>
</tr>
<tr>
<td>OCR</td>
<td>Office of the Children’s Registry</td>
</tr>
<tr>
<td>ODPEM</td>
<td>Office of Disaster Preparedness and Emergency Management</td>
</tr>
<tr>
<td>OPHI</td>
<td>Oxford Poverty and Human Development Index</td>
</tr>
<tr>
<td>OPM</td>
<td>Office of the Prime Minister</td>
</tr>
<tr>
<td>PAHO</td>
<td>Pan American Health Organization</td>
</tr>
<tr>
<td>PATH</td>
<td>Programme of Advancement Through Health and Education</td>
</tr>
<tr>
<td>PEP</td>
<td>Primary Exit Profile</td>
</tr>
<tr>
<td>PIOJ</td>
<td>Planning Institute of Jamaica</td>
</tr>
<tr>
<td>PoA</td>
<td>Programme of Action</td>
</tr>
<tr>
<td>PopTWG</td>
<td>Population Thematic Working Group</td>
</tr>
<tr>
<td>PPCC</td>
<td>Population Policy Coordinating Committee</td>
</tr>
<tr>
<td>PROMAC</td>
<td>Programme for the Reduction of Maternal and Child Mortality</td>
</tr>
<tr>
<td>RADA</td>
<td>Rural Agricultural Development Authority</td>
</tr>
<tr>
<td>RGD</td>
<td>Registrar General’s Department</td>
</tr>
<tr>
<td>RPC</td>
<td>Revised Primary Curriculum</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goals</td>
</tr>
<tr>
<td>Acronym</td>
<td>Full Form</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>SRH</td>
<td>Sexual and Reproductive Health</td>
</tr>
<tr>
<td>SH</td>
<td>Sexual Health</td>
</tr>
<tr>
<td>RH</td>
<td>Reproductive Health</td>
</tr>
<tr>
<td>SRO</td>
<td>Sub-Regional Office</td>
</tr>
<tr>
<td>STATIN</td>
<td>Statistical Institute of Jamaica</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>UWI</td>
<td>The University of the West Indies</td>
</tr>
<tr>
<td>WCJF</td>
<td>Women's Centre of Jamaica Foundation</td>
</tr>
</tbody>
</table>
Acknowledgements

The Planning Institute of Jamaica (PIOJ) expresses gratitude to the Population Thematic Working Group for providing overall guidance in the finalization of the National Report on the Implementation of the Montevideo Consensus on Population and Development. The PIOJ also acknowledges the sterling contributions provided by all relevant Ministries, Departments and Agencies (MDAs); the private sector; civil society; international development partners; non-Governmental organizations (NGOs) and academia. The PIOJ anticipates the continued support and cooperation of these individuals and entities for future initiatives as we further the implementation of the population and development agenda in Jamaica.

In addition, this report could not have been possible without the financial and technical support provided by the United Nations Population Fund (UNFPA) Sub-regional Office, of which we are extremely grateful. The UNFPA has been a long-standing partner to the Government of Jamaica in support of national population and development efforts. We also acknowledge the contribution of Dr. Pauline Russell-Brown, who was instrumental in preparing the first draft of the report and drafted the data collection instrument on the thematic areas.

The PIOJ also extends appreciation to the Population and Health Unit (PHU), under the capable leadership of Mrs. Toni-Shae Freckleton for providing secretariat services without which the report would not be possible.
The Montevideo Consensus on Population and Development (Montevideo Consensus) is the Programme of Action on Population and Development for the Latin America and the Caribbean beyond 2014 and we are committed to continue the full implementation of the Programme of Action of the International Conference on Population and Development (ICPD, 1994). Jamaica not only played a major role in the development of the Montevideo Consensus but also in its implementation. This has been reflected in our leadership on the Board of the Presiding Officers of the Regional Conference on Population and Development and our participation in the biennial meetings.

The National Report on the Implementation of the Montevideo Consensus on Population and Development tracks Jamaica’s continued implementation of the International Conference on Population and Development (ICPD) Programme of Action (POA). The report builds on the achievements previously reported in the ‘Review and Appraisal of the Implementation of the ICPD Programme of Action in Jamaica, 1994–2014’. This report is timely as Jamaica is currently preparing to revise its National Population Policy and Plan of Action (1995). Revision of the policy is being done against the background of the Montevideo Consensus and other international development frameworks such as the Agenda 2030 Sustainable Development Goals (SDGs), which further highlight the country’s commitment to national sustainable development. This further demonstrates the country has long-standing commitment as a regional leader in the full integration of population dynamics, a necessary component for sustainable development.

On behalf of the Government of Jamaica, I would like to thank the Population Thematic Working Group of Vision 2030 Jamaica for the efforts and contributions made towards the finalization of the report. We are also grateful for the technical and financial support provided by the United Nations Population Fund (UNFPA) and the participation of all other stakeholders in making the report a reality.

DR. WAYNE HENRY, JP
Director General
Planning Institute of Jamaica
I would like to commend the Government of Jamaica and the Planning Institute of Jamaica for your continuous and meaningful contributions to the implementation of the priority measures related to the Montevideo Consensus on Population and Development. Jamaica is a member of the Presiding Officer for the 3rd RCPD (together with Guyana and Antigua & Barbuda) and as such has been playing a key role in coordinating the English and Dutch Speaking Caribbean, positioning and facilitating space for policy orientation and decisions as it relates to the international and regional agenda and negotiations. This includes the review of the proposal of indicators for regional follow-up of the Montevideo Consensus on Population and Development and the preparatory meetings.

The UNFPA Caribbean Sub-Regional Office here in Jamaica which serves 22 English and Dutch speaking Caribbean countries, remains committed to working with Jamaica on the vision of the Montevideo Consensus which recognizes the sexual and reproductive rights of adolescents, youth and women. The Montevideo Consensus agreements adopted by Caribbean and Latin American governments in August 2013 in Uruguay, aim to strengthen the integration of population dynamics into sustainable development with equality and respect for human rights. This is an important target of the Cairo Programme of Action of the International Conference on Population and Development beyond 2014, known as ICPD Beyond 2014.

We have also been lending support to our regional government partners and working closely with our sister agency, The Economic Commission for Latin America and the Caribbean (ECLAC). As the body responsible for organizing the Third Meeting of the Regional Conference on Population and Development in the region in Lima, Peru, from the 7th–9th August, 2018 where Jamaica will be represented, ECLAC has identified the situation of migrants, the ageing of the population, sexual and reproductive health, indigenous peoples and Afro-descendant populations as key population and development issues to be addressed at this 2018 regional convention.

Our support to the preparation of Jamaica’s National Report on the Montevideo
Consensus on Population and Development is therefore part of a wider effort aimed at recognizing the Montevideo Consensus on Population and Development as a complementary monitoring framework for Agenda 2030 in the Caribbean. To this end, we have also facilitated a 2017 Regional Caribbean Meeting on Population and Sustainable Development and a 2017 Regional Preparatory meeting to the Third Regional Conference on Population and Development right here in Jamaica.

Demographic changes in the region have brought on several challenges and opportunities to which the Montevideo Consensus seeks to address.

We look forward to a sustained partnership with the Government of Jamaica and the Planning Institute of Jamaica as we collaborate on delivering the vision of the Montevideo Consensus.

ALISON DRAYTON
Director and Representative
UNFPA Caribbean Sub-Regional Office
The Montevideo Consensus for Population and Development for Latin America and the Caribbean (Montevideo Consensus) is a regional agreement, considered a road map, adopted by 38 Latin American and Caribbean Governments at the First Regional Conference on Population and Development held in Montevideo, Uruguay, August 2013. The Regional Conference commemorated the 20th anniversary of the International Conference on Population and Development (ICPD) and its landmark implementation guide, the Cairo Programme of Action (POA). The Regional Conference reviewed the status of achievements made in implementing the POA in Latin America and the Caribbean (LAC), and adopted future recommendations for the region. At the conference, LAC countries adopted several agreements regarding future implementation of the ICPD POA which are reflected in the Montevideo Consensus.

The Montevideo Consensus covers all the major population and development issues in the LAC and forms the basis for a comprehensive guide for the future of regional actions. It presents a progressive framework that includes a set of 10 thematic areas that are considered indispensable for implementation. These issues are:

A. Full integration of population dynamics into sustainable development with equality and respect for human rights
B. Rights, needs, responsibilities and requirements of girls, boys, adolescents and youth
C. Ageing, social protection and socioeconomic challenges
D. Universal access to sexual and reproductive health services
E. Gender equality
F. International migration and protection of the human rights of all migrants
G. Territorial inequality, spatial mobility and vulnerability
H. Indigenous peoples: interculturalism and rights
I. Afro-descendants: rights and combating racial discrimination
J. Frameworks for the implementation of the future regional agenda on population and development.
To accompany the Montevideo Consensus, a set of operational guidelines were developed for implementation. The Operational Guide to the Montevideo Consensus is a technical tool which offers clear and specific guidelines for implementation and monitoring. It provides objectives and definitions, an illustrative series of possible lines of action and targets, and ‘floor-level’ indicators for each of the 116 priority measures of the Montevideo Consensus. Importantly, the Montevideo Consensus and the Operational Guide are geared to meet country needs and at the same time intended to establish synergies with other international and regional frameworks. Some of the targets, therefore, are drawn from other regional and global instruments, for example, the Sustainable Development Goals (SDGs).

For the purposes of this National Report, assessing the implementation of the Montevideo Consensus, Jamaica will monitor its implementation progress on eight of the 10 thematic areas. The themes of Indigenous peoples and Afro-descendants will not be assessed.

Based on available data in the national statistics system, Jamaica will be reporting on 28 of the 116 indicators related to the eight thematic areas under review (Table 1). A detailed list of the available indicators and their related baseline measures are presented in the Appendices.

Table 1: Number of Indicators by Thematic Area on which Jamaica will monitor Implementation of Montevideo Consensus

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Priority Area</th>
<th>Required Indicators</th>
<th>Number Reporting on</th>
<th>Percentage of Indicators from A to G Reporting on</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Full integration of population dynamics into sustainable development with equality and respect for human rights</td>
<td>25</td>
<td>9</td>
<td>36</td>
<td>A2, A5, A8, A9, A10, A11, A14, A17, A18</td>
</tr>
<tr>
<td>B</td>
<td>Rights, needs, responsibilities and requirements of girls, boys, adolescents and youth</td>
<td>18</td>
<td>2</td>
<td>11</td>
<td>B2, B10</td>
</tr>
<tr>
<td>C</td>
<td>Ageing, social protection and socioeconomic challenges</td>
<td>8</td>
<td>2</td>
<td>25</td>
<td>C4, C8</td>
</tr>
<tr>
<td>D</td>
<td>Universal access to sexual and reproductive health services</td>
<td>23</td>
<td>4</td>
<td>17</td>
<td>D1, D6, D8, D9, D16</td>
</tr>
<tr>
<td>E</td>
<td>Gender Equality</td>
<td>17</td>
<td>2</td>
<td>11</td>
<td>E2, E6</td>
</tr>
<tr>
<td>F</td>
<td>International migration and protection of the human rights of all migrants</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>Territorial inequality, spatial mobility and vulnerability</td>
<td>16</td>
<td>4</td>
<td>25</td>
<td>G8, G9, G10, G11</td>
</tr>
<tr>
<td>Sub Total A to G</td>
<td></td>
<td>116</td>
<td>23</td>
<td>20</td>
<td></td>
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</tbody>
</table>
This national report serves as a tool to share experiences and lessons learned, while building public awareness of population and development issues. Importantly, it serves to assess the status of the progress of implementing priority actions in the Montevideo Consensus and identify: a) strengths, weaknesses, gaps, and steps to correct any identified limitations; b) facilitating factors, as well as barriers to the implementation of commitments; and c) emerging issues to enable countries to make recommendations for new and emerging national priorities. Additionally, the report provides a solid foundation to foster dialogue between the government and its stakeholders.

Preparation of Jamaica’s National Report is being supported by the Sub-Regional Office (SRO) of the United Nations Population Fund (UNFPA) within the framework of its sub-regional programme for the English-and Dutch-speaking Caribbean (2017–2021). The relevant actions assessed in this report are based on priorities identified in the Medium Term Socio-Economic Policy Framework (MTF) 2015–2018, the implementation mechanism for Vision 2030 Jamaica—National Development Plan (Vision 2030 Jamaica). In July 2018, Jamaica will be delivering its Voluntary National Review to the United Nations High-Level Political Forum (HLPF) on Sustainable Development. In recognition of the critical role of population in the 2030 Agenda for Sustainable Development, this national report will provide inputs to the overall presentation to the HLPF.

The report is organized into four parts as recommended by ECLAC. Part 1 addresses the national coordination mechanism mandated to compile the report. This section of the report details the methodology and addresses its strengths and limitations. Part 2 of the report includes information on Jamaica’s demographic, social, political, economic and cultural characteristics, structures and institutions related to the priority measures of the Montevideo Consensus. The data collected and analysed in Phase 1 of the Methodology provide the basis for this section. Part

1. UNFPA SRO framework aims to “strengthen national capacity to generate, analyze and utilize data and evidence for national policies and programmes linked to sustainable development.” (Terms of Reference for Consultancy, May 15–September 30, 2017)
3 addresses Jamaica’s efforts to implement the Montevideo Consensus and the status of its implementation. The data for this section of the report were provided by key informants from Ministries, Departments and Agencies (MDAs) and Civil Society Organizations (CSO) by interviews and from key stakeholders in a national consultation organized by the Planning Institute of Jamaica (PIOJ). Part 4 of the report reviews the progress made, lessons learnt, good practices and challenges in the implementation of the Montevideo Consensus.

An overall assessment of the national report highlights that Jamaica has made some advancements in its population and development programme. However, several challenges remain, which are primarily triggered by the particular vulnerabilities and external economic shocks that countries of the Caribbean sub-region face as small island developing states (SIDS). These vulnerabilities, including the impact of natural disasters, the negative effects of climate change, and high levels of indebtedness, have constrained efforts towards sustainable development. High levels of indebtedness and geographical vulnerability can derail the achievements that have been made to date and undermine the development process. Notwithstanding, Jamaica has over the years, learnt many valuable lessons, in the implementation of the ICPD POA. These experiences have formed the basis of the articulation of the initial stage of the implementation of the Montevideo Consensus for the period 2013 to 2017.

NATIONAL COORDINATION MECHANISM

An important thrust of the Montevideo Consensus is the establishment of a “permanent institutional structure devoted to population and development issues.” Jamaica, as early as the 1990s, revised its National Population Policy and developed a National Programme of Action on Population and Development in 1995, consistent with the principles and objectives of the ICPD POA. Through this approach, monitoring of the ICPD POA was operationalized into the existing Population Policy framework. This framework continues to be an effective structure in the Planning Institute of Jamaica, the focal point for population and development issues. Jamaica has from as early as 1983 established a multi-sectoral Population Policy Coordinating Committee to monitor the implementation of its National Population Policy. Since 2007, this mechanism has been renamed the Population Thematic Working Group (PopTWG) of Vision 2030 Jamaica.

The membership of the PopTWG is drawn from a cross-section of stakeholders with technical interest in and knowledge of population issues including relevant government MDAs, private sector bodies, academia, civil society, key individuals (persons with individual expertise and involvement in the area) and international development partners.
**METHODOLOGY**

The collection of data for the review of Jamaica’s implementation progress started in May 2017 and continued through March 2018. A combination of primary and secondary data and information were collected using the following methods:

- face to face interviews with key informants from MDAs and CSOs
- a mail (electronic mail) questionnaire sent to other key informants from MDAs and CSO
- a national consultation with national population and development partners
- a review of relevant documents (reports, policies, legislation, strategy documents, research and evaluation reports, etc.)
- a national validation workshop with stakeholders.

Overall, the process was relatively inclusive drawing information from a large sample of public sector and CSO representatives.

The focus of the information collection was two-fold. The first step was interviews with key focal points to determine achievements made since 2013 on the priority actions for the eight relevant thematic areas. Secondly, the national consultation was intended to validate information obtained through the interviews as well as to fill any information gaps identified.

A tool was developed for each of the relevant thematic areas of the Montevideo Consensus. The tool allowed respondents to indicate, for the respective priority actions, the following: i) if any new initiatives were undertaken during the period 2013–2017; ii) the current status of actions; iii) any challenges encountered in implementing the priority action; and iv) actions taken to respond to the challenges (3).

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**Figure 1:** Process for preparation of the National Report on Implementation of the Montevideo Consensus
Key Informant Interviews

A sample of key partners in population and development was provided to the consultant. Key informants were, in many instances, identified by the MDAs as focal points. Focal points were contacted and were either interviewed (face to face) or completed the tool on sections relevant to their areas of work.

The tool for the respective thematic area was circulated to focal points in advance of the face to face interviews. In instances where the tool was not circulated in advance, it was used to guide the face to face interviews. Additionally, there were instances where a mixed approach of the face to face interviews and a modified version of the questionnaire were administered. The modified version of the instrument asked key informants to i) identify policies and programmes implemented in the period 2013–2017; ii) the current status of those policies and programmes; iii) challenges encountered in implementing the policies and programmes; and iv) the actions taken to address/overcome the challenges.

Document review

The primary data collected from key informants and partners in interviews and the consultation were supplemented by information/secondary data culled from document sources. The documents reviewed are referenced throughout the report.

National Consultation and Validation Workshop

A one–day national consultation was convened by the PIOJ in July 2017. The objectives of the national consultation were to validate information collected from the key informants and to fill the information gaps by identifying relevant data. Participants were organized into groups based on the thematic areas. Due to overlapping issues and common elements, the groups were structured accordingly:

A  (Full integration of population dynamics into sustainable development with equality and respect for human rights); and J (Frameworks for the implementation of the future regional agenda on population and development)

B  (Rights, needs, responsibilities and requirements of girls, boys, adolescents and youth) and D (Universal access to sexual and reproductive health services).

However, the others were done by single groups:

C  (Ageing, social protection and socioeconomic challenges)

E  (Gender equality)

F  (International migration and protection of the human rights of all migrants)

G  (Territorial inequality, spatial mobility and vulnerability).
Each group was facilitated by a technical officer with a rapporteur from the PIOJ. The groups focused on the relevant priority action under each thematic area and presented the main highlights in a plenary session.

The National Validation Workshop convened by the PIOJ in November 2017 was used as another opportunity to validate information presented in the draft report and to provide additional information where required. The groupings of thematic areas done in July were replicated. Technical reviews were undertaken by the PopTWG in February and March 2018 to finalize the document.

**Strengths and Limitations of the Data Gathering Approach**

The main advantages of the methodology utilized for the preparation of this report are: i) it allowed for responses from a wide cross-section of partners and data sources and thereby increased the likelihood of validation of the information collected; and ii) the utilization of multiple tools to collect more comprehensive data. The results produced have provided a broad perspective of the issues.

A major limitation for this exercise was difficulties in scheduling which resulted in delays in the data collection process. The actual data collection phase of the review was scheduled for the 3-month period, June–August 2017, which is generally the period in which public sector workers take their summer vacation. This situation was compounded by the fact that similar reviews of other programmes and special projects were taking place at the same time creating time management challenges for key informants as well as the interviewer.

A more significant limitation of the methodology is the wording of the priority actions for each thematic areas or chapters. Some statements are complex and in many instances there were challenges with interpretation which often times resulted in repetition of the specific report of actions. The Operational Guide was useful in providing a definitional framework for some of the priority actions.
Demographic processes and structures have far reaching social, economic and environmental implications. Conversely, development processes and structures also have demographic consequences. The Government of Jamaica recognizes the importance of population dynamics to development planning. Since the adoption of the ICPD POA, Jamaica has made strides in achieving the stated goals of Population, Sustained Economic Growth and Sustainable Development. Jamaica has had a long tradition of efforts to integrate population dynamics into the core of national policies, plans and programmes, including Vision 2030 Jamaica to ensure “a population which meets the sustainable development needs of the country”.

The Government of Jamaica (GOJ) is committed to the implementation of the Sustainable Development Goals and the relevant priority areas of the Montevideo Consensus. Through these frameworks, specific strategic priorities have been highlighted in relevant three-year planning cycles of the MTF 2012–2015 and 2015–2018. The MTF is the national implementation mechanism for the SDGs and other relevant global and regional programmes of action.

The Population and Health Unit (PHU) of the Planning Institute of Jamaica (PIOJ) remains the national focal point for population and development issues in Jamaica. The PHU provides secretariat services to the PopTWG and serves as the main mechanism for coordinating and monitoring activities relating to the Population component of National Outcome Healthy and Stable Population under Vision 2030 Jamaica and successive MTFs.

During the period under review, Jamaica served as a member of the Bureau of the United Nations Commission on Population and Development as a representative of the Latin American and Caribbean Regional Group (GRULAC).

1. **Reinforce the public policies and actions needed to eradicate poverty and break the cycles of exclusion and inequality as a condition for achieving development in the region**

In line with the policy framework thrust of the Montevideo Consensus, since 2013, Jamaica has scheduled for the five year period, the revision and formulation of several critical policies and strategies to address the changing demographics of the country. These include policies on: Poverty; Population; Youth; Older Persons; International Migration and Development; Sexual and Reproductive Health; and National Housing Policy.

The revision of the National Population Policy is scheduled for the 2017–2018 and will be done within the context of the provisions of the Montevideo Consensus, the Sustainable Development Goals (SDGs) of Agenda 2030 and Vision 2030 Jamaica to reflect the linkages between population and development.

Embracing social protection is a key feature of Jamaica’s national social protection system, as the country moves to attain the goals of Vision 2030 Jamaica. In 2014, GOJ approved a comprehensive National Social Protection Strategy (SPS) to ensure that the poor and vulnerable are not left behind. The strategy was developed in response to the country’s commitment to ensuring the security of all its residents and citizens, specifically to target the attainment of agreed basic minimum standards of living and address the various threats. The combination of initiatives administered by MDAs help to provide a level of social protection and security for the most vulnerable. Initiatives under the SPS include a number of projects and programmes that broaden opportunities for the acquisition of housing solutions; improve benefits available through the Programme of Advancement Through Health and Education (PATH) for students (support for bursaries, school feeding programme, book and boarding support); increase in allowance benefits under the National Insurance Scheme (NIS) by as much as 16.0 per cent impacting the elderly, sugar workers, widows/widowers, orphans as well as special child allowances; increased local governance with the passage of certain Bills (amendments to the Trafficking in Person’s Act and revision of the National Policy for Senior Citizens); and a concerted effort to incorporate gender in development. Further details on the National Social Protection Strategy are outlined in Thematic Area C.

The National Policy on Poverty and Poverty Reduction Programme (2017) aim to eradicate extreme poverty by 2022 and reduce the national prevalence of poverty to significantly below less than 10.0 per cent by 2030 in support of SDG 1 – End Poverty in all its forms everywhere. Data from the Jamaica Survey of Living Conditions (JSLC) 2016 reported poverty rate of 17.1 per cent, a 4.1 percentage point decline from 21.2 in 2015; reflected in a decline in poverty for both rural and urban

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4. Below 3.0 per cent (World Bank)
areas. The report also showed the highest proportion of poor among the youth and also mainly in female-headed households. The JSCLC 2015 also notes that, although the overall poverty rate had mixed movement since 2013, the proportion of persons in extreme (food) poverty and the vulnerable declined.

The Caribbean Development Bank (CDB) report: The Changing Nature of Poverty and Inequality in the Caribbean: New Issues, New Solutions, includes a Multidimensional Poverty Index (MPI) based on 2012 data from the JSCLC. This was generated under the Oxford Poverty and Human Development Initiative (OPHI). The index is based on three standard indicators: health, education and standard of living, with 10 sub-indicators. While it has the advantage of facilitating international comparison, it does not necessarily capture country specific realities. The approach taken is more specific to Jamaica and includes the element of employment status; however, it is based only on professional opinion of the deprivations of the poor. Efforts are now underway to develop a MPI for Jamaica. This project proposes to identify specific indicators of deprivation in poverty that are relevant to Jamaicans, taking into consideration their own perspectives.

2. **Apply a human rights approach with a gender and intercultural perspective in addressing population and development issues, and step up efforts to recognize, promote and uphold relevant goals in order to eliminate inequalities and foster social inclusion.**

The Government of Jamaica continues to place population dynamics at the centre of national development planning and includes a human rights approach. It is antic-
ipated that the revised National Population Policy will reflect a gender and multi-sectoral approach.

3. **Build and strengthen national and subnational public institutions with responsibility for population and development issues, and ensure that they function in an integral and sustainable manner with the active participation of non-governmental stakeholders.**

The PIOJ continues to carry out its mandate of leading in the area of population and development policies, plans and programmes. The PopTWG of Vision 2030 Jamaica is the primary mechanism through which the government coordinates activities on population and development issues. Intersectoral coordination and formulation of policies and programmes remain relatively strong, however, financing of same remains a challenge.

The Government continues to benefit from partnerships with ECLAC and the University of the West Indies (UWI), Mona to build capacity in areas relating to:

- Training in Demographic Analysis and Population Projections

The UWI Mona has played an integral role as part of the national institutional mechanism for population and development. Undergraduate students may now pursue a major and minor in Demography. The Diploma in Population and Development was instituted in the 1980s with support from the UNFPA. This has been a major gateway for persons, across the Caribbean, who wish to pursue population-related studies as well as the MSc in Demography and are without the requisite background. Additionally, the University of Technology, Jamaica builds capacity in Demography through its BSc Applied Statistics Programme with courses in demography.

While Jamaica has a long standing track record in implementing, coordinating and monitoring population and development issues, there remain several challenges including:

- Implementation at the local level. While there is an established institutional structure at the national level, there is no corresponding mechanism at the local level to ensure the integration of population into the local sustainable development planning frameworks
- Courses Implementation often is weak due to limited resources (human and financial) to undertake critical initiatives
- No financial support is provided to CSOs that work with specific groups to prevent social exclusion.
4. Ensure full integration of population dynamics into sustainable development planning, sectoral policies and public policies and programmes in general – in particular in development and land use planning – at national and sub-national levels, drawing on sociodemographic knowledge and information and harnessing technological advances.

Vision 2030 Jamaica (Population Sector Plan) and the National Population Policy remain the main frameworks through which population dynamics are integrated into all national policies, plans and programmes. The revision of Jamaica’s National Population Policy presents the opportunity for integration of the relevant aspects of the Montevideo Consensus and the SDGs. The accompanying implementation plan for the National Population Policy and the successive MTF will provide the avenue for inclusion of aspects of the Montevideo Consensus for implementation.

The Government of Jamaica has undertaken several initiatives geared towards strengthening the national statistical systems for monitoring the SDGs and setting national policy agenda.

– Jamaica is currently a participant in the International Monetary Fund’s (IMF) enhanced General Data Dissemination System (e-GDDS), with a view to moving to the IMF’s Special Data Dissemination Standard (SDDS) by FY2018/19. In 2017, the Statistical Institute of Jamaica in a joint effort with the Bank of Jamaica, and the Ministry of Finance and the Public Service launched the National Summary Data Page (NSDP). The NSDP is a single on-line portal for the publication of key economic, financial and socio-demographic statistics from all three entities. This initiative was in keeping with Jamaica’s move towards implementing the international benchmark in economic data dissemination, the IMF’s Special Data Dissemination Standard (SDDS). All data released via the NSDP is available free of charge, in an open data format utilizing the Statistical Data and Metadata Exchange (SDMX). The Statistical Data and Metadata Exchange (SDMX) standard underpins much of the operation of the enhanced General Data Dissemination System (e-GDDS).

– The Modernization of the Civil Registration and Vital Statistics system remains a priority focus for the government to improve the accuracy, quality and timeliness of data. In 2013, the *Quality and Completeness of Death Registration: Jamaica* study was completed utilizing data for 2008. The study addressed the complex process of death registration. The data served to inform and describe the epidemiology and history of diseases in the population and identify at risk populations. Overall, the mortality data will be used to guide public health policy, resource allocation and the planning and monitoring of interventions.
The RGD in its continued effort to improve the quality of the data from the Civil Registry piloted an electronic system for birth registration, which seeks to ensure the achievement of universal birth registration consistent with SDG 16.9. This electronic system includes additional data fields in accordance with the UN Recommendations.

An MOU was signed on September 13, 2010 with the RGD, Chief Justice of Jamaica (CJJ) and the Jamaica Constabulary Force (JCF). The purpose of the MOU was to ensure documents and datasets relating to civil registration as collected and/or processed by the JCF and CJJ (via the courts) were transmitted to the RGD in a complete and timely basis so as to improve the coverage of death registration as well as to aid in cross validation of marriages in the RGD’s database. Under the MOU, the CJJ is obligated to provide electronic divorce datasets for all absolute decrees to the RGD on a monthly and annual basis. The JCF is obligated to supply post mortem reports to the Coroner’s Courts for all sudden/violent deaths recorded by the JCF. The JCF is also obligated to supply the RGD with electronic death datasets for all JCF recorded deaths on a monthly and annual basis.

Through much public education, advocacy and community outreach efforts on the implementation of Vision 2030 Jamaica, public awareness of population dynamics and sustainable development issues have been strengthened. Subsequent projects undertaken by MDAs reflect the integration of population dynamics into sustainable development. For example, since 2012, the PIOJ in partnership with National Environment and Planning Agency (NEPA), the National Works Agency (NWA), the Ministry of Industry Commerce, Agriculture and Fisheries (MICAF) with Rural Agricultural Development Authority (RADA) Extension Services; the National Irrigation Commission (NIC); the Ministry of Tourism (MoT); and the Office of Disaster Preparedness and Emergency Management (ODPEM) to implement a three-component project designed to:

- Increase the climate resilience of the Negril coastline
- Enhance the climate resilience of the agricultural sector by improving water and land management in select communities
- Improve institutional and local level capacity for sustainable management of natural resources and disaster risk reduction in the targeted vulnerable areas and awareness building and knowledge management.

Farmers in five rural parishes have been exposed to alternative water harvesting and management methods such as mini-dams, rainwater harvesting and gravity drip irrigation systems; and have been train in efficient water use and climate change adaptation and techniques to improve soil moisture retention and disaster risk management. The capacity of RADA has been strengthened to train farmers in land and
water husbandry. More than 150 community members, including 41 community leaders, have benefited from the Disaster Risk Reduction (DRR) training even as work on a Risk Atlas has been completed.

The application of Geographic Information Systems (GIS) to add a spatial dimension to national planning framework in the areas of Water Resource Management, Health, Housing, Disaster Risk Reduction and Management, Urban and Regional Planning, Transportation, Waste Management and Forest Management is planned. In 2015, GOJ signed a four-year Enterprise License Agreement to provide all government entities with ready and unlimited access to ESRI licenses, extensions, training and expert assistance to enable government GIS professionals to perform advanced geospatial analyses.

Challenges faced in implementing this priority action include:

- Inability to disaggregate data at the local level beyond age and sex. This may be in breach of the National Statistics Act and will also pose a challenge for several indicators for the SDGs
- Lack of funding for the Population and Housing Censuses and other surveys such as the Reproductive Health Survey and the Literacy Survey
- Validation studies for vital events not conducted – the recommendation is for these studies to be conducted every five years
- Continued capacity development opportunities are minimal for Caribbean countries.

5. Pursue sustainable development as a means of securing now and in the future human well-being for all peoples on an equitable basis, and ensuring that the linkages between population resources, the environment and development are fully recognized, appropriately administered and maintained in a harmonious and dynamic balance with a thriving biodiversity and healthy ecosystems.

The Vision 2030 Jamaica, promulgated in 2009, sets out the vision for national development to achieve developed country status by 2030. The four goals of Vision 2030 Jamaica and the 17 Sustainable Development Goals (SDG)5 and 169 targets agreed in 2015 that aim to stimulate action over a 15-year period from 2016–2030 have been found to be in alignment6. A Rapid Integration Assessment conducted by the United Nations Development Programme (UNDP) found that there is a

5. The implementation of the SDGs in Jamaica is led by the Planning Institute of Jamaica (PIOJ), the Ministry of Foreign Affairs and Foreign Trade (MFAFT), and the Statistical Institute of Jamaica. These three entities have committed to coordinate and collaborate with other Government Ministries, Departments and Agencies, the Private Sector, Civil Society, Academia and other local, regional and international stakeholders for the successful implementation of the SDGs in Jamaica.
Table 2: Intersection between Sustainable Development Goals and Montevideo Consensus Priority Actions

<table>
<thead>
<tr>
<th>Sustainable Development Goals</th>
<th>Montevideo Consensus Chapters</th>
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</table>
| **1** End poverty in all its forms | C, E | • Ageing, social protection and socio-economic challenges  
• Gender Equality |
| **2** End hunger, achieve food security and improved nutrition and promote sustainable agriculture | C, E | • Ageing, social protection and socio-economic challenges  
• Gender Equality |
| **3** Ensure healthy lives and promote wellbeing for all at all ages | B, C, D | • Right, needs, responsibilities and requirements of girls, boys, adolescents and youth  
• Ageing, social protection and socio-economic challenges  
• Universal access to sexual and reproductive health services |
| **4** Ensure inclusive and equitable education and promote life-long learning opportunities | B | • Rights, needs, responsibilities and requirements of girls, boys, adolescents and youth |
| **5** Achieve gender equality and empower all women and girls | E, B, D | • Gender Equality  
• Rights, needs, responsibilities and requirements of girls, boys, adolescents and youth  
• Universal access to sexual and reproductive health services |
| **6** Ensure availability and sustainability management of water and sanitation for all | G | • Territorial inequality, spatial mobility and vulnerability |
| **7** Ensure access to affordable, reliable, sustainable and modern energy for all | G | • Territorial inequality, spatial mobility and vulnerability |
| **8** Promote sustained inclusive and sustainable economic growth, full and productive employment and decent work for all | B, C | • Right, needs, responsibilities and requirements of girls, boys, adolescents and youth  
• Ageing, social protection and socio-economic challenges |

Table 2 continues
Table 2: Intersection between Sustainable Development Goals and Montevideo Consensus Priority Actions (cont’d)

<table>
<thead>
<tr>
<th>Sustainable Development Goals</th>
<th>Montevideo Consensus Chapters</th>
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<tbody>
<tr>
<td>9 Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation</td>
<td>G • Territorial inequality, spatial mobility and vulnerability</td>
</tr>
<tr>
<td>10 Reduce inequality within and among countries</td>
<td>E, F • Gender Equality • International migration and protection of the human rights of all migrants</td>
</tr>
<tr>
<td>11 Make cities and human settlements inclusive, safe resilient and sustainable</td>
<td>G • Territorial inequality, spatial mobility and vulnerability</td>
</tr>
<tr>
<td>12 Ensure sustainable consumption and production patterns</td>
<td></td>
</tr>
<tr>
<td>13 Take urgent action to combat climate change and its impact</td>
<td>A</td>
</tr>
<tr>
<td>14 Conserve and sustainably use the oceans, seas and marine resources for sustainable development</td>
<td></td>
</tr>
<tr>
<td>15 Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification and halt and reverse land degradation and halt biodiversity</td>
<td>G • Territorial inequality, spatial mobility and vulnerability</td>
</tr>
<tr>
<td>16 Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective and inclusive institutions at all levels</td>
<td>G • Territorial inequality, spatial mobility and vulnerability</td>
</tr>
<tr>
<td>17 Strengthen the processes of implementation and revitalize the global partnerships and sustainable development</td>
<td>• Frameworks for the implementation of the future regional agenda on population and development.</td>
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91.0 per cent alignment of national goals of Vision 2030 Jamaica and the MTF with the SDGs7. This represents a seamless integration of the agreed outcomes and targets of the SDGs into: (i) the national development planning framework; and (ii) the

systems for monitoring and evaluation of the achievement of development outcomes. Additionally, the GOJ has particular interest in facilitating the integration of the following global frameworks into the national process:

- the SAMOA Pathway for Small Island Developing States
- the Sendai Framework on Disaster Risk Reduction
- the Paris Agreement on Climate Change
- the Addis Ababa Action Agenda on Financing for Development
- the New Urban Agenda.

With few exceptions, there is also alignment between the SDGs and the priorities of the Montevideo Consensus (see Table 2). This means that the national efforts to address the priority actions of the Consensus document should enable achievement of the SDG targets and goals and ultimately achievement of Vision 2030 Jamaica.

6. **Guarantee sustainable production and consumption patterns and avoid exacerbating the undesirable climate change phenomena brought about by human activity.**

Since 2012, under the GOJ/Adaptation Fund project, “Enhancing the Resilience of The Agriculture Sector and Coastal Areas to Protect Livelihoods and Improve Food Security” implemented advocacy, public education and capacity-building activities. These activities were introduced in nine parishes to address and raise awareness of the effect of human activity on climate change.

An evaluation of the programme conducted in November 2016\(^8\) showed that farmers in the nine target parishes had benefited under the Programme in the following ways:

- More than 2 000 farmers received training in climate smart agriculture (land husbandry) techniques designed to maximize the use-effectiveness of fertilisers and water, and to mitigate erosion
- 220 on-farm drip irrigation systems were installed
- 21 Water Users Groups were established and 4 are now registered legal entities
- training for 30 RADA Extension Officers as Trainers in the Farmer Field School (FFS) methodology was successfully completed
- farmers, including student farmers from 16 participating rural schools, experienced significant crop yields and economic benefits from implementing the new farming techniques.

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\(^8\) Mid-Term Evaluation Report Government of Jamaica/ Adaptation Fund Programme: “Enhancing the Resilience of the Agriculture Sector and Coastal Areas to Protect Livelihoods and Improve Food Security”, February 2016.
• the produce generated from school farms provided needed and valuable input to the respective schools’ feeding programmes
• a Climate Smart Agriculture Curriculum was developed in consultation with the Ministry with responsibility for education, and is being printed for distribution
• More than 2,300 farmers benefited directly from $73.0 million in production and productivity grants

Five demonstration plots and six land husbandry plots were established; a Climate Risk Atlas had been developed; 150 residents from five communities in the target parishes of Hanover and Westmoreland were trained in elements of Disaster Risk Reduction and First Aid; the inclusion of school-based farms that should serve to enhance the potential pool of young farmers, and youth as advocates and teachers—ultimately agents of change; and a comprehensive Communication Strategy (2013–2016).
In Jamaica, services for children, adolescents and youth are provided through multiple public and NGO sector entities. The National Strategic Plan for Pre-adolescents and Adolescents 2011–2016 guides the Ministry of Health (MOH) in priority issues relating to adolescent health in creating a supportive environment, building partnerships, providing capacity building and formulating public health policies. The Ministry of Education, Youth and Information (MOEYI) has an overarching National Youth Policy 2017–2030, that addresses matters of youth development as well as policy coordination and interventions for youth.

Several partners provide support to the implementation of youth initiatives including MOEYI, MOH, the National Family Planning Board (NFPB), the Child Development Agency (CDA), the Office of the Children’s Registry (OCR), Office of Children’s Advocate (OCA), the National Centre for Youth Development, Women’s Centre of Jamaica Foundation; CSOs such as FAMPLAN and Eve for Life and UNICEF.

7. **Guarantee for all boys, girls, adolescents and young people, without any form of discrimination, the chance to live a life free from poverty and violence, and to enjoy protection and exercise of their human rights, a range of opportunities and access to health, education and social protection.**

The Child Care and Protection Act 2004, is the foremost legislative instrument for safeguarding the care and protection of the children of Jamaica. The Child Development Agency (CDA), the leading organization for child protection in Jamaica has as its mandate: the investigation and assessment of children brought into state care; provision of a stable environment; strengthening families; and the promotion of child-friendly policies. The Child Care and protection database launched in 2016 hosts data from 12 MDAs. Cases reported to the CDA are processed and referrals are made to the courts, allied agencies and partners for psychosocial interventions or further investigation. Reports include sexual or physical abuse, behavioural
problems and abandonment among others. In 2017, the CDA completed a strategic review of its residential programme. The review sought to assess level of service for organizations dealing with children, their capacity to deliver care and the need for certification and licensing. Currently, GOJ provides four transitional living homes, which together, provide spaces for 108 young boys and girls across the country. The CDA received a grant through USAID specifically for strengthening its transitional living programme. Areas to be strengthened include vocational development training, dwelling for needy youth and placement for trained youth.

The public sector is the major provider for primary education, and children are guaranteed education from early childhood to the secondary level. According to the JSNC 2016, the level of gross enrollment at the primary school level was 99.7 per cent. The MOEYI, that has responsibility for strategic policy direction for children, has drafted a Compulsory Education Policy. The policy is designed to support the engagement of all children between the ages of 3 to 18 years in a meaningful learning process and in a structured and regulated setting. It addresses regular attendance at learning institutions for all children as well as exposure to both academic and vocational programme at the secondary level.

The Jamaica Private Sector Community has also contributed to the education efforts on the island. One of the main foundations sponsoring education efforts is the Digicel Foundation. The following are the current Special Education projects recently/being undertaken by Digicel Foundation:

**Recently Completed**

- New Secondary facility constructed in Lyssons, St Thomas for students with intellectual disabilities. The school opened in September and has a capacity of 60 students.

**In Progress/Proposed**

- Renovation of ramps at the Special Education Unit and a bathroom block at the Hope Valley Experimental School.
- Renovation of Duncan’s Primary School Special Needs Unit includes repairs to existing bathrooms, supplying and installing book cupboards, installing an electrical alarm system, and painting.
- Renovation of Ocho Rios Primary School Special Needs Unit includes repairs to existing floor finish, ceiling, bathrooms and kitchen. Supplying and installing

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9. They provide 16 spaces in St. James, 40 spaces (for girls) in KSA, 40 spaces (for boys) in KSA and 12 spaces (mixed).
book cabinet, an electrical alarm system, painting and the construction of a play area.

- Renovation of Hazard Primary School Special Needs Unit includes repairs to existing ramp, floor finish, ceiling, bathroom fixtures. Installing a play area and painting of the building.
- Construction of new classroom blocks at the Seaforth Primary School, (two new classrooms, three bathrooms and a play area), to house the Special Education Unit.

Health care is also provided along the life course. The GOJ no-user fees Policy of 2008 enables access to free health care services for the population at all ages, inclusive of children. Some health institutions also offer supportive services such as social work and psychology. Several of the services offered to children and youth are detailed in the responses to the remaining priority actions.

In 2016, Eve for Life, an NGO whose goal is to support women and children living with or affected by HIV and AIDS, launched a campaign to focus attention on child sexual abuse. Using the voices of real victims/survivors of sexual abuse, the campaign entitled “Nuh Go Deh” (translated, “Do not go there”) urged all Jamaicans to speak out against sexual violence against girls. This programme was launched on November 25, 2014, on the International Day for the Elimination of Violence Against Women\(^\text{11}\).

8. **Guarantee also the existence of mechanisms for the effective participation, without any form of discrimination, of adolescents and young people in public debate, in decision-making and in all policy and programme phases, in particular on matters that affect them directly and strengthen institutional mechanisms for youth.**

The National Youth Policy (2017–2030) explicitly outlines the youth involvement and participation in decision-making and reflects the Ministry’s support for capacity building, mentorship and entrepreneurship. The Youth Innovation Centre (YIC) provides leadership for youth development through partnership with stakeholders in research, policy development, advocacy, information dissemination and rewarding excellence.

Other initiatives in leadership include the **Youth Parliament** implemented in 2003 as a monthly activity under the NCYD. These youth are recruited from clubs and other youth organizations such as the Secondary Youth Councils and Jamaica Union for Tertiary Students as well as an open application process. The programme develops and facilitates their skills in research and public speaking and also gives an opportunity for them to speak on current national issues of importance. The **Jamaica**

\(^{11}\) The campaign was supported by UNICEF and UNFPA.
**House Fellows** is a programme of the Office of the Prime Minister (OPM) where exceptional youth in Jamaica are given the opportunity to contribute to national development through an interaction with members of the Cabinet, senior officials at the OPM and other Government MDAs. **The Jamaica Youth Ambassador Programme (JaYAP)** is another initiative established in 2000 by the Government of Jamaica. The intention of the programme is to provide youth with advocacy and leadership skills and increase youth participation in decision making.

The CDA Jamaica through a collaborative project with CDA Colombia conducted extensive training for entities in child participation. The project ended in 2012. However, this training led to the subsequent establishment of children’s advocacy panels which are designed to enable and support the participation of children in decision making. In addition, the CDA hosts a biennial National Children’s Summit, the latest held in August 2017. The event brings together children aged 12–18 years for discussions on issues relating to their personal development as well as matters of national interest. The sessions focused on managing children in state care, child defense, growth and values and career development options. These areas were designed to embrace active child participation and addressed several elements that concern children.

Councils have been established in residential homes for children in state care. The membership is broad-based and includes residents. Councils are expected to function in various capacities including mediation and organizational and administrative policy making.

9. **Invest in youth, through specific public policies and differentiated access, especially through the provision, without discrimination of universal free, public, secular, high-quality, intercultural education in order to ensure that this stage of life is full and satisfactory, to enable them to develop as autonomous individuals with a sense of responsibility and solidarity and with the ability to tackle creatively the challenges of the 21st century.**

Vision 2030 Jamaica has outlined as one of the national outcomes actions and strategies geared towards world-class education. In this regard, there are major legislative frameworks developed for all levels of the Jamaican education system. These include:

- Early Childhood Act, 2007
- Draft National Lifelong Learning Policy
- Draft National Play Policy
- Draft National Curriculum Policy
- National Policy for HIV/AIDS Management in Schools, 2004
In 2006, the GOJ began implementation of the recommendations of the National Education Task Force as well as introducing programmes and projects through the Education System Transformation Programme (ESTP). Activities of the programme include:

- Establishment of standards, licensing and registration regime to regulate and promote the teaching profession by the Jamaica Teaching Council.
- Establishment of the National Education Trust (NET), a vehicle for attracting endowment and enabling investment in education.
- Establishment of the National College for Educational Leadership for the development of educational leadership capacity. Flagship Programmes include the Principal Training Programme and the Aspiring Principal Programme.

Other policies and programmes being implemented are:

- The Comprehensive Literacy and Numeracy Programmes – geared at improving the levels of literacy and numeracy benchmarked at the Grade 4 level.
- The Competence-based Transition Policy – provides the opportunity for students to be exposed to more than one sitting of the Grade 4 Literacy Test with more targeted support being provided after the first sitting.
- The Revised National Curricula – The Grades 1–9 curricula are being revised to, among other things, place greater emphasis on the creative and performing arts as well as technical vocational education which are recognized as avenues for personal and national growth and development. The changes in the curricula will not only involve the infusion of technical and vocational education from the early childhood level but also the use of the Science, Technology, Engineering and Mathematics (STEM) methodology to deliver the subjects with a view to improve greater acceptability of technical and vocational subjects. This approach will facilitate the acquisition of skills and competencies which are crucial for the 21st century learner, such as communication, collaboration, creativity and critical thinking.
- The National Standards Curriculum with the required philosophical framework and teaching units has been designed to provide quality education for students on the various Pathways.
- Draft Pathways to Education Policy – In keeping with the mantra of the MOEYI, “every child can learn, every child must learn”, the Pathways to Education Policy recognises that students have different learning needs and function at varying
levels. As such, instruction and the management of teaching and learning must be designed to provide support to students to realize their full potential. In light of the foregoing, the MOEYI seeks to ensure that the transformed education system provides students with learning opportunities through the pathways approach that should better prepare them for higher education and/or work.

As part of the efforts to improve the quality of teachers, the MOEYI engaged in a process to train teachers from both public and private schools in new teaching techniques and the new curriculum for primary and secondary schools. The National Standards Curriculum (NSC) was introduced which seeks to effectively prepare Jamaica’s children for life in the 21st century and beyond.12

In 2017, the three training institutions of government – the HEART Trust/NTA, the Jamaican Foundation for Lifelong Learning (JFLL) and the National Youth Service (NYS) – were merged to expand access to training and certification.13

The passage of the 2014 Persons with Disabilities Act14 recognizes the rights of persons with disabilities to education without discrimination on the basis of equal opportunity. The Jamaica Council for Persons with Disabilities (JCPD), with support from the MOEYI and trained volunteers, provides 'shadows' not only for examination periods but for the entire school day where needed.

The Early Stimulation Programme led by the Ministry of Labour and Social Security (since 1977) caters to children from birth to six years with challenges such as cerebral palsy, autism, mental retardation and children with various forms of mental and physical disabilities. The programme includes re-evaluation, reviews, physical therapy, speech therapy, parent-oriented counselling and training. This programme serves clients across the island with referrals from hospitals, health centres, clinics and various other agencies and institutions, social workers, basic school as well as persons who have benefited from the programme. Once referred the children are assessed and placed in a special intervention programme where several activities are carried out with the aim of helping the child to their fullest potential. At the end of the six years the children are placed in various units across the island, based on their types of disabilities.

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13. The HEART Trust/NTA a statutory agency of the MOEYI finances and coordinates training programmes aimed at creating a competent workforce at an internationally recognized standard. The mandate of the Jamaican Foundation for Lifelong Learning (JFLL) on the other hand is the provision of adult basic and secondary education. The programme, among other things, targets school dropouts and uncertified school leavers.
14. Disabilities Act, 2014 (Act No.13 of 2014). Abstract/Citation: An Act to promote and ensure full and equal enjoyment by persons with disabilities, of privileges, interests, benefits and treatment, on equal basis as others and to establish the Jamaica Council for Persons with Disabilities.
10. **Promote and invest in labour and employment policies and special training programmes for youth to boost personal and collective capabilities and initiatives and to enable them to reconcile studies and work activities, without precarious working conditions and guaranteeing equal opportunities and treatment.**

The Business Process Outsourcing (BPO) sector is one of Jamaica’s fastest-growing sectors. Through public/private partnership HEART Trust/NTA, in collaboration with private sector bodies, established a BPO Finishing School. The development of the finishing school is one of Trust’s newest approaches in ensuring that students are not only being trained to master the technical skills needed to secure a job, but also the soft skills to keep clients coming back to the company.

Over the past five years, the Labour Market Information Technical Advisory Committee (LMITAC), chaired by the Human & Community Development Unit of the PIOJ, has hosted the Annual Labour Market Forum. The main objective of the forum is to disseminate labour market information to a selected group of participants especially youth and high school participants to facilitate informed career choices, while at the same time influencing policy, programme and national development. Past fora have looked at various topics such as unemployment insurance, labour market reform and apprenticeship. In the past this forum has yielded the Labour Market Reform Commission.

The Labour Market Reform Commission was formed in 2015 to oversee the implementation of five components of labour market reform as follows:

- Productivity, innovation and technology
- Education and training
- Policy
- Industrial relations
- Social protection

The five components were examined by one of five subcommittees. The work of the Commission included: review of existing policies and practices with respect to the areas above, recommendations for their revision, updating towards the modernisation of the labour market and enhancement of the competitiveness of the Jamaican economy. The Secretariat came to an end in 2017 and reports were made and submitted to the Ministry of Labour and Social Security for implementation.

11. **Ensure the effective implementation from early childhood of comprehensive sexuality education programmes, recognizing the emotional dimension of human relationships, with respect for the evolving capacity of boys and girls and the informed decisions of adolescents and young people regarding their sexuality, from a participatory, intercultural, gender-sensitive, and human rights perspective.**
The Health and Family Life Education (HFLE) Curriculum is the life skills-based curriculum through which sexuality and sexual health education is delivered in schools. In 2013, this component was revised to ensure the delivery of age-appropriate, gender-sensitive and culturally relevant information to support the acquisition of knowledge, positive attitudes and life skills to enable students to make healthy decisions about their sexual and reproductive health. In 2016, the MOEYI undertook another revision process of the curriculum to ensure relevance and alignment with the National Standards Curriculum (NSC). This process has resulted in further inclusion of gender and gender-related issues, human rights and child rights in the curriculum for Grades 1–9. In addition, a Safety and Security Theme is also being developed for inclusion in the HFLE Curriculum. This area will also address issues related to child rights.

In Jamaica, there is a dissonance of the law with the age of consent and the age of access to services. Medical care can only be provided with the patient’s consent. Since persons below the legal age of majority (18 years), are presumed to be legally incapable of consent, parental permission is used as a substitute for the minor’s consent, in order to prevent civil liability for trespass (sometimes known as battery but more often called an assault). The age of consent, however, remains at 16 years old and this poses a challenge for the administration of SRH services in these instances.

12. **Implement comprehensive, timely, good quality sexual health and reproductive health programmes for adolescents and young people, including youth-friendly sexual health and reproductive health services, with a gender, human rights, intergenerational and intercultural perspective, which guarantees access to safe and effective modern contraceptive methods, respecting the principles of confidentiality and privacy, to enable adolescents and young people to exercise their sexual rights and reproductive rights, to have a responsible, pleasurable and healthy sex life, avoid early and unwanted pregnancies, the transmission of HIV and other sexually transmitted infections, and to take free, informed and responsible decisions regarding their sexual and reproductive life and the exercise of their sexual orientation.**

The adolescent SRH programme in Jamaica is supported by the National Strategic Plan for Adolescents and Pre-adolescents 2011–2016 and the Integrated Strategic Framework for the Reduction of Adolescent Pregnancy in the Caribbean (UNFPA and Caribbean). The strategic plan guides health promotion strategies for adolescents, programmatic activities of the MOH, MOEYI and the NFPB, while building partnerships and reorientation of the health services towards an adolescent-friendly approach. The MOH also developed a set of standards and related criteria guide for assuring quality health services for adolescents which are being implemented across
the island in seven health centres. These standards and criteria provide a tool to health care workers, with which to identify areas of service delivery to adolescent users. The tool is used by managers of health centres or by supervisors in the public health sectors.

National adolescent health workshops have been conducted to build capacity to respond to adolescent health needs. These training programmes were conducted among health care professionals in public and private facilities and among adolescents as well. The outcome of the meeting highlighted the need for more adolescent-friendly services. A major outcome of this initiative is the establishment of an adolescent-friendly hub, established in the busiest transport centre in Kingston. The hub was a collaborative effort with the MOH with the MOEYI, NFPB and AIDS Health Care Foundation (AHF). The services provided at the facility targets in-school as well as at-risk youth who access the centre daily. The aim is to create a supportive environment for teens commuting to and from the Kingston Metropolitan Area. The hub is geared towards increasing the knowledge and building capacities of those adolescents to make informed decisions about healthy lifestyle choices.

In collaboration with UNICEF, the government conducted an HIV adolescent country assessment called the “All In” initiative. The assessment revealed a 0.1 per cent prevalence of HIV among the cohort of girls and boys 10–14 years, this finding is a reflection of reduction in the mother-to-child transmission of HIV. The findings for the project provided a more in-depth understanding of the impact of HIV epidemic on adolescent boys and girls in Jamaica. High risk teenage clinics were also established to care for the pregnant teens. In 2016, a major evaluation was conducted and sought to evaluate the effectiveness of the clinics, determine the impact on the teens, ascertain acceptability of the services and determine the feasibility of replicating these clinics which will also provide SRH counselling services to prevent second events. A major outcome of the project was the positive impact of information and care resulting in a reduction in repeat pregnancies among mothers who attended the high risk teenage clinics.

With support from development partners (notably UNFPA and USAID), GOJ has piloted several projects, some elements from these pilots are retained but others have been challenging. The contradictory legal and policy framework that exists around services to adolescents, for example the age of consent for sex per the Child Care and Protection Act (2004) and the Age of Majority Act (1979) have been most challenging. Efforts to change that anomaly have started. In June 2017, the Ministry of Health commissioned drafting of the Sexual and Reproductive Health Policy, an effort supported by the UNFPA. In the interim, the MOH, through the Adolescent Health Unit, has been engaging in a series of training events to prepare care providers in public health facilities to provide quality care for adolescent clients. More than
250 providers have been sensitized/trained over a two-year period with financial and technical support from UNICEF and UNFPA, and more recently from PAHO/WHO.

13. **Introduce or strengthen policies and programmes to prevent adolescent and young mothers from dropping out of school.**

In 2013, the Ministry of Education launched the National Policy for the Reintegration of School-Age Mothers into the Formal School System. The policy sets out clear guidelines to ensure that teen mothers are not denied the opportunity to re-enter the formal school system, to continue their education. This policy was supported by the UNFPA, in collaboration with several public and NGO sector stakeholders, including the Jamaica Teachers’ Association, the Jamaica Association of Guidance Counsellors in Education; the Association of Principals and CSOs. The responsibility for implementing the policy falls to the Women’s Centre of Jamaica Foundation (WCJF), with support from the MOEYI.

There are challenges in the implementation of the policy. Access to school spaces can be difficult coupled with the problem of repeat drop out due to insufficient support for the young mother as she juggles school and parenting responsibilities. To increase awareness of the programme and ultimately minimize misunderstanding of its intent, there has been consistent dialogue with partners in education and health sectors.

14. **Prioritize the prevention of pregnancy among adolescents and eliminate unsafe abortion through comprehensive education on emotional development and sexuality, and timely and confidential access to good quality information, counselling, technologies and services, including emergency contraception without a prescription and male and female condoms.**

15. **Design inter-sectoral strategies to help young women avoid subsequent pregnancies, including antenatal, childbirth and postpartum care, access to contraceptive methods, protection, support and justice.**

While the number of teenage pregnancy has declined over the years, it remains a major strategic priority of the government to further reduce it. As a result, several interventions have been implemented by the government, CSOs and IDPs including the teenage reduction programme, implemented by the Women’s Health Network and supported by the IDB. This programme aims to:

- Reduce adolescent pregnancy rates in Jamaica.
- Impact adolescent sexual and reproductive health behaviour change among adolescent boys and girls.
• Increase public awareness of ASRH issues.
• Increase access to SRH commodities (Jadelle and condoms) for adolescents.
• Hold-On-Hold-Off project – In supporting and enabling the achievements of these objectives, the NFPB’s Hold-On-Hold-Off Get the Skills Intervention Programme, which has been implemented in selected secondary schools since 2009, continues to build awareness and skills regarding HIV/STI and pregnancy prevention, healthy lifestyle, conflict resolution and self-confidence. A recent impact evaluation of the programme has seen improvements in some schools in the areas mentioned above.

The GOJ continues through the MOEYI to provide school-based Health and Family Life Education (HFLE) and the Ministry of Health in its strategic plan lists adolescent health among its priorities. The HFLE Curriculum is the behaviour change curriculum that empowers children and youth to realize their full potential by equipping them with knowledge and skills to realize their full potential and make healthy and responsible decisions regarding their sexual and reproductive health, including the prevention of adolescent pregnancy. The MOH continues to promote the need to provide adolescent friendly services and with the support from development partners (UNICEF, UNFPA and PAHO/WHO) in 2013 developed and tested quality of care standards for adolescent health services. The standards were tested in seven sites and are being rolled out in six sites. Rollout will be phased.

In 2016, the Women’s Centre of Jamaica Foundation (WCJF), with FAMPLAN as partner, opened an Adolescent Resource Centre (ARC). The ARC provides a range of SRH clinical and counselling services to teen mothers and ‘baby fathers’. The German Embassy provided financial support for the refurbishing and equipping of existing space at the WCJF to house the ARC. Additionally, the MOH EMTCT with support from UNICEF implemented the ‘I am Alive’ project which sought to model innovative, peer to peer, mechanisms for the improvement of HIV-related services to adolescent girls in under-served health regions. The overarching goal was to improve resilience among adolescent and young girls (15–24 years) living with HIV or who are pregnant. The pilot was implemented in collaboration with the MOH Elimination of Mother-to-child Transmission on HIV (EMTCT) programme.

Eve for Life (EFL), a CSO, developed an Adolescent Health and Empowerment Project, which addressed gaps in the government’s programme to prevent HIV transmission from mother to child. The objective of this project was to increase knowledge on SRH issues, including skills-based HIV and pregnancy prevention education beneficiaries. The project was also designed to improve service delivery in the EMTCT

15. Services include individual and group counselling on contraceptive methods, screening and referrals for sexually transmitted infections (STI) and human immunodeficiency virus (HIV), mental health services to screen and treat post-partum depression, counselling for victims of gender-based violence. Users have access to gynaecologists and midwives.
programme through the establishment of two centres of excellence in adolescent sexual and reproductive health. Through the centers’ peer mentorship programme, 100 mothers were reached and another 600, who sought maternal and child services through health facilities, received information on HIV prevention. Additionally, adolescents benefited from income generating livelihood support through the centres.

The Offenses Against the Persons Act (1864) (Sections 72–73) makes it a criminal offense to procure or assist in procuring an unlawful abortion. This is addressed in the Situational Analysis for the draft Sexual Reproductive Health Policy as an implication for termination of pregnancy, the prevention of unsafe abortions and the provision of post-abortion services. Therefore there is a need for effective design of inter-sectoral strategies to help young women have continuous access to contraceptive methods, to prevent unwanted pregnancies as well as avoiding a second pregnancy. The adolescent should also have access to antenatal, childbirth and postpartum care, protection, support and justice.

16. Guarantee for boys, girls, adolescents and young people the opportunities and the basis for harmonious coexistence and a life free from violence, through intersectoral strategies to address the factors that disrupt harmony in the community and foment violence, to provide education from early childhood that promotes tolerance, an appreciation for diversity, mutual respect and respect for human rights, conflict resolution and peace, and to ensure protection, timely access to justice and compensation of victims.

The draft National Plan of Action for an Integrated Response to Children and Violence is to be completed and implemented in partnership with the CDA. It uses a child rights/child-centered framework designed to reduce the impact of violence against children through an integrated approach to prevention, control, intervention responses, monitoring and evaluation. This is to ensure that the rights of children are preserved, and that an environment is created to stimulate their positive growth and development into productive citizens of Jamaica.

The UNICEF Child-Friendly School (CFS) being implemented by the MOEYI since 2009 is a broad concept that incorporates the latest thinking in child development. This was done in tandem with a national educational campaign to promote the use of alternative discipline in school. The model is a unifying banner concept that equips schools with an approach to improve quality education in key areas, namely: learners, content, teaching-learning process, learning environments and outcomes.

The National Child Diversion Policy establishes the framework for dealing with children in conflict with the law by ensuring that institutionalization is a measure of last resort in accordance with the Convention on the Rights of the Child. In support
of the policy, the Child Diversion Programme was designed to address violence prevention for boys and girls. Diversion is a tool of restorative justice used primarily to divert the child offender away from the criminal justice system and its attendant negative features. Another initiative of the Government is the Restorative Justice Policy (2012). This policy allows for the establishment of Restorative Justice Centres in select communities (five centres are now in operation) to resolve crime and violence issues.

Services for child care and protection is offered by the Child Development Agency (CDA) and the Office of the Children’s Advocate (OCA). The CDA is mandated to provide care and protection for children at risk, while the OCR is to receive and record, assess and refer all cases of child abuse, and deal with missing children. Upon receiving reports, the Child Development Agency (CDA) and the Office of the Children’s Advocate (OCA) follow-up for investigation and action. Among the work of the CDA is the establishment of the Children and Family support units – one per health region to prevent children from entering state care. This fosters greater efficiency for addressing the social needs of the child and family and ultimately will take the burden off the justice system. The CDA also introduced a mobile mental health service in two health regions (South East and Western) to assess the mental health needs of children in residential settings. The service is staffed by two psychologists, a social worker and a part-time psychiatrist. The initiative in the South East health region is funded by UNICEF and the EU and in the Western region by USAID. In 2017, the CDA and the OCR were merged and renamed the Child Protection and Family Services Agency (CPFSA). The aim of the merger is to create a more efficient child protection sector with emphasis on pooling of resources, timeliness, and eventual increase in staff complement in the field services for children.

17. Guarantee also reliable statistical data, disaggregated by sex, age, migration status, race, ethnicity, cultural variables and geographic location, with regard to education, health, in particular sexual health and reproductive health, employment and the participation of adolescents and young people.

STATIN is the national agency mandated to collect and generate reliable statistical data. The agency provides census, housing, economic data disaggregated by sex, age, location. Data related to SRH are generally generated through the Reproductive Health Survey – conducted every five years, by the National Family Planning Board (NFPB), an agency of the MOH. The MOH also relies on administrative data from the Monthly Clinical Statistical Report and all other sexual health data for adolescents.

The 2008 RHS highlighted that the adolescent fertility rate was 72 births per 1,000 women 15–19 years. An Adolescent Fertility Profile 2008–2016 completed by the
NFPB indicated that births occurring to females 10–14 years of age declined between 2008 and 2015. Based on calculations of occurrence and registration of births 15–19 years, at the end of 2015 it was approximately 46 births per 1 000. The profile recorded an adolescent fertility rate of 42 births per 1 000 women age 15–19 years.

The importance of data for effective management and accountability is at the core for several MDAs to move from paper-based to electronic data systems. In June 2012, the CDA Child Protection database was launched with full implementation in September 2017. The Case Management Data System (Sohema) will enable informed decision making, speed up response to issues and provide a means to link with other partners in child service delivery. The OCA database is able to provide data on child abuse disaggregated by sex, age, location (parish) and type of abuse. The Council for Persons with Disabilities database remains largely paper-based. The Council is exploring means to establish its electronic database.

The Global School-based Student Health Survey is designed to provide accurate data on health behaviours and protective factors among students. It includes dietary behaviours, hygiene, physical activity drug and alcohol use, violence and intentional injuries. Additionally, it is used to help Jamaica develop priorities, establish programmes and advocate for resources for school health programmes, policies and youth health.
The findings of the 2011 Population and Housing Census for Jamaica showed that the average life expectancy (from birth) was 74.2 years; with females having a higher average life expectancy (78.0 years) than males (70.4 years). Over the period 2012–2016, the percentage of the Jamaican population 60 years and over increased by 0.7 per cent to 12.4 per cent from 11.7 per cent (ESSJ, 2017). The composition of the elderly population is currently classified as feminized due to the higher proportion of females, particularly in the 80+ years age group. An analysis of the gender composition of the population 60 years and over, using the 2001 and 2011 Population and Housing Censuses, showed a greater percentage increase of elderly males (18.2 per cent) than females (12.8 percent).

Population ageing is increasingly transitioning from a relatively discrete area of policy focus to a cross-cutting and integral component of considerations regarding human rights, sustainability, equity and inclusion, demand-driven health care, labour productivity and protection, and income and social security throughout the life course. The state played a critical role in expanding the focus on the ageing of the population, and while gaps remain in establishing inter-sectoral institutional arrangements to address the development needs associated with population ageing, key players have demonstrated recognition of cross-cutting implications. The MLSS, the MoH, the MoFPS and the PIOJ were among the state entities that provided leadership in policy development and reform initiatives. The sector level national development framework for the elderly comprises the National Policy for Senior Citizens (1997), which provides the overarching framework for addressing the needs of the elderly; the Population Sector Plan of Vision 2030 Jamaica (2010), the National Population Policy (1995) and Jamaica Social Protection Strategy (2014). The national and sector level development frameworks for the elderly will be strengthened over the period covered by the next MTF (2018–2021) through initiatives including the revision of the Population Policy and Population Sector Plan, and finalization and adoption of the Revised National Policy for Senior Citizens, which was advanced during the reporting period. Non-government and government affiliated organizations including the National Council for Senior Citizens (JCSC), and the Mona Ageing and Wellness Centre served as critical change agents through advocacy, research, the provision of targeted services and contributions to policy development.
The main development results, policy and programmatic implementation, and gaps are presented below.

18. **Formulate policies with a gender perspective to ensure a good quality of life in old age, not only for urban dwellers, but also for those who live in rural and forest areas.**

The national policy framework has been responsive to the increasing global demand for greater integration of gender and geographic location based perspectives, and a life cycle approach to development that prioritizes the needs of the individual throughout the stages of life. This includes ensuring that the elderly is empowered and equipped to experience active and successful ageing regardless of gender or location. The recognition of the importance of a gender perspective in policy affecting the elderly is demonstrated in the following:

- The Green Paper National Policy for Senior Citizens, 2018, a revision of the National Policy for Senior Citizens, 1997. A major guiding principle of the NSPC is gender equity. The draft policy captures the ageing dimensions, the gender issues, disability and the elderly, the physical environments and safety issues, and so on; it also shows the recognition and commitment of the GOJ to modernizing its approaches in these areas.

- The National Policy for Gender Equality (NPGE), 2011, has as one of its focus the creation of a “socio-economic, political, and legal environment” that accords men and women equal rights and opportunities to achieve their full potential throughout the life cycle. The NPGE also stipulates the need for national data to be disaggregated by gender, age and location, specifically as it relates to addressing health needs.

- The Jamaica Social Protection Strategy, 2014, treats gender, age and location (rural/urban) as cross-cutting themes. The gender perspective is to be infused in all areas and levels of the social protection system, underpinned by life cycle concerns for all citizens, including the elderly with “Ageing of the Population” identified as an emerging vulnerability. Location (rural/urban) is recognized as a key determinant of social and economic outcomes for males and females across the life course and hence a key determinant of social protection policy imperatives.

The National Council for Senior Citizens (NCSC) is responsible for implementa-

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16. Successful ageing, which focuses on the maintenance and promotion of high levels of physical (ie activities of daily living); *West Indian Medical Journal,* “Health and Gender: What is the Situation with Older Persons and How Do We Address Healthcare Needs?” Mitchell-Fearon, K; Willie-Tyndale, D; McKoy-Davis, J; Waldron, NK; Holder Nevins, D; Eldemire-Shearer, D; 2017.


The council operates at the national level, influencing policy and planning to address the needs of the elderly as well as the local level through the provision of training and support services in community-based clubs islandwide.

The Mona Wellness and Ageing Centre serve as a research and resource hub and provide training in gerontology to support the elderly. The prioritization of primary health care, led by the MoH supports achieving equity in the provision of health services to urban and rural dwellers and across the life course. There is recognition of the differences in gender-based needs and accessibility, including affordability and attitudes to seeking care. However, there is little evidence to suggest that adequate attention is given to the elderly within these gender-based considerations for health care and service delivery.

19. **Design and implement public policies, plans and programmes – at all political and administrative levels – that take into account changes in the age structure, in particular population ageing, and the opportunities and challenges associated with these changes over the medium and long terms.**

The policy framework for population and development in Jamaica is fairly advanced. The Population Policy and Action Plan (1995) and the Vision 2030 Jamaica Population Sector Plan (2010) form the broad policy framework. The National Population Policy and Population Sector Plan are slated for revision to ensure relevance to current and emerging realities; and this presents an opportunity for strengthening the integration of the life course approach and infusing a multi-dimensional approach to addressing population development needs that is responsive to changes in the age structure and the ageing of the population. The policy framework is complemented by policies, strategies and action plans that address specific demographic groups and processes, including: The National Policy for Senior Citizens (1997); the draft National Youth Policy 2017–2030; the Child Care and Protection Act (2004); as well as the National Policy and Plan of Action on International Migration and Development (2017). A menu of supporting policies addresses related life-course development needs, including the Jamaica Social Protection Strategy (2014), the National Strategic and Action Plan for the Prevention and Control of Non-Communicable Diseases (NCDs) in Jamaica (2015–2018) and the National Policy on Poverty (2017). The implementation of most policies is clearly guided and monitored by established committees, and includes the National Social Protection Committee (NSPC) and its sub-committees that include focus on the elderly, and the National Poverty Reduction Programme Committee.

Current efforts to develop the national statistical system and data/information...
infrastructure will strengthen the quality of data/statistics/information on the changing age structure and the characteristics and development needs of the respective cohorts. The Government of Jamaica’s efforts to establish a National Identification System (NIDS) was advanced with the approval of the National Identification System Policy (2017) and the tabling in Parliament of the National Identification and Registration Authority (NIRA) Bill in 2017. The provisions of the NIRA Bill include the establishment of the NIRA and its functions, and the establishment of the National Civil and Identification Database. The establishment of the NIDS is expected to form a critical component of improved statewide population information systems to inform improved service delivery. The NIDS is expected to also play a key role in supporting policy and planning, targeted at effecting life cycle approaches to development.

While there is increasing infusion of the life-cycle approach within Jamaica’s development policy and planning framework, gaps exist that pose threats to the quality of life of citizens as they age and particularly post the retirement age. The sexual health of the citizenry is given decreasing attention post the customary child bearing period for women. The country’s approach to adolescent reproductive and sexual health has been guided by the National Strategic Plan for Pre-adolescents and Adolescents, 2011–2016, while there is no corresponding national strategic plan to address the sexual health issues of older women and men including experiences of menopause and incontinence. There is insufficient coherence and integration of policies and programmes targeting specific age cohorts in the life cycle and hence ageing is more closely tied in with issues of social protection, poverty and health than with developmental needs of younger age cohorts. Additionally, while there have been efforts at pension reform and increasing participation in the National Insurance Scheme to support pension coverage; there is inadequate participation in state and private pension schemes among the working age population. This lack of adequate finances also affects the quality of health care an elderly person is able to receive.

20. Design policies at the national and local levels to guarantee quality of life, the development of potential and the full participation of older persons, taking account of the need for intellectual, emotional and physical interaction and the different situation of men and women, with emphasis on the groups that are most susceptible to discrimination, such as older persons with disabilities, those without economic resources or pension coverage, or those who live alone or lack a support network.

The ageing of the population is one critical determinant of approaches to long–term planning and the nature and location of state and private services. Jamaica’s national development framework supports active ageing of the population. Goal One (1) of
Vision 2030 Jamaica states, “Jamaicans are empowered to achieve their fullest potential” and includes outcomes of health and population stability, education, social protection and transformational culture. The policies already mentioned under this thematic area are relevant to this target, as they address and guide national and local level programmes and initiatives. Chief among these are the Jamaica Social Protection Strategy (2014), National Policy for Senior Citizens (1997) and the Draft National Policy for Senior Citizens (2018). In addition, the National Poverty Policy

Social Protection Strategies (Elderly 65 and older)

Transformative Strategies

1. Ensure, through public education and other sensitization efforts, the recognition of ageing as a population dynamic, and the implications of demographic transition for the society.
2. Create and facilitate an enabling environment that supports credible investments in the development opportunities afforded by the ageing of the population.
3. Engender a policy environment that respects the rights of older citizens, and accommodates the enjoyment of those rights through appropriate legislative and policy provisions.
4. Promote community and family care and support for elderly persons using policy, legislation and socialization.

Promotive Strategies

1. Promote active ageing and the full participation of older citizens in decisions affecting their quality of life.
2. Promote productive engagement of older persons, whether in paid or unpaid work.
3. Ensure effective delivery of health care and medical services to older persons.
4. Promote accessibility to public goods and services through use of appropriate infrastructure and accessibility options.
5. Facilitate the inclusion of the elderly in social security (social insurance and pension) systems that mitigate risks to their income security.
6. Facilitate appropriate pension reforms that support income security of the elderly.

Protective Strategies

1. Extend social transfers to the eligible elderly, including cash transfers in the form of social pensions, and medical subsidies to support the chronically ill.
2. Ensure the streamlining and rationalization of public health insurance schemes and medical subsidies available, to simplify utilization, reduce overheads and increase benefit to cost ratios.
3. Utilize public-private partnerships of various forms to support the institutional care of the elderly wards of the state, providing quality, non-discriminatory care to all clients.

(2017) recognizes the elderly and persons with disabilities (PWDs) as vulnerable groups and presents strategies for reducing and preventing poverty among the vulnerable. The Policy gives focus to human capital development among PWDs and income and social security for the elderly.

The Disabilities Act (2014) provides the legal, governance and institutional framework to promote the development needs of PWDs; and protects them from discrimination and disadvantages resulting from social, economic and environmental arrangements that are non-responsive to their needs. Current initiatives to revise the National Policy for Persons with Disabilities form part of the efforts to strengthen the policy framework to support their empowerment and protection.

The Building Act (2016) treats the accessibility and suitability of the physical environment in ensuring safety and utility for PWDs as a right and includes reference to the Disabilities Act as companion legislation. However, the vulnerabilities of the elderly in accessing physical spaces and essential services extend beyond disabilities and should therefore be addressed under more comprehensive frameworks such as that entailed in Universal Design. There is recognition of a greater need for integrating Universal Design in infrastructural development and service and product development. However, it has not been mainstreamed within legislation and policy as a tool to promote inclusive access within physical spaces and improved functionality for all.

The strengthening of the policy framework to address the needs of the elderly, and particularly systemic factors and life-style and ageing related vulnerabilities, is supported by programmes and initiatives that address survival and functional needs. Under social assistance programmes delivered by the Ministry of MLSS, some 60,526 elderly beneficiaries were provided with bi-monthly cash grants total approximately J$1.25B in the 2016/17 fiscal year.19

The Social Welfare and Vulnerable Groups Sector Plan under Vision 2030 Jamaica also give significant attention to the elderly. The plan was created to outline and guide the creation of a Jamaican social welfare system that would target and effectively capture all individuals requiring state assistance. The aim would be to adequately provide for their basic needs, by operating with efficiency to deliver a high quality of service, complete with the necessary institutional and legalistic frameworks, including adequately trained functionaries operating with accountability and transparency. Other vulnerable subgroups addressed in the Plan are children (under 18 years); youth (15–24 years); homeless; deportees and refugees; persons vulnerable to natural and man-made hazards/disasters; persons made vulnerable as a result of chronic illness and HIV/AIDS; and persons with disabilities (PWDs).

The development of a 10-year strategic plan for the health sector is underway, and

it is intended to include strategies to promote active and healthy ageing. Also, advancing primary health care renewal and universal access to health are priority strategies under Vision 2030 Jamaica and form part of the strategic focus of the MOH. These strategies support preventative care, improved health outcomes over the life course and improved accessibility to health services by the vulnerable, such as the elderly. Resource constraints have impacted the pace of primary health care renewal, which has been focused on upgrading and retrofitting existing health centres and to a lesser extent, the construction of new health centres, to meet current and emerging health care needs.

21. **Ensure the inclusion and equitable participation of older persons in the design and application of policies, plans and programmes that concern them.**

Jamaica has sought to institutionalize a culture of people-centred development that is stakeholder driven and consultative. Hence, policies and programmes developed over the reporting period to address the needs of the elderly engaged representatives of the group at different levels. The National Council for Senior Citizens (NCSC) under its mandate to implement the National Policy for Senior Citizens (NPSC) facilitates the participation of the elderly in policy making, translating policy into programmes and projects and the implementation of activities that target the elderly and/or serve the needs of the elderly though inter-generational engagement. The NCSC employs a participatory approach through the establishment of Senior Citizens Clubs at the local level, which engage senior citizens in programme planning. In addition, the clubs are formally registered to the Council by way of a constitution, and represent the first tier of an engagement mechanism, as representatives meet at the Council level, to elevate issues raised at the local clubs. The engagement of seniors at the local level facilitates national representation of the perspectives and contributions of those not usually engaged in national decision-making and planning.

The NCSC is challenged in several ways to effectively undertake its mandate for full implementation of the national policy. There is need for improved human and financial resources to reach and provide relevant services for the elderly. Also, there was a decline in institutional representations and participation in Senior Citizens Clubs, over the reporting period. The number of active Senior Citizens Clubs declined by 30.0 per cent – 421 active Senior Citizens Clubs in 2017 compared with 561 in 2012. This was associated with a decline in the numbers of the volunteers who support the work of the Senior Citizens Clubs and the membership who help to financially support the clubs through dues and income generation activities. In 2017, the NCSC recorded 2,441 volunteers, a 26.0 per cent decrease when compared with 2012 (3,301). The number of active members of the Senior Citizens Clubs though
registering slight fluctuations over the reporting period\textsuperscript{20}, recorded a 37.0 per cent decrease in 2017\textsuperscript{21} (15,213) when compared with 2012 (24,274).\textsuperscript{22} This was attributed to the death of members and inadequate resources of some members to cover transportation costs. Also, there were concerns about inclusive engagement of seniors as the membership was feminized and largely comprising of the economically vulnerable, while seniors with non-economic vulnerabilities face challenges with support and interaction, which are addressed in these clubs. There were greater levels of female participation as volunteers and members of the clubs, which increased to 79.0 per cent in 2017 from 77.0 per cent in 2012 for volunteers and to 78.0 per cent in 2017 from 75.0 per cent in 2012 for the membership.

\textbf{22. Eradicate the multiple forms of discrimination that affect older persons, including all forms of violence against older women and men, taking into account the obligation of the State with respect to ageing with dignity and rights}

The framework for preventing and addressing discrimination and violence among various groups was strengthened over the period 2012–2015 with action plans and dialogue on discrimination, violence and abuse of children, women and other groups advanced. However, inadequate attention had been given to discrimination against the elderly and in particular violence and abuse, which extends beyond physical, emotional and psychological to social and economic abuse. Also, there is no standard screening for elderly abuse and there are difficulties in screening as the elderly are prone to illness and unintentional injury.\textsuperscript{23} While there are referral systems for persons experiencing discrimination, violence and abuse, there are no systems that specifically serve the needs of the elderly. The NCSC has not been sufficiently empowered to address abuse against senior citizens especially in their homes, and must refer cases of abuse to the Victims Support Unit in the Ministry of Justice.

The NCSC hosts an annual Elder Abuse Awareness Day – a forum in which representatives from relevant agencies, for example, the Ministry of Health and the Jamaica Police Federation, speak to seniors on relevant and relatable issues. The activities of the day also include sessions on promoting the rights of senior citizens. While the NCSC seeks to advance awareness of the rights of the elderly and promote their care and protection, their current scope is limited due to inadequate resources. Additional resources (financial and partnerships) are required if the scope of the programme is to be broadened.

\textsuperscript{20} ESSJ, 2014.  
\textsuperscript{21} Report from the NCSC, January–December 2017 (unpublished).  
\textsuperscript{22} ESSJ, 2012.  
\textsuperscript{23} ESSJ, 2012.
23. Establish or consolidate human rights programmes to tackle and eliminate violence against older persons in the public and private spheres.

Research and policy dialogue on developing a strategic framework for the promotion and protection of the human rights of the elderly are on-going. These have been led by the PIOJ, NCSC and other key stakeholders, including the Mona Ageing and Wellness Centre, University of the West Indies, Mona, and the Ministries of National Security and Justice.

24. Give the highest priority to older persons in plans for disaster prevention, mitigation and relief, including disaster preparedness, relief worker training on emergency prevention and response and the availability of goods and services.

A network of government entities and other partners, including civil society, serve the needs of citizens in natural disasters and in disaster preparedness and prevention. Special attention is given to the needs of the vulnerable, including the elderly. The Office of Disaster Preparedness and Emergency Management (ODPEM), places priority on the most vulnerable, including the elderly, and partners with the National Council for Senior Citizens (NCSC) in disaster preparedness. The Ministry of Labour and Social Security (MLSS) provides food and disaster relief supplies to the elderly through the NCSC. Material and other assistance is also provided by the Jamaica Red Cross and Food for the Poor.

25. Formulate policies to take advantage of the unique opportunity provided by the demographic dividend and that include coordinated investments in education and health and the creation of decent work on the basis of intergenerational solidarity.

Population policies and programmes, and demographic data systems in Jamaica are fairly well-advanced in addressing key areas relevant to developing Jamaica’s capacity to capitalize on the demographic dividend. Under MTFs for the periods 2012–2015 and 2015–2018, focus was given to empowering the citizenry to contribute to and capitalize on economic opportunities to promote income security throughout the life course while strengthening social services and security systems, the business environment, and promoting sustainable and competitive industries that demonstrate the country’s global comparative advantage. Emphasis has been given to the life-course development approach and the sustainability of initiatives for social protection.

Jamaica is now at the advanced stage of the demographic transition, with increasing survival rates and a decreasing population growth rate which was 0.0 per cent in 2017 (ESSJ, 2017). This is reflected in an ageing population; a proportionally large
working age population, and a decreasing child population. This population distribution creates the opportunity for a demographic bonus if investments in human resources for social and economic development are done. However, specific and deliberate policy and programmatic interventions will need to be in place in order for the benefits to be harnessed. Notable advances have been recorded in economic and social development, as represented in Jamaica’s position in the second tier of the Human Development Index, “High Human Development”, which it maintained throughout the reporting period. The country’s performance was comparable to the countries in the top tier “Very High Human Development” in two of the three indicators that comprise the HDI – life expectancy and education; while the Gross National Income (GNI) was representative of consistently low levels of growth. However, there has been inadequate human capital development to drive productivity with 24.6 per cent of the labour force certified in 2014.24

The approach to achieve economic growth is reflective of considerations to maximize the opportunities presented by the demographic bonus of a proportionally large working age population. It includes greater alignment of the labour market needs with education and training, and economic development underpinned by job creation; while enhancing state and private sector managed social and income security systems, and the capacity and opportunities available to the individual for adequately planning, investing for and managing life course needs.

The Micro, Small and Medium Enterprises and Entrepreneurship (MSME) Policy (2013) gives focus to the creation of an enabling business environment that cultivates entrepreneurship and builds capacity for the development and sustainability of MSMEs. The broad strategies are targeted at the business environment and hence non-discriminatory in focus. However, while the youth and persons with disabilities (PWDs) are given specific focus, the specific needs of the elderly are not addressed. This represents a key gap as within the context of active ageing, entrepreneurship is a viable option for promoting income security among the elderly and engaging the expertise and experience of the elderly in securing targeted levels of economic growth. In 2012, some 42.1 per cent of the elderly indicated that they were part of the labour force – 32.0 per cent of the elderly indicated that they were employed/self-employed, 3.2 per cent operated a business and 7.1 per cent were unemployed. This was almost equal to the proportion of the elderly that indicated they were retired, 43.0 per cent.25

In 2016–2017, the country increased its focus on instituting targeted measures to accelerate growth, having achieved significant success in stabilizing the macro-economy under its Economic Reform Programme, supported by loans acquired through

Stand-By Agreements and Extended Fund Facilities of the International Monetary Fund (IMF), since 2010. At this particular stage in the growth process, income gaps and inadequate employment opportunities and expansion in productivity and share of global trade persist. Also, there are inequities in the opportunity structure that results in disparities in the distribution of poverty and social ills by gender and location that limit survivability and social mobility. These disproportionately affect the elderly and other vulnerable groups.

The National Transfer Accounts (NTA) approach is used in Jamaica to estimate areas of investment for the country in sectors such as education and is used for planning for the aging population. Among the challenges in effecting this priority action is the lack of the skills set required to implement the NTA Approach. Special training is required to assure the development of those skills. The Labour Market Reform Commission, as part of its work, took into account changes in the population and made recommendations for taking advantage of the demographic dividend. The trends in population ageing require an examination of whether an age of retirement is necessary, and if so, what should be the criteria for such an age.

26. **Bring health policies into line with the challenges of the varied and changing epidemiological profile arising from ageing and the epidemiological transition, reinforcing the fight to eradicate communicable diseases and implementing actions for the prevention and treatment of chronic (non-communicable diseases) and ensure that these policies take into account gender, age, regional, ethnic and socioeconomic specificities.**

In Jamaica there is no specific health policy for the elderly. However, the GOJ launched a no-user fee policy for the entire population in 2008 (see Thematic Area D).

Non-Communicable Diseases (NCDs), which share four common behavioural risk factors tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol have over the last three decades “emerged as the leading cause of morbidity and mortality” in Jamaica. A recent study on the health and social status of the elderly conducted by the MOH reported an increase in NCDs among the elderly population. Although morbidity and mortality from non-communicable diseases mainly occur in adulthood, exposure to risk factors begins in early life. The National Strategic and Action Plan for the Prevention and Control of Non-Communicable Diseases in Jamaica (2013–2018) gives focus to addressing the needs of the Jamaican citizenry through the development of the health system and equipping citizens to engage in

disease prevention through health promotion. The guiding principles of the Plan include focus on a life course approach in NCDs policies and programmes; equity and gender equality; health promotion, preventative care, early detection and palliative care; capacity building for community-based action, and citizen empowerment. However, the Plan does not specifically target the needs of the elderly with specific mention of the elderly limited to ensuring essential medicines to meet their care needs under the Jamaica Drug for the Elderly Programme (JADEP), which was launched in 1996.

27. Include older persons as priority focus of public policy and as fundamental stakeholders in the formulation and implementation of policies aiming to improve the quality of life of older persons.

The National Policy for Senior Citizens (NPSC, 1997) prioritizes the issues of the elderly population and includes them as major stakeholders in its implementation. The elderly has been a leading stakeholder in the revision of the NPSC, which is currently underway, with a draft completed in 2017.

The elderly is identified as one of the target groups for the National Policy on Poverty and National Poverty Reduction Programme based on data on the poverty status of this age cohort. Further, the Jamaica Social Protection Strategy (2014) takes a life cycle approach and several sections of the strategy are devoted to addressing issues affecting seniors.

Priority Action 21 also provides information relevant to this Priority Area.

28. Foster policies to encourage individuals to save during their active, productive life so that, in the long run, they can enjoy a decent old age.

As the ageing of the population becomes an increasing reality and a major development concern, increasing focus has been given to empowering the citizenry for income security throughout the life course and particularly in retirement. This has resulted in a demonstrated policy approach of treating individual and state pension and safety net provisions as complementary. The Government of Jamaica (GOJ) has played a key role in educating the populace about retirement savings through entities such as the National Council for Senior Citizens (NCSC). There has been enhanced state capacity to ensure the sustainability of state pension and safety net programmes. This includes strengthening of the Social Protection System through the Jamaica Social Protection Strategy (2014) and its implementation, which is underpinned by the establishment of a social protection floor to ensure that Jamaicans are afforded a minimum standard of living throughout the life course, that reflects commitments to human dignity and the meeting of basic needs for income and social security, including food security. The GOJ has given focus to strengthening legislation, institutional arrangements and operations for improved regulation of pension services.
provision to facilitate effective private sector participation that benefits the citizenry. The National Insurance Scheme (NIS) was established in 1966 by the Government of Jamaica (GOJ) to primarily serve the financial needs of citizens upon retirement based on the provisions of the National Insurance Act of 1965. Since then, the private sector (financial and insurance institutions) has increasingly paid a complementary role in the provision of private pension schemes with the market being served by leading banking and insurance institutions offering several products to meet the needs of the citizenry. The framework for the overall management of pension schemes in Jamaica is the Pension (Superannuation and Retirement Schemes) Act, which came into effect on March 1, 2005. The Financial Services Commission (FSC), in executing its mandate, supervises and regulates the securities, insurance and private pensions industries.\textsuperscript{27} As part of government’s efforts to modernize and better serve the needs of the citizenry, The National Insurance (Validation and Amendment) Act was passed in 2011.

The National Insurance Scheme (NIS) serves as the main mechanism for pension coverage for Jamaicans and is the only source of pension benefits for particularly the vulnerable. It is mandatory for employees to have a National Insurance (NIS) number and to make contributions to the scheme which caters to employees and the self-employed. The contributions to the scheme are managed under the National Insurance Fund (NIF). An Actuarial Study of the National Insurance Scheme (NIS) conducted in 2013, showed that based on the operations of the NIS, it was at risk of insolvency and was unable to adequately meet the needs of current beneficiaries for life. Also, the value of pension payments to beneficiaries was inadequate to meet basic needs. The main recommendations from the study were an increase in the number of contributors; an increase in the contribution rate and insurable wage ceiling (IWC), and better alignment of earnings with contributions. Other recommendations included delinking the NIS from the National Health Fund (NHF) as both the National Insurance (Validation and Amendment) Act and the National Health Fund Act (2003) refer to the National Insurance Fund as a source of financing for the NHF.

The GOJ has instituted measures to strengthen the pension system and support retirement savings, including the passage of two bills on September 29, 2017 to facilitate revision of pension arrangements for public sector workers. These bills, the Pensions (Public Service) Act of 2017, and the Constitution (Amendment) (Establishment Fund) (Payment of Pensions) Act of 2017 provide a framework for repositioning the pension system for the public sector to achieve sustainability, and for the provision of pensions that adequately meet the basic needs of pensioners. The stipulations of the Pensions (Public Service) Act include: a requirement for government

\textsuperscript{27} Jamaica National Policy on International Migration and Development (White Paper, 2017)
workers to contribute 5.0 per cent of their income towards their pension, commencing on a date to be determined by Cabinet; equity in the age of retirement by increasing the age of retirement for females to 65 years, as is the case for males; and harmonization of legislation on public sector pensions in a single statute. The Constitution (Amendment) (Establishment Fund) (Payment of Pensions) Act provides legal basis for utilizing the pension fund for payments of pensions, gratuities, and allowances.

The Final Report of the Labour Market Commission (2017) prioritized pension reform and included recommendations on developing a system for universal access to pensions for retirees from the employed labour force and was informed by the work of the commission, including an Inter-American Development Bank (IDB) supported consultancy to design the system. The three main recommendations were universal coverage; improved adequacy of pension benefits; and ensuring the sustainability of the NIS. The Report also prioritized unemployment insurance and addressed the establishment of a more sustainable modality for worker redundancy systems. Adequate pensions and unemployment insurance were identified as top priorities in ensuring income security throughout the life course. The Jamaica National Policy on International Migration and Development (2017) includes focus on the portability and transferability of pensions, health, welfare and other social benefits as key aspects of the effective social protection of migrants, maximizing the potential of the labour market, and effectively engaging migrants in national development.

The Bank of Jamaica (BOJ) formulated a National Financial Inclusion Strategy (NFIS) 2016–2020 to create the conditions in which Jamaicans, particularly those who were previously underserved by the domestic financial system, are able to save safely and build up resilience against financial shocks; and firms are able to invest, grow and generate greater levels of wealth. Financial Resilience is one of the four pillars of the NFIS and speaks to reforms that will contribute to increased savings, insurance, and retirement accounts for the low-income and informal segments of the population. Also, the GOJ pursued tax reform and advanced the implementation of a progressive tax system with gradual increases in the tax threshold as part of efforts to transition from direct to indirect taxation and support greater levels of private investment on the part of the citizenry. In 2016, the government initiated a substantial increase in the exemption threshold for personal income tax (PIT) from $592 800.00 to $1 000 272.00 the first of a two-phase plan to move the PIT to $1 500 096.00, with its implementation completed in 2017.

Over the reporting period, the NCSC provided education and training to empower senior citizens and younger cohorts with knowledge and skills for retirement savings,

29. ESSJ, 2016.
understanding and catering to the needs of the elderly and greater inclusion of the elderly in productive, social and political activities, particularly during retirement. Through the Senior Citizens Clubs, the Council also supported income generation to promote income security among the elderly through the implementation of small-scale income generation projects, including the production and sale of craft items, baked goods and confectionary, and the farming of cash crops. The Council helped participants to promote their goods and access markets. In 2017, 210 income generation activities were reported, and 612 skills training workshops engaged 5,462 participants.30

Among the challenges associated with implementing this Priority Action is the insufficient public awareness about the need to and value of saving for retirement during the productive years as well as low wages that are inadequate to cover basic needs for many in the population. Also state level and local infrastructure were being revised and upgraded to meet the income security needs of the ageing population while the country pursued public sector reform and implemented economic reforms to transition from anaemic to desired levels of growth. The many demands on the state and the individual presented a challenge for greater prioritization of planning for retirement and the widescale pursuit of life-style choices that best facilitate active and successful ageing.

29. **Foster the development of and access to palliative care, to ensure a dignified, painless death.**

The Hope Institute was named a WHO Centre of Excellence for Palliative Care and in collaboration with the MoH, trains health workers in palliative care. The Chronic Disease and Violence Prevention Unit in the MoH is currently finalizing Guidelines for Palliative Care to be used in public sector facilities that provide palliative care. Large hospitals31 operate specialist pain clinics on an out-patient basis. Patients who receive palliative care from a public health facility have access to medication, specifically pain treatment.

The National Palliative Care Association is a partner with the MOH in providing palliative care. Its mission is to “provide holistic care in all settings, for people with any life-threatening illness, by increasing awareness, and educating all levels of healthcare professionals, patients, caregivers and families on the delivery of excellent palliative care.”32

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31. Including the Kingston Public Hospital and the Cornwall Regional Hospital.
30. Promote the development of allowances and services relating to social security, health and education in the social protection systems targeting older persons to improve their quality of life, economic security and social justice.

Over the years, the government has introduced cash transfer and other programmes to support the health (National Health Fund and JADEP), transportation, housing (Social Housing Benefit) and other needs (NIS) of the elderly population. Non-government organizations, civil society, faith-based organizations, international charity groups, the diaspora and private sector, have been key partners in the provision of social housing, and social and health services, particularly at the community level. The National Council for Senior Citizens (NCSC) in executing its mandate has sought to empower the elderly through training, income generation projects and engagement in volunteerism and inter-generational activities. The NCSC has also partnered with other entities in the provision of health services and education, the provision of fora for social interaction among the elderly and to promote physical activity, the sensitization of the wider population on the rights of the elderly and their capacity to contribute to social and economic development. The Mona Ageing and Wellness Centre has been a leader in research and advocacy for the elderly and provides tertiary level education and training programmes to support meeting the gerontological and related epidemiological needs of the population.

Owing to the increasing recognition of the challenges and opportunities associated with the ageing of the population, over the reporting period, targeted attention was given to the participation of the elderly in social and economic assistance programmes to determine need as well as identify levels of engagement. While the elderly has tended to be among the main beneficiaries of state programmes that generally target vulnerable groups and/or vulnerabilities, there is evidence to suggest less than desired participation of the elderly in some critical social programmes that do not specifically target the most vulnerable in the general population and/or among the elderly.

The elderly comprises the second major beneficiary group, the first being children of Jamaica’s major social welfare and income transfer programme – PATH. The PATH serves as a critical component of the country’s safety net as well as part of government’s efforts to facilitate inclusive development through the promotion of inter-generational mobility and greater levels of income and social security for families. Over the reporting period, the percentage of the elderly increased as a proportion of total PATH beneficiaries while the proportion of children decreased. In 2015, the elderly comprised 17.8 per cent of PATH beneficiaries compared to 16.0 per cent in 2012, while children comprised 71.6 per cent in 2015 compared with 77.0 per cent³³

³³. ESSJ, 2012
in 2012. In 2016, 27.1 per cent ($210.3 million) of PATH funds (the second largest) was disbursed to the elderly.34

The elderly comprised the majority of persons served under the Government of Jamaica’s Poor Relief Programme based on the Poor Relief Act of 1887. The Poor Relief Programme is delivered by the Ministry of Local Government and Community Development (MLGCD) through the Board of Supervision (BOS), the arm of the ministry that is responsible for the administration of programmes under the Poor Relief Act. The BOS delivers relief programmes and services to three classifications of the poor: Indoor, Outdoor, and Temporary. These programmes address the basic needs of those served, including food, utilities and health care for Indoor clients housed in facilities; and basic amenities, support to education, rehabilitation and health care for Outdoor clients. Over the review period, the elderly formed the largest proportion of clients served under the Indoor and Outdoor programmes35 and in 2016 comprised 67.7 per cent of Indoor clients and 52.4 per cent of Outdoor clients.36 Generally, there were more elderly males than females served by both programmes. Children registered in their own name comprised 62.3 per cent of the Temporary Clients and 3,729 were recorded as the dependents of registered adults in 2016.37

The elderly also formed part of those who benefited from programmes geared towards the provision of housing to the most vulnerable. The Board of Supervision (BOS) manages an indigent Housing Programme, and while over the review period there was no specific budgetary allocation to support the programme, the BOS utilized its resources and partnered with charitable and non-government organizations (NGOs), the private sector, and received support under the Constituency Development Fund to provide new housing units or repair existing dwellings for approximately 4,168 families. Food for the Poor was a major partner in the delivery of the Indigent Housing Programme as well as other social housing assistance programmes offered by other key stakeholders, including the Ministry of Labour and Social Security (MLSS).

While programmes targeting the vulnerable are faced with inadequacies in meeting demand, the evidence suggests that those targeting the entire population face challenges in engaging particularly the vulnerable, targeted. The evidence suggests significant levels of vulnerabilities for the elderly as it relates to pension coverage and the risk of poverty in old age. According to Christie (2014),38 approximately 21.4 per cent of the working age population had pension coverage; and approximately

34. ESSJ, 2016.
36. ESSJ, 2016.
37. ESSJ, 2016.
40.0 per cent of the total labour force had pension coverage with 19.0 per cent having NIS coverage only, which was noted to be inadequate to meet basic needs. Of those who had NIS coverage, many had not contributed for the minimum vesting period to be eligible for pension benefits upon retirement. The majority of persons employed in the informal sector had no pension coverage. The National Insurance Scheme (NIS) is the Government of Jamaica’s (GOJ) state pension scheme that provides retirement pensions and other benefits to the elderly. The NIS is administered by the Ministry of Labour and Social Security (MLSS). Participation in the scheme has been inadequate, although there was an increase in participation, and the percentage of the elderly benefiting under the scheme, over the reporting period. In 2016, 22.8 per cent of the elderly were beneficiaries of the NIS compared with 19.4 per cent in 2012. Informed by assessments of the sustainability of the NIS and its adequacy to meet the needs of the population as well as recommendations to increase participation in the scheme, the MLSS pursued a programme of public education and initiatives to encourage registration, as a strategic priority. In 2016, 400 public education activities were implemented by the MLSS and there were 52 220 new registrations on NIS.

Findings from the Jamaica Survey of Living Conditions (JSLC, 2016) show that there is fairly low registration in the NHF which provides universal assistance to citizens with any of 16 specified medical conditions and the Jamaica Drugs for the Elderly Programme (JADEP), which offers universal drug subsidy coverage to the elderly. The survey data showed that approximately 10.2 per cent of the population was registered for the NHF, while 15.7 per cent of the elderly was registered for JADEP. Also, the data showed that both programmes had greater participation from persons in the higher socio-economic groupings than the poor, with 27.8 per cent of those registered in JADEP from the highest socio-economic grouping. The fairly low registration in the both programmes has been attributed to general disengagement and lack of information, particularly by the most vulnerable among the elderly. Addressing these challenges is of particular importance, particularly in the case of JADEP, which is specifically targeted to meeting their needs.

Among the challenges to effectively addressing this action area are assuring adequacy of, and access to benefits. Modes of delivery may also need to be reviewed to maximize access and targeted public education introduced to inform the elderly and their surrogates about the services that are available.

40. Ibid.
41. Breast Cancer, Prostate Cancer, Hypertension, Ischaemic Heart Disease, Rheumatic Fever/Heart Disease, Sickle Cell Disease, High Cholesterol, Vascular Disease, Diabetes, Epilepsy, Major Depression, Glaucoma, Psychosis, Asthma, Arthritis and Benign Prostatic Hyperplasia (BPH).
31. **Include care in social protection systems through allowances, social and health-care services and economic benefits that maximize autonomy, in particular for older persons, and guarantee the rights, dignity and well-being of families and older persons, including the right to a dignified death with proper care, without any form of discrimination or violence.**

Through the MLSS, and the NCSC, an entrepreneurship programme is implemented to enable income security among the elderly. The NCSC assists in marketing products from elderly entrepreneurs. One of the challenges of achieving success in this area is the issue of the capacity of the elderly to receive business development training.

Health care in the public sector is free to all and there is a special subsidized drug programme for the elderly – Jamaica Drug for the Elderly Programme (JADEP). The programme is challenged by inadequate supplies thus forcing potential beneficiaries to seek drugs from private pharmacies at market value.

32. **Extend social protection and social security systems, with a gender perspective, to include those women who have devoted their lives to productive work, whether as domestic workers, women in rural areas or informal workers.**

In 2013, the Association of Domestic Workers gained union status and, with that, changed their name to the Jamaica Household Workers Union (JHHWU) and has seen an increase in membership. As of July 2017, the union had on record a membership of 5,800. The union receives support from UN Women and the ILO to conduct capacity building training for its members and the executive, and to establish chapters. To date, 12 chapters have been established.

The Jamaica model for organizing household workers is shown to be successful and has been adopted by Antigua. In 2013, the Caribbean Domestic Workers Network was established with 6 countries including Jamaica which chairs the network.

The JHHWU faces some unique challenges. One such is the fear among domestic workers that union membership will threaten their job security. Under Article 45 of the Treaty of Chaguaramus, household workers should be able to move freely across the region. However, household workers face harassment from immigration officers at ports of entry in the region.

The national minimum wage is being reviewed. The JHHWU is currently preparing to make an oral submission to the Government in the matter of increasing the national minimum wage.

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42. Kingston has 2 chapters plus the head office, St. Elizabeth and Portland have 2 chapters each, and Clarendon, St. Andrew, St. Ann, St Catherine, St James, St. Mary, St. Thomas each have one chapter.
Sexual and Reproductive Health (SRH) are essential to achieving a healthy and stable population. Universal access to sexual and reproductive health care services include pre- and post-natal care, family planning information, services and commodities and age-appropriate SRH education designed to reduce maternal and child mortality as well as healthy sexual lifestyle patterns. SRH therefore touches all aspects of population and intersects with national poverty reduction strategies and Sustainable Development Goals. The 14 priority actions which need to be taken by GOJ and partners to adequately address Universal access to sexual and reproductive health services are listed below and some of the key activities completed since 2013 in regard to each action are detailed.

33. Promote, protect and guarantee sexual health and rights and reproductive rights in order to contribute to the fulfilment of persons and to social justice in a society free from all forms of discrimination and violence.

Currently, the MoH, with support from UNFPA, has prepared a draft SRH policy to protect and guarantee sexual health and reproductive rights. The goal of the policy is to provide universal access to comprehensive, appropriate and relevant sexual and reproductive health services, information and commodities. The overall vision is to empower every Jamaican to achieve a state of complete physical, mental and social well-being in all matters relating to their sexual and reproductive health. Several consultations and interviews were done with key stakeholders to define the policy priority areas which include: universal access to comprehensive SRH services; integrated, evidence-based, rights-centered promotion of sexual and reproductive health; and effective regulatory and governance framework for sexual and reproductive health.

In 2013, elements of the National HIV Programme were integrated into the National Family Planning Board. Arising from this process, the National Integrated Strategic Plan for Sexual and Reproductive Health and HIV (2014–2019) was developed. The priority areas of this strategic plan are Prevention and SRH Outreach; Universal Access to Treatment, Care and Support and SRH Services, Enabling Environment and Human Rights; Monitoring and Evaluation of HIV; Family Planning
and Sexual Health Responses; and Sustainability, Governance and Leadership. Under a mandate from the Permanent Secretary of the MOH, the NISP review is underway to determine the level of implementation of its strategic objectives and targets with the aim of documenting progress and identifying recommendations for improvement.

The national SRH programmes receive strategic support from development partners as well as from CSOs. The UNAIDS has provided support to the national programme in areas related to stigma and discrimination through strategic information, a Stigma Index study, and a series of Stigma and Discrimination Polls as well as supported the strengthening of the Jamaica Network of Seropositives Redress Framework. One of the challenges remains how to measure stigma and discrimination.

An intervention to protect the sexual health and rights of pregnant adolescents and adolescents living with HIV in three parishes was completed in 2016 by the NFPB. Based on the effectiveness of the intervention in increasing beneficiaries' self-worth, helping them to overcome their fear of their HIV status and to accept their reality, helping to change negative attitudes towards the EMTCT programme and improving their relationships with their children and partners/spouses, elements of the programme (the in reach and mentorship) were adopted by the MOH in its EMTCT programme.

34. **Promote policies that enable persons to exercise their sexual rights, which embrace the right to a full and safe sex life, as well as the right to take free, informed, voluntary and responsible decisions on their sexuality, sexual orientation and gender identity without coercion, discrimination or violence, and that guarantees the right to information and the means necessary for their sexual health and reproductive health.**

The NFPB is currently working with Regional Health Authorities of the MOH to create client charters (Client/Patient Charter of Rights). Across health regions, staff orientation materials have been redesigned to address gender and sexual orientation issues. There are on-going efforts to strengthen the existing redress framework to eliminate all forms of discrimination that hinder equitable access to sexual and reproductive health information and services. CSOs such as the Caribbean Vulnerable Communities (CVC) and Jamaica Network of Sero-positives (JN+) are also engaged as active community partners to document and coordinate redress mechanisms for key and vulnerable communities.

Jamaica is the pilot country for the regional initiative ‘Every Caribbean Woman, Every Caribbean Girl (CARIWAC)’ designed to address health (including reproductive health) needs of women and girls. This initiative guided by CARICOM and UNFPA has four main objectives for this initiative:
• Promote the health and well-being of adolescents in the Caribbean, including a reduction in adolescent pregnancy by 20.0 per cent by 2019
• Expand prevention, early diagnosis and treatment of cervical cancer. Inclusive of improving of access to screening and strengthening infrastructure through promotion and utilization of the HPV vaccine in all CARICOM countries by 2019
• Eliminate mother to child transmission of HIV in the Caribbean by 2019
• To advocate for the reduction of violence against women and children.

This pilot is scheduled to end in 2019, and rolled out in the wider Caribbean. The NFPB is the implementing agency for the pilot which is scheduled to end in 2019. The initiative is guided by the CARIWAC Action Group comprising of CARICOM partners and chaired by the Development Partner UNFPA.

As part of its efforts to improve outreach services, the NFPB conducted an evaluation of the link to care and case management practices. The evaluation sought to provide a comprehensive assessment of the outreach prevention activities and case management practices and the adoption and implementation of protocols. The assessment identified the strengths and weaknesses in the continuum of care and possible gaps in service by public health and CSO outreach providers.

The report highlighted the following:
• A robust integrated team approach and an in-depth understanding of the importance of the continuum to care are critical to the Long Term Care and case management process.
• Knowledge of a dedicated Referral and Link to Care initiative by stakeholders could have provided greater insight.
• Link to Care of the key population poses great difficulty owing to identification and reachable issues.
• The matter of patient assessment and same-day scheduling would have made Link to Care seamless had it not been a challenge regarding turn-around time.
• Testing ethics is crucial to Link to Care and Continuum of Care, hence requires consistency in its principles and methods across CSOs and the MOH.

**35. Review legislation, standards and practices that restrict access to sexual and reproductive health services, including the provision of comprehensive user-friendly services for adolescents and youth, and guarantee access to full information on all of the service options available to all persons, without any form of discrimination, in order to ensure that the highest international standards of protection of human rights and fundamental freedoms are met.**
In addition to the draft SRH Policy, the MOH with its stakeholders developed a Standards and Criteria Manual, designed to assure quality adolescent health care. More than 250 providers across the island were trained to deliver quality health care to adolescents using the Criteria Manual using provider training from UNICEF and UNFPA and more recently, PAHO/WHO.

The NFPB in collaboration with UNAIDS has been involved in an on-going process to contribute to the Parliamentary submission for review of key legislations. The recommendations from these legislative reviews include:

- enactment of a comprehensive human rights act/anti-discrimination legislation supported by administrative and criminal and civil sanctions
- multi-stakeholder dialogue to advocate for the establishment of the National Human Rights Institution in Jamaica
- training and education to raise awareness about sexual and reproductive health, HIV and AIDS, including training for judges.

In relation to people with disabilities, the Disabilities Act passed in 2015 promotes equal access to legal social and economic rights including access to public health SRH services. The Act also prohibits discrimination against persons with disabilities. There is a national Council and Tribunal for persons with disabilities, which is an avenue to secure their SRH rights.

36. **Design policies and programmes to eradicate discrimination based on sexual orientation and gender identity in the exercise of sexual rights and the manifestation thereof**

37. **Guarantee universal access to good quality sexual health and reproductive health services, bearing in mind the specific needs of men and women, adolescents and young people, lesbian, gay, bisexual and transgender persons, older persons and persons with disabilities, with special attention to vulnerable persons, persons living in rural and remote areas and to the promotion of citizen participation in the follow-up to commitments. (Initiatives for Priority Measures 36 and 37 were the same).**

Since 2007, the National Policy for the Management of HIV/AIDS in Schools and a National HIV/AIDS Workplace policy and laws to enforce them are in place. An active National Multi-sectoral Group provides guidance and recommendation for the functioning of the National HIV Related Discrimination Reporting and Redress System which is operational. The National AIDS Committee was designed to provide

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43. Footnote missing
pro bono legal services for any person living with HIV who requires it for alleged complaints against discrimination. The NAC has not been operational in the last few years and the recommendation from the recently concluded HIV Transition Preparedness Assessment is for this multi-sectoral body to be reactivated as the national oversight committee for the HIV response.

Policies and programmes to eradicate discrimination based on sexual orientation and gender identity have been slower in coming. Advocacy to that end continues through J-FLAG, Women’s Empowerment for Change (WE-Change), TransWave Jamaica and the Caribbean Vulnerable Communities Coalition (CVC), among others. Advocacy is geared primarily towards changes to policies and laws to assure protection for and promotion of the rights of Lesbian, Gay, Bisexual and Transgender (LGBT) Jamaicans. Among the activities and initiatives J-FLAG undertook was a review of the National Policy on Poverty and Social Protection Strategy to take into consideration sexual orientation and gender identities as well as other vulnerabilities. J-FLAG also conducted a review of the Sexual Offences Act and other related Acts as part of the parliamentary review process to improve the laws around sexual and domestic violence. To this end, a presentation of recommendations was made to the Joint Select Committee of Parliament. In 2017, J-FLAG engaged over 10 parliamentarians around issues related to the human rights of LGBT people. The government through the NFPB in collaboration with Equality Jamaica conducted a series of training of Health Care Providers in sexual health and sexual diversity. The primary objective was to increase the awareness among public health service providers of issues relating to sexuality, sexual health concerns and the barriers that affect LGBT accessing health care services. The overall aim was to reduce stigma and discrimination from health care providers.

38. Promote the prevention and timely detection of and guarantee universal access to comprehensive treatment of HIV/AIDS and sexually transmitted infections and eliminate the stigma and discrimination to which persons living with the virus are often subjected.

Achievements and advances in the care of people living with HIV include: the integration of HIV services of the national HIV programme into the NFPB; the development of the draft National Integrated Sexual Health Strategic Plan; establishment of a National HIV-Discrimination Reporting and Redress System; development of the National HIV Workplace Policy; and the commissioning of several research to clarify issues for evidence-based practice (ESSJ 2016).

UNAIDS provided support to build capacity of the government and its partners in programming and monitoring including the review of the HIV policy and strategic plan, and technical assistance strategic information to the monitoring of 90-90-90 targets. Additionally, support has been provided for tools on monitoring stigma and
discrimination which feed into the National HIV related Discrimination Reporting and Redress System managed by JN+ and the MOH. Prevention strategies have proven successful in the most at risk populations (MARPs) in the continued fight against HIV/AIDS. Targeted, scaled-up interventions for this group included delivery of prevention and voluntary counselling and testing services to inmates, female sex workers, men who have sex with men (MSM), and homeless drug users. There was also continued partnership with the CDA in providing interventions for girls in places of safety and training of health care workers in public health facilities. In order to improve treatment and prevention activities among the MARPs; a 3rd Generation Surveillance of Commercial Sex Workers, Female Patrons and Workers of Sites where Persons Meet Sex Partners or participate in Sexual Activities in Jamaica was initiated.

Given the tight fiscal space, the budgetary allocations from the GOJ budget is unable to adequately implement the HIV national response. Important considerations were therefore given to funding of the response. With the Global Fund Grant and USAID/PEPFAR funds ending in 2015, there have been collaborative efforts with the Jamaica Country Coordinating Mechanism (JCCM) in preparing the next proposal for a new funding agreement with the Global Fund for fighting Malaria, tuberculosis and HIV to address issues in key population as well as adolescent girls and women.

There are four (4) mobile units island-wide that provides outreach HIV and Syphilis testing to the general and key populations. The concept of taking the services to the people has yielded a high take-up resulting in more persons knowing their status and where necessary being linked to care for treatment.

The MOH and CSO partners in the NHP are engaged in advocacy, targeted education and training towards eliminating stigma and discriminatory behaviour among care providers and the general population.

39. **Strengthen measures for detection of HIV/AIDS and other STI in pregnant women and for prevention of the vertical transmission of the virus**

The Government with support from UNAIDS developed a plan of action for elimination of mother to child transmission of HIV. HIV prevention efforts in Jamaica have been extremely robust over the past several years largely due to resources from the Global Fund which finances over 90.0 per cent of the national response. The prevalence in the population sees a generalized epidemic of 1.7 per cent, with a concentrated epidemic among the most vulnerable populations. Data reveal that Jamaica is poised to achieve EMTCT as the transmission rate of both HIV and CS continued

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44. SO so engaged include: FAMPLAN, Eve for Life, ASHE, JFLAG, Jamaica Youth Advocacy Network CVC.
to decline over the three years being examined (2013–2017). Jamaica has succeeded in EMTCT programmes, bringing rates down from less than 10.0 per cent in 2006 to 2.5 per cent in 2013 (MOH 2013). This progress in preventing HIV among children joins other gains of the Jamaica AIDS response, including a 43.0 per cent decline in AIDS-related deaths over the last decade and a 25.0 per cent reduction in new HIV infections. Challenges however persist in the achievement of the monitoring indicators including antenatal coverage and HIV and CS testing coverage. Additionally, issues surrounding data quality and timeliness threaten to hinder the gains being made towards the achievement of this target. The absence of high level advocacy and involvement for EMTCT has been identified as a challenge that can only be overcome through strategic discussions.

40. Eliminate preventable cases of maternal morbidity and mortality, including within the set of integrated benefits of sexual health and reproductive health services, measures for preventing and avoiding unsafe abortion, including sexual health and reproductive health education, access to modern and effective contraceptive methods, counselling and comprehensive care in cases of unwanted and unacceptable pregnancy, as well as comprehensive post-abortion care, where necessary, on the basis of a risk-harm-reduction strategy.

The Programme for the Reduction of Maternal and Child Mortality (PROMAC) was implemented by the MOH in 2013 to address the high rates of maternal and infant mortality. The EU support will be used to strengthen the health system as well as provide programmes to improve infrastructure, equipment, build capacity of health workers and undertake a coordinated programme of public education targeting the areas of maternal and child health. During conceptualization, a number of key interventions which were critical to reducing child and maternal mortality were identified including but not limited to, the upgrading of the skillset of the human resource working in this segment of the health sector. The project also includes the refurbish and construction of five neonatal and four maternal high dependency units across the island. Additionally focus was placed on communities to ensure improvement in the health of both mother and child. This has taken place through initiatives spearheaded by the NGO RISE Life. The GoJ partnered with the University of the West Indies, Mona to conduct research on the causes and risk factors pertaining to premature births. This information will influence policy reforms within the health sector, including hospital care, regarding maternal and neonatal care.

The Family Health Unit, MoH coordinates the hosting of annual National Maternal Mortality Reviews. The last one was held in October 2016. Quarterly reviews are also held at the regional level. These activities are part of the national Maternal Death Surveillance and Response system.
In collaboration with the MoH, the NFPB has been tasked to enable the following results-based mandate:

- Increase awareness of the importance of timely health care interventions
- Increase utilization of antenatal and postnatal clinical services
- Improve health outcomes for high-risk women and special needs babies
- Increase support to communities in health-seeking behavior
- Institutional strengthening of the NFPB
- Monitoring and Evaluation.

41. **Promote prevention and self-care programmes for the sexual health and reproductive health of men.**

The main target for Men's Health in the operational plans of the MOH over the years was to develop a strategic plan for this programme area. This has not yet been achieved to date. Although men are not identified, the MOH in the 2015–2018 Strategic Business Plan wants to achieve a 10.0 per cent reduction in the morbidity and mortality rates for NCDs, including cancer. In terms of specific programmes that target men's health, the Bureau of Gender Affairs (BGA) is continuing outreach to men through community health fairs. However, the NFPB has been conducting training regarding men within the context of addressing harmful gender norms and stereotypes, specifically around masculinity and also violence prevention programmes. These include the greater involvement of men and boys to support their own SRH decisions (including HIV and family planning).

One of the main challenges in the health sector is men’s health seeking behaviours. Prostate cancer is the primary cause of death in Jamaican men and men play a significant role in transmission of the HPV which is a contributory factor to cervical cancer in women.

42. **Ensure, in those cases where abortion is legal, or decriminalized under the relevant national legislation, the availability of safe, good-quality abortion services for women with unwanted or unaccepted pregnancies, and urge all other States to consider amending their laws, regulations, strategies and public policies relating to the voluntary termination of pregnancy in order to protect the lives and health of women and adolescent girls, improve their quality of life, and reduce the number of abortions.**

The government service has the infrastructure to provide post-abortion care. That is they have the facility, manpower and equipment to do so. What is lacking is a technical policy with guidelines which includes a referral pathway that will guide practitioners when a female patient has had an abortion, whether spontaneous or
induced. The policy must address critical elements within the care process like where these persons should be treated, the level of medical personnel (experience), the nature of treatment and reporting mechanisms.

43. Ensure that all women have effective access to comprehensive health care during the reproductive process and specifically to skilled, institutional, compassionate obstetric care and to the best possible maternal health services during pregnancy, childbirth and the puerperium, as well as to services that include the termination of pregnancy in those cases where the law provides for such services, and guarantee universal access to assisted fertility treatments.

44. Guarantee effective access to a wide range of culturally relevant, scientifically sound, modern contraceptive methods, including emergency oral contraception. (Initiatives for Priority Measures 43 and 44 were the same)

UNAIDS has supported the development of a plan for elimination of mother to child transmission of HIV. Procurement of modern contraceptive methods for public sector entities is the responsibility of the NFPB which sells commodities to RHAs. Prior to Jamaica’s graduation to middle income country status, external funding was available to GOJ to purchase and distribute contraceptives free of cost in public sector facilities. Now the NFPB has to recover costs for products sold to the RHAs.

The NFPB is the agency responsible for procuring and distributing contraceptives. As indicated, the reclassification of Jamaica as an upper middle-income country has adversely affected the country’s ability to provide free contraceptives in its health facilities. Each health region now purchases supplies from the NFPB for distribution in facilities in the respective region. Supplies in individual health facility are not always guaranteed.

The NFPB makes available one approved type of each contraceptive method per WHO guidelines: Injectable (Depo-provera); Oral contraceptive (Microgynon); Condom (male condom); Intrauterine device (Jadel). Emergency Contraception can be bought at pharmacies, as this commodity is no longer provided for free within the public health facilities.

45. Formulate plans for strengthening mechanisms for detecting problems during pregnancy, including the preconception stage, improve the quality of ante-natal care and to include an intercultural perspective, guarantee the provision of a safe supply of blood for care during pregnancy, childbirth and the post-partum and puerperium period, and enhance compassionate care during delivery and birth and
comprehensive perinatal care, bearing in mind the needs of women, boys, girls and families.

Jamaica did not meet the target set for the MDG 4 for maternal mortality ratio. The PROMAC programme implemented in 2013 is designed as a multi-component programme to reduce maternal mortality rates. Based on data available, the programme will target multiparous women who are over 30 years of age and resident in rural areas (refer to priority measure 40).

46. **Guarantee sufficient financial, human and technological resources in order to provide universal access to sexual health care and reproductive health care for all women, men, adolescents, young people, older persons and persons with disabilities without any form of discrimination.**

The government and its civil society partners continue to receive financial, human and technical support from its international development partners to improve access to sexual and reproductive health services and care for the people of Jamaica. The UNFPA and UNICEF continue to provide significant financial and technical support for sexual and reproductive health policy development; capacity building of health sector service providers; training and capacity building in demography, programme planning and implementation; and SRH operations research and programme evaluation. Additionally, the International Planned Parenthood Federation (IPPF) through the NGO FAMPLAN provides administrative and financial support to enable service delivery more recently, CARICOM has supported the entity to expand its service delivery and outreach.

UNAIDS also provided technical assistance and financial support for AIDS spending assessments for fiscal years 2009 to 2015 and provided technical assistance and data to make a case for adolescent health investment. They supported costing of HIV national strategic plan and continue to provide financial support for the institutionalization of resource tracking.

There is no existing comprehensive plan to address the health care of the elderly. In this regard, the MOH made steps towards filling the gap for this growing population that has specific health needs. In 2016 and 2017, the Pan American Health Organization (PAHO/WHO) was approached by the MOH for support to develop an Elderly Health Strategic Plan. Plans are now underway to initiate the process.
The main areas of focus concerning gender and development remain the building of awareness and sensitivity to gender issues, reducing the incidence and prevalence of gender-based violence, gender mainstreaming and the empowerment of women. Along with the Bureau of Gender Affairs (BGA), formerly the Bureau of Women’s Affairs, which has responsibility for gender issues and the implementation and monitoring of global commitment to gender mainstreaming, major contributions were made to the agenda for gender and development by both non-governmental agencies and academia.

47. Fulfil the commitment to strengthen institutional machineries in order to build development policies with equality that will guarantee the autonomy of women and gender equality, and give these machineries the autonomy and the necessary human and financial resources to enable them to have a cross-cutting impact on the structure of the State, recognizing the strategic role that they play and establishing them at the highest level.

The BGA underwent two important changes since 2012. In 2016, The Bureau was upgraded from a Department to a Division, subsequent to a change in administration, the Ministry of Culture, Gender, Entertainment and Sport was established. Prior to 2016, the Bureau was a Department in the Office of the Prime Minister (OPM). Secondly, Cabinet approved the renaming of the Bureau from ‘Women’s Affairs’ to ‘Gender Affairs’. This change is consistent with the National Policy for Gender Equality (NPGE), which sets the framework for the integration of gender perspectives in all national policies, programmes, plans and projects. The name change also facilitates an increase integration of men and boys issues and initiatives in the Bureau’s programming. Over the years, the Bureau has been negatively impacted by inadequate financing, human resource constraints, the inability to make certain decisions, and high levels of bureaucracy, all of which impacts the autonomy of the entity. Notwithstanding, a significant amount of work was carried out by the Bureau towards strengthening its institutional machinery and policy implementation since 2012. These include: gender equality and mainstreaming across MDAs; training and
sensitization of MDAs; public awareness and sensitization initiatives; strategic partnerships and collaboration; research, data collection and coordination; and the establishment of a gender focal point network and school’s education programme.

Based on a recommendation by the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), adopted in 1979 by the United Nations General Assembly, as well as the Public Sector Modernization Unit, Public Sector Transformation & Modernization, Office of the Cabinet is currently undertaking an organizational review for the BGA to be transformed into an Agency. The transition will entail strengthening the technical capacity and increasing the staff complement, as well as providing sufficient budgetary allocation for the entity. This shift will also foster greater collaboration between the national machinery and civil society organizations.

48. **Fulfill the commitment to increase and enhance opportunities for the equal participation of women in adopting and implementing policies in all spheres. Article 7 of public authority and in high-level decision-making.**

The implementation of measures to strengthen gender-based planning and policy formulation, with a focus on reducing discriminatory practices that limit gender equality remained the commitment of the government over the period. The equal participation of women issue was addressed through work on legislation, research studies and collaboration on various projects and programmes. The BGA, through its programme of work, continued to promote various measures and interventions to advance the consideration of gender perspectives in policy and programme development. The strategies were aligned to the Bureau’s programme objectives to affirm that gender equality and women’s empowerment are central to the achievement of Goal one of Vision 2030 Jamaica, ‘Jamaicans are empowered to achieve their fullest potential.’

Article 7 of CEDAW proposes that “**Parties shall take all appropriate measures to eliminate discrimination against women in the political and public life of the country and, in particular, shall ensure that women are on equal terms with men, the right: (a) To vote in all elections and public referenda and to be eligible for election to all publicly elected bodies; (b) To participate in the formulation of government policy and the implementation thereof and to hold public office and perform all public functions at all levels of government; and (c) To participate in non-governmental organizations and associations concerned with the public and political life of the country.**”

In May 2014, a Private Member’s Motion was approved for a Joint Select Committee to consider and make recommendations to address women’s under-represent-
tation in Parliament, local authorities and other positions of leadership. The Committee’s mandate is to identify specific practical measures to correct the systematic gender inequalities, which result in women’s under-representation in Parliament and local authorities. In the organs of political parties and on public boards, actions taken include the use of “temporary special measures” that work effectively in the Jamaican political culture, considering the objectives of gender equality in political leadership and decision making recommended by the CEDAW.

In Jamaica, several NGOs have also contributed substantively to addressing inequality in regards to women’s right to hold positions of decision making. These include the Jamaica Women Political Caucus that provides leadership training, advice and other forms of support to aspiring female politicians. Over the years, the Caucus has trained over 800 women in campaign management and candidacy. The Caucus continues to contribute to building awareness on the significance of having women strategically placed as pivotal to the decision-making process. Another such entity is the 51% Coalition that has carried out studies on women’s participation in representational politics. The work of the Coalition involves its programme on women’s transformational leadership in Jamaica. Since 2011, with support from UN Women, the Coalition has been advocating for the use of quotas to increase women’s participation in governance and decision-making, politically, economically or socially. The Coalition in collaboration with the Women’s Resource and Outreach Centre (WROC), promotes quotas as the fastest track to gender equity, and demonstrate to women the empowerment and change that they can drive as shareholders.

Since December 2006, Jamaica has established an Electoral Commission following the repeal of the Representation of the People (Interim Electoral Reform) Act of 1979, which supported the existence of the Electoral Advisory Committee (EAC). The objective of the Commission is to safeguard the democratic foundations of Jamaica by enabling eligible electors to elect, through free and fair elections, their representatives to govern Jamaica. This Commission ensures that no candidate experience discrimination on the basis of sex or gender. The Electoral Commission of Jamaica (ECJ) has appointed a female chair for the first time and two (25.0 per cent) of the commissioners are women.

Data from the Houses of Parliament indicate that the proportion of seats held by women in the Senate (21) increased from three (14.3 per cent) in 2007 to six (28.6 per cent) in 2015 and five (24.0 per cent) in 2016. In the Lower House, for the same time period, the number of women representatives remained the same, 8, but the proportion decreased from 13.3 per cent in 2007 to 12.7 per cent in 2015 and then increased to 17.5 per cent in 2016, because the number of seats increased by 3 from 60 to 63.

There was a 6.0 per cent increase to 37.0 per cent from 31.0 per cent in the number
of women appointed on public boards in 2016.\textsuperscript{46} Jamaica also had a female Chief Justice, Attorney General, Political Ombudsman (Ombudsperson), Auditor General and nearly 43.0 per cent of high court appointees are women. Also, in February 2018, the first female president of the 169-year-old Jamaica Baptist Union (JBU) was appointed. She joined female Reverends who head the Methodist Church in Jamaica and the Moravian Church in Jamaica and the Cayman Islands.

Several policy initiatives were adopted by the GOJ prior to 2013 to promote gender equality – notably are the passage of the National Policy for Gender Equality (2011); Vision 2030 Jamaica – National Development Plan (2009); the Strategic Framework for Safe Motherhood in the Family (2007–2011); and the Strategic Framework for the Family Planning Programme (2006–2010). These instruments continue to guide and support decisions regarding gender programming.

\textbf{49.} \textit{Take steps to promote and strengthen the preparation, implementation and accountability of gender sensitive budgets, in order to achieve equal spending in the public sector, the inclusion of the principles of gender equality in the different stages of planning, budgeting and meeting the specific social needs of women and men.}

The Cabinet Office has made it mandatory to include a gender component and gender budgets in all submissions. The budget allocation for gender equality and empowerment of women in the 2013/2014 national budget increased to 0.04 per cent from 0.03 per cent of the national budget.\textsuperscript{47} From the perspective of the international development partners, to ensure that gender is included in project proposals, some amount of monies is given to the gender portfolio. The gender portfolio was allocated J$240.9 million or approximately US$1.9 million for the financial year 2016–2017. This represents an increase from previous years. In 2015, approximately J$209.9 million was allocated to the Office of the Prime Minister (OPM) for women’s welfare. The BGA was allocated J$58.6 million for its programmes and operation, as well as an additional J$4.8 million as grants to non-governmental organizations (NGOs). For the financial year 2017/2018, the BGA was allocated an increase of J$4.0 million.

\textbf{50.} \textit{Fulfil the commitment to promote and ensure gender mainstreaming and its intersection with perspective on race, ethnicity, age, social class and disability status in all public policies, especially in economic and cultural policies, and coordination between branches of government and social stakeholders, including organizations of young, Afro-descendants or indigenous women, to ensure gender equality.}

\textsuperscript{46} Bureau of Gender Affairs (2016) Women in Politics.
\textsuperscript{47} Bureau of Gender Affairs.
The GOJ, through the BGA, in collaboration with the Dispute Resolution Foundation (DRF), a local NGO, was the recipient of a policy implementation grant from the United Nations Development Fund for Women (UNIFEM) (part of UN Women) through its Fund for Gender Equality. The grant funded a 32-month project entitled “The Way Out: Jamaican Women’s Political and Economic Empowerment” which commenced in January 2011 and ended in June 2014. The Way Out supported and promoted the implementation of GOJ’s National Policy for Gender Equality (NPGE) and its gender mainstreaming goals. The Project placed emphasis on increasing the capacity of the public sector to lead gender mainstreaming across all sectors by equipping key MDAs with gender analysis tools and supporting the development of strategic gender mainstreaming plans. Representatives from various levels of the public sector received training in gender mainstreaming, collecting sex disaggregated data, gender responsive budgeting, gender responsive planning, and mediation.

The project also targeted key entities in the private sector to promote gender awareness and trained persons in those entities, to implement gender mainstreaming as a tool for non-profits, faith-based, community-based, and political organizations, labour unions and for-profit enterprises. The project offered leadership training and development of women from varying socio-economic background, to increase women’s capacity and knowledge and encourage participation in the decision-making spheres of the country. The public at large, members of the media and men in leadership were targeted through a public education campaign, gender awareness training and mediation training to enable an environment conducive to accepting women in leadership. Unemployed and under-employed women, including informal sector entrepreneurs and household workers were also targeted for economic and personal development.

The Way Out project utilized Alternative Dispute Resolution (ADR), specifically mediation, to ensure the sustainability of the project, by mitigating the risk of conflict associated with tackling deep rooted and culturally embedded gender bias and discrimination. As a collaborative and reconciliatory process, mediation will give women a greater voice in policy implementation, while negotiating successful change in the status quo. The BGA had oversight responsibility for the execution of the project and provided resources in gender training and analysis. The DRF provided mediation services and curriculum and pedagogy consultation.

The project used human rights and social justice frameworks to pursue its goals and emphasize on knowledge and capacity building to increase the sustainability of the project’s work, and promote the longevity of its objectives. It strengthened and widened the reach of the BGA and DRF to simultaneously promote and foster gender equality and mediation as a tool for successful gender mainstreaming.

Through The Way Out, a Gender Focal Point Network was established and Gender Focal Points have been established in key MDAs to ensure that gender is inte-
grated in all plans, policies and operations and to facilitate the gender equality framework on a day-to-day basis within an institutional structure. Currently, a total of 27 MDAs have completed an Action Plan and received Gender Certification, while many others have been robustly sensitizing and raising awareness on gender issues within their organizations.

The BGA through its gender-mainstreaming programme focuses on improving the number of women in decision-making and management positions. The BGA, therefore, conducted training among several key stakeholders for capacity-building and institutional strengthening. In addition, sensitisation and awareness-raising sessions are conducted on a regular basis among public sector workers, community members and educational institutions to raise awareness and to empower persons to challenge discriminatory practices that will affect their equal participation.

In an effort to support the GOJ Gender Equality and Mainstreaming mandate and to fulfil the National Development Plans, as well as the 2030 Agenda for Sustainable Development, specifically Goals 5 and 8 that focus on gender equality, profits, growth and sustainable development, partnership was also forged with the business sector. In 2016, a sensitization session was held with 140 private sector representatives (110 females, 30 males). The session focused on the issue of gender equality and the importance of including women in leadership and the decision-making process in the business sector.

Resource Guide booklets and CDs were developed and distributed by the BGA in 2016.

The Resource Guide aims to:

- Facilitate and promote increased access to and utilisation of services and knowledge sharing in a range of key areas.
- Engender greater interaction and more active cooperation among Government, private sector, civil society and community-based organizations and citizens in particular.
- Provide a comprehensive point of reference for anyone who needs a one-stop source of information and advice about the financial sector and microfinance, business development services, community development, social protection, gender equality and participation, environment and health, research, training and education.
- Bring the aforementioned information together in a user-friendly and comprehensive manner so as to support the efforts of individuals, communities and organizations.

The BGA also developed and distributed Gender Mainstreaming Manuals to key stakeholders. This manual was designed to help to understand the concept of gender mainstreaming and enhancing its practical application. It is a reference guide for
Gender Focal Points in the public sector, but is also used by non-government organizations and the private sector.

The issue of gender is addressed explicitly in recently drafted and approved policy documents such as: (i) National Policy on Persons with Disabilities; (ii) Green Paper National Policy on Senior Citizens (2018); (iii) National Policy on Poverty and Poverty Reduction (2017); (iv) National Policy on International Migration and Development (2017); and (v) Social Protection Strategy (2014) and the National Policy on the Reintegration of School-aged Mothers into the Formal School System (2013).

51. **Promote parity and other mechanisms to ensure access to power in electoral systems as a precondition for democracy and a target for eradicating the structural exclusion of women in society, which affects mainly those in vulnerable situations, by training women leaders.**

A number of Civil Society Organizations (CSOs) and academia and entities such as the Women’s Media Watch (WMW) contribute to training and capacity development of women leaders in Jamaica. In 2015, the WMW launched its ‘I am a PowHERhouse’ campaign. The goal of the two-year project, which was supported by UN Women, is for women to claim their right to leadership and political participation and to use the media strategically for promoting gender equality. The WMW has trained over 100 young women, equipping them with skills to harness the transformative potential of media and to advocate for themselves as leaders. The Jamaica Rural Women Production (JNRWP) is another NGO that has been providing training to women farmers. The vision of the JNRWP is to empower and motivate rural women to improve their quality of life and the social and economic conditions of their communities, thereby contributing to national development. The I’m glad I’m a girl Foundation, an initiative at the Mary Seacole Hall, UWI, also conducted a series of leadership training programmes for young women. In one year, this facilitated an increased number of female students running for Guild positions and the election of a female Guild President. Finally, the Institute for Gender and Development Studies UWI, Mona (IGDS) partnered with the Caribbean Institute for Women in Leadership (CIWIL) and trained 79 women in 6 Caribbean countries (including Jamaica), who were interested in becoming involved in public leadership and representational politics. The CIWIL has continued to provide training for four months every year. A range of women leaders have received this training.

52. **Adopt legislative measures and institutional reforms to prevent, punish and eradicate political and administrative harassment of women who reach decision-making positions through electoral means or by appointment at national and local levels, as well as in political parties and movements.**
The draft National Anti-Sexual Harassment Policy establishes a framework for GOJ to address the long-standing problem of sexual harassment in the workplace, including educational, accommodation and other public and private institutions and spaces.

The draft Policy document reflects many of the terms of a CARICOM Model Legislation on Sexual Harassment. The acknowledgement of the seriousness of sexual harassment as a problem within the region resulted in the development of model legislation by the CARICOM Secretariat in 1991.

Jamaica has benefited from varying sources regionally (Barbados, Guyana, Bahamas, Belize) and international (United States, European Union, Canada, Hong Kong, Israel) models, laws, regulations, policies and studies.

The policy is in keeping with the International Labour Organization’s (ILO) requirements, as it considers sexual harassment as a violation of the fundamental rights of workers, views sexual harassment as a safety, health, discriminatory problem, a form of violence against women and an unacceptable working condition, especially for women.

The purpose of the policy is to provide protection for all workers especially women who surveys indicate experience a greater degree of sexual harassment than men, and to ensure that the environment for work, study, and access to services and accommodation are free from sexual harassment. The policy also recognizes that certain groups of women workers may tend to be at a greater risk of being subjected to sexual harassment and therefore covers domestic workers and women in informal work with very little job security (migrant women).

The Sexual Harassment Policy provided a framework for drafting of Sexual Harassment Legislation to provide redress in specific situations, for women and men in society who are victims of sexual harassment. The Sexual Harassment Bill has been reviewed and is awaiting decisions from the Legal Reform department and the Attorney General’s Chambers. The incubation period has been in excess of 20 years and remains an issue of concern for many women’s organizations. The Sexual Harassment Bill is designed to ensure that the management team within organizations/companies become pro-active and develop a Sexual Harassment Workplace Policy. This is required to ensure that each staff member should feel comfortable to report sexual harassment without fear of any repercussions during or after the reporting/complaints process.

53. Develop and strengthen policies and universal care services based on the highest human rights standards, from a gender equality and inter-generational perspective, in order to share the delivery of services between the State, the private sector, civil society families and households and between men and women and facilitate dialogue and coordination between all the parties involved.
The BGA works with MDAs and NGOs to promote and advocate for gender equality. There has been a new focus to coordinate and strengthen child rights, child protection and development. This has influenced the decision to merge several related agencies such as the Office of the Children’s Registry (OCR) and the Child Development Agency (CDA) to form the Child Protection and Family Services Agency (CPFSA). In 2013, the GOJ approved the National Social Protection Strategy. Services provided by the Ministry of Labour and Social Security and the Programme of Advancement Through Health and Education (PATH) support pregnant and lactating mothers and additional grants are provided to encourage males to stay in school and complete their education. There is close collaboration with the Ministry of Education, Youth and Information (MOEYI) and the Ministry of Health (MOH). There is also support for poverty reduction and social services through the Board of Supervision located in the Ministry of Local Government. The Board of Supervision operates parish infirmaries for indigent women and men and also supports children whose parents are poor and therefore are unable to send them to school.

The GOJ through the BGA works continuously with the Jamaica Household Workers’ Union (JHWU) since its establishment in 1991. The BGA continues to provide support and technical assistance to the JHWU. In March 2014, the BGA through its “Inspiring Change Initiative” facilitated the receipt of a small grant for JHWU, among a group of 19 organizations for leadership training for domestic workers. The Inspiring Change Initiative was designed to facilitate the development of community-based and non-governmental organizations through the awarding of small grants to support poverty reduction and empowerment of women and girls through various activities.

54. **Promote legislation and design and strengthen public policies on equality in the labour market in order to eliminate gender discrimination and asymmetries in relation to access to decent employment, job security, wages and decision-making on labour issues, as well as to recognize the productive value of unpaid domestic work and care work.**

In September 2016, the GOJ ratified the ILO convention C189 promoting Decent Work for Domestic workers to protect their rights as women and as workers. In addition to the equal pay legislation for work of equal value enacted in the 1970s, the GOJ has in more recent years made efforts to promote equal rights for women in the labour market. In 2014, The Employment (Flexibility Work Arrangements) (Miscellaneous Provisions) Act, 2014, was passed by the GOJ. This provided a framework for employers to establish flexible work hours to facilitate the needs of families and workers as well as themselves. The flexi-work arrangement also provides an avenue
for increased employment opportunities, enhances productivity, and provides a more flexible workforce.

The Jamaica Household Workers Association (JHWA) is a registered union of household workers set up in 1991 to represent the needs and interests of household workers. According to the Jamaica Household Workers Association (JHWA) Survey (2011) there were 1,600 registered members in November 2011. Currently, there are 5,700 registered members, of which five are males. The 2016 Labour Force Survey (LFS), reported that approximately 30,900 women were employed as domestic helpers; an increase from the 30,400 in 2015 (Statistical Institute of Jamaica, 2017). The aim of the JHWA is to:

- Ensure fair and just working conditions and wages for household workers
- Protect the rights of women who provide domestic service
- Provide skills training in household management
- Empower its members in achieving their goals on the job and in their personal lives.

On September 22, 2016 Jamaica ratified the ILO Convention C 189 (also known as the Domestic Workers Convention). This ratification, the Government of Jamaica stated, is due to its commitment to female empowerment.

55. **Strengthen the participation of women in high-level and decision-making positions in companies and support the training of men and women during hours that are compatible with their family life and encourage businesswomen to adopt leadership roles.**

The International Labour Organization (ILO), Women in Business and Management: Gaining Momentum in the Latin America and the Caribbean, 2017, study, indicates that Jamaica has the highest proportion of women managers globally (59.3 per cent), ahead of countries like United States of America (USA) and the United Kingdom (UK). The study also found that while women are still under represented in top management, the number of women in senior and middle management positions has increased over the last 20 years.

Additionally, Jamaica received the European Union (EU) award in November 2013, for its role in the empowerment of women, and in particular for closing the gender gap in the public service.

Jamaica is on target to become the first country in the English-speaking Caribbean to pilot the globally recognized Gender Equality Seal Certification Programme, following positive feedback from several local enterprises at a special introductory session in November, 2017 and launch on December 5, 2017. The certification programme is being piloted in Jamaica for the first time after a successful run in Latin America with the support of the United Nations Development Programme in
Jamaica in partnership with the Bureau of Genders Affairs (BGA) and the Jamaica Chamber of Commerce (JCC).

In 2017, the Jamaica Chamber of Commerce in partnership with the UNDP, the GOJ and the Private Sector, organized an International Gender Seal Programme. This new initiative promotes gender equality practices in companies and the Seal signifies that progress is being made. This programme mirrors a similar initiative previously developed by the BGA which provided a Gold Seal for MDAs that developed Gender Action Plans for their respective organizations.

The Gender Equality Seal Certification Programme aims to address persistent gender gaps in the workplace, by encouraging the relevant entities to create equitable conditions for both men and women and establish environments where women’s work and contributions are equally valued. Private and public sector enterprises awarded the Gold, Silver or Bronze level Seal have met specific standards to promote gender equality in the workplace and are now globally recognized for this stellar achievement. The Seal has proven to garner respect and recognition for companies seeking to build international partnerships.

Additionally, a study commissioned by the Women’s Resource and Outreach Centre (WROC) on Women on Boards and Committees confirmed that women were on 33.0 per cent of public sector boards and 16.0 per cent of private sector boards. The WROC with funding support, organized several training workshops to prepare women to participate effectively in boards and also published a directory of women who were qualified to fill this gap. Nonetheless, Gender inequality in this area of public leadership continues to be a challenge.

56. Establish mechanisms for preventing sexual and other forms of harassment and violence against women and men, especially in the workplace and educational settings, as well as for filing relevant complaints and punishing such practices.

The BGA continues to provide training and sensitization sessions on sexual harassment, aimed at combating gender stereotypes that contribute to sexual harassment. Focus was placed on trafficking in persons (TIP) and sexual harassment in the workplace. A review of the Sexual Offences Act, and existing legislation, which purport to, among other things, protect women, children, persons with disabilities and the elderly from violence and abuse, was slated to be undertaken. However, a review of the draft National Anti-Sexual Harassment Policy and Prevention of Sexual Harassment Bill was carried out and are awaiting the approval of Cabinet.

Notwithstanding, anti-sexual harassment education continued as part of the advocacy programme of the BGA. The programme was rebranded in 2016 and the ‘Male Programme’ was reintroduced to promote gender equality and address issues affect-
ing males. Promotion and education of fathers have been important features, included in a weekly series on a local television station.

57. Enforce existing policies and adopt, on the one hand, preventative and punitive measures, and on the other measures for protecting and caring for women in order to eradicate all forms of violence, forced sterilization and stigma against women in public and private spheres and especially gender-motivated violent murder of girls and women, and ensure effective and universal access to fundamental services for all victims and survivors of gender-based violence, with special attention to women in high-risk situations, such as older women, pregnant women, women with disabilities, culturally diverse groups, sex workers, women living with HIV or AIDS, lesbian, bisexual and transgender women, Afro-descendants, indigenous and migrant women, women living in border areas, asylum-seekers and victims of trafficking.

Jamaica has ratified the CEDAW (Women’s rights Convention, the OAS Belem do Para Convention to eliminate violence against women, as well as the Palermo Protocol to eliminate human trafficking, which includes trafficking for sexual exploitation, a form of GBV that affects mainly women and children.

In December 2017, the GOJ through the BGA launched the National Strategic Action Plan to Eliminate Gender-Based Violence (NSAP-GBV). This is a 10–year plan that was approved by Cabinet in July 2017. The NSAP-GBV is organized around five strategic priority areas: prevention; protection; investigation, prosecution and enforcement of court orders; compensation, reparation and redress and protocols for coordination and data management systems.48

The NSAP provides for an integrated, multi-sectoral and structured approach to addressing the key issues and challenges of GBV, as it relates to victims, perpetrators, and witnesses of acts of violence. The NSAP acknowledges the need to incorporate a socially inclusive, human rights-centred, diverse approach to tackling this endemic problem. It therefore leverages linkages and synergies with national legislation, policies and programmes. The Plan outlines actions designed to prevent GBV and to improve the implementation of laws, regarding access to and delivery of effective and efficient services for victims of GBV. It recommends public/private partnerships to provide adequate services and psychosocial support for survivors. The Plan seeks to address the complex nature of GBV and encourages stakeholders to consider the root causes of same.

The GOJ in collaboration with a number of NGOs provides assistance and support to women in abusive relationships. Currently, an NGO, Woman Inc., assists with providing shelter for victims of gender-based violence. The GOJ is committed to the establishment of a minimum of three regional emergency shelters within the next two to three years. Other alternatives such as transitional housing facilities, safe homes, emergency safe spaces, and confidential private accommodation, will also be explored. In addition, inter-ministerial discussions have commenced for the establishment of a National Shelter Committee to create a robust shelter strategy for victims and survivors of GBV and other forms of violence.

Existing policies to protect and care for women in order to eradicate all forms of violence against them include:

- **The National Disabilities Act (2014)** - The Act promotes full and equal enjoyment by persons with disabilities, of privileges, interests, benefits and treatment, on equal basis as others. The Act also establishes the Jamaica Council for Persons with Disabilities (JCPD) to advocate more effectively on behalf of other vulnerable groups such as women and girls with disabilities in rural areas. The Act is designed to give added strength and legislative support to the National Policy for Persons with Disabilities.

- **There is currently an International Migration and Development Policy**, which includes a focus on trafficking in persons and involuntary migrants. The gender component was approved in 2017.

- **The Draft Senior Citizen Policy** which looks at elderly females and males.

- **Jamaica Charter of Fundamental Rights and Freedoms** guarantees the rights to equality before the law, non-discrimination on the basis of being male or female and privacy under Section 13(2) (i) (i) of the Charter, which is considered the non-discrimination clause.

- **A Victims Charter** geared towards enhancing the protection of women who are victims of violence. Its intent is to address the needs of victims of crime, rather than focus primarily on the punishment of offenders. The Victims Charter aims to institute policies, programmes and initiatives which support victims with fair and just treatment throughout criminal justice proceedings.

- **The National Policy for the Reintegration of School Aged Mothers into the Formal School System** was approved in May 2013. The policy mandates the return of teenage mothers to school to ensure that their education and subsequent economic productivity remains relatively unaffected by the birth of a child. Between 2013 and 2015, 2,066 teen mothers were registered into the Women Centre of Jamaica Foundation Programme (WCJF) for Adolescent Mothers. Among those registered, 46.0 per cent of mothers were reintegrated into the formal school system. The remaining 54.0 per cent of the girls were placed in other institutions of
learning or skills training. The Policy stipulates that provisions should be made for the adolescent mothers who have been reintegrated to receive support services relating to parenting, as well as appropriate Sexual and Reproductive Health (SRH) services.

Over the reporting period, several partnerships between GOJ and NGO occurred and initiatives undertaken in order to care for women and protect them from GBV. The GOJ in January 2017, partnered with USAID to expand the Woman Inc. Crisis Centre to house additional women and children, who have become victims of violence. The newly renovated and disabled-friendly building will include increased number of bedrooms, kitchens and bathrooms and other conducive spaces to accommodate victims.

Eve for Life (EFL) focuses on providing support to women and girls affected by the human immunodeficiency virus (HIV) and sexual abuse. Based on their work with girls and young women, they have identified a pattern linking sexual violence against the girl child in Jamaica, unplanned early pregnancies and/or HIV infection in this population group. The EFL programmes recognise the need to address the issue of sexual violence against the girl child in order to effectively address adolescent sexual and reproductive health and HIV and AIDS issues alongside development issues. At the core of Eve’s approach is gender and equity as its work brings into focus the urgent need to proactively address the eradication of gender-and child-based violence, as a means of addressing gender and power imbalances throughout the society. The programming activities therefore focus on reducing GBV against women as well as to provide support to persons experiencing such violence in addition to providing linkages to services. As part of its broader work, EFL works closely with communities and partners to address cultural norms that impact gender equality, women’s rights and child rights. A key component of this approach is fostering an understanding of the rights of the girl child in a social and cultural environment where the sexualisation and sexual exploitation of the girl child are tacitly treated as norms.

The BGA conducts ongoing sensitisation and public education across Jamaica to increase awareness and contribute to a common understanding of GBV. The sessions also inform stakeholders on where to report GBV and its impact on all involved actors. The BGA’s advocacy programme on the Elimination of Violence against Women in partnership with UNFPA conducted a soft launch of their on-line GBV platform, which was held on International Women’s Day, March, 2017.

Over the period, January 2015 to December 2016, BGA with support from the United Nations Educational, Scientific and Cultural Organization (UNESCO) embarked on a project entitled, “Addressing the Gap of Gender-based Violence Between the State and Vulnerable Women and Girls”. The project was designed to reduce GBV in Jamaica by increasing awareness, enhancing access to protection and strengthen-
ing responses. During the project cycle, 222 civil servants were sensitized on the draft National Sexual Harassment Policy and trained on how to develop a Sexual Harassment workplace policy. Sensitization was also provided on international conventions and treaties regarding women’s rights and GBV. A total of 1,312 community members (women and girls) and 173 members of the justice system were sensitized on GBV, with emphasis on Trafficking in Persons. Additionally, materials on GBV were disseminated.

The Jamaica Constabulary Force (JCF), as part of their 150th anniversary celebrations, in February 2017, launched its “Love Me to Live, Don’t Love Me to Death” Campaign Initiative. The Campaign lasted for a month and spread messages against crime, particularly domestic violence. The JCF called on all Jamaicans to be a ‘Partner for Prevention’ against domestic violence and to “spread love, empathy and find positive solutions” instead of violence.

The BGA, by means of partnership with the High Commission of Canada in Jamaica and other key stakeholders launched a robust Social Media Campaign, addressing the issue of violence against women and girls under the theme, “#NoMoreSilence #SilenceNoMore.” The Campaign was part of the BGA’s series of activities to commemorate International Day for the Elimination of Violence Against Women (IDEVAW) and the “16 Days of Activism against Gender Violence”.

The Ministry of National Security (MNS) launched a Campaign in December 2016 under the theme, “Crime Free Christmas”. The campaign engaged popular musical local artists to share messages intended to encourage and inspire persons to make contributions within the realms of their possibilities to address GBV in the society. The public was invited to share the campaign online using the hash tag “#CrimeFreeChristmas”.

The BGA collaborated with UN Women on a “#HeForSheJamaica” campaign – a solidarity movement for gender equality that included men and boys pledging to take action to create a gender equal world and to raise awareness on reducing GBV. The movement prioritised six issues in gender equality: Education, Health, Identity, Work, Violence, and Politics.

The Victim Services Division’s (VSD) Overcomers’ in Action Programme provides counselling for healing and restoration for females who have been abused in sexual, physical and/or emotional ways. This group intervention programme is open to all females who have experienced GBV. Crisis intervention services and training are provided, as well as advocacy (referrals) on behalf of victims.

In December 2016, the Ministry of Justice (MOJ) conducted domestic violence training for the Jamaica Constabulary Force (JCF) Divisional Officers. Approximately 160 personnel were trained. The initiative was tied to the strategy Crime Prevention through Effective Policing. In 2017, the JCF trained 400 officers in conflict resolution to prevent cases of domestic violence. Since 2016, the BGA has convened four
sensitization sessions with prospective graduates of the National Police College of Jamaica (formerly known as Jamaica Police Academy) on the Domestic Violence Act and the application of Protection, Occupation and Ancillary orders.

The GOJ in partnership with the British High Commission and the United States Embassy in Kingston with collaboration of Woman Inc. launched a Domestic, Sexual and GBV Project in 2016. The Project facilitated sensitivity training for over 300 police officers and front line responders. The objective of the training was to further equip police officers and front line responders to effectively recognise, deal with, and respond to victims of rape, sexual harassment, and domestic violence.

The BGA also hosted a sensitization session with 100 nurses (99 females and one male) of the Nursing Association of Jamaica. The nursing fraternity was sensitized on sexual harassment in the workplace, gender mainstreaming and reducing gender–based violence.

Since 2012, the National Task Force Against Trafficking in Person (NATFATIP) has increased the number of awareness-raising initiatives. There has been increased sensitization and training to maximize victim identification, assistance, treatment, and protection of victims in order to create greater awareness and understanding of TIP-related matters. Jamaica approved the National Plan of Action to Combat Trafficking in Persons (2012–2015). The plan has adopted the guiding principles of the Global Plan of Action of the United Nations.

In 2013 and 2014, the NATFATIP conducted school tours, facilitated by UNICEF, on identifying and preventing trafficking in persons, provided assistance to victims and, hosted public forums and outside broadcast on national radio stations. The NATFATIP provided the MOEYI with a TIP curriculum, designed for secondary school students, that promotes greater awareness of TIP as a global crime, and helps students and teachers understand how they can assist in identifying and preventing human trafficking and help in reducing students’ vulnerability to human trafficking. This collaboration resulted in the distribution of over one thousand pieces of educational material on human trafficking. The NATFATIP also developed a documentary on Trafficking in Persons in 2017, as well as created comic books for school-aged children.

During TIP week, July 23–30 of each year, the Taskforce engages in a country tour, which facilitates widespread sensitization through media, sensitization sessions and distribution of educational materials and novelty items. Additionally, the NATFATIP partnered with the Jamaica Cultural Development Commission (JCDC) to incorporate human trafficking theme in the performing arts as a means of increased sensitisation. The Jamaica Information Service (JIS) was contracted to produce several public service announcements for both TV and radio, which have been aired and are ongoing. The NATFATIP also collaborated with international organizations to further heighten awareness.
In January 2018, the NATFATIP and the Ministry of Health launched a Standard Operating Manual for Health Care Workers. A series of training sessions was also conducted with personnel in the medical field.

58. **Reaffirm the commitment and political will of Latin America and the Caribbean, the highest level, to combat and eliminate all forms of discrimination and violence against women, including domestic violence and femicide/feminicide, and actively promote awareness-raising regarding gender mainstreaming among law enforcement personnel.**

In 2012, the GOJ partnered with UNFPA to conduct several workshops on GBV and Management of Sexual Assault in six parishes. Two validation sessions with representatives from key MDAs and CSOs were also facilitated. The primary target group was physicians, nurses and medical practitioners of the main government hospitals. A total of 45 health care personnel were trained, including specially invited district medical officers (DMOs) working at the Centre for the Investigation of Sexual Offences and Child Abuse (CISOCA) office in Kingston. Members of the justice system and other key frontline stakeholders were also apprised of the level of sensitivity necessary in handling cases of GBV and sexual violence, specifically; rape, incest, and other sexual offences.

The objectives of the training sessions were:

- Increase the conviction rate of perpetrators of GBV, focusing on sexual violence, for example, rape, incest, and other sexual offences.
- Reduce “Secondary Victimization” at police stations and in court rooms by training and sensitizing medical personnel, police, judges, and court clerks among other service providers in providing timely and effective services to survivors of gender-based violence.
- Increase awareness on GBV to encourage community involvement to reduce these cases.

The GOJ’s political will has been demonstrated by the adoption of the TIP Act (2007), which was updated in 2013 and is currently undergoing further review, following a UNDP supported study by a team from the Institute of Gender and Development Studies, UWI Mona, in 2016. The study provided an update in gender profiles; trends in human trafficking; and identified new types of victims and forms of exploitation. It also assessed levels of public awareness of human trafficking and the involvement of various stakeholder groups. An Information Management System and Database were also developed by the IGDS team to improve data collection, data analysis, and information sharing, and report on human trafficking. When fully operational, the database will also support the detection of cases of trafficking as well as a profile of victims and traffickers. A review of legislation in other Commonwealth
jurisdictions was also conducted to identify best practices as well as gaps in national legislation. A communications plan was developed to support the work of the NAT-FATIP. The study was used to guide the development of a National Policy on Human Trafficking (funded by UNDP), and is scheduled for completion in 2018.

The GOJ’s commitment to eliminate GBV and human trafficking is evident, based on research being undertaken on human trafficking in Jamaica, the sexual harassment bill, public awareness campaign and debates.

Another important GOJ programme is the WCJF, which was established in 1978 to provide a second chance for school-aged mothers to complete their education and reduce the risk of second pregnancies. Some of the adolescent mothers are victims of GBV. The programme also targets ‘baby fathers’ of the teenage mothers and includes parenting skills. The programme has been very effective in reducing second pregnancies and many graduates have completed tertiary education. The WCJF model has been replicated in other countries within and outside the Caribbean region. Additionally, the GOJ through the MOH, with support from the UNICEF, established a high risk teen clinic for girls 11–17 years at the Victoria Jubilee Hospital (VJH). This initiative is also geared towards reducing repeat pregnancies among the mentioned group. Many of these teen mothers are also affected by GBV.

59. Broaden the access available to men, including boys, adolescents and young men, to sexual and reproductive health-related information, counselling and services and promote the equal participation of men in care work through programmes for raising men’s awareness of gender equality, and foster the development of new masculinities.

In April 2016, the Male Desk was reestablished as The Special Service Desk for Men and serves as a central point to provide sensitization and awareness-raising on a range of issues affecting men and boys. These include parenting, health, education, and the role of men in the elimination of violence against women. It also focuses on policy, research and gender sensitive training to develop leadership and promote responsible male behaviours and attitudes. The Special Service Desk seeks to build and strengthen partnerships with men’s groups and to raise awareness on specific issues faced by men and boys.

In January 2017, the BGA convened a meeting with influential male figures and groups, including Men of God Against Violence and Abuse (MoGAVA), where the idea of “Amazing Dads” was introduced and supported. Other major issues confronting men and boys include fatherlessness and men’s roles in the family. In October 2017, a 30-minute televised mini-series that highlights the importance of fathers was launched. The Amazing Dads miniseries is a well-needed platform that highlights the positive roles of Jamaican fathers.

Among the other civil society groups addressing the crisis of male identity is “Man
“Up Jamaica”, an NGO that caters to males aged 13–30 years and includes a mentorship and training programme. This FBO's programme involves building the concept of healthy masculinity. In February 2017, some 300 young men between the ages of 12–25 years from high schools and colleges across central Jamaica and Kingston, participated in a retreat, which addressed key male–related issues including the importance of fatherhood; families; marriage; self-development and treating women with love, respect and nonviolence. The approach utilized at the retreat was small group discussions on the key issues. The sessions were conducted by male facilitators/mentors. The CARIMAN Initiative, a regional NGO spanning 12 countries, is a group of men’s organizations established in 2006. It promotes gender equality, gender justice and work with men to end all forms of violence including violence against women, children and men.

Male-focused programmes by the BGA have included Community Liaison programmes that include community education and SRH education through health fairs. The BGA also uses special days and events to focus on men. In January 2017, BGA partnered with a local men’s organization to introduce the “Amazing Dads” programme. The awareness raising effort was designed to showcase dads who are positively parenting, relative to women, as a counterbalance to the criticism that men receive.

The Institute for Gender and Development Studies (IGDS), UWI Mona focuses on men in its teaching research and outreach programmes. The course ‘Men and Masculinities in the Caribbean’ facilitates participation in a regional IGDS research project on Caribbean Masculinities with IGDS Regional Unit and campus Units in Barbados and Trinidad and Tobago. Annually, the Units also commemorate International Men’s Day on November 19 with exhibitions, marches, public education fora and health fairs. The programmes are male-focused, and promote positive male empowerment with activities led by male students in the UWI Gender Society, Chancellor Hall and partner institutions on and off campus.

60. Develop and strengthen plans and programmes for addressing disparities in the representation and performance of boys and young men in the education system, especially in the English-speaking Caribbean.

Jamaica has been providing universal access to education for its children up to age 14, with the majority enrolled up to age 16. As it relates to enrolment in pre-primary to the lower secondary level, there has been gender equity. The gender disparity is evident, however, at the tertiary level. The Economic and Social Survey Jamaica (ESSJ) 2017, showed enrolment of students in tertiary level institutions at 73 002, with 62.2 per cent being female students.

Jamaica is the lead country in the Caribbean for the project on, ‘Advancing the
Education of Boys’, which started in 2013. The aim of the project is to develop programmes and strategies to address educational underachievement in boys. A handbook on successful strategies was compiled in this regard. The project is executed locally by the Ministry of Education, Youth and Information (MoEYI), through the Jamaica Teaching Council (JTC) and the Commonwealth Secretariat. The initiative was undertaken as a pilot in Jamaica and three other Caribbean countries. Both monetary and technical support is provided by the Commonwealth Secretariat. The Secretariat worked in different areas to assist with improving the educational outcomes of boys in three other Caribbean countries.

The MOEYI addresses negative gender stereotypes in schools and communities through the Standards Curriculum and Health and Family Life Education (HFLE) Programme. The gender specific HFLE Curriculum is offered to students in Grades 1–6 at the primary level and Grades 7–9 at the secondary level. The BGA targets male and female students at the secondary level through its Schools Education Programme (SEP). The SEP facilitates sensitization and awareness-raising on a range of gender-specific issues such as, gender equality, sexual and reproductive health and rights, youth empowerment, and GBV in educational institutions and in the wider society. This serves as an anchor point to remove stereotypes and discriminatory practices, towards enabling early gender sensitivity, and fair and equal/equitable participation in leadership and decision-making processes.

Collaboration and partnerships are also facilitated with the MOEYI to ensure that any gender-mainstreaming programme introduced in educational institutions is designed and operates without discrimination. It also ensures that the programme includes boys and girls as well as gender-sensitive human services providers, and that negative gender stereotypes and discrimination are not perpetuated.

To demonstrate the UWI’s support and commitment, gender mainstreaming has been reflected in the university’s 2012–2017 Strategic Plan, and Gender Justice among their core values in tandem with Integrity, Excellence, Diversity and Student Centeredness have been incorporated in their new Triple A Strategy (2017–2022 Strategic Plan).

As a regional institution, UWI commits to continue to actively create and sustain as a core value, social, academic, and administrative culture that supports and promotes gender equality and justice within its environments.

The IGDS UWI Regional and campus Units have focused considerable attention on gender issues in education, which has included gender disparities and male under participation and underperformance in some areas. The considerable studies and publications carried out by the Institution have also addressed underlying causes, consequences and solutions. A regional study was completed on Gender Differentials in Education by the IGDS, with support from the Caribbean Development Bank. A CARICOM training manual was also produced to support Caribbean teachers to
understand and address the gaps. Some Jamaican teachers were also trained under this project. The IGDS Mona Unit has also prepared a working paper on Masculinity. Male student-athletes in the BSc Gender and Development programme receive additional support as they seek to complete an academic degree with the physical demands of training and competing for their Institution. In 2014, the IGDS partnered with the University of Wisconsin Madison’s Diversity programme to organise their annual international conference on Black Males in Education. Partnerships were being built with local schools to encourage more males to enroll in higher education programmes.

The GOJ has not yet adopted a National Gender Policy for the education sector, but the MOEYI has introduced pilot programmes in some schools to enhance teaching and learning for boys. A prominent all boys’ high school in Jamaica has introduced innovative courses to motivate and encourage more boys to stay in school. Sports, a dominant part of the Jamaican culture is male-dominated. The annual Gibson McCook Relays and Boys and Girls Championship are important milestones in the school calendar and focus largely on males in schools.

61. **Ensure the sharing of responsibility between the State, the private sector, the community, families, women and men for unpaid domestic and care work, incorporating care into social protection systems through allowances, services and benefits that maximize women’s autonomy and guarantee their rights, dignity, well-being and enjoyment of free time.**

The Economic Commission for Latin America and the Caribbean (ECLAC) convened a two-day seminar for technical staff and practitioners from gender bureaus and national statistical offices of eight countries in the Caribbean sub-region, including Jamaica. The seminar offered a forum for sensitizing participants on the value of time-use surveys, and facilitating the promotion of time-use surveys for measuring all forms of work, particularly women’s activities. This seminar complemented ongoing efforts by ECLAC to build greater statistical capacity in the compilation of gender statistics and development of indicators on gender for the formulation of sound policies that promote gender equality.

The seminar was conducted by staff of the ECLAC Division for Gender Affairs of ECLAC Headquarters in Santiago and the Statistics and Social Development Unit of ECLAC sub-regional headquarters for the Caribbean. Funding for the seminar was provided under the Regular Programme for Technical Cooperation (RPTC).

Representatives from the BGA and the Statistical Institute of Jamaica (STATIN) participated in the Regional Seminar on Time-use Surveys which was held in December 2014, in Kingstown, Saint Vincent and the Grenadines. In attendance were gender experts, specialists and statisticians from national statistical agencies,
statistical institutes and national machineries for the promotion of gender equality, including gender divisions/bureaus. A recommendation from the workshop was to use the Jamaica Survey of Living Conditions and the Labour Force Survey (LFS) as possible mechanisms for collecting data on time-use. Assistance would be required with survey design and analysis, questionnaire development, further training, advocacy and funding to conduct time-use survey.

In 2017, the IGDS Mona Unit participated in a pilot study on time use and care work, which was undertaken by CAPRI. The project was funded by the European Union and findings were presented at a public forum held in the latter part of 2017. It identified gender differences in the number of hours that women spent on family caregiving, compared with men. There is need to expand the scope of the study in terms of sample size as well as calculate the financial cost of unpaid care work to the national economy.

62. Improve statistical systems, official indicators and administrative records, mainstreaming the gender perspective and advancing towards the full recognition of women’s economic and social contribution to the development of society.

The Statistical Institute of Jamaica (STATIN) monitors indicators for SDG 5 of the 2030 Agenda Sustainable Development Goals. Also, the UN Women, CARICOM Statistics, PIOJ and STATIN are collaborating to develop a common set of indicators for GBV.

The BGA has organized training for local stakeholders on collecting and analyzing data disaggregated by sex and other factors, to identify gender gaps as part of the national commitment to mainstreaming gender in all national policies, programmes and strategies.

The data and statistics training workshop was conducted in partnership with the CARICOM Statistics Department and UN ECLAC. In 2017, the Inter-American Development Bank (IDB) also organized training workshops to promote and strengthen data collection to address crime and violence.

Data are also collected and used to guide reports to international agencies in support of conventions ratified. Coordinating and integrating data from various government agencies and other sources, continue to be a major challenge.

The GOJ is committed to ensuring that the national statistical agencies responsible for planning national censuses and collecting data for social and economic surveys, formulate questionnaires that are disaggregated by sex and standardised in a number of areas including in the area of violence against women.

As the national machinery for gender issues, the BGA continues to improve efforts to utilize administrative data collected, and to inform regional and local statistic agencies, through its Policy and Research Branch. The BGA has submitted data to
the Gender Equality Observatory for Latin America and the Caribbean Database on judges in courts, ministerial cabinet positions and the composition of Board of Directors of the Central Bank. This activity continuously complements previous data collection efforts to improve technical capacity, and to produce accurate, regional, and national evidence, and gender-based qualitative and quantitative analysis on a regular and sustainable basis.

In 2015, the BGA collected sex-disaggregated data from key MDAs on “Perceptions and Understanding of Sexual Harassment.” This activity served to provide baseline data to inform the Sexual Harassment Policy and Bill.

63. **Strengthen the capacity of countries to prepare and disseminate the gender statistics needed for the formulation of public policies on gender equality and the empowerment of women.**

STATIN was contracted to conduct a Women’s Health Survey under the technical and financial support of UN Women Multi-Country Office, Caribbean and the IDB through Phase III of the Government of Jamaica’s Citizen Security and Justice Programme (CSJP III). This survey, the first nationally-led prevalent survey on GBV in Jamaica, commenced in 2016. It is the CARICOM replica of the World Health Organization’s (WHO) global model for assessing the prevalence of GBV. This model outlines an internationally acclaimed methodology and protocols on the scope, types and frequency of violence women experience.

The survey sampled 2,145 households in enumeration districts 49 obtained from the Jamaica 2011 Population and Housing Census across all 14 parishes. Persons were randomly selected to be interviewed using the Kish Selection Grid. Persons between the ages of 15–64 years old were targeted to participate in the survey. From the selected households in the various regions and parishes, 960 were from the urban, 930 from the rural and 255 from CSJP.

Despite efforts to curtail violence against women in Jamaica, it remains prevalent. The survey findings indicate that more than one in every four (1 in 4) women between the ages of 15 and 64 years, will experience intimate partner violence and/or sexual violence in their lifetime. Correspondingly, a comparable amount of women will experience non-partner sexual violence. Women with none or primary level education, pregnant women and women who have been cohabiting with male partners while they were minor are at greater risk of being victimized by their partners.

The findings from this study emphasize the importance of the comprehensive coordination of activities and actions towards eliminating GBV in Jamaica. The

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49. Enumeration districts are independent geographical areas developed for the purpose of data collection which comprise 100 to 150 dwellings.
implementation of the NSAP-BGV will stimulate a national and joined-up approach to the response of this crisis.

Jamaica served as a pilot site for UN Women survey of women’s health (August 2017). The data projected to be available by 2018 are important for planning and policy development. STATIN will provide the strengthening of technical capacity of technical officers, both data providers and users of this data.

64. **Consider measuring the care economy using specialized accounts and the creation of satellite accounts on unpaid work, and the incorporation of such accounts in the system of national accounts.**

The 2017 UWI/CAPRI study previously mentioned addresses this issue. A public lecture at the UWI and WROC in 2013 helped to raise awareness of the need to conduct research on the care economy and to calculate the value of unpaid care work, which is done mainly by women.

65. **Implement, with the support of available technologies, multisectoral, comprehensive, integrated, coordinated and interdisciplinary and accessible services, programmes and actions targeting women that are sustainable at all levels, include specialized and confidential care in cases of violence, have sufficient resources available and that bring together sectors such as the police, the judiciary, medical and psychological services and evaluation, including sexual and reproductive health services, as well as opportunities for training and generating earnings, with a view to promoting women’s autonomy in all its forms.**

The GOJ websites include copies of relevant legislation as well as polices including the National Policy for Gender Equality (2011). As part of the GOJ’s strategic drive for evidence-based approach in reducing crime, the GOJ established a web-based crime and violence statistics databank, the Jamaica Crime Observatory Integrated Crime and Violence Information System (JCO-ICVIS) in 2011. The JCO-ICVIS collects and compiles comprehensive data on homicides, sexual assaults, and suicides. The report also provides information on the relationships between victims and perpetrators and characteristics of the incidents. The information gathered remains accessible to the public by formal request.

A Memorandum of Understanding (MOU) was signed in 2013 between 18 key stakeholders and the JCO-IVIS to provide statistical data and/or technical advice, to analyze the data and integrate results in government policies, plans and programmes. A data sharing protocol has been established the data shared is an agreed standardised and disaggregated format based on variables of gender, age, location, and incident.
The JCF established a Statistical Information Management Unit. The database operational outputs collect data on crime and violence statistics that are disaggregated based on request by gender, and incident context.

Strategic Area Five of the NSAP-GBV (Protocols for Coordination and Data Management Systems) will focus on the standardization and collection of sex-disaggregated data through the use of protocols. These protocols are standardizing data tools used to capture an understanding of the magnitude, trends, and patterns of GBV in order to improve future planning and programming. When operationalized, the NSAP-GBV will create an efficient data management system to provide a fulsome strategy to collect, report and train key stakeholders to combat GBV.

The Evidence (Special Measures) Act and the Evidence (Special Measures) (Video Recorded Evidence) (Criminal Proceedings) Regulations were established in July 2015. The Act and Regulations seek to protect vulnerable witnesses, particularly women and children, by making provision for the use of video-recorded evidence and live video links in trials to allow for vulnerable witnesses to refrain from appearing in court. This will minimize the distress and trauma of vulnerable witnesses, particularly sexual offences. This measure seeks to improve on data and evidence collection.

A Joint Select Committee of Parliament has been appointed to review the following pieces of legislation: The Sexual Offences Act, Child Care and Protection Act, Domestic Violence Act, and Offences Against the Person Act. The Joint Select Committee has been reviewing the offences and punishments under the mentioned Acts, placing special emphasis on the protection of the vulnerable (women, children, the elderly and persons living with disabilities) from violence and abuse. The committee will focus on sexual offences as well as the punishment of crimes such as the murder of pregnant women, and the assault of women, children and the elderly.

The Joint Select Committee requested the input of individuals and organizations that have an interest in the subject matter. Individuals and organizations have been appearing before the Joint Select Committee to present their submission.
Jamaica has sought to mainstream migration into development planning at the national and local levels by including migration and development priorities in the 2015–2018 MTF of Vision 2030 Jamaica. This is consistent with the position of the international community which has taken steps to include migration and development targets in the SDGs.

The information collected from key informants and at the national consultation suggests that Jamaica has acted on all of the Priority Actions listed in this thematic area.

66. Ensure that International migration issues, including migration regulation policies are fully incorporated into global, regional and national post-2015 development agendas and strategies.

At the global level, Jamaica is one of eight countries participating in the “Mainstreaming Migration into National Development Strategies Project, (2014–2018),” which is being implemented through the Planning Institute of Jamaica, the national focal point for Migration and Development (M&D) issues in Jamaica. The Project is supported by the International Organization for Migration (IOM) and the United Nations Development Programme (UNDP), as well as funded by the Swiss Agency for Development and Cooperation (SDC). This initiative seeks to effectively mainstream migration into development and sectoral policies across government, non-government and private sector actors in order to manage, measure and monitor the benefits of migration to Jamaica, migrants and countries of destination.

The Government of Jamaica has sought to strengthen and expand the national governance framework for monitoring the implementation of the National Policy on International Migration and Development (IMD) through the integration of civil society and local level actors over the period 2015–2017. Achievements under the Mainstreaming Migration into National Development Strategies Project, 2014–2018 undertaken in Jamaica includes:

- National Policy on International Migration and Development approved as a White Paper by Cabinet and laid in Parliament as a White Paper, June 2017
- National Plan of Action in support of the reintegration and rehabilitation of involuntary returned migrants developed and launched, April 2017
- Strategic Implementation Plan (2017–2022) for the implementation and monitoring of the prioritized actions as outlined in the National IMD Policy finalised, August 2017
- Migration and Development indicators integrated in MTF 2015–2018
- 2017 Extended Migration Profile.

67. Provide assistance and protection to migrants regardless of their migration status, especially vulnerable groups, with full respect for their rights and in accordance with the provisions of the International Convention of the Rights of All Migrant Workers and Members of their Families and those of the Vienna Convention on Consular Relations, highlighting the need to afford them comprehensive attention in countries of transit and destination.

In February 2017, Jamaica presented an update on local efforts being undertaken by the Committee for International Convention of the Rights of All Migrant Workers and Members of their Families. Issues addressed included the treatment of vulnerable migrants e.g. children, irregular migrants, among others. These cases are quite rare, especially because Jamaica has no land borders with other countries. In the past, the issue was dealt with on a case-by-case basis applying a humanitarian approach and in accordance with Jamaican law.

In September 2017, Jamaica assisted with the coordination of disaster relief activities for Caribbean countries affected by the passage of hurricanes Irma and Jose. In addition, support was provided to Jamaican migrants through the Ministry of Foreign Affairs and Foreign Trade in partnership with the High Commission Office in Port of Spain, Trinidad, the Consulate in Turks and Caicos Islands and community leaders in order to ascertain the number of Jamaicans affected by the disasters and their immediate needs. Air transportation was provided by the Government to repatriate Jamaicans affected during the passage of Hurricane Irma which ravaged Saint Martin.

68. Prepare comprehensive strategies to prevent infringement of the human right of migrants, as well as take advantage of the benefits and face the challenges arising from migration, including those related to remittances and skilled migration in high demand sectors, as well as the differential participation of men and women and the transnationalization of care.

The National Policy on International Migration and Development, 2017, has sought to incorporate and streamline humanitarian and human capital support to
both citizens and migrants, through the facilitation of the following mechanisms and programmes:

- Establishment of Labour Market Reform Commission, 2015–2017
- The Trafficking in Persons (Prevention, Suppression and Punishment) Act, 2007 was enacted and later amended in 2013
- Biennial Diaspora Conferences 2015 and 2017
- Technical Working Group in support of the reintegration of forced returnees established in the Ministry of National Security, 2017
- Training of professionals (teachers, medical doctors, nurses) for outsourcing
- Overseas work/study programmes facilitated by the MOEYI
- Human Employment and Resource Training Trust National Training Agency (HEART TRUST/NTA) training for low skilled migratory workers (chefs, hotel workers etc.).

**69. Promote the signing of bilateral and multilateral social security conventions to enable migrant workers to accumulate years of service.**

Jamaica recognizes the need for increased monitoring of overseas recruitment agencies as well as bilateral and social security agreements to ensure that labour migrants’ rights are being safeguarded. The GOJ, under the MLSS, the agency which has oversight for the management of both GOJ led temporary and permanent labour migration programmes and the regulation of private employment agencies, has outlined its mandate to increase access to local and overseas employment. It has promoted labour migration as a safety valve against both internal and external labour market shocks.

Data provided by the PIOJ, indicate that for 2017, the overall number of persons participating in the overseas programmes increased by 3.6 per cent to 16,037 relative to 15,474 in 2016 (ESSJ, 2017).

**70. Incorporate principles of consistency and reciprocity in dealing with the various situations faced by emigrants from the countries in the region, at all stages of the migration process whether at the intraregional level or outside the region.**

The Ministry of Labour and Social Security (MLSS) through its Work Permit Department administers the CARICOM (Free Movement) Skilled Persons Act. The Act came into effect in July 1997 and should provide for the free movement of persons holding a CSME Skills Certificate across CARICOM states. It should be noted that CARICOM (and other regional entities – CARIFORA, etc.) is not a contiguous space, rather a merger of multiple independent states. This fact of geography makes joint migration policies difficult to negotiate.
71. Achieve concrete results through dialogue and international cooperation relating to migration, human rights and development in regional forums as well as in forums linked to other regions, in particular North America and the European Union, with a view to reducing asymmetries in this area and asserting the interests of Latin American and Caribbean countries.

At the international and regional levels, Jamaica is signatory to several treaties relating to migrants and the free movements of people, chief among them are the:

- Universal Declaration of Human Rights
- International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families
- United Nations Convention against Transnational Organized Crime
- Convention Relating to the Status of Refugees (CRSR)
- International Covenant on Economic, Social and Cultural Rights (ICESCR)
- Free Movement Protocol under the CARICOM Single Market and Economy.

Jamaica has been participating in the annual staging of the Global Forum on International Migration and Development (GFMD) from 2013 to present, which seeks to facilitate international dialogue and cooperation on M&D issues across countries at the global level.

72. Protect decisively the human rights of all migrants, avoiding any form of criminalization of migration, and guarantee migrants access to basic social services in education and health, including sexual health and reproductive health, where appropriate, regardless of their migration status, with special attention to highly vulnerable groups, including unaccompanied minors displaced persons in an irregular situation, women who are victims of violence, victims of trafficking, returnees and forcibly displaced asylum-seekers.

The National Task Force Against Trafficking in Persons (NATFATIP) was established to strengthen legislative, institutional and operational capacity to combat trafficking in persons. Its core emphases have been the prevention and suppression of trafficking in persons, the prosecution of offenders, and the protection and provision of assistance to victims of trafficking.

The Trafficking in Persons (Prevention, Suppression and Punishment) Act, 2007, was enacted and later amended in 2013 in a bid to prescribe measures to prevent and combat trafficking in persons, particularly for the most vulnerable. Since the enactment of the legislation, anti-trafficking institutions have been established as integral mechanisms to bolster national efforts. Among them was the implementa-
tion of the Anti-Trafficking in Persons and Intellectual Property Vice Squad located within the Counter Terrorism, Intellectual and Organized Crime Investigation Branch, formerly the Organized Crime Investigation Division (OCID). Under the Social Protection Strategy developed in 2014 and the Social Protection Floor discretionary minimum social assistance is provided to all migrants.

73. Give priority to strengthening coordination channels between sectors and countries, to reinforcing intergovernmental cooperation mechanisms in order to guarantee the exercise of the human rights of all migrants, regardless of their migration status, from a gender-based perspective.

Since 2011, the Government of Jamaica, through the Planning Institute of Jamaica has established a coordination mechanism through the National Working Group on International Migration and Development (NWGIMD). The NWGIMD is a multi-sectoral body with responsibility for coordinating and providing overall guidance and oversight on matters relating to international migration and development. The technical committee will operate as the primary body with responsibility for managing and coordinating the implementation of the National Policy on International Migration and Development. This technical committee meets quarterly to lead the process in mainstreaming migration into national development strategies, to ensure policy and programme coherence at all levels and includes gender focal points from across MDAs.

74. Strengthen cooperation between countries of origin, transit and destination to address the causes and challenges of irregular migration so as to generate safe, orderly, humane migration conditions through bilateral arrangements for labour force mobility and ensure protection of the human rights of migrants.

The MLSS has undertaken the following to facilitate safe and orderly migration: i) Establishment of Liaison Officers in destinations in which the government has existing circular migration programmes (USA and Canada) to provide support services to migrant workers. These services include: annual and bi-annual orientation programmes which provides information to facilitate resettlement in countries of transit and destination and deployment of liaison officers who conduct sites visits to employment sites. ii) island-wide sensitization sessions held for 80 officers in trafficking in persons in April 2016. The sessions were held over a 3–day period and officers trained included: social workers in NIS; PATH, the Family Services Unit and Public Assistance; labour officers in the Pay and Conditions of Employment Branch; officers in the Employment Agencies Unit; work permit processing officers and frontline staff; staff in the HR and the research departments of the Ministry.
75. **Ensure that the Second High-level Dialogue on International Migration and Development, to be held in New York on 3 and 4 October 2013, leads to the adoption of a consensual outcome document and, in that regard, to submit for consideration the question of whether it would be appropriate to propose the contents and guidelines of an international convention on migration.**

Jamaica has completed Phase One of the global process towards the formulation of a Global Compact for Migration (GCM) underpinned by SDG Target 10.7, which seeks to support the development of policies to facilitate safe, orderly and regular migration and ensure the protection of the human rights of migrants. Jamaica presented its National Consultation Report at the Regional Stock-taking Workshop slated for December 4–5, 2017, in Mexico.
Jamaica placed special attention to territorial inequality, spatial mobility and vulnerability, when examining population and development issues. As an island, located within the hurricane belt and an active zone of seismic activity, Jamaica is particularly vulnerable to multiple natural hazards such as hurricanes, storms, droughts, flooding and earthquakes.

Over the period 1999–2017 the island has experienced many hydro-meteorological disasters which have resulted in billions of dollars in losses (Table 3).

The impact of these events resulted in human injuries and loss of lives, loss of livestock, landslides, flash flooding, dismantling of industries (e.g. Agriculture, Forestry and Fishing; Tourism Industries etc.); disruption in food supply, destruction of infrastructure (buildings, roads, bridges, utility poles etc.); dislocation of thousands of persons (loss of houses, land, property etc.).

The Earthquake Unit at the University of the West Indies, Mona monitors seismic and earthquake related activities. In 2013, there were 83 local/land-based earthquakes recorded, while there were 68 such events in 2014; 80 in 2015 and 69 in 2016. However, the island has not had a major earthquake event since the Kingston earthquake of 1907.

Consultations with key stakeholders revealed that work has been taking place in the areas of territorial inequality, spatial mobility and vulnerability. Activities were primarily undertaken in the areas of policy making, programme planning and programme implementation. However, one of the main challenges is that the majority of the SDGs tier 3 indicators are environmental indicators, and is either not being produced or they have no data to produce them. This was clearly depicted in the "Report on the National Consultations on the SDG Indicator Framework: Jamaica," which further reflected the limited availability of information for indicators on environmental issues. As a result, only three of the sixteen Montevideo Consensus

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Indicators for Thematic Area G (See Matrix) can currently be reported on in the statistical component of this report.

76. **Develop more closely coordinated, integrated and cohesive territories by designing and executing territorial and urban management plans, policies and instruments, administered in a participatory manner and based on a people-centered approach with a gender and human rights perspective and a vision of sustainability and environmental risk management.**

Since 2012, the various MDAs have worked to develop more closely coordinated, integrated and cohesive spaces/areas by designing and executing territorial and urban management plans, policies and instruments, led by the National Environment and Planning Agency (NEPA). These have been administered in a participatory manner,

### Table 3. Major Hydro-meteorological Events Impacting Jamaica 1999–2017

<table>
<thead>
<tr>
<th>Event</th>
<th>Year</th>
<th>Category</th>
<th>Cost ($JB)</th>
<th>Impact (% GDP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drought</td>
<td>1999/2000</td>
<td></td>
<td>0.73</td>
<td></td>
</tr>
<tr>
<td>Hurricane Michelle</td>
<td>2001</td>
<td>4</td>
<td>2.52</td>
<td>0.8</td>
</tr>
<tr>
<td>May/June Flood Rains</td>
<td>2002</td>
<td>–</td>
<td>2.47</td>
<td>0.7</td>
</tr>
<tr>
<td>Hurricane Charley</td>
<td>2004</td>
<td>4</td>
<td>0.44</td>
<td>0.02</td>
</tr>
<tr>
<td>Hurricane Ivan</td>
<td>2004</td>
<td>3</td>
<td>36.9</td>
<td>8</td>
</tr>
<tr>
<td>Hurricanes Dennis &amp; Emily</td>
<td>2005</td>
<td>4</td>
<td>5.98</td>
<td>1.2</td>
</tr>
<tr>
<td>Hurricane Wilma</td>
<td>2005</td>
<td>5</td>
<td>3.6</td>
<td>0.7</td>
</tr>
<tr>
<td>Drought</td>
<td>2005</td>
<td></td>
<td>0.52</td>
<td></td>
</tr>
<tr>
<td>Hurricane Dean</td>
<td>2007</td>
<td>4</td>
<td>23.8</td>
<td>3.4</td>
</tr>
<tr>
<td>Tropical Storm Gustav</td>
<td>2008</td>
<td></td>
<td>15.5</td>
<td>2</td>
</tr>
<tr>
<td>Drought</td>
<td>2008</td>
<td></td>
<td>0.04</td>
<td></td>
</tr>
<tr>
<td>Tropical Storm Nicole</td>
<td>2010</td>
<td></td>
<td>20.6</td>
<td>1.9</td>
</tr>
<tr>
<td>Hurricane Sandy</td>
<td>2012</td>
<td>2</td>
<td>9.9</td>
<td>0.8</td>
</tr>
<tr>
<td>Drought</td>
<td>2014</td>
<td></td>
<td>0.90 ±</td>
<td></td>
</tr>
<tr>
<td>May Flood Rains</td>
<td>2017</td>
<td></td>
<td>4.05</td>
<td>0.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>127.95</strong></td>
<td></td>
</tr>
</tbody>
</table>

1. Approximate figure

*Source: Planning Institute of Jamaica, Damage and Loss Assessment Reports (2001–2017)*
based on a people-centered approach with a gender and human rights perspective and a vision of sustainability and environmental risk management.

**National Spatial Plan (NSP)**

At the time of this report, preparation is underway for a National Spatial Plan (NSP)\(^{54}\) through financial support from the Foundations for Competitiveness and Growth Project (FCGP) and the Pilot Programme for Climate Resilience (PPCR). Work began on the review of the National Settlement Strategy as well as background technical papers, which will help inform the update of the NSP. During the 2016–2017 financial year, two draft background planning papers were prepared for Social Infrastructure and Housing. Four draft background planning papers for Natural & Cultural Heritage, Disaster Risk Reduction and Climate Change, Sports, Recreation and Leisure and Environment will be prepared during the 2018/2019 financial year. A consultancy is being procured to prepare seven technical papers (to include situational analysis, identification of issues and recommendations) for the National Spatial Plan, which will pull information from draft background papers prepared. A consultancy is being procured to prepare the technical papers that will serve as technical input for developing the plan.

**Development Orders**

Development orders “facilitate the rational and progressive development of lands, and continue to be a priority as the country faces increased development pressure for limited land resources”.\(^{55}\) A development order is also a tool used in development control. As depicted in Table 4, since 2015, development orders have been confirmed for the parishes of Manchester, Trelawny, Portland and the town of Negril and Green Island area.

In addition, provisional orders are currently in place for St Mary, St. Catherine, Clarendon and KSA (and the Pedro Cays). These development orders include special policies for PWDs including appropriate street designs with elements such as the provision of sidewalks. To be approved, development orders are gazetted and made available for public comment and input before being confirmed.

**Planning Guidelines**

NEPA has also commenced the drafting of a number of planning guideline documents. These guidelines are being prepared to highlight best practices with a view


to enhance the decision making on development applications as well as the quality and design of developments. The Town and Country Planning Authority has signed off on the wind and solar development and setback from waterways and waterbodies which were sent to the ministry to be promulgated as planning policies.

**Local Sustainable Development Plans (LSDPs)**

Local Sustainable Development Plans are currently prepared by the Municipal Corporations for which the ministry with responsibility for local government has oversight. These LSDPs are being developed to assist in mainstreaming “sustainable development within local and national government policy, plans and practices.”56 Updated LSDPs have been completed for the parishes of St. Catherine, Clarendon, St. Elizabeth and the Greater Treasure Beach (Table 5). LSDPs are currently drafted for the parishes of Trelawny, Westmoreland and St. Thomas.

Recognizing the integration of the SDGs in the local planning context, an eight-month project (August 2017–March 2018) by the Association of Local Government Authorities (ALGA) under the theme “Localizing the SDGS in Jamaica: “Strengthening local government’s role as a partner in development” is currently underway. The project, which is being done in the parishes of Trelawny, St. James and St. Thomas, aims to increase awareness and demonstrate the impact local municipal corporations can have in achieving national SDGs objectives through the develop-

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<table>
<thead>
<tr>
<th>Development Order</th>
<th>Status</th>
<th>Development Order</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portland</td>
<td>Confirmed (2015)</td>
<td>St. Elizabeth</td>
<td>Drafted</td>
</tr>
<tr>
<td>Trelawny</td>
<td>Confirmed (2015)</td>
<td>Westmoreland</td>
<td>Drafted</td>
</tr>
<tr>
<td>Manchester</td>
<td>Confirmed (2015)</td>
<td>Hanover</td>
<td>Drafted</td>
</tr>
<tr>
<td>Negril &amp; Green Island</td>
<td>Confirmed (2015)</td>
<td>St. Thomas</td>
<td>Drafted</td>
</tr>
<tr>
<td>Kingston &amp; St. Andrew (KSA) and the Pedro Cays</td>
<td>Provisional 2017</td>
<td>Portmore</td>
<td>Drafted</td>
</tr>
<tr>
<td>St. Mary</td>
<td>Provisional 2017</td>
<td>St. James</td>
<td>Drafted</td>
</tr>
<tr>
<td>St. Catherine</td>
<td>Provisional 2017</td>
<td>St. Ann</td>
<td>Draft being prepared</td>
</tr>
</tbody>
</table>

Source: National Environment and Planning Agency
Policies/Acts

Considerable work has been done since 2012 to address the legislative and policy landscape. Most of the planning documents being developed currently reflect climate change, emergency management and disaster risk management considerations.

Notable actions included:

- Efforts to amend the Town and Country Planning Act (1958) to include climate change considerations and risk management
- Local Governance (Amendment) Act, (2016) which sought to among other things alter the boundaries of existing municipalities
- Building Act, 2016 – the act “supports a resilient infrastructure and disaster risk reduction measures” as it “seeks to fashion new provisions for the building industry”\(^57\)
- Disaster Risk Management Act, 2015
- Passing of the Building Act 2017 by Senate and House of Representatives

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The preparation of a Construction Policy

The development of the Climate Change Policy Framework for Jamaica (2015) – aims at “reducing the risks posed by climate change to Jamaica’s economy and its development goals” 58

National Transport Policy (2007) is currently being reviewed to climate-proof the policy with focus on adaptation

A Draft Minerals Policy has been prepared to guide the management and development of Jamaica’s mineral resources

A Draft National Resettlement Strategy was prepared in 2017.

Challenges and Recommendations

A number of challenges currently exists which hamper the development of closely coordinated, integrated and cohesive territories and the execution of territorial and urban management plans, policies and instruments. It is recognized that there is need for capacity strengthening to accelerate the development approval process and up-to-date/current data in the various MDAs.

The electoral cycle has over the years contributed to delays in approval of policies and sometimes a lengthy approval process, which inevitably hampers development projects. Coupled with governance issues, incompatible data formats contribute to the challenges in spatial planning.

Jamaica also lacks standardized boundaries at the administrative level. Planning Boundaries are not necessarily consistent. For example, STATIN uses Enumeration Districts in data collection (for the entire island), but the Social Development Commission (SDC) community boundaries that do not coincide with the ED boundaries.

The GOJ is currently developing an Open Data Policy which will address the fact that the open data portal will be available to provide data to the public at large. A Data Sharing and Collection Policy has also been drafted which addresses sharing of data among MDAs in a compatible format. The Open Data Portal, which was launched in 2016, will also be enhanced by the policy.

77. Promote the development and well-being of people in all territories without any form of discrimination; provide full access to basic social services and equal opportunities for populations whether they live in urban or rural areas, small, intermediate or large cities or in isolated areas or small rural settlements.

Basic Social Amenities

In 2014, Jamaica launched its Social Protection Strategy. This strategy governs access to basic social services and was discussed in Thematic Area C.

Over the period 2013–2015, the JSWC reported that almost 70.0 per cent of households reported their main source of water as piped (into dwelling/yard). Combined with those who have access to public stand pipe, trucked water from the National Water Commission and bottled water this revealed proportions of 81.4 per cent, 82.4 per cent and 82.6 per cent for the respective years. This reflects that a large majority of the population have access to an improved drinking water source. Access to piped water has been consistently higher in urban areas than in rural areas. Over 75.0 per cent of households have water closets, with a majority living in urban areas. However, between 2013 and 2015, there was a 1.5 percentage point increase in the use of water closets in rural areas.

Electricity is the main source of lighting in households at 95.0 per cent. This success can be attributed to programmes such as the Rural Electrification Programme (rebranded National Energy Solutions Limited-NESOL) – which has a vision to have 100.0 per cent access to electricity in rural areas which has contributed to the 91.0 per cent usage by rural households by 2015.

During the period, April–September 2017, major initiatives were implemented with a view to enhance the accessibility to electricity in rural areas. Under the Street Lighting, Installation, Loss Reduction and Community Renewal (SILC) Project, 20.19km of pole line extensions were implemented in 13 communities. The $1.25-billion SILC Project “includes the creation of the necessary infrastructure for proper electricity and street lights and the wiring of homes” Additionally, 13km of new designs for pole line extensions in four parishes were completed as well as Pole Line Extensions representing 12.3Km was implemented in six parishes. These extensions impacted the lives of over 8 000 persons in the implemented communities. In addition, 39 pole line extensions were maintained, at an average cost of $1 182 106 per extension, and 108 houses were wired during the period. The MSET further reported that as of 2017 the rural areas in the island have achieved 97.7 per cent electrification.

The National Energy Policy (NEP) 2009–2030 was awarded in 2016 by the IMF as the “Best Government Infrastructure Strategy, Caribbean 2016”. The framework of the NEP was also adapted into the CARILEC Energy Policy. Subsequently, the Electricity Act was updated in 2015 with a supporting Integrated Resource Plan including Renewable Energy (RE) and alternate energy integration into the grid.

59. Improved drinking water source- water source that by nature of its construction and when properly used, adequately protects the source from outside contamination, particularly faecal matter. Source: JSLC 2015, p. 5.8, NWC and MOH revised classification of the WHO/UNICEF Joint Monitoring Programme.
addition, Energy Efficient Projects came on stream, which had initiatives targeting energy efficiency within public sector agencies (Energy Security and Efficiency Enhancement Project and Public Sector Energy Efficiency and Conservation Loan Programme). One of the major initiatives was the Energy Management and Efficiency Programme, which began September 30, 2016 and was developed to: (i) install EE & EC retrofits in approximately 80 HEPA (Health, Education and Public Agencies) government facilities; (ii) improvement of fuel efficiency in the transportation sector; (iii) Institutional strengthening to support Energy Planning in MSET.

Another initiative, the PCJ/ UNDP for the Global Environment Facility-5 (GEF-5) Project, was aimed at implementing renewable energy and energy efficient solutions in five hospitals namely: Mandeville, Bellevue, Sir John Golding, Savanna-la-Mar, and Kingston Public Hospital. The GEF5 Project was launched November 30, 2016. There was also the Grid-tied in Schools and Public Sector Buildings which began in 2016. In this project, there was the installation of Grid-tied solar PV systems in three schools and two government agencies in Kingston and Manchester (Rose Hill Primary School in Manchester; and Kingston High School, St Hugh’s High School for Girls, The SRC and the ODPEM in Kingston) targeted at reducing the electricity bills.

Additionally, there was a Lighting Retrofits in Schools project. In this project, LED lamps were installed in four high schools on the island: Hampton, Norman Manley, Ardenne High Schools and Munroe College. The schools are expected to possibly experience savings in excess of three million kWh annually.

**Access to Housing**

The JSLC data show that over the period 2013–2015, Jamaica has had a Housing Quality Index of over 72.0 per cent. This means that over 70.0 per cent of households on the island were of an acceptable standard. Jamaica is in the late stages of updating the National Housing Policy and Implementation Plan. The update will include climate change considerations, disaster risk mitigation, issues such as squatting. In addition the National Land Policy is at an advanced stage of revision. There will also be a housing component in the National Spatial Plan, which will also seek to address provision of housing, using spatial policies/strategies. Other social amenities will also be assessed in the NSP. The Squatter Management Unit currently located in the Ministry of Economic Growth and Job Creation (MEGJC) is engaged in the preparation of a Squatter Management Policy and Implementation Plan. In 2014 a database on squatter communities was completed to be used as a guide for the policy. The Squatter Management Unit recently secured commitment from NHT for funding to

undertake the squatter management survey. Data collection is to begin in the 2018/2019 Financial Year.

To advance the thrust for affordable housing, the Mortgage Bank Act was amended in 2014 to focus on reducing the burden of a high down payment towards the purchase of a home from a 10–15 per cent band to 3.0 per cent. Affordable housing loans for low income groups were also implemented by the National Housing Trust (NHT). On July 17, 2017, policy changes to the NHT’s individual loan limit were implemented as follows:

- Individual loan limit on mortgages, for new applicants was increased from $4.5 million to $5.5 million. This will enable eligible contributors to access the full amount to purchase any home (regardless of the age of the property) on the open market
- The home improvement loan increased to $2.5 million up from the previous $1.5 million ceiling
- A reduction in the interest rate on its loans on November 1, 2015.

Information & Communications Technology and Access

The GOJ, through a Memorandum of Understanding (MOU) signed with the two main telecommunications companies, has created access free of cost to all government websites from any internet compatible device. As of March 16, 2017, access to all 256 government websites (.gov.jm) are zero rated and thus, citizens can browse without needing a data plan.

Policies have also been enacted or revised to enhance the delivery of Information & Communications Technology on the island. The Information and Communications Technology Policy (2011) is currently being reviewed and the ICT Act is being drafted. The Free and Open Source Software (FOSS) policy is currently being drafted while the draft Open Data Policy is being reviewed.

Transportation and Access

The transport sector “represents a critical component of any country in its impact on national development” The majority of Jamaicans, especially those who reside in rural areas, use taxis (bike and cars) and coaster buses as their main modes of modern transportation. While these are also used in the city areas (Montego Bay

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62. The loan is for homeowners who last borrowed from the NHT 15 years or more ago, and wish to repair, improve, or expand an existing mortgaged property. This loan can also be accessed to secure a second home, if the contributor no longer owns a house.
and Kingston), there are also structured means of transportation. The government-owned Jamaica Urban Transit Company (JUTC) operates scheduled buses in the Kingston Metropolitan Area (KMA); while the Montego Bay Metro Company Limited operates scheduled buses in the St. James’ capital and environs. These are the two main formal companies which offer structured transportation on the island. Access to transportation for persons with disabilities has also been implemented in the KMA. The JUTC offers specialized service for Persons with Disabilities (PWDs). In 2011, three new buses were added to the fleet of buses which are specially designed (including wheelchair access) and allotted to the disabled community in Kingston. In addition specially designated seats (shared by elderly) were allotted on regular JUTC buses for the disabled community, at a concessionary fee. Greater access to the JUTC buses for all, including PWDs, was facilitated by the design of the Half Way Tree Transportation Center (which includes lifts and ramps etc.). In addition, the government of Jamaica instituted concession fares to other vulnerable groups (student, elderly) who use the JUTC.

In recent times, the GOJ has also been making steps towards improving transportation to citizens living in rural areas. A Rural-Urban Transport Plan is being developed. A pilot project is now in place which results in JUTC bus routes in Clarendon. It was rolled out in September 2017 with three pilot routes, and was aimed at addressing transportation needs of commuting students in the rural areas. This programme was an update of the Clarendon Safe School Bus Programme which was launched in September 2014 by the Clarendon Parish Council and the Transport Authority to provide safe and comfortable transportation for students to and from school. There is also a Rural School Bus Service for PATH students jointly-led by the MOEYI, and Ministry of Transport and Mining. The first phase (2017) targets students from 91 primary and secondary schools in eight parishes across the island: St. Thomas, Portland, St. Mary, Clarendon, Manchester, St. Elizabeth, Hanover and St James. This programme is intended to assist in the reduction in absenteeism among PATH students in these parishes.

**Health Care and Access**

The parishes in Jamaica are divided into health regions (Southeast Regional Health Authority, SERHA; Southern Regional Health Authority, SRHA; Northeast Regional Health Authority, NERHA and Western Regional Health Authority, WRHA) by the MOH. According to the ESSJ 2016, the largest proportion of admissions to public healthcare facilities were for respiratory diseases (19.8%), followed by gastrointestinal diseases (17.4%).

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65. [Link](http://jis.gov.jm/more-jutc-buses-to-serve-disabled/)
66. Ibid 55
67. [Link](http://www.jamaicaobserver.com/latestnews/JUTC_begins_pilot_bus_service_in_Clarendon_tomorrow?profile=1228)
68. [Link](http://jis.gov.jm/education-ministry-rolls-pilot-rural-school-bus-system-september/)
hospitals was in SERHA\(^\text{69}\) (41.7 per cent), followed by SRHA\(^\text{70}\) (18.6 per cent), NERHA\(^\text{71}\) (16.3 per cent) and WRHA\(^\text{72}\) (16.6 per cent). The MOH’s provisional data showed that there were 1,566,773 visits to all health centres for the period January–December, 2016. Of the total visits to health centres, 997,267 were for curative care.

The island continues to implement its expanded programme on immunization. Currently, there is 95.0 per cent coverage on immunization. In the 2016/17 financial year, there was the introduction of 2-dose IPV regime. The government also introduced the HPV vaccination in 2017 to young adolescent females. Other programmes/initiatives related to health are explored in other areas of this report but particularly in Thematic Area D.

**Education and Access**

Jamaica’s tagline for the MOEYI is “Every Child Can Learn, Every Child Must Learn.” To this end, the island has been making strides to achieve universal education. According to the 2015 Jamaica Survey of Living Conditions, the country has universal enrolment of children in school up to age 16. However, among the 17 to 18 age group, enrolment was 50.0 per cent, while for the 19–24 age group it was 18 per cent. Please see Thematic Area B for more information on access to education initiatives.

**Other initiatives facilitating access**

The Jamaica Social Investment Fund (JSIF) administers programmes/projects to promote the development and wellbeing of people in all territories without any form of discrimination. As a result, the agency has assisted in the provision of basic social services to underserved communities in urban and rural (including remotely located) areas.

At the end of the financial year 2013/2014, five of JSIF major projects, which spanned eight years, came to an end. It was reported that the programmes initiated under these projects benefited over 129,900 underserved persons from various communities on the island.\(^\text{73}\) Of the five, two programmes, which were targeted mainly at crime and violence, are reported in **Priority Measure Number 79**. Under the Basic Needs Trust Fund, Sixth Programme (BNTF 6), more than 18,000 persons benefited from “over 31 interventions ranging from the rehabilitation and construction of schools, roads water systems and training for community groups to build their capac-

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\(^{69}\) Kingston & St Andrew, St Thomas, St Catherine.

\(^{70}\) St Elizabeth, Manchester, Clarendon.

\(^{71}\) Portland, St Mary, St Ann.

\(^{72}\) Trelawny, St James, Hanover, Westmoreland.

Due to the reach of the programme the agency was chosen to implement a BNFT 7.

The thrust of the Petro Caribe Development Fund (PDF) Community Sanitation, Phase I programme saw to the agency facilitating the construction of “bathroom facilities in 28 schools across the island. These works contributed to the reduction of pit latrines in schools by 21.0 per cent; and resulted in improved sanitation and hygiene for 4 140 primary level students and provided employment for 728 persons.”75

The Poverty Reduction Programme II (PRP II) which began in May 2012 also came to an end in the 2013/2014 financial year. The Poverty Reduction Programme has benefited nearly 1.6 million Jamaicans from 544 communities “through engagements undertaken in education, transportation, health, security, environment, agriculture, and tourism in Kingston, St. Andrew, St. Catherine, and St. James.”76 The programme is currently in its fourth phase, Poverty Reduction Programme (PRP-IV), and spans the period November 7, 2014 to November 6, 2018.77

Another JSIF-led project, the Rural Economic Development Initiative (REDI) – World Bank Project, which began in 2010, ended July 2017 “was intended to reduce rural poverty by increasing the earning potential of rural communities”. According to JSIF, the project was completed successfully.78

In addition, the JSIF leads on a project, funded by the International Bank for Reconstruction and Development, the Integrated Community Development Project (October, 2014 to October, 2020) which targets underserved communities (selected economically vulnerable and socially volatile inner city communities). The project which seeks to enhance access to basic urban infrastructure and services will engage and impact more than 80 000 residents in Clarendon, Kingston, St. Andrew, St. Ann, St. Catherine, St. James and Westmoreland. Initiatives under the programme include environmental programmes in schools, clean-up activities in communities, rehabilitation of access roads, and provision of access to sanitation and water supply.80

Another major initiative to date was launched in 2013 by the PIOJ, the Community Renewal Programme (CRP). Designed as a multifaceted programme, CRP is financed by the Government of Jamaica and international development partners. It was designed to address living conditions in 100 communities island-wide, deemed the most socially problematic. The 10-year programme will address community

74. Ibid 82.
75. Ibid 82.
77. http://www.jsif.org/content/poverty-reduction-programme-prp
78. http://www.jsif.org/content/rural-economic-development-initiative-redi
empowerment, housing, sanitation and waste disposal, economic opportunity, recreation, dispute resolution, crime, etc.

**Present Challenges**

There exists a lack of awareness of activities, therefore a coordination mechanism (including work plans) among multiple entities tasked to deliver the services is needed. The population of Jamaica is not centrally located in ‘pockets’, but is scattered especially in the rural areas. As a result, the ‘spread’ negatively impacts equal access to services, for example due to inadequate population to attend rural schools, in the period since 2012, many rural-based public and private schools were closed. The population issue has also affected other rural services, namely, health care at health centers and postal services.

Accessibility remains a major challenge for PWDs residing in rural areas relative to those in the urban centres. There is also an absence of a public sector transportation system in many rural areas as well as poor or no policy implementation related to PWDs persists.

78. Expand and improve the processes of decentralization, deconcentration and participatory planning at the subnational and local levels, with emphasis on availability, accessibility and the quality of basic services, education and health, including sexual health and reproductive health and the prevention of violence against girls, adolescents and women.

**Planning at the subnational and local levels**

Since 2013, Jamaica has been engaged in advancing the process of Local Government Reform. Three Acts directly related to local government planning were tabled in 2016:

- Local Government Act (2016) – to provide greater scope and autonomy in the management of local affairs
- Local Government (Financing and Financial) Act (2016) – to provide a comprehensive framework for the financing and financial management of local authorities
- Local Government (Unified Services and Employment) Act (2016) – to provide a comprehensive framework employment, management and regulation of personnel employed by local government authorities.81

All these documents have been used or are being used to strengthen local government reform efforts. However, there is a lack of coordination in development efforts. Problems exist even within government agencies, for example the Housing Act gives veto power to the Minister of Housing, thus s/he may over-ride recommendations of technical agencies about housing zoning issues etc. Loopholes in current legislation also exists the ability to appeal technical decisions with the minister (e.g. for development). There is a negative perception among key stakeholders that environmental preservation is at the expense of development and vice versa. In terms of the designation of conservation areas, ownership of the land is an issue.

79. **Design programmes to promote peaceful coexistence, continuing education, creative leisure pursuits, mental health and citizen security for the population in their territories in order to prevent the current social problems associated with issues such as poverty, social exclusion, the abusive use and trafficking of drugs, and gender-based violence.**

The security of its population has always been a priority of the Jamaican government over the years. To this end many programmes and initiatives have been designed and implemented by various government administrations. To date, one of the most successful programme has been the Citizens Security and Justice Programme which began in 2001. The multifarious programme spans eight parishes and assists residents in over 50 Communities. The aim of the programme is crime and violence prevention and reduction, approached from an angle of improving the citizen’s socio-economic conditions and making these conditions sustainable.\(^{82}\) **CSJP Statistics** \(^{83}\) reported the following as successes achieved at the end of Phase II of the CSJP:

- Murder rate in CSJP’s eight targeted parishes declined 43.0 per cent versus 35.0 per cent nationally
- 44.1 per cent of CSJP community residents responded that crime decreased in their community in the past five years, versus 27.5 per cent of residents from other communities (MNS/CSJP Community Survey 2013)
- 69.1 per cent of CSJP vocational training participants said they were “significantly” less likely to become involved in crime and violence
- Capacity of community organizations working on crime prevention had increased to 35 out of the 45 Community Action Committees that had achieved benevolent society status


• Of residents who were aware of CSJP operating in their communities, 73.8 per cent felt the programme had reduced crime in their neighbourhood.

• 79.6 per cent felt it had made their community a better place to live and approximately 80.4 per cent of residents in CSJP communities deemed their communities safe for residents and visitors.

• Neighbourhoods gained ‘stability’, as 80.0 per cent of residents have been residing within their community for 10 years or more. In non-CSJP communities (control group) it is 51.8 per cent.

Due to the continued success of the programme, in December 2014 the government of Jamaica launched the third phase (The Citizen Security and Justice Programme III- CSJP III), which will end in 2019.

The two JSIF led programmes which were mentioned under Priority Measure Number 77, which addressed crime and violence prevention were:

• Inner City Basic Services for the Poor (ICBSP) – conducted in 12 targeted communities in five parishes with large inner-city populations: Kingston, St. Andrew, St. Catherine, St. James and Clarendon. The project benefited over 62 000 persons and was conducted “within the context of the development of a comprehensive inner city renewal programme, which aims to provide a general framework for integrating the dimensions of human, social, economic and environmental development of inner city communities”.84 The project centered mainly on crime and violence prevention.

• Japan Social Development Fund (JSDF) – Also centering crime and violence reduction and prevention activities, this project benefited over “8 600 persons living in volatile and vulnerable communities.”85

Other programmes geared towards promoting peaceful coexistence, continuing education, creative leisure pursuits, mental health and citizen security for the population in order to prevent social problems associated with poverty, social exclusion, the abusive use and trafficking of drugs, and gender-based violence included:

• The Child Development Agency (CDA) which received a Mobile Mental Health Unit, ‘Smile Mobile’, from the United States Agency for International Development (USAID) on April 7, 2017. The unit “will play a significant role in strengthening the capacity of the CDA to respond to the needs of youth who have been traumatised by various acts of violence and abuse”.86

• In 2016, the RGD began a programme which was aimed at getting electronic registration (facilitated by computers supplied by the Universal Service Fund) of

84. [http://www.jsif.org/content/inner-city-basic-services-poor-project-icbsp](http://www.jsif.org/content/inner-city-basic-services-poor-project-icbsp)
85. Ibid 93.
births in Jamaican hospitals. The programme is currently operational in eight hospitals across the island: Spanish Town, Mandeville, St Ann’s Bay, Cornwall Regional, Victoria Jubilee, Princess Margaret, Annotto Bay and May Pen. This e-registration programme further amplifies the 2007-bedside registration programme in which mothers get a free birth certificate for their child/children born in hospitals

- Improved efforts for cyber security – Cyber Crime Act (2015); National Cyber Security Strategy (2015) which included a Cyber Incident Response Team; Data Protection Act (2017) all assist with greater protection of personal data in government or private sector.

- The E-Diaries initiative, launched in 2015 is expected to facilitate more efficient crime reporting and is less time consuming. As a result this is expected to enhance the work of the JCF

- Noise Abatement Act (last amended in 1997) – Consultations are ongoing to adjust the act to make for better policing as well as monitoring the noise levels for citizens in residential areas close to areas used for entertainment

- National Steering Committee for Child Diversion– Drafting of the National Child Diversion Policy is currently ongoing. “The policy aims to provide an alternative to institutionalization of juvenile offenders.”

**Gaps and Challenges:**

Some of the major gaps or challenges identified from various consultations are as follows:

- Limited help for mentally challenged nationals – services are limited; limited facilities (infirmaries) for homeless
- Unmet need for counselling facilities for most vulnerable.
- Behavioural change is required for issues such as domestic violence.
- Inadequate Drug Rehabilitation Programmes. In Jamaica there is not an established public facility for these programmes, as a result, all of the available programmes are housed in private institutions which in turn limit access to the most vulnerable due to the high costs associated with the programmes.
- Programme funding is limited, for example the targeted education programme on child abuse requires more funding.
- Insufficient community involvement – although programmes under JSIF, CSJP and CRP are geared towards community interventions, they are insufficient as most of these programmes currently targeted for inner-city communities only.

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80. Formulate development strategies for city systems to encompass territorial planning and environmental sustainability, promoting energy transition and sustainable production and consumption processes, taking into consideration social and environmental externalities within a human rights framework, in order to promote sustainable and inclusive urban development and strengthen all segments of such systems, including intermediate and small cities.

Some activities relating to this priority to date include:

- In 2015 the National Electricity Act (NEA) was updated. This act allows Jamaica to move forward to increase the percentage of electricity from renewable sources. In 2017, the installed renewable energy capacity for electricity generation was 15.0 per cent. Net billing, Electric Power Wheeling and Auxiliary connections are also addressed under the NEA.

- In addition, there is a revision of National Transport Policy currently taking place. As a result a national transport strategy and national transport plan will be developed to address major cross-cutting issues, climate change and integration between land use and transport planning. The Policy alludes to the promotion of public transportation over private vehicle use. This will assist greatly with traffic congestion and energy efficiency as public transport will carry more persons and thus require less gasoline usage per capita than would be the case if everyone used private vehicles.

- Incorporating Smart Growth principle into planning documents. This will entail high densities in growth centres; walkability in main urban centres; mixed uses; green development; and policies relating to water harvesting.

- The Smart City and Smart Housing initiative is spearheaded by the Ministry of Science Energy and Technology and Jamaica Public Service. Under this programme, New Kingston was chosen as the pilot smart city. Implementation activities for the pilot began in 2017.

- Traffic Management System – In December 2016, the GoJ received a US$30 million loan jointly sponsored by the Inter-American Development (IDB) and the Japan International Cooperation Agency (JICA) to complete an Urban Traffic Management System. The system is to assist with traffic congestion within the Kingston Metropolitan Region and will also reduce fuel inefficiency and mobility issues due to traffic congestion in this region.

- Emerging and Sustainable Cities Initiative – the Ministry of Local Government and Community Development, through funding from the Inter-American Development Bank embarked on an initiative to make Montego Bay a sustainable

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city. The project which began in 2013 is currently on going. “The project seeks to contribute to the implementation of Montego Bay’s urban sustainability Action Plan, in which the general goal is to address the main environmental, urban and fiscal issues affecting the long term sustainability of the city.”

- **Street Lighting Project** – In 2017, the Caribbean Development Bank (CDB) began sponsoring a US$25 million initiative “to replace existing streetlights in Jamaica with high-efficiency light-emitting diode (LED) lamps”. The project is geared towards increasing personal safety as well as to safely facilitate the operation of transportation at nights. The project will also contribute to the reduction of greenhouse gas emission in Jamaica.

Some of the various challenges to this priority measures identified were:

- Delays in the revision of the Science, Technology and Innovation Policy. This is partly due to a lack of a consensus on various issues, thus not all targets are being met.
- There is no definition of ‘city’ in Jamaican law; thus this impacts government planning efforts. There is no requirement (on books) of what a ‘city’ in Jamaica should entail for such a designation to be given.
- Silo-operation within government agencies. For example in the consultation NEPA was selected but within NEPA, different divisions operate/plan at different levels – national spatial strategy branch uses regional, sub-regional, district, while other divisions operate based on local planning areas.
- The lack of standardized boundaries within and across agencies was also highlighted as a challenge for this priority measure.

**81.** Plan and manage territorial and urban development, from a human rights and gender perspective, by formulating mobility, population settlement and activity location policies that contemplate, among their objectives, avoiding the use of vulnerable and protected areas and preventing and mitigating the impact of socioenvironmental disasters and combating the environmental vulnerability of those living in poverty and ethnic and racial groups who are subject to discrimination, as well as climate change mitigation and adaptation.

At the time this report was being prepared, the listed protected areas (zoning and management plans) were already declared and documented (Table 6).

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Other initiatives undertaken towards effective management and plans of territorial and urban development are:

- **Disaster Risk Management Act (2015)**, which speaks specifically to the designation of vulnerable areas and the removal of persons from these areas. This will lessen the likelihood of loss of lives in these vulnerable areas and assist in the zoning efforts for housing developments.

- **Draft NAMA for Energy** – In 2014, the Ministry of Science, Technology, Energy and Mining and Ministry of Land, Water, Environment and Climate Change

### Table 6: Protected Areas Information

<table>
<thead>
<tr>
<th>Protected Area Sites</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Zoning Plans</strong></td>
<td></td>
</tr>
<tr>
<td>Negril Marine Park Zoning Plan (2012)</td>
<td>Approved by the NRCA*</td>
</tr>
<tr>
<td>Montego Bay Marine Park Zoning Plan (2013)</td>
<td>Approved by the NRCA*</td>
</tr>
<tr>
<td>Coral Spring–Mountain Spring Protected Area Zoning Plan (2013)</td>
<td>Draft</td>
</tr>
<tr>
<td>Palisadoes–Port Royal Protected Area Zoning Plan (2013)</td>
<td>Draft</td>
</tr>
<tr>
<td><strong>Management Plans</strong></td>
<td></td>
</tr>
<tr>
<td>Negril Marine Park Management Plan</td>
<td>Approved by the NRCA*</td>
</tr>
<tr>
<td>Montego Bay Marine Park Management Plan</td>
<td>Approved by the NRCA*</td>
</tr>
<tr>
<td>Blue and John Crow Mountains National Park and World Heritage Site Management Plan</td>
<td>Draft</td>
</tr>
<tr>
<td>Ocho Rios Marine Park Protected Area Management Plan</td>
<td>Draft</td>
</tr>
<tr>
<td>Palisadoes–Port Royal Protected Area Management Plan</td>
<td>Draft</td>
</tr>
<tr>
<td>Mason River Protected Area Management Plan</td>
<td>Draft</td>
</tr>
<tr>
<td>Black River Protected Landscape Management Plan</td>
<td>Draft</td>
</tr>
<tr>
<td>Portland Bight Protected Area Management Plan</td>
<td>Draft</td>
</tr>
</tbody>
</table>

NRCA* – Natural Resources Conservation Authority
jointly formulated a Jamaica Renewable Energy NAMA. The objective of the NAMA is to promote the incorporation of renewable energy based generation in Jamaica by assisting in the creation of an enabling environment for the deployment of renewable energy generation technologies such as solar, wind, hydro and biomass in the country.

The specific objectives of the NAMA (2014–2030) are:

- Facilitate efforts towards the implementation of the Vision 2030 Jamaica, through the GHG mitigation associated to renewable energy (RE) scaling-up; and contributing to the establishment of the monitoring protocols necessary for tracking the renewable energy climate related mitigation contributions.
- Contribute to the streamlining and implementation of key regulations supporting the development of the RE sector in the country, inclusive of a framework of relevant incentives appropriate for the context of the country.
- Assist the GoJ in implementing financial instruments and financing facilities that could be supportive of the perceived needs to catalyze investment in RE project development, inclusive of risk mitigation schemes that could assist the private sector investment (mainly local) in RE electricity generation projects.
- Assist in removing perceived barriers for RE project development related to permits required by project developers in order to comply with national and local ordinances.
- Provide targeted support for the removal of technical barriers and grid infrastructure deployment that is essential for improving the absorptive capacity of the Jamaica grid to speed the uptake of variable power renewable energy generation.

- In 2016, Jamaica signed the Paris Agreement (on Climate Change) to limit greenhouse gas emissions.
- A Climate Change Focal point network has been established in March 2014. Its work is to ensure efforts to militate climate change are represented in all government policy documents being revised or created, in light of the effects climate change has been having and is expected to have globally. The network is coordinated through the Climate Change Division.
- Plans are in preliminary stages to create an Emissions Policy. There are concerns about poor air quality within the Corporate Area and St. Catherine; this has led to the need for a policy. In February 2017, it was announced that Cabinet gave directive for the formation of an inter-ministerial committee to assist with the policy formation.91

In spite of the numerous activities currently being undertaken in this priority measure, there still remain gaps and challenges. It was highlighted that in some cases short-term benefits of development often overshadow climate change considerations. Additionally, there is a high level of vulnerability for the island recent rainfall events (March to June 2017) cost the country $4.0 billion dollars. The heavy dependence on external entities for adaptation funding was also highlighted as a challenge. As a result of the dependency, well needed interventions are not made unless donor funds are present. The participants in the consultations also saw the fact that vulnerable groups lack secured tenure as a problem. Due to lack of tenure most vulnerable persons find themselves squatting. Squatted houses for vulnerable persons tend to be situated in precarious locations (gully/river banks, flood prone areas) and are generally constructed from substandard materials (sometimes because they cannot afford concrete or do not want to set up something permanent with the risk of eviction from the land), which further adds to the vulnerability of these persons. Finally, the participants also reported that there is a lack of capacity to implement projects within given timeframe.

82. Formulate and implement strategies and policies that respond fully to situations of vulnerability to natural disasters, with a multidimensional protection focus before, during and after such events.

As previously mentioned, under Priority Measure 81, Jamaica launched its Disaster Risk Management Act in 2015. The Act was based on a comprehensive approach to disaster risk management. In addition to the Act, the Disaster Risk Management Council was reformulated and sub-committees re-organized.

The gaps and challenges reported for the previous priority measure (81 above) are also relevant to this priority measure.

83. Promote Inclusive development of natural resources, avoiding the social and environmental damage that this may cause.

A National Minerals Policy which was finalized in 2017 incorporates consideration for avoiding social and environmental damage. The policy will guide mining of all minerals and strengthen the framework to protect the environment. Support for policy development was provided by UNDP/EU National Mineral Policy Development Programme.

84. **Promote the use of georeferenced, sociodemographic analysis, disaggregated by sex, race, and ethnicity, to improve territorial planning and environmental risk management.**

In 2015, a four-year Enterprise License Agreement (ELA) was signed between ESRI (Environmental Systems Research Institute), an international supplier of geographic information system and the GOJ to make the ESRI suite of GIS software and training available to MDAs and schools. Years 1 and 2 training have been completed and the capacity in several agencies to conduct, inter alia, spatial analysis, imagery analysis and produce story maps has been enhanced. Geospatial files are also available.

In addition to this, other activities done during the period included:

- A Climate Data Node is to be developed under the Improving Climate Data and Information Management Project. This initiative is to be steered by Pilot Programme for Climate Resilience (PPCR).
- A National Disaster Risk Information Platform (NRIP) – plans are underway to develop a central repository and clearinghouse for multi-hazard data. The platform is being developed under the Jamaica Vulnerability Disaster Risk Reduction Project.
- Spatial database to support the National Spatial Plan has already been developed and over 230 datasets maintained by the National Spatial Data Management Division, there is also access to limited geospatial data on the GOJ open data portal.
- A National Spatial Data Infrastructure Policy was drafted (2016) and Spatial Data Infrastructure included in revised draft National Land Policy (in progress).

A number of issues, however, remain unresolved and these hamper this priority measure. There are data sharing issues, for example, government purchases spatial data from government. These and other data accessibility/availability issues are to be addressed by national spatial data infrastructure. Availability of current data was also cited as a problem among the participants, this they reported is largely due to the lack of funding to update data.
Over the period under review, Jamaica has been actively engaged in ICPD Beyond 2014. Jamaica is one of the member states on the Bureau of the UN Commission on Population and Development (CPD). Additionally, Jamaica has served two terms as co-chair of the UN CPD as representative for the Group of Countries for Latin America and the Caribbean (GRULAC). At the regional level, Jamaica continues its role as Presiding Officer for the Regional Conference on Population and Development for Latin America and the Caribbean. In 2017, Jamaica was assigned by UNFPA to lead the Caribbean sub-region on the review of the Montevideo Consensus indicators and preparation of national reports.

Successful implementation of the Montevideo Consensus in this thematic area will require adoption of 10 priority actions. The achievement for each of these priorities since 2013 is detailed below.

99. **Reiterate the appeal to establish or strengthen a national coordinating mechanism, with the participation of civil society organizations, to facilitate the implementation and follow-up of the Cairo Programme of Action beyond 2014 and to act as a permanent liaison with the Regional Conference.**

Since the adoption of the National Population Policy in 1983, Jamaica has had in place a national coordinating mechanism in which representatives from Civil Society Organizations (CSO) participate actively. Over the years, the representation of CSO has varied. The Population Thematic Working Group currently has membership from CSOs that represent SRH, youth, elderly, development and women’s issues. For the period 2013–2017, Jamaica is one of the presiding officers for the Regional Conference on Population and Development. The PIOJ as the national focal point on population and development is represented at this level and facilitates the integration of the regional agenda into the national planning framework.

100. **Adopt a regional agenda on population and development for Latin America and the Caribbean fully respecting the Cairo Programme of Action and the key actions for its further implementation beyond 2014.**
The Montevideo Consensus on Population and Development is the regional agenda on population and development designed to assure implementation of the Cairo Programme of Action beyond 2014. It is observed that the Consensus that emerged, and is now established as the roadmap for the future of regional (LAC) action in Population and Development, is very progressive. A sovereignty clause was introduced by Jamaica that should enable individual countries to implement priority actions without contravening their national laws.

101. **Generate regional and national machineries to oversee the fulfilment of this regional agenda on population and development for Latin America and the Caribbean beyond 2014 and ensure its accountability.**

The Population Thematic Working Group, chaired by the PIOJ, is Jamaica’s national machinery for overseeing fulfilment of the regional agenda, consistent with the priorities outlined in the MTF 2015–2018. Jamaica’s focal point (PIOJ) to the Regional Conference is actively engaged in the ad hoc working group on the MVC Indicators along with the Statistical Institute of Jamaica.

102. **Improve data sources, particularly population censuses, administrative records, vital statistics and specialized surveys, promoting the full independence of national statistical systems and ensuring, by means of legal and institutional frameworks, that users and producers apply the fundamental principles of official statistics at both the national and international levels as well as harmonized methodologies to ensure comparability between countries.**

The Statistical Institute of Jamaica (STATIN), the national statistics office, is charged, by virtue of the Statistics Act to collect, compile, analyse and publish statistical information on the social, economic and the general conditions and activities of the Jamaican people. STATIN also has responsibility to “promote and develop integrated social and economic statistics pertaining to Jamaica and to co-ordinate programmes for the integration of such statistics.” In order to improve this coordination and to address weaknesses in the national statistics system, STATIN has developed a number of strategies. An important component is the preparation of a National Strategy for the Development of Statistics (NSDS) for Jamaica.

The NSDS will guide the development of Jamaica’s National Statistics System (NSS). The NSS will provide a more coordinated approach in producing and disseminating data. It will facilitate greater harmonisation among entities engaged in the production of official statistics, reduce duplication, and enable the national statistical system to better respond to the increased demand for data. The national strategy is
timely, as statistics in Jamaica are produced in a decentralised manner, with little or no coordination or standardisation in the system and these results in duplications.

The NSDS will contain a detailed action plan for the production and dissemination of statistics over a period of 5–10 years, including capacity development needs, and required institutional and infrastructure improvements. In this regard, STATIN works closely with the regional and international partners in official statistics including CARICOM Secretariat, the Statistics Commission of the Americas, the United Nations Statistical Commission. The mandate given to the national statistical offices to lead the reporting on the SDG indicators, provide an opportunity for the development and improvement of national statistics systems globally.

In furtherance of the objective to provide high quality statistics in 2017, STATIN launched its Quality Assurance Framework (SQAF). In collaboration with other MDAs, it is also in the process of drafting a National Quality Assurance Framework (NQAF) for Jamaica’s NSS. These frameworks are designed to promote consistency and transparency in the handling of data and the production of quality official statistics, especially in the digital age.

Under the modernise programme for the Registration and Vital Statistics Systems, activities were designed to improve inter-agency co-ordination and communication, data collection, processing and management, and strengthen human resource. In addition, the programme will strengthen capacities within designated ministries (Health, National Security) (Police Statistic Unit), Justice (Coroner’s Court), Registrar General’s Department (RGD) and STATIN), to collect, store and process vital data and produce vital statistics which meet international standards for policy and planning.

**103. Ensure sufficient financial and human resources to develop integrated systems that provide reliable, timely, good-quality, gender sensitive information, disaggregated by territory, sex, age, race, ethnicity and socioeconomic status, to facilitate decision-making and the formulation, follow-up and appraisal of development policies and programmes.**

A serious financial challenge exists for developing integrated systems that “provide reliable, timely, good quality, gender-sensitive information” needed for decision-making and policy and programme development. Jamaica has over the years invested in establishing STATIN. However, there is a recognized funding gap for the collection and compilation of all required statistics. In the case of national surveys conducted

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94. A sub-group of the CARICOM Secretariat
by STATIN, data are usually disaggregated by sex, age and location. Census data, on the other hand, may also be disaggregated by ethnicity.

104. **Promote cooperation between national statistical offices and the relevant bodies in the field of statistics to aid in the production and improvement of those statistics, as well as in the use of health-sector administrative records for statistical purposes.**

In the period since 2013, several individual agencies have established electronic data bases to assist in the effective administrative management of their programmes and services. For example, CDA, the national agency that serves children in state care introduced an electronic case management system (SOHEMA) in July 2014; and OCR has in place a database which allows the agency to disaggregate child abuse data by age, sex, parish and type of abuse. However, the database has its limitations. The recent merger of the CDA and the OCR will have implications for the database maintained by the new agency. The Ministry of Health is in the process of developing a health informatics system and is currently preparing to enter into partnership, through a MOU with the RGD.

Through the NSDS, STATIN is actively engaged in addressing the problem of insufficient coordination between agencies and departments in the generation of reliable statistics. The issue is being addressed by STATIN which in July 2017 organized a three-day workshop on the National Strategy for the Development of Statistics. This workshop highlighted related issues and offered solutions by several key agencies and departments.

Some of the anticipated challenges in implementing this priority action include: i) insufficient trained data managers in the individual MDAs to manage the new systems, and ii) the reluctance of agencies, especially private sector agencies, to share data and statistics. STATIN will be challenged to solicit the cooperation of these agencies in operationalizing the NSDS. Access to timely and quality data for some sectors remain a challenge. Further examination is required to assess the utilization of data from CSOs to support the national statistics system.

105. **Ensure sufficient financial resources and the mobilization if international cooperation resources for Latin America and the Caribbean, in order to expedite the implementation of the Cairo Programme of Action beyond 2014 and the measures agreed upon herein, putting in place at the same time clear and effective transparency and accountability mechanisms.**

Like many of the countries in the region, Jamaica is experiencing serious financial constraints. In addition to the challenges associated with being ranked as an upper middle income country, Jamaica also has a severe debt-to-GDP ratio. These and other
factors limit Jamaica’s ability to ensure sufficient financial resources are allocated for the implementation of the Cairo PoA beyond 2014 (the MVC). The country has been able, however, to address some of the challenges through implementation of cost recovery systems (as in the case of contraceptive sales to government sector) and negotiation of grant support (e.g. PROMAC to address maternal and infant mortality issues). Development partners, which themselves are operating under severe financial constraints, have identified innovative ways, for example, cost sharing and through South-South technical assistance support to assist in sourcing the same financial resources. Appropriate and timely data are however a challenge.

106. Design and implement training strategies in the area of population and development that cover the various issues, territorial levels and course formats, using the academic establishments in the region and available technological advances, with the support of the United Nations Population Fund and the United Nations system.

A Master’s level (MSc) programme in Demography established at the University of the West Indies (UWI) Mona campus prior to 2012 continues to be offered along with a BSc in Demography and Diploma in Population and Development. The structure of the Master’s programme reflects the needs of the government sector and graduates of the programme are employed in the wider Caribbean region. The University of Technology also offers a BA in Applied Statistics with courses in Demography.

Besides the demography programme, Jamaica has access to the Institute of Sustainable Development and its Units which are housed at the UWI, Mona campus.

107. Guarantee the effective participation of civil society and social movements in the implementation, oversight and appraisal of the Cairo Programme of Action beyond 2014, incorporating the measures agreed upon herein.

In 1982, the Population Policy Coordinating Committee (PPCC), was convened and was renamed Population Thematic Working Group (PopTWG) in 2012. This is the longest standing population committee in the region. The PopTWG serves as the framework for monitoring population and development policies and programmes. The committee comprises representatives from government, the private sector, Civil Society Organizations (CSO), academia and IDPs.

108. Submit a proposal to the Statistical Conference of the Americas, at its next meeting on the harmonization of health indicators, in particular, sexual health and reproductive health, for the region, including small island developing States, in order to facilitate the comparison and analysis of regional trends.
In 2017, the Ministry of Health prepared a compendium of health indicators which presents a comprehensive overview of the state of the health sector in Jamaica. This initiative was supported by STATIN and other relevant stakeholder.
Summary of Achievements

Overall, there is compelling evidence that Jamaica has made significant progress to date in the implementation of the relevant priority actions outlined in the Montevideo Consensus. Notwithstanding, implementation has been uneven across the applicable thematic areas relevant to Jamaica and several areas still remain to be addressed.

Over the years, Jamaica has built an infrastructure that supports implementation of the population and development agenda to address **Thematic Area A: Full integration of population dynamics into sustainable development with equality and respect for human rights**. The challenge for Jamaica is to ensure the sustainability of this infrastructure, to be proactive, and adequately meet the growing demands of the population and development agenda.

In line with the Montevideo Consensus, Jamaica has scheduled for the five-year period, the revision, formulation and implementation of several critical policies and strategies to address the changing demographics of the country, namely:

- Revision of the National Population Policy
- Revision of the National Youth Policy
- Revision of the National Policy for Senior Citizens
- Implementation of the National Policy on International Migration and Development
- Implementation Policy on Poverty and Programme of Action on Poverty Reduction
- Finalization of Draft Diaspora Policy
- Formulation of the National Policy on Sexual and Reproductive Health
- Implementation of National Social Protection Strategy and Social Protection Floor.

The revision of the National Population Policy is being undertaken within the context of the provisions of Montevideo Consensus, the SDGs and Vision 2030 Jamaica – National Development Plan. This approach is designed to ensure that the
global, regional and national realities and linkages between population and sustainable development are taken into consideration. Other areas of success include increases in life expectancy, decline in fertility, and reduction in average household size.

Several advancements have been made in relation to Thematic Area B: Rights, needs, responsibilities and requirements of girls, boys, adolescents and youth and Thematic area D: Universal access to sexual and reproductive health services. A mechanism has been established for integrating elements of the HIV/AIDS Programme into the National Family Planning Board programme as one of the responses to comprehensive sexual and reproductive health with support from UNFPA and UNAIDS.

Jamaica has made significant strides over the years in reducing its total fertility rate from 6.0 children per woman in the 1970s to approximately 2.4 children in 2008. However, adolescent fertility remains a challenge at 72 births per 1,000 women in the 15–19 years age group; although this is still high, progress has been made as the rate was 137 births in 1975. There is considerable more work to be done to tackle adolescent pregnancy and also the sexual and reproductive health needs of adolescents. In 2013, the Ministry of Education unveiled the Policy on Reintegration of Teenage Mothers in the Formal Education System. This is to ensure that all teenage mothers are able to return to the formal education system and are encouraged to pursue their academic goals and break the intergenerational transmission of poverty.

Definitive steps have been made to advocate, with strong partnership from civil society groups, through policies and programmes for the administration of sexual and reproductive health service, treatment, counselling and care to minors. There is also the establishment of adolescent-friendly centres; multi-sectoral support for the National Strategic Plan for Pre-Adolescents and Adolescents; and the development of an Action Plan for standards of care. Health and Family Life Education (HFLE) has been integrated into the education system.

The implementation of PROMAC has been ongoing since 2014. The programme was designed to reduce deaths attributable to high-risk factors for mother and child through the establishment of high dependency units in select health care facilities with specialized equipment for newborn and pregnant women. In this regard, the country has recorded reduction in infant, child and maternal mortality.

Thematic Area C: Ageing, social protection and socioeconomic challenges is an area in which the implementation was uneven. The elderly is the fastest growing segment of the population and requires considerable attention. Jamaica has a long history of implementing social policy and social welfare, social security, labour market and poverty programmes and policies. Over the years, there have been various mandates, ad hoc interventions, little connectivity coupled with increasing poverty, high unemployment and low levels of social security coverage. Bearing all of this in

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mind and examining best practices within the Latin America, Jamaica sought to develop a comprehensive social protection strategy. The basic tenets of the Social Protection Strategy are:

- Support the outcomes of Vision 2030 Jamaica, recognizing that the priorities of the Montevideo Consensus and specific social protection targets of the SDGs are also covered
- Uses a life-cycle strategic approach to be comprehensive and inclusive for all (from conception to childhood, Youth, Working Age and the Elderly)
- Addresses various SP risks and cross-cutting issues
- Requires strong collaboration and integration across sectors and among agencies.

In relation to **Thematic Area E: Gender Equality**, the Bureau of Gender Affairs and its partners undertook several initiatives geared towards strengthening the gender portfolio, advancing the policy framework and execution of several critical programmes. Notwithstanding, gaps remain for females in the areas of decision making and leadership.

In support of the work on **Thematic Area F: International migration and protection of the human rights of all migrants**, Jamaica has adopted the policy position that international migration can benefit country of origin, country of destination, and the migrants themselves. This is reflected primarily in the comprehensive and integrated National Policy on International Migration and Development. The overall policy goal is to ensure that “international migration is adequately measured, monitored and streamlined to serve national development goals embodied in Vision 2030 Jamaica.”

A significant amount of action was reported for **Thematic Area G: Territorial inequality, spatial mobility and vulnerability**. The key to advancing this work has been the availability of relevant and up-to-date development orders for parishes to assist with development controls. In addition, at the municipal level, Local Sustainable Development Plans are in place for almost all parishes and reflect climate change, emergency management and disaster risk management considerations. Significant work on the development of a National Spatial Plan has been done and this will greatly enhance the work currently being done in this area.

In addition to progress made in implementing the priority actions for each of the eight thematic areas which are applicable to Jamaica, five conditions were essential to the Montevideo Consensus to facilitate implementation.

First, it was agreed at Montevideo that countries needed to have a permanent institutional structure devoted to population and development issues. In this regard, Jamaica is well placed to address population and development issues. As early as 1982, Jamaica convened a Population Policy Coordinating Committee later renamed
in 2012 as the Population Thematic Working Group (PopTWG), under the Vision 2030 Jamaica monitoring framework. The PopTWG serves as the framework for monitoring the national population and development agenda and comprises representatives from government, the private sector, CSOs and academia.

As important as the presence of a permanent institutional structure to monitoring the implementation of population and development policies and programmes, the focus on data, capacity building and accountability is also critical to this process. A second essential condition for adequate implementation of the Montevideo Consensus is strong statistical information systems especially in relation to the reinforcement of official statistics and conventional sources of demographic data to make them more sustainable. STATIN is the entity established by the government of Jamaica to access, generate, process, and disseminate statistics needed for planning and policy making. Overall Jamaica has a good system of data gathering and statistics generation. However, a reliable system for data sharing among agencies and entities is not in place and the process to establish such a system presents challenges. In the period since 2012, STATIN has actively engaged in addressing the problem. One of the hurdles that must be overcome is the reluctance of some agencies to share data. In this regard, STATIN has begun the process to formulate a National Strategy for the Development of Statistics (NSDS).

With regard to the third condition for assuring implementation success a strong training and education programmes that fit people for population and development work, Jamaica has made steady progress over the years and has one master level training programme in demography at the UWI Mona campus from which it benefits. Also located on the UWI Mona campus since 2006 is the Institute for Sustainable Development and its Units. The Institute supports research and training in sustainable development and related areas.

Jamaica also benefits from the fact that there are six accredited universities. Most have their main campus in Kingston, the capital, but together they provide a network of campuses across the island. The potential, therefore, exists for further strengthening training and education programmes that fit people for population and development work. In the period since 2012, Jamaica was the recipient of demographic analysis training from ECLAC brokered by UNFPA.

The need to create mechanisms for monitoring and accountability at national level, but also at the level of the region, was identified as a fourth fundamental element for effective implementation of the ICPD Beyond 2014 agenda. In this regard, the recommendation is that the mechanism that is introduced should enable and encourage active participation of civil society entities. Jamaica has a very active CSO community engaged in development work. They play a vital role in addressing many of the needs of underserved populations and have over the years paved the way for government to assume new responsibilities. In the era of limited financial resources, it may be
prudent to foster and encourage government CSO partnerships as found in the use of ‘mentor moms’ trained by Eve for Life under the “I am Alive programme” to support the MOH EMTCT programme. Mentor moms provide education, counselling and mentorship to users of antenatal and postnatal clinics.95

Finally, the need to secure financial resources required to implement the priority measures identified and articulated in the Montevideo Consensus, whether from national budget allocations, through international cooperation or both, are essential to effective implementation. A limit on financial resources was cited by stakeholders as the main challenge to implementation of priority actions. With Jamaica’s upgrade to high upper middle income country status as well as a high debt to GDP ratio, financing development programmes and actions is difficult as government resources are limited. Donor/development partners are undergoing adjustments to their budgets and are having to find new ways of supporting the development agenda. UNFPA, for example, is working ‘at upstream’ focusing on policy dialogue and advocacy; brokering technical assistance where needed, and in the case of the revision of the National Population Policy, mobilizing resources from non-traditional sources and providing technical advice. Other agencies in the UN family have adopted a similar strategy to support development work in Jamaica in which they have become vested.

IMPLEMENTATION CHALLENGES

Analysis of the key informant data and data from the national consultations highlight a fairly common set of implementation challenges for the Montevideo Consensus. Several of the challenges identified appear intractable while others will require the application of well thought out strategies. The challenges identified fall into six categories:

Financial

Financial and related issues were the most frequently mentioned challenge. Financing of development work to ensure sustainability is one of the biggest challenge for maintaining success in Jamaica. Chief in this category is the challenge of having access to sufficient financial resources in order to: i) complete programmes that are essential to meeting development targets; ii) build the capacity required for effective policy development, timely project implementation, etc., iii) update data or conduct necessary research. One suggestion made for addressing the financial constraint issue is to develop and maintain partnerships between/among government and other stakeholders, including the private sector.

95. I Am Alive was a 3-year programme implemented by Eve for Life with support from UNICEF, Jamaica.
Inadequate public education and awareness/Public perception

The value of public education is to change perceptions, shift attitudes and ultimately change behaviours. Educating the public is a necessary facet of every social service programme. Although programmes are implemented for a variety of reasons, successful efforts all share common attributes: i) the policy or programme is believed to be necessary; ii) the benefits of the policy or programme action are understood; iii) the liabilities (cost v benefit) of not taking the proposed action are clear; and iv) the actions needed to achieve the stated policy or programme objectives are understood and there is buy-in. At each level, ongoing public education and engagement is essential. The challenge of inadequate public education and awareness was raised more frequently in terms of Thematic Area G (Territorial Inequality, spatial mobility and vulnerability) than with any other thematic area. Negative perception that environmental preservation is at the expense of development and vice versa

Capacity

Insufficient capacity has been referenced as a challenge in implementing priority actions for several of the thematic areas. Capacity Building required for MDAs to effectively perform their tasks e.g. increase personnel focused on urban design; not in organizational structure/outdated structures need to be revamped e.g. there is only one architect at NEPA.

There is also the view that there is insufficient capacity for policy and programme review/approval process and for development orders and project implementation in general. This insufficiency negatively impacts project implementation timelines.

Policy

Policy-related issues emerged as challenges. Firstly the weak and contradictory policy and legislative environment especially in addressing sexual and reproductive health needs of adolescents. In addition, poor enforcement of laws and policies was cited in relation to more than one issue. Such practice allows, for example, for PWD living in rural areas to be charged the regular fare on buses.

The legislative and policy environment associated with ASRH and the conservative attitudes of many health care providers regarding sexual behavior and protection for adolescents are barriers to access to services for adolescents. The introduction of quality of care standards in all public health facilities combined with the training in emotional intelligence and values being undertaken by the MOH as well as the development of an AH policy should contribute significantly to achievement of this action.
**Political system/ Governance**

Some of the challenges classified under this area are: i) Change in administration/government often leads to delays in approval of policies, etc.; ii) lengthy project/policy approval process; iii) lack of communication between MDAs engaged in similar areas of work which leads to overlap in work plans among multiple entities responsible to deliver the services; iv) Lack of coordination in development, for example, private sector/departments sometimes operate individually and not consistent with GOJ plans.

**Data**

Key informants mentioned the following: i) incompatible data formats among MDAs; spatial data required but received in tabular format; ii) inability to access adequate current data for planning and policy development; and iii) data sharing concerns (the conundrum of one government agency having to purchase data from another government agency).

It was observed that although the Enterprise Licensing Agreement (ELA) is available, the software is not being used sufficiently for in-depth analysis. If this was the case, there would be significant cost savings and income generation for MDAs. It is expected that when fully implemented, the Open Data Policy will address some of the data issues identified. STATIN is addressing the data sharing issues.

**Other issues**

- Absence of standardization: lack of standardized boundaries, etc. at administrative level; STATIN and the SDC have standardized boundaries for communities but there are still some problems.
- No definition of city in law
- Different divisions operate/plan at different levels, national spatial strategy branch uses regional, sub-regional, district, while other divisions operate based on local planning areas.
Conclusions

The commitment of public sector (MDAs) and CSO partners towards the achievement of the population and development goals is evident. In spite of the constraints they continue to work to ensure the planning and development strategies and programmes of the government are implemented.

Effective implementation of the Montevideo Consensus requires a commitment to funding particularly in a country like Jamaica where vulnerabilities are many and can severely hamper any efforts towards achieving sustainable development. Therefore we wish to emphasize the need for continued technical and financial support to population and development programmes at the regional and national levels. Jamaica wishes to place on record, appreciation for the work being done by our bilateral, multilateral and other international development partners and strongly urge that continued and increased resources be provided to them in order to ensure the sustainability of the work being done in the Caribbean sub-region.

Based on forecasts for several areas in the population and development programmes, there is a high risk of eroding gains made if the wide scale and drastic removal of such critical development resources continue. Within the context of the objectives of the Addis Ababa Action Agenda, Jamaica reiterates the call for additional resources to countries caught within the middle income trap, high indebtedness and vulnerability to natural disasters and external economic shocks due to their small size.

At the Regional Meeting on Population and Sustainable Development in the Caribbean held in March 2017, it was recognized that in order for countries of the Caribbean not to be left behind and contribute to the successful regional implementation and review of the ICPD beyond 2014 and the 2030 Agenda for Sustainable Development overtime, a special call has to be made for technical and financial support to build data capacity, instruments and systems to facilitate the production of timely, accurate, reliable and comparable data, as well as effective programmes in line with the relevant areas of the Montevideo Consensus. The countries of the Caribbean stand ready to fulfil our commitments to the implementation and monitoring of the Montevideo Consensus and to maintain the spirit of regional cooperation and solidarity.

At the national level, Jamaica continues to lead the English-speaking sub-region in monitoring the implementation of the Montevideo Consensus. The Population Thematic Working Group of Vision 2030 Jamaica is the institutional mechanism
with responsibility for monitoring same. Admittedly, one of the central challenges for the national population programme is to ensure that population dynamics are fully integrated into the three dimensions of sustainable development at the national and sub-national levels. While Jamaica has made notable progress at the national level with the integration of the Montevideo Consensus and population issues in general into the MTF of Vision 2030 Jamaica, not much progress has been made at the sub-national level. Greater efforts will be made to develop and implement a mechanism and programme to facilitate the process.

While Jamaica has made substantial progress in the implementation of the ICPD Programme of Action and its National Population Policy, there are areas which have been lagging behind and need greater levels of resources, and more effective programme design, implementation and coordination. Adolescent reproductive health issues and fertility levels are still below the gains observed by many other countries in the region. Concerted efforts will have to be made to implement more robust and adolescent-friendly services in reproductive health and family planning in order to make further progress in the area and break the intergenerational cycle of poverty and deprivation, particularly among the poorest socio-economic stratum.

In the area of health and mortality, Jamaica ranks close to the levels of countries in the developed world. There are, however, significant gaps to be addressed, particularly in the areas of maternal, infant and child mortality, premature deaths among males 40-60 years, deaths due to motor vehicle accidents and homicides. Jamaica is well along its epidemiological transition and further gains in life expectancy among older persons would have to be targeted at lifestyle changes through better nutrition and exercise.

Jamaica’s population is moving towards a stage of rapid ageing. Substantial efforts have been made to address the current situation and prepare for the future. A comprehensive Social Protection Strategy and a social protection floor have been formulated and are being implemented. A National Poverty Policy and Programme of Action have also been developed. These are designed to effect better coordination and more effective programme formulation and implementation and evaluation. However, the existing institutional, human and financial resources to provide greater programme effectiveness particularly at the Ministries, Departments and Agencies, as well as within civil society are grossly inadequate to meet the current and emerging requirements.

In addition to the need to address the social protection and poverty imperatives of an ageing population, there is also the prerequisite to mobilize the “demographic dividend” for growth and development. Jamaica has not done optimally both in the area of policy and programme for the most effective utilization of the dividend. The country is currently at a turning point where the dependency burden is the lowest, suggesting that in a few years, the upward trend in increasing dependency will
commence and the progressive loss of the dividend over the next two decades will occur. There is absolute urgency to “right the wrong” and formulate an integrated and holistic policy and programme centred on the mobilization of the demographic dividend for national development.

In the area of empowerment of women and girls and gender equality, Jamaica has done well in many respects as exemplified in the report. There are areas however, that has been slow and lagging behind. Women are largely under-represented in the highest political and business decision-making bodies in the country. Women are also disproportionately responsible for domestic work, care-related services including health and education. They are also rewarded at lower levels for work equivalent to that performed by males in many different occupations. Girls outperform boys in many areas of the education system from the upper-secondary and tertiary levels. The issue of gender discrimination and gender inequality is still subtly embedded within the institutional and normative systems of laws, values and attitudes in the society. A concerted effort at reviewing and demystifying the workings of gender in these systems and structures is urgently needed. A concerted effort is also needed to identify and remedy the causes of the underperformance of boys in the education system.

Jamaica has made some progress in the provision of basic demographic data for policy and planning. The Population and Housing Census, the annual Jamaica Survey of Living Conditions and the quarterly Labour Force Surveys are used extensively. Improvements in administrative data and the civil registration and vital statistics systems have been achieved. Challenges still remain with respect to the quality of cause of death and mortality in the first month of life. Data derived from surveys in the areas of reproductive health, contraceptive use and fertility measurement have been seriously outdated through the lack of funding. Data on international and internal migration are among the weakest areas in demographic data. The need, therefore, exists for the country to develop a robust system for the measurement of international migration in all its dimensions for better policy and planning. Adequate funding needs to be committed to ensure the conduct, analysis and dissemination of the Reproductive Health Survey of Jamaica at least every five years. National reproductive health and family planning programmes depend heavily on this survey.
Appendices
Appendix 1: Montevideo Consensus Indicators

**A2.1:** Proportion of Population Living below the National Poverty Line by Sex: 2014 and 2015

<table>
<thead>
<tr>
<th>Sex</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>12.0</td>
<td>14.0</td>
</tr>
<tr>
<td>Female</td>
<td>15.4</td>
<td>16.6</td>
</tr>
<tr>
<td>Jamaica</td>
<td>20.0</td>
<td>21.2</td>
</tr>
</tbody>
</table>

Source: Jamaica Survey of Living Conditions 2014 and 2015

**A2.2:** Proportion of Population Living below the National Poverty Line by Specific Age Groups: 2014 and 2015

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-8</td>
<td>23.9</td>
<td>24.2</td>
</tr>
<tr>
<td>0-17</td>
<td>25.6</td>
<td>26.5</td>
</tr>
<tr>
<td>19-Oct</td>
<td>27.5</td>
<td>27.8</td>
</tr>
<tr>
<td>15-24</td>
<td>23.5</td>
<td>26.2</td>
</tr>
<tr>
<td>25-34</td>
<td>16.7</td>
<td>18.8</td>
</tr>
<tr>
<td>35-39</td>
<td>16.2</td>
<td>16.3</td>
</tr>
<tr>
<td>60+</td>
<td>15.8</td>
<td>17.9</td>
</tr>
<tr>
<td>Jamaica</td>
<td>20.0</td>
<td>21.2</td>
</tr>
</tbody>
</table>

Source: Jamaica Survey of Living Conditions 2014 and 2015

**A5:** Gini coefficient

<table>
<thead>
<tr>
<th>Measure of Poverty</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gini Coefficient</td>
<td>0.3786</td>
<td>0.3803</td>
</tr>
</tbody>
</table>

Source: Jamaica Survey of Living Conditions 2014 and 2015

**A8:** Life Expectancy at Birth by Sex: 2011

<table>
<thead>
<tr>
<th>Sex</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>70.4</td>
</tr>
<tr>
<td>Female</td>
<td>78.0</td>
</tr>
<tr>
<td>Both Sexes</td>
<td>74.2</td>
</tr>
</tbody>
</table>

Source: Demographic Statistics 2015
A9: Proportion of Population with Large Household Expenditure on Health as a Share of Total Household Expenditure or Income: 2014 and 2015

<table>
<thead>
<tr>
<th>Measure of Poverty</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jamaica</td>
<td>17.7</td>
<td>18.9</td>
</tr>
</tbody>
</table>

Source: Jamaica Survey of Living Conditions 2014 and 2015
NB: Proportion of respondents covered by health insurance

A10.1: Suicide Mortality Rate per 100,000 Populations by Sex: 2015

<table>
<thead>
<tr>
<th>Sex</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>34.8</td>
</tr>
<tr>
<td>Female</td>
<td>0.58</td>
</tr>
<tr>
<td>Jamaica</td>
<td>2.02</td>
</tr>
</tbody>
</table>

Source: National Epidemiology Unit; Ministry of Health

A10.2: Suicide Mortality Rate per 100,000 Population by Parish: 2015

<table>
<thead>
<tr>
<th>Parish</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kingston</td>
<td>0.3</td>
</tr>
<tr>
<td>St Andrew</td>
<td>1.3</td>
</tr>
<tr>
<td>St Thomas</td>
<td>3.2</td>
</tr>
<tr>
<td>Portland</td>
<td>6.1</td>
</tr>
<tr>
<td>St Mary</td>
<td>1.7</td>
</tr>
<tr>
<td>St Ann</td>
<td>2.9</td>
</tr>
<tr>
<td>Trelawny</td>
<td>2.6</td>
</tr>
<tr>
<td>St James</td>
<td>1.1</td>
</tr>
<tr>
<td>Hanover</td>
<td>0.0</td>
</tr>
<tr>
<td>Westmoreland</td>
<td>0.7</td>
</tr>
<tr>
<td>St Elizabeth</td>
<td>4.0</td>
</tr>
<tr>
<td>Manchester</td>
<td>2.6</td>
</tr>
<tr>
<td>Clarendon</td>
<td>1.6</td>
</tr>
<tr>
<td>St Catherine</td>
<td>1.7</td>
</tr>
<tr>
<td>Jamaica</td>
<td>2.0</td>
</tr>
</tbody>
</table>

Source: National Epidemiology Unit; Ministry of Health
**A11**: Proportion of Youth and Adults with Information and Communications Technology (ICT) skills, by type of Skill and Broad Age Group: 2015 (Percentage %)

<table>
<thead>
<tr>
<th>Type of Skill</th>
<th>Broad Age Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copying or moving files or folders</td>
<td>15–24 25+</td>
</tr>
<tr>
<td>Using copy and paste tools to move or duplicate information in documents</td>
<td>17.5 23.4</td>
</tr>
<tr>
<td>Sending e-mails with files attached</td>
<td>16.8 30.7</td>
</tr>
<tr>
<td>Connecting or installing new devices</td>
<td>7 9.7</td>
</tr>
<tr>
<td>Finding, downloading or installing new software</td>
<td>8.4 11.8</td>
</tr>
<tr>
<td>Transferring files between a computer other devices</td>
<td>10.6 13.5</td>
</tr>
</tbody>
</table>

**Source**: Statistical Institute of Jamaica 2015

**A14.1**: Unemployment Rate by Sex, 2014

<table>
<thead>
<tr>
<th>Quarters</th>
<th>Male</th>
<th>Female</th>
<th>Jamaica</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>10.1</td>
<td>17.4</td>
<td>13.4</td>
</tr>
<tr>
<td>April</td>
<td>10.4</td>
<td>17.4</td>
<td>13.6</td>
</tr>
<tr>
<td>July</td>
<td>9.9</td>
<td>18.4</td>
<td>13.8</td>
</tr>
<tr>
<td>October</td>
<td>9.9</td>
<td>19.4</td>
<td>14.2</td>
</tr>
</tbody>
</table>

**A14.2**: Unemployment Rate by Sex, 2015

<table>
<thead>
<tr>
<th>Quarters</th>
<th>Male</th>
<th>Female</th>
<th>Jamaica</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>10.7</td>
<td>18.5</td>
<td>14.2</td>
</tr>
<tr>
<td>April</td>
<td>10.3</td>
<td>16.8</td>
<td>13.2</td>
</tr>
<tr>
<td>July</td>
<td>9.3</td>
<td>17.7</td>
<td>13.1</td>
</tr>
<tr>
<td>October</td>
<td>9.3</td>
<td>18.5</td>
<td>13.5</td>
</tr>
</tbody>
</table>

**A14.3**: Unemployment Rate by Sex, 2016

<table>
<thead>
<tr>
<th>Quarters</th>
<th>Male</th>
<th>Female</th>
<th>Jamaica</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>10.4</td>
<td>16.7</td>
<td>13.3</td>
</tr>
<tr>
<td>April</td>
<td>9.6</td>
<td>18.4</td>
<td>13.7</td>
</tr>
<tr>
<td>July</td>
<td>9.5</td>
<td>16.9</td>
<td>12.9</td>
</tr>
<tr>
<td>October</td>
<td>8.9</td>
<td>17.5</td>
<td>12.9</td>
</tr>
</tbody>
</table>
### A14.4: Unemployment Rate by Age Group, 2014

<table>
<thead>
<tr>
<th>Age Group</th>
<th>January</th>
<th>April</th>
<th>July</th>
<th>October</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-19</td>
<td>41.1</td>
<td>42.2</td>
<td>44.6</td>
<td>49</td>
</tr>
<tr>
<td>20-24</td>
<td>31.4</td>
<td>31.9</td>
<td>31.9</td>
<td>33.2</td>
</tr>
<tr>
<td>25-34</td>
<td>16</td>
<td>15.6</td>
<td>16.3</td>
<td>16.1</td>
</tr>
<tr>
<td>35-44</td>
<td>9.9</td>
<td>9.9</td>
<td>9.2</td>
<td>10.4</td>
</tr>
<tr>
<td>45-54</td>
<td>7.1</td>
<td>7.4</td>
<td>7.1</td>
<td>7.1</td>
</tr>
<tr>
<td>55-64</td>
<td>3.3</td>
<td>5.2</td>
<td>6.2</td>
<td>4.6</td>
</tr>
<tr>
<td>65+</td>
<td>2.1</td>
<td>2</td>
<td>2.2</td>
<td>3.8</td>
</tr>
<tr>
<td>Total</td>
<td>13.4</td>
<td>13.6</td>
<td>13.8</td>
<td>14.2</td>
</tr>
</tbody>
</table>

### A14.5: Unemployment Rate by Age Group, 2015

<table>
<thead>
<tr>
<th>Age Group</th>
<th>January</th>
<th>April</th>
<th>July</th>
<th>October</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-19</td>
<td>40.8</td>
<td>40.2</td>
<td>44.8</td>
<td>44</td>
</tr>
<tr>
<td>20-24</td>
<td>33</td>
<td>31.6</td>
<td>28.3</td>
<td>30.3</td>
</tr>
<tr>
<td>25-34</td>
<td>16.8</td>
<td>15.2</td>
<td>16.4</td>
<td>15.3</td>
</tr>
<tr>
<td>35-44</td>
<td>9.9</td>
<td>9.6</td>
<td>8.3</td>
<td>9.1</td>
</tr>
<tr>
<td>45-54</td>
<td>6.9</td>
<td>6.8</td>
<td>7.4</td>
<td>7.7</td>
</tr>
<tr>
<td>55-64</td>
<td>6.3</td>
<td>6</td>
<td>5.8</td>
<td>5.6</td>
</tr>
<tr>
<td>65+</td>
<td>2.5</td>
<td>2.7</td>
<td>3.7</td>
<td>3</td>
</tr>
</tbody>
</table>

### A17: Proportion of total adult population with secure tenure rights to land, with legally recognized documentation, by sex and by type of tenure: 2014 and 2015

<table>
<thead>
<tr>
<th>Area</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Owned</td>
<td>Leased</td>
</tr>
<tr>
<td>KMA</td>
<td>36.6</td>
<td>6.5</td>
</tr>
<tr>
<td>Other Town</td>
<td>33.1</td>
<td>7.2</td>
</tr>
<tr>
<td>Rural Areas</td>
<td>40.9</td>
<td>6.4</td>
</tr>
<tr>
<td>Jamaica</td>
<td>37.9</td>
<td>6.6</td>
</tr>
</tbody>
</table>
**A18**: Number of Victims of Intentional Homicide per 100,000 Population by Sex: 2010–2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
<th>Jamaica</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>97.5</td>
<td>10.6</td>
<td>53.6</td>
</tr>
<tr>
<td>2011</td>
<td>75.8</td>
<td>8.7</td>
<td>41.9</td>
</tr>
<tr>
<td>2012</td>
<td>71.2</td>
<td>9.8</td>
<td>40.1</td>
</tr>
<tr>
<td>2013</td>
<td>79.6</td>
<td>9.4</td>
<td>44.4</td>
</tr>
<tr>
<td>2014</td>
<td>67.1</td>
<td>7.3</td>
<td>36.9</td>
</tr>
<tr>
<td>2015</td>
<td>80.8</td>
<td>8.4</td>
<td>44.3</td>
</tr>
</tbody>
</table>

*Source: Jamaica Constabulary Force Statistics Division*

**B2.1**: Proportion and Number of Children aged 5–14 years engaged in Child Labour, by Sex, 2011

<table>
<thead>
<tr>
<th>Sex</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>11.6</td>
</tr>
<tr>
<td>Female</td>
<td>9.7</td>
</tr>
</tbody>
</table>

*Source: Multiple Indicator Cluster Survey 2011*

**B2.2**: Proportion and Number of Children aged 5–14 years engaged in Child Labour, by Age, 2011

<table>
<thead>
<tr>
<th>Age</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>5–11</td>
<td>15.2</td>
</tr>
<tr>
<td>12–14</td>
<td>0.3</td>
</tr>
</tbody>
</table>

*Source: Multiple Indicator Cluster Survey 2011*

**B10**: Adolescent birth rate (aged 15–19 years) per 1,000 women in that age group, by Area of Residence

<table>
<thead>
<tr>
<th>Area of Residence</th>
<th>2008</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>KMA</td>
<td>51</td>
<td>73</td>
</tr>
<tr>
<td>Other Town</td>
<td>83</td>
<td>70</td>
</tr>
<tr>
<td>Rural</td>
<td>74</td>
<td>67</td>
</tr>
<tr>
<td>Jamaica</td>
<td>72</td>
<td>70</td>
</tr>
</tbody>
</table>

*Source: Reproductive Health Report 2008 and Multiple Indicator Cluster Survey 2011*


<table>
<thead>
<tr>
<th>Persons Covered</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>40.7</td>
<td>30.9</td>
<td>32.4</td>
</tr>
<tr>
<td>Adult Poor</td>
<td>0.44</td>
<td>0.66</td>
<td>0.71</td>
</tr>
<tr>
<td>Persons with Disabilities</td>
<td>8.1</td>
<td>8.6</td>
<td>9.4</td>
</tr>
<tr>
<td>Elderly</td>
<td>19.7</td>
<td>20.7</td>
<td>20.4</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>4.7</td>
<td>5.5</td>
<td>5.3</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>13.7</td>
<td>13.9</td>
</tr>
</tbody>
</table>

*Source: Ministry of Labour and Social Security*

*Note: The indicator was calculated using the number of persons registered for Poverty Alleviation through Health and Education (PATH)*
C8: Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease: 2014

<table>
<thead>
<tr>
<th>Non-Communicable Diseases</th>
<th>Mortality Rate 2014</th>
<th>Non-Communicable Diseases</th>
<th>Mortality Rate 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease, cancer, diabetes or chronic respiratory disease</td>
<td>67</td>
<td>Cardiovascular disease, cancer, diabetes or chronic respiratory disease</td>
<td>68</td>
</tr>
</tbody>
</table>

Source: Non-communicable Diseases and Injuries Prevention Unit, Ministry of Health

D1: Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations

<table>
<thead>
<tr>
<th>Ratio 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.45</td>
</tr>
</tbody>
</table>

D8: Number of maternal deaths 2010–2014 and Maternal Mortality

<table>
<thead>
<tr>
<th>Year</th>
<th>Maternal Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>45</td>
</tr>
<tr>
<td>2011</td>
<td>37</td>
</tr>
<tr>
<td>2012</td>
<td>33</td>
</tr>
<tr>
<td>2013</td>
<td>42</td>
</tr>
<tr>
<td>2014</td>
<td>40</td>
</tr>
<tr>
<td>Maternal Mortality Ratio per 100,000 live births (2014)</td>
<td>108</td>
</tr>
</tbody>
</table>

Source: National Surveillance Unit, Ministry of Health

D9: Percentage of health-care centres that have implemented updated maternal care protocols

| Health Centre | 100% |

Source: Ministry of Health

D16: Proportion of births attended by skilled health personnel

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>99.5</td>
</tr>
<tr>
<td>2012</td>
<td>99.4</td>
</tr>
<tr>
<td>2013</td>
<td>99.3</td>
</tr>
<tr>
<td>2014</td>
<td>99.7</td>
</tr>
<tr>
<td>2015</td>
<td>99.8</td>
</tr>
</tbody>
</table>

Source: Registrar General’s Department
E2: Percentage of government budgets with funds specifically allocated to gender equality

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011–2012</td>
<td>0.03</td>
</tr>
<tr>
<td>2012–2013</td>
<td>0.03</td>
</tr>
<tr>
<td>2013–2014</td>
<td>0.04</td>
</tr>
</tbody>
</table>

Source: Bureau of Gender Affairs


<table>
<thead>
<tr>
<th>Membership</th>
<th>2011</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper House</td>
<td>23.8</td>
<td>28.6</td>
<td>23.8</td>
</tr>
<tr>
<td>Lower House</td>
<td>12.7</td>
<td>12.7</td>
<td>17.5</td>
</tr>
<tr>
<td>Jamaica</td>
<td>36.5</td>
<td>41.3</td>
<td>41.3</td>
</tr>
</tbody>
</table>

Proportion of seats held by women in local governments 18.5

Source: Houses of Parliament and Ministry of Local Government and Community Development

G8: Proportion of urban population living in slums, informal settlements or inadequate housing

<table>
<thead>
<tr>
<th>Region</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kingston Metropolitan</td>
<td>1.5</td>
<td>2.2</td>
</tr>
<tr>
<td>Other Town</td>
<td>0.2</td>
<td>1.8</td>
</tr>
</tbody>
</table>

Source: Statistical Institute of Jamaica (STATIN)

G9: Proportion of urban solid waste with adequate final discharge out of total urban solid waste generated (tonnes): 2014

<table>
<thead>
<tr>
<th>Region</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kingston</td>
<td>390 585</td>
<td></td>
</tr>
<tr>
<td>Montego Bay</td>
<td>153 222</td>
<td></td>
</tr>
<tr>
<td>Jamaica</td>
<td>689 808</td>
<td></td>
</tr>
</tbody>
</table>

Source: National Solid Waste Management

G10: Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population weighted): 2013

<table>
<thead>
<tr>
<th>Region</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kingston</td>
<td>37 µg/m³</td>
</tr>
<tr>
<td>Jamaica</td>
<td>37 µg/m³</td>
</tr>
</tbody>
</table>

Source: National Environment and Planning Agency

G11: Share of the rural population who live within 2 km of an all-season road: Census 2011

| Jamaica | 28.25% |

Source: Statistical Institute of Jamaica

Note: The existing highways were used as ‘all season’ roads. That is the North Coast and South Coast highways. The population data was taken from the 2011 Population and Housing Census.
Appendix 2: Data Collection Tool

[Introduction]

The PIOJ with support from UNFPA is undertaking to prepare on Jamaica’s Progress in Implementing the Montevideo Consensus on Population and Development. The MC was the outcome of the first Regional Conference on Population and Development in Latin America and the Caribbean.

The Montevideo Consensus represents a significant intergovernmental agreement in population and Development for the region. It also is expected to become a key component in the process to review the ICPD Programme of Action and its follow-up beyond 2014.

We need your cooperation in identifying the Priority Action(s) that your Ministry/Department/Agency/Organization has taken since 2012, when the last review was conducted, to realize the Action identified by the Montevideo Consensus and the level of achievement in the Area.

A consultant will be scheduling a meeting with you/ or your representative to assist in completing this questionnaire, but please complete as much of the questionnaire as you can before that visit.

Thank you.

Name of Department/Agency/Organization: _______________________________________
Name/ Title of Officer completing questionnaire: ____________________________________
Contact information (Telephone / email) __________________________________________

Eight Priority Action areas are listed in this questionnaire. They are:
A: Full integration of population dynamics into sustainable development with equality and respect for human rights
B: Rights, needs, responsibilities and requirements of girls, boys, adolescents and youth
C: Ageing, social protection and socioeconomic challenges
D: Universal access to sexual and reproductive health services
E: Gender equality
F: International migration and protection of the human rights of all migrants
G: Territorial inequality, spatial mobility and vulnerability
J: Frameworks for the implementation of the future regional agenda on population and development
The Action Area for which you should have information is highlighted. Please answer the question for each Priority Action listed, indicating whether any Action taken by your Ministry/ Department/ Agency or Organization in that regard since 2012. Report the Current status of the action and List any Challenges faced in completing the Action and the plan to address the challenge.

<table>
<thead>
<tr>
<th>Action Area (Chapter)</th>
<th>Priority Action(s) – to be listed on final instrument for each Action Area</th>
<th>Action taken by MDA since 2012 Yes/ No/ NA</th>
<th>Current Status</th>
<th>Challenges(social/ legal/economic/ etc.) and plan to overcome them</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Was questionnaire completed:
During consultant visit? ___________________________
Before consultant visit?____________________________
After consultant visit?_____________________________
Other specify)____________________________________________________________

_____________________________________________________________
Date (mm/dd/yyyy)                                                             Name and Signature of Officer

THANK YOU FOR YOUR COOPERATION
Kindly complete and submit this questionnaire to PIOJ before June 30, 2017.
## Appendix 3: List of Key Informants by Affiliation

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson-Morgan, Dr. Sharon</td>
<td>Assistant Chief Education Officer, Special Education Unit, Ministry of Education, Youth and Information (MOEYI)</td>
</tr>
<tr>
<td>Batoul-Oussein, Mrs. Siti</td>
<td>Deputy Director Jamaica SRO, United Nations Population Fund (UNFPA)</td>
</tr>
<tr>
<td>Bennett-Bryan, Mrs. Alecia</td>
<td>Technical Specialist, Civil Registration and Migration Policy Unit, Planning Institute of Jamaica (PIOJ)</td>
</tr>
<tr>
<td>Bernard, Ms. Stephanie</td>
<td>Health Planner, Ministry of Health (MOH)</td>
</tr>
<tr>
<td>Blackstock, Ms. Denise</td>
<td>Policy/Programme Analyst, UNFPA</td>
</tr>
<tr>
<td>Bourne, Mr. Dutis</td>
<td>South East Regional Health Authority</td>
</tr>
<tr>
<td>Brown, Mrs. Nadine</td>
<td>Manager of Sustainable Development and Regional Planning, PIOJ</td>
</tr>
<tr>
<td>Brown, Ms. Paula</td>
<td>Planner, Ministry of Transport and Mining</td>
</tr>
<tr>
<td>Brown-Bailey, Mrs. Mareeca</td>
<td>Gender Specialist, PIOJ</td>
</tr>
<tr>
<td>Bryan, Ms. Peisha</td>
<td>Social Sector Specialist, Vision 2030 Secretariat – PIOJ</td>
</tr>
<tr>
<td>Case, Mr. Jermaine</td>
<td>Crown Counsel, International Affairs Division, Attorney General’s Chamber</td>
</tr>
<tr>
<td>Chambers, Ms. Joi</td>
<td>Adolescent Health Coordinator, Ministry of Health</td>
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<td>Chevannes, Dr. Denise</td>
<td>Former Executive Director, National Family Planning Board-Sexual Health Authority</td>
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<td>Daniel, Mr. Harold</td>
<td>Director of Planning and Evaluation, MOH</td>
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<td>Davidson-Sadler, Dr. Tamu</td>
<td>Director NCDs and Injuries Prevention/NCD Focal Point, MOH</td>
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<td>Davies, Ms. Philippa</td>
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