

Jamaica

Country programme document 2012-2016

The draft country programme document for Jamaica (E/ICEF/2011/P/L.20) was presented to the Executive Board for discussion and comments at its 2011 annual session (20-23 June 2011).

The document was subsequently revised, and this final version was approved at the 2011 second regular session of the Executive Board on 15 September 2011.

Basic data[†]
(2009 unless otherwise stated)

Child population (millions, under 18 years)	1
U5MR (per 1,000 live births)	31
Underweight (% , moderate & severe, 2007)	2
(% , urban/rural, poorest/richest)	..
Maternal mortality ratio (per 100,000 live births, 2001-2003)	95 ^a
Primary school attendance (% net, male/female, 2005)	97/98 ^b
Survival rate to last primary grade (% , 2005)	99 ^b
Use of improved drinking water sources (% , 2008)	94
Use of adequate sanitation facilities (% , 2008)	83
Adult HIV prevalence rate (%)	1.7
Child labour (% , children 5-14 years old, 2005)	6
Birth registration (% , under 5 years, 2005)	87
(% , male/female, urban/rural)	89/89, 89/88
GNI per capita (US\$)	5020
One-year-olds immunized with DPT3 (%)	90
One-year-olds immunized against measles (%)	88

[†] More comprehensive country data on children and women can be found at www.childinfo.org.

^a 89 deaths per 100,000 live births is the 2008 estimate developed by the Maternal Mortality Estimation Inter-agency Group (World Health Organization, UNICEF, United Nations Population Fund and the World Bank, together with independent technical experts), adjusted for underreporting and misclassification of maternal deaths. For more information, see www.childinfo.org/maternal_mortality.html.

^b Survey data.

Summary of the situation of children and women

1. According to the Economic and Social Survey Jamaica (ESSJ),¹ children make up 33 per cent of the population, while adolescents and youth aged 18-24 comprise 11 per cent. The youthful population, coupled with high unemployment among those aged 14-24 (27 per cent in 2009: males 22.5 per cent; females 33 per cent), contributes to a high level of economic and social dependence. The economy faces serious long-term problems, including high inflation and the fourth-highest debt-to-gross domestic product ratio per capita in the world (debt servicing: 54 cents per dollar spent). While poverty declined over the last decade (from 19.9 per cent in 1997 to 9.9 per cent in 2007), it remains high, and in 2009 jumped to 16.5 per cent, representing approximately half a million Jamaicans. Seventy-one per cent of poor Jamaicans live in rural areas. Children account for an estimated 42 per cent of the poor — one in every four children lives in poverty.

¹ ESSJ 2007-2009, Planning Institute of Jamaica (PIOJ).

2. The Gini index of Jamaica (45.5)² — unchanged since 2004 — indicates that the island has one of the highest levels of disparities and inequalities globally. Children most affected by disparities are boys and girls living in poor rural communities; those affected by violence and crime in communities; physically, sexually and emotionally abused children; out-of-school children, especially boys; children out of family care; and boys and girls who experience marginalization or discrimination, including children living with disabilities and those infected or affected by HIV/AIDS.

3. Jamaica has been lagging behind the targets relevant to achieving Millennium Development Goals 3, 4, 5 and 7.³

4. Jamaican children face significant challenges in access to and quality of health care. Under-five mortality rates (31 deaths per 1,000 live births,⁴ 2009) and infant mortality rates (26 deaths per 1,000 live births,⁵ 2009) have remained high. Less than 15 per cent of children are exclusively breastfed at six months, and disabilities among children are estimated to be 10 per cent.⁶ A reported 25 per cent of adolescents aged 15-19 are overweight or obese, while 37 per cent of boys and 11 per cent of girls aged 10-15 consume alcohol.⁷

5. Access to non-familial day care for children under 3 is low (less than 20 per cent) and concentrated among higher-income groups. However, over 98 per cent of children aged 4-6 enrol in preschools — predominantly community-based facilities, most of which do not meet national standards for early childhood institutions.

6. Despite high levels of access to primary (99.7 per cent) and secondary (83 per cent) schooling, the educational achievement of the Jamaican child is relatively low as measured by national assessments in 2009.⁸ Upon entering grade 1, none of the five sub-tests of the assessment was mastered by more than 24 per cent of the six-year-olds; 18 per cent of them did not master a single sub-test. At grade 4, 70 per cent showed mastery of the literacy test (girls 81 per cent; boys 59 per cent) and 45 per cent demonstrated mastery of the numeracy test (girls 55 per cent; boys 36 per cent). At grade 6, the average score in four subjects tested was just over 50 per cent. Of particular concern is the low achievement of boys and children from the poorest and/or most volatile (predominantly violence-prone) communities.

7. Jamaica has one of the highest murder rates⁹ in the world. The cumulative effect of children's exposure to violence has a devastating impact on learning and behaviour. Every day, between 2006 and October 2009,¹⁰ 17 children and adolescents aged 0-19 were treated in emergency rooms for intentional violence-related injuries, which included over 11,100 cases of sexual assault, stab wounds, gunshots and blunt force injury. Between January and July 2009, boys and girls aged

² Human Development Report 2010, United Nations Development Programme.

³ National Report of Jamaica on the Millennium Development Goals for the United Nations Economic and Social Council, July 2009.

⁴ *The State of the World's Children*, UNICEF, 2011.

⁵ *Ibid.*, 2011.

⁶ ESSJ 2009, PIOJ.

⁷ Jamaica Youth Risk and Resiliency Behaviour Survey, (JYRRBS), 2005.

⁸ Ministry of Education Report for 2009.

⁹ 58/100,000. Source: List of Countries by Intentional Homicide Rates, Wikipedia; See also United Nations Office on Drugs and Crime, International Homicide Statistics, 2004.

¹⁰ ESSJ 2006-2009; PIOJ.

10-19 accounted for 26.2 per cent of all intentional injuries, 30 per cent of all stab wound cases, 35 per cent of all attempted suicides, 17 per cent of all psychiatric cases and, notably, 61 per cent of all Jamaicans who reported being sexually assaulted (mainly girls). In 2010, 4,500 cases of abuse were reported to the Office of the Children's Registry.

8. Increasingly, children are perpetrators of criminal activities and coming into contact or conflict with the law. During 2009, 1,443 children (of whom 181 were girls) appeared before the courts for murder, sexual abuse, robbery, wounding and possession of firearms.¹¹

9. Jamaica is experiencing a generalized HIV epidemic, with an estimated prevalence of 1.7 per cent. Adolescent boys and girls are among the most at risk for infection due to a prevailing culture of multiple sexual partnerships and inconsistent condom use. The 2008 National Knowledge, Attitudes, Behaviours and Practices survey jointly conducted by the Ministry of Health and Hope Enterprises, Ltd., reported that 37 per cent of sexually active respondents had engaged in sex in exchange for money or gifts in the past 12 months and 43 per cent had not used a condom the last time they had sex. Pregnancies among girls 15-19 accounted for 18 per cent of live births in 2008. The Ministry of Health reports that over 33 per cent of girls and 18 per cent of boys aged 10-15 did not consent to their first sexual encounter.

10. Adolescent girls aged 10-19 are almost three times more likely to become infected with HIV than boys of the same age as a result of early sexual initiation, sexual relations with HIV-infected older men, forced sex and prevalent unsafe sexual practices. A 2007 Ministry of Health survey among 201 men who have sex with men found that one of every three was infected with HIV.

11. Jamaica has not been compliant with its reporting obligations to the United Nations Committee on the Rights of the Child. The combined third and fourth report, due in June 2008, and the report on implementation of the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict, due in 2004, have not been submitted to date.

12. Jamaica is vulnerable to hurricanes and tropical storms. Natural disasters have cost the country approximately J\$100 billion over the last 20 years.¹²

Key results and lessons learned from previous cooperation, 2007-2011

Key results achieved

13. UNICEF technical and cash assistance — operationalized through capacity development, effective advocacy, knowledge generation and management and partnerships — resulted in strengthened frameworks for policy, legislation, monitoring, knowledge generation and institutions, as exemplified in: (a) the development and implementation of the National Strategic Plan for Safe Motherhood and the National Strategic Plan for HIV/AIDS 2007-2012, which for the first time included orphans and children made vulnerable by HIV; (b) the

¹¹ Ibid., 2009.

¹² Gladstone Hutchinson, Director General of the PIOJ, *Jamaica Observer*, October 13, 2010.

development of the National Parenting Policy and National Safe Schools Policy; (c) the development of the National Strategic Plan for Pre-adolescent and Adolescent Health, which is the first such planning tool in the English-speaking Caribbean; (d) the establishment and operationalization of the Office of the Children's Registry, an organization which receives reports on child abuse and makes appropriate referrals; (e) the institutionalization of JamStats (the DevInfo of Jamaica) and the use of DevInfo in data management by planning experts, other professionals and students; (f) the development and annual organization of the Caribbean Child Research Conference, which has strengthened links among academicians, professionals and practitioners, policy-makers and students, facilitated the exchange of information and best practices and engaged the meaningful participation of children; and (g) the development of a standardized framework for training and certification of early childhood practitioners and community health workers for the benefit of children aged 0-6.

14. Collaboration with the University of the West Indies resulted in the development and institutionalization of the graduate course "Social Investment for Children" and the development and implementation of the training course on child rights for social workers, police and correctional officers.

15. Implementation of the life skills-based Health and Family Life Education curriculum, which included curriculum revision, material development, in-service teacher training and policy revision in schools supported by UNICEF, reached 630,000 boys and girls from 87 per cent of primary and secondary schools.

16. The establishment of an adolescent-friendly mobile HIV prevention, counselling and testing service ("Bashy Bus") has so far impacted 68,000 at-risk and/or hard-to-reach boys (28,000) and girls (40,000) in poor rural and volatile urban communities in five parishes. The Bashy Bus approach to reaching adolescents is currently being integrated into the public health services.

17. Capacity to support the delivery of quality education and health care has improved as 2,500 professionals enhanced their knowledge and skills in areas such as managing child health and nutrition, improving parental practices and managing learning disabilities. Since 2010, the health sector of Jamaica has been collecting growth data for children aged 0-5 in accordance with international standards.

18. Child-friendly preparedness and response to emergencies was strengthened through the development of Guidelines for the Development of Emergency Preparedness and Response Plans and finalization of these plans in 94 schools and child care institutions in parishes affected by natural disasters. The development and dissemination of the training manual and toolkit "Psychosocial Support for Children in Emergencies" and the creation of a group of 76 master trainers enabled the provision of better quality psychosocial support and referrals for children affected by emergencies.

19. The capacity of the Ministry of Education to prevent, reduce and better respond to violence against children in school was strengthened through development and use of the "Anger Management and Conflict Resolution" package and the training of 418 principals, teachers and guidance counsellors. In 40 violence-prone communities, more than 30,000 boys and girls and their 3,800 caregivers benefited from community and school-based anger management and conflict resolution activities.

Lessons learned

20. The current programme attempted to achieve results in a wide range of areas. Various reviews strongly indicate the need to focus on fewer programmes and results to maximize effect.

21. HIV prevention interventions targeting pre-adolescents and adolescents need to be part of a holistic development approach to be more successful. Policies must support adolescent-friendly approaches that identify and target the most vulnerable boys and girls in underserved communities.

22. Capacity gaps and weak collaboration among key duty bearers significantly delay programme achievement and reduce overall impact. Deeper analysis of capacity gaps in partner organizations and the development of corresponding action plans should take place at the initial stage. Action plans should also include learning opportunities focusing on results-based management.

23. More targeted and evidence-based advocacy strategies are required to influence and quicken the pace of change in the development and implementation of child-related policies, legislation, planning and programming over the long-term.

24. Efforts in child protection are significantly affected by the absence of a comprehensive child protection system and the very slow pace of policy and legislative reform. Stronger accountability and better coordination among duty bearers within the child protection sector are required to concurrently create enabling policies and legislation and provide a protective environment.

The country programme, 2012-2016

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Adolescent health and empowerment	717	3 200	3 917
Quality education	717	3 300	4 017
Child protection	717	3 300	4 017
Cross-sectoral costs	1 599	300	1 899
Total	3 750	10 100	13 850

Preparation process

25. The CPD was developed in conjunction with the United Nations Development Assistance Framework (UNDAF), beginning with a Common Country Assessment and including a prioritization workshop with the Government of Jamaica held in December 2010. The CPD development further benefited from annual reviews and work plan meetings and a midterm review of the 2007-2011 programme of cooperation, which involved extensive consultations with partner organizations from government, donor representatives, United Nations agencies and civil society, including young people. The CPD is additionally informed by the 2003 Concluding

Observations of the Committee on the Rights of the Child and the draft 2010 National Periodic Report to the Committee.

26. The draft CPD has been discussed with the Planning Institute of Jamaica and key strategic and implementing partners.

Goals, key results and strategies

27. The overall goal of the country programme is to contribute to the realization of the rights of Jamaican girls and boys by focusing on further reduction of disparities and inequalities. The country programme will support national efforts towards social inclusion of vulnerable and marginalized families and children, especially those living in poor rural communities, as well as boys and girls affected by violence and crime and other children whose rights are systematically violated.

28. The country programme will achieve these key results by 2016: (a) 50 per cent of the most vulnerable adolescent boys and girls aged 10-18 in targeted communities will be equipped with life skills, access quality health-care services and contribute to decision-making in their communities; (b) child victims of abuse and violence and children who come into contact and conflict with the law will benefit from improved child protection services; and (c) in the poorest and most volatile communities of Jamaica, 40 per cent of 6-year-old girls and boys entering primary school will have mastered all components of the entrance assessment, and the performance of fourth-grade boys and girls on national math and literacy assessments will have improved by 30 per cent.

29. The programme will adopt a two-tiered approach, supporting policy, planning, programme and regulatory frameworks at the national level and equity-focused model programmes at the community level. National-level advocacy will capitalize on knowledge generated through research, evaluation and disaggregated data on age, gender and location. Targeted communities will be those determined to be poorest and most volatile, based on the Government's vulnerability and volatility indices.

30. Equity, child-friendly emergency preparedness and response, gender and children's participation will be cross-cutting issues of the country programme. The gender-focused approach will emphasize violence prevention, HIV/AIDS and education. The programme will also incorporate stronger and higher quality monitoring and evaluation strategies.

31. Building alliances with a wide range of partners will be key to the success of the country programme. Another central strategy will be using the convening role of UNICEF to facilitate multi-partner and cross-sectoral coordination and integrated programming and strategic planning. There will also be a tighter focus on implementing Communication for Development strategies to foster sustained changes in behaviour. More targeted advocacy strategies will be implemented to broadly make the case for investing in the most vulnerable groups and, specifically, to influence key policy, legislative and programming decisions at the national level.

32. Special attention will be paid to supporting the Government in making better use of existing data; strengthening the collection, analysis and timely reporting of disaggregated data; and generating, managing and disseminating knowledge, including documenting experiences. UNICEF will also help the Government to comply with its Convention reporting obligations.

33. This country programme will contribute to and benefit from multi-country initiatives in the areas of education, child protection and data collection and management.

Relationship to national priorities and the UNDAF

34. The new country programme has been aligned with the national development priorities of the Government of Jamaica, as articulated in the National Development Plan “Vision 2030” and its medium-term framework, the National Strategic Plan for Early Childhood Development 2008-2013, the National Strategic Plan for HIV/AIDS 2007-2012 and several sector-wide plans. Prepared alongside the UNDAF, the country programme contributes to two outcomes of United Nations support in Jamaica: (a) safety, security and justice; and (b) social empowerment and equity. UNICEF leadership areas within the UNDAF relate to social inclusion, with a focus on expanded access to quality health, education and protection services for vulnerable boys and girls and their families. Enhancing national data generation and management systems will also be emphasized.

Relationship to international priorities

35. The Millennium Declaration, the Millennium Development Goals and the priorities of the UNICEF Medium-term strategic plan, 2006-2013, are integrated into the country programme, with a strong focus on equity, gender equality and social inclusion of the most vulnerable boys and girls who live in poor and/or volatile communities.

36. The country programme embodies the guiding principles of the Convention. Its design, strategies and planned results are also guided by the Convention on the Elimination of All Forms of Discrimination against Women, *A World Fit for Children*, the World Declaration on Education for All, the Declaration of Commitment on HIV/AIDS, and the Paris Declaration on Aid Effectiveness and Accra Agenda for Action. It will contribute to Caribbean integration by supporting priorities and goals defined in the United Nations Caribbean Community Regional Framework of Action for Children 2002-2015 and to the establishment of a Child Rights Observatory to monitor the realization of children’s rights in the Caribbean.

Programme components

37. The new country programme comprises three components: (a) adolescent health and empowerment; (b) child protection; and (c) quality education. These three interrelated components will assist the Government and other key partners in the effort to ensure that marginalized boys and girls benefit equally from social services and to create an enabling environment for the realization of children’s rights.

38. **Adolescent health and empowerment.** The programme component will achieve the following results by 2016: 50 per cent of the most vulnerable adolescent boys and girls aged 10-18 in targeted communities will be equipped with life skills, access quality health-care services and contribute to decision-making in their communities.

39. The programme will develop minimum standards and protocols for the delivery of adolescent-friendly services within the health sector and capacity-

building activities for health-care workers. UNICEF and its partners will advocate for improved access to voluntary, confidential counselling and testing for HIV for adolescents under age 16. This will involve forging adolescent-adult partnerships and engaging in dialogue with policy makers and public opinion leaders. The programme will also seek to generate knowledge relating to specific health issues affecting the most vulnerable boys and girls in poor and volatile communities, as well as to major challenges facing adolescents most at risk for HIV, including men who have sex with men, sex workers and girls who engage in transactional sexual relationships. UNICEF will continue to provide technical support for the establishment of performance frameworks for improved monitoring and evaluation within the systems that serve adolescents. At the community level, efforts will focus on equipping vulnerable and hard-to-reach adolescents with knowledge and life skills to improve their health-seeking behaviours and reduce their vulnerabilities to lifestyle-related health issues, including HIV, obesity and substance abuse. Sports and arts-for-development programmes will be established or expanded as necessary for at-risk adolescents, especially boys.

40. The programme will support a comprehensive assessment of the effectiveness of current participation mechanisms to enhance adolescent participation in community and national level decision-making. Strategies thereafter will engage young people through existing networks, but will also seek to connect with boys and girls who are underserved and outside of such networks. A particular focus will be the enhancement of mechanisms at the local government level to facilitate dialogue between adolescents in local communities and policy makers.

41. UNICEF will collaborate with key Government partners, including the Ministry of Health, the Ministry of Education and the Ministry of Youth, Culture and Sports. Non-traditional partners, such as the Department of Local Government, the Sports Development Foundation and youth-led agencies working at the community level, will also be engaged. Sister agencies, including the United Nations Population Fund (UNFPA), the Pan American Health Organization (PAHO)/World Health Organization (WHO), the United Nations Development Programme (UNDP) and the Joint United Nations Programme on HIV/AIDS, will be key strategic partners.

42. The activities described will take place in tandem with the Ministry of Health's draft National Strategic Plan for Pre-adolescent and Adolescent Health 2011-2015, the National Youth Policy, and the National HIV and AIDS Strategic Plan. UNICEF will seek to establish stronger links among the partners for increased efficiency and effectiveness in service delivery to vulnerable adolescents.

43. **Child protection.** The programme component will achieve the following result by December 2016: child victims of abuse and violence and children who come into contact and conflict with the law will benefit from improved child protection services. The programme will focus on child victims and witnesses of abuse and violence, boys and girls in residential care, children who come into contact or conflict with the law, children who live or work on the street, working children and the families of these highly vulnerable boys and girls.

44. UNICEF will support interventions in child justice and the prevention and reduction of violence against children that are national in scope and focus on: (a) development of the National Child Diversion Programme; (b) development of protocols for the treatment of child victims and child witnesses; (c) strengthening of

psycho-social support and counselling; and (d) implementation of the National Plan of Action on Child Justice. Special attention will be placed on gender-based violence affecting girls up to age 18 and a review of the Child Care and Protection Act and other child-focused legislation.

45. To further improve the quality of the child protection system and its services, UNICEF and its partners will focus on capacity-building, most of which will be implemented during the first two years of the programme. A comprehensive assessment, including a gap analysis of child protection services, will begin before the commencement of the new country programme and will continue in 2012, along with the finalization of a strategic plan for an effective child protection system.

46. UNICEF and its partners will advocate for zero tolerance of violence against children, alternative forms of discipline and changes in cultural practices that are harmful to children, including a complete ban of corporal punishment. Advocacy will also focus on inclusive care as well as child-friendly rehabilitation and reintegration options for the most vulnerable children. Community-based Child Protection Committees will encourage families and communities to support the Government's child protection efforts.

47. Greater effort will be made to support knowledge generation by UNICEF partners, as well as information-sharing and the accessibility and utilization of gender and age-disaggregated data relevant to the child protection sector.

48. To achieve the programme component result, UNICEF will partner with the Child Development Agency, the Ministry of Justice, the Office of the Children's Advocate, the Office of the Children's Registry, the Ministry of Labour and Social Security, the Ministry of National Security, the Ministry of Health and relevant community-based organizations. Efforts will also be made to collaborate with major international development partners and United Nations agencies that support child justice and child labour and violence prevention, such as UNDP and the International Labour Organization.

49. **Quality education.** The programme component will contribute to ensuring that by the end of 2016, in the poorest and most volatile communities of Jamaica, 40 per cent of 6-year-olds entering primary school master the entrance assessment, and the performance of fourth-grade children on national math and literacy assessments improves by 30 per cent.

50. Establishment of the Early Childhood Commission (ECC) and increased government funding have significantly strengthened the Early Childhood Development (ECD) sector, necessitating a shift in how UNICEF supports efforts in ECD. This programme component, therefore, focuses on improving school readiness of boys and girls aged 3-6 and the performance of primary-level students. At the community-level, the programme will work intensively with pre-primary and primary schools to help them become child-friendly. Capacity-building and technical support for improved parenting practices, teaching and learning environments will contribute to the increased readiness of boys and girls for transition to the next levels. Technical support, capacity development and advocacy for improved school governance (including leadership and student participation), gender-sensitive teaching methods, teacher professional development and school safety (including positive methods of discipline and emergency preparedness) will improve learning experiences for boys and girls. This programme will support

stronger school-family-community partnerships by fostering the development of community-wide committees that facilitate multi-sectoral involvement in schools.

51. At the national level, the curricula in Health and Family Life Education (HFLE), with improved content related to rights, conflict resolution, and gender, will be implemented in pre-primary, primary and secondary schools. Additionally, support will be provided for pre-service teacher training, with a focus on HFLE, school safety and emergency preparedness and response.

52. The programme will contribute to robust knowledge generation and management. Strategic advocacy efforts will focus on quality education for all, as well as child health and nutrition and maternal and infant mortality reduction.

53. To maximize efficiencies and ensure sustainability of the programme, partnerships will be strengthened with the Ministry of Health, the ECC, UNFPA, PAHO/WHO, the United Nations Educational, Scientific and Cultural Organization (UNESCO), teacher-training institutions, and civil society organizations (CSOs) working in schools. New partnerships will be forged with teacher unions and CSOs working to impact school culture and the targeted communities.

54. This programme complements the National Strategic Plan for ECD, the United States Agency for International Development's Basic Education Program being implemented in 200 primary schools, and the Ministry of Education's Education Transformation Programme.

55. **Cross-sectoral costs** will cover recurrent costs for activities not directly attributable to one programme, such as travel, equipment and salaries for staff performing cross-cutting functions, including monitoring, evaluation and programme administration.

Major partnerships

56. Strengthening existing partnerships and expanding new and innovative partnerships will be a central strategy in the new cooperative programme. Traditional partnerships with the Planning Institute of Jamaica, all relevant line ministries and the three main child protection agencies will remain the cornerstone of the programme. New partnerships with CSOs working within the poorest and/or most volatile communities will be developed. Efforts will continue to strengthen the collaborative relationship among UNICEF, other members of the United Nations country team and other international donor partners to support national partners in the areas of human rights and equity, education, peace, justice and security, HIV/AIDS and emergency preparedness and response.

57. As part of a stronger advocacy and communication strategy, UNICEF will consolidate and strategically focus partnerships with the media. Involvement of partners for children's rights in the sports and entertainment fields will continue to be explored. Partnerships with youth groups will continue and expand in order to strengthen work in child participation.

Monitoring, evaluation and programme management

58. Implementation of the current cooperation arrangement will be monitored through joint annual reviews and a midterm review of progress in 2014. A five-year integrated monitoring and evaluation plan will outline support to national

monitoring systems and the undertaking of research and evaluation activities, including participatory action research with adolescents.

59. The Situation Analysis of Children 2011, the findings of the 2011 Multiple Indicator Cluster Survey, the JamStats database and other national surveys and statistics will be used to establish baselines and monitor progress under the country programme and towards the Millennium Development Goals, recommendations of the Committee on the Rights of the Child and *A World Fit for Children* outcomes. A comprehensive review of the child protection system will be conducted in the first half of the country programme. Additional research will be undertaken as needed to provide more in-depth analysis on key issues related to equity and disparity.

60. UNICEF will support national capacities to collect, analyse and disseminate disaggregated data in a timely manner through technical and financial assistance, as part of a national move to promote evidence-based planning and programme development, results-based management and a human rights-based approach to development.

61. The Planning Institute of Jamaica will be responsible for the overall coordination of the country programme.
