



## Situation Analysis of Jamaican Children - 2018



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## Foreword – United Nations Children’s Fund (UNICEF)

UNICEF Jamaica has the privilege of working alongside the Jamaican government and an array of non-governmental organizations on what we believe is the most critical mandate across the world – to protect and fulfil children’s rights.

We are in a unique position to interface with everyone from the most impassioned advocates who work up close with children and their families, to the country’s elected leaders who work at the policy and legislative level on their behalf.

From this lens, we are witness to some of the nation’s most heartening success stories for Jamaica’s youngest citizens, as well as the most distressing shortfalls that imperil their lives and futures.

Every five years, as part of our country programme process, UNICEF prepares a situation analysis that enables us to take stock of these realities and assess how best to support the Government and the people of Jamaica in tackling them.

This exercise complements the government’s own situation monitoring and reporting to the Committee on the Convention on the Rights of the Child.

This time, we invited the Caribbean Policy Research Institute (CAPRI) to support this effort – given the institution’s well-known capacity for rigorous research and for prodding policy dialogue on issues of national importance.

This report, on which CAPRI has worked extensively, presents a familiar narrative. Jamaica has made progress in some key areas, but in many crucial domains, children continue to suffer or struggle as their rights to health, education and protection from all forms of violence continue to be violated.

The analysis also points to many often-cited culprits, including inefficiencies, inadequate resources and coordination failures within and across sectors, Ministries and agencies – which debilitate even the best-laid plans.

These gaps must be addressed with more urgency. There is a tremendous passion for the protection of children in this country that can and must be translated into more effective action.

Over the coming years, UNICEF will strengthen its efforts to both encourage and support this imperative work.

### Lone Hvass

*Deputy Representative, UNICEF Jamaica*

## Foreword – Caribbean Policy Research Institute (CAPRI)

The competing demands of various social issues for limited attention and even more limited resources is the clichéd headache of social policy-making. Thinking about the problem with a sufficiently long-term perspective, however, allows the priorities to become extruded sharply. And from that, the situation with children is inarguably the greatest priority, because therein lie solutions and interventions that can break the inter-generational transmission of poverty, one of Jamaica's most pernicious developmental challenges.

For this reason, CAPRI welcomed this partnership with UNICEF. We have long recognized that there are policy gaps with regard to children in Jamaica, and this represented an opportunity for us to get a detailed understanding of these gaps, and to lay a foundation for ourselves to engage in policy research on the most germane issues.

In some areas we found that children as a subset of the general population face many of the same problems that all Jamaicans face, problems that CAPRI has addressed in other policy reports over the years—pollution and environmental concerns, inequities in access to health care, and gaps in the social safety net. Indeed the six areas that are highlighted in the report—education, the justice system, violence, health, the environment and social protection—are the most pressing issues facing Jamaica as a whole. More than a subset of the population, however, Jamaican children face their own challenges in all of these areas, and almost without exception, the problems are exacerbated in their effects on children.

We found that many of the same obstacles to reform, which bedevil policy in Jamaica on a whole, also pertain to policies related to children: the intentions are set, the legislation is passed, the regulations are adopted, the organizations are created, the programmes are developed, but there are severe weaknesses in resources, follow-through, implementation, coordination and cohesion.

The creation of two separate coordinating bodies for policies and programmes on children and violence in two separate ministries at virtually the same time, neither working with the other, and neither completing their stated objectives, is emblematic of this.

Another critical gap, as it is with many other sectors and issues, is that many of the organizations and policies working with and for children are not data-driven, in part because the relevant data is simply not collected, but also because, too often, the approach to policy formulation is ad hoc and retrograde. These and other challenges face Jamaica in fulfilling its commitments to the Convention on the Rights of the Child and indeed to its own domestic and regional commitments.

We consider our work on this report a first step in what we intend to be a broader and deeper research agenda on the specific policy actions to be taken to more effectively and urgently improve the situation of Jamaica's children.

**Damien King**

*Executive Director, CAPRI*

## List of Acronyms

ADR	Alternative Dispute Resolution	NCD	Non-Communicable Disease
CAPRI	Caribbean Policy Research Institute	NFITF	National Food Industry Task Force
CAP	Career Advancement Programme	NGO	Non-governmental Organization
CBO	Community Based Organization	NHF	National Health Fund
CCPA	Child Care and Protection Act	NMR	Neonatal Mortality Rate
CCT	Conditional Cash Transfer	NPAC	National Plan of Action for Child Justice
CDA	Child Development Agency	NPACV	National Plan of Action for an Integrated Response to Child Violence
CISOCA	Centre for the Investigation of Sexual Offences and Child Abuse	NPP	National Parenting Policy
CPFSA	Child Protection and Family Services Agency	NSPC	National Social Protection Committee
CRC	Convention on the Rights of the Child	NSPS	National Social Policy Strategy
CSEC	Caribbean Secondary Education Certificate	OCA	Office of the Children's Advocate
CSSP	Child-sensitive Social Protection	OCR	Office of the Children's Registry
DCS	Department of Correctional Services	PATH	Programme of Advancement through Health and Education
DFID	Department for International Development	PEP	Primary Exit Profile
ECC	Early Childhood Commission	PIOJ	Planning Institute of Jamaica
ECI	Early Childhood Institution	PMTCT	Preventing Mother to Child Transmission
GDP	Gross Domestic Product	PROMAC	Programme for the Reduction of Maternal and Child Mortality
GOJ	Government of Jamaica	SDG	Sustainable Development Goal
GSAT	Grade Six Achievement Test	SHP	Skilled Health Professional
HCC	Healthy Caribbean Coalition	SPP	Social Protection Programme
HFLE	Health and Family Life Education	SRO	School Resource Officer
HSDE	High School Diploma Equivalency Programme	SSP	Safe Schools Programme
IACHR	Inter-American Commission on Human Rights	STATIN	Statistical Institute of Jamaica
IDB	Inter-American Development Bank	U5MR	Under-5 Mortality Rate
ILO	International Labour Organization	UN	United Nations
IMR	Infant Mortality Rate	UNAIDS	Joint United Nations Programme on HIV and AIDS
JFJ	Jamaicans for Justice	UNDP	United Nations Development Programme
JFLL	Jamaican Foundation for Lifelong Learning	UNFCC	United Nations Framework Convention on Climate Change
MEGJC	Ministry of Economic Growth and Job Creation	UNICEF	United Nations Children's Fund
MOEYI	Ministry of Education, Youth and Information	VSU	Victims' Support Unit
MOH	Ministry of Health	WHO	World Health Organization
MSDF	Multi-country Sustainable Development Framework		



## Executive Summary

In 1991, Jamaica ratified the Convention on the Rights of the Child (CRC). The Convention articulates the basic human rights to be provided to children under 18 years old, which hinges on four key principles:

- i) non-discrimination; devotion to the best interest of the child;
- ii) the right to life;
- iii) survival and development; and
- iv) respect for the views of the child.

These basic human rights are operationalized in 54 articles of the CRC, which provide guidance to countries in the development of legislation, policies, programmes and plans of action to realize their commitments under the Convention, and by extension, to safeguard the inalienable rights of children.

As a signatory to the CRC, the Jamaican government has an obligation to report periodically on the country's progress in upholding the Convention. As part of its mandate, UNICEF Jamaica has an obligation to monitor this progress.

One of the ways UNICEF Jamaica achieves this is by conducting a comprehensive situation analysis to highlight major issues affecting children, assess actions being taken to address these challenges and make recommendations concerning the gaps identified. This is done every five years, as UNICEF embarks on a new country programme cycle, to inform the development of UNICEF-supported programmes which are implemented by the government and other partners.

The situation analysis conducted for the current programme cycle for 2017-2021 is also designed to inform the United Nations Multi-Country Sustainable Development Framework (UNMSDF). The UNMSDF is an action plan for UNICEF and other UN agencies in the English and Dutch-speaking Caribbean that supports the realization of the Sustainable Development Goals (SDGs), the CRC and other international human rights treaties.

The situation analysis, drawing on the Guidance on Conducting a Situational Analysis of Children and Women's Rights<sup>1</sup> seeks to:

- i) Raise stakeholders' awareness about key issues affecting children and adolescents;
- ii) Strengthen evidence-based planning and development processes at the national and local levels, to contribute towards an enabling environment for children that adheres to human rights principles;
- iii) Strengthen national and sub-national capacities to monitor the situation of children, especially for vulnerable and disadvantaged groups;
- iv) Contribute to national research on disadvantaged children and adolescents and leverage UNICEF's convening power to foster and support knowledge generation with development, civil society and private sector stakeholders;
- v) Strengthen the knowledge base to enable assessment of the contribution of development partners, including UNICEF and the UN, in support of national development goals.

The situation analysis utilized secondary sources drawn from international and national reports, sectoral and thematic reports, progress reports on international conventions and treaties, studies/analytical works, surveys/censuses, programme reviews and evaluations, among other relevant sources.

The situation analysis focuses on highlighting successes and challenges in the following areas:

- Justice
- Violence and Safety
- Education
- Health
- Poverty and Social Protection
- Children and the Natural Environment

Drawing on the concluding observations of the combined third and fourth periodic reports of Jamaica – which outline national progress on fulfilment of the CRC – it also makes recommendations on accelerating Jamaica's efforts to fulfil its obligations under the CRC.

1. "Guidance on conducting a situation analysis of children and women's rights: Taking a rights-based & equity-based approach to situation analysis," UNICEF: Division of Policy & Strategy, 2012.

## Summary of Findings

Since ratifying the Convention on the Rights of the Child, Jamaica has made notable progress in meeting its obligations under the CRC. However, there are significant shortfalls which point to the need for efforts to be doubled and driven by a greater sense of urgency to better protect and safeguard the future of Jamaica's children and their families.

### Justice

The Jamaican child justice system has been modernized and strengthened in important ways, including the creation of institutions and the passage of landmark legislation designed to safeguard the rights of children. The state has also made attempts to address resource gaps and deficiencies. However, there are still structural and systemic inadequacies, including a number of specific areas that the state can and should address.

Procedural requirements and provisions under the CRC and Jamaica's own Child Care and Protection Act (CCPA) are being breached. The treatment of children in conflict with the law falls under the Department of Correctional Services, which has no clear institutional or legal linkages to children's agencies – a situation which needs to be addressed and modified. The care of children in state custody is far from ideal, including inadequate provisions for their educational needs and psychological care. Amendments to the Child Care and Protection Act (CCPA) and other legislation are needed to ensure greater oversight of the child justice system. A Joint Select Committee of Parliament is currently considering submissions from a wide cross-section of stakeholders which propose extensive amendments and strengthening of the CCPA.

Also, more effective enforcement mechanisms and better resourcing, whether through the Office of the Children's Advocate (OCA) or other bodies, are needed if the legislative framework is to truly serve the needs and protect the rights of Jamaican children in conflict with the law.

### Violence and Safety

The welfare of Jamaica's children is undermined by the violence that they experience, especially in spaces where there is a reasonable expectation that they will be safe – at school, in their community and within the home, where corporal punishment is still legal. In a climate of high crime and violence, 68 of every 100,000 Jamaican children are victims of violent crimes. Approximately 80 per cent of Jamaican children experience some form of psychological or physical violence administered as discipline, about 65 per cent of students are bullied at school and 79 per cent of children witness violence in their community or at home.

Despite institutional strengthening, legislative reforms and favourable public pronouncements, there are still significant concerns about the protective environment that the Jamaican state has created to reduce children's vulnerability to violence. These include the state's inadequate efforts to address longstanding issues such as corporal punishment in homes and schools and the culture of sexual violence, as well as uncoordinated and fragmented responses across different Ministries and agencies.

Jamaica already has many of the variables—laws, policies, institutions—needed to reduce violence against children, but without the institutional capacity to coordinate and implement, and without increased resources towards improving this capacity, the government's commitment will be questioned, and there is little potential for improvement and change.

### Education

Jamaica has made gains with regard to its obligations under Article 28 (1) of the CRC to promote access, quality, relevance and equity in education, but gaps remain. Most of Jamaica's children have access to publicly funded education; however, many are affected by poverty and its attendant effects, resulting in less than desired participation, lack of progress, chronic under-performance and, in some cases, even the failure to complete their education. This is particularly evident at the upper secondary level among boys, and at schools located in lower socio-economic communities in rural and urban areas. Boys living in these communities have a higher propensity to drop out of school and become at-risk, unattached youth. In addition, the education sector continues to be challenged by the persistent issues of quality and its aim of making schools more student-centred, guided by its core vision that "every child can learn, every child must learn." Based on the evident vulnerabilities, there is a need to leverage and build on the gains made in the sector and explore innovative ways of looking at old problems, in order to best tackle the challenges and accelerate Jamaica's progress towards meeting its local and global commitments for sustainable human development.

### Health

Jamaica's performance on macro-economic measures of child health paints a picture of improved provisioning for children. Ninety-five per cent of Jamaican infants are fully immunized and skilled health personnel attend 99 per cent of births. Jamaican children are about 60 per cent more likely to live beyond five years old, and about 33 per cent more likely to live beyond one year old. While Jamaican children have universal access to health care, their welfare is compromised by deeply entrenched income inequities that create vulnerabilities for children, especially those living in rural areas and urban inner-city areas. Issues such as



childhood obesity and persistently high teen pregnancy rates are challenges that are yet to be adequately addressed by the state. Health literacy to enable individuals to claim their right to health is severely lacking, and proactive, preventative measures to tackle other social disparities that affect children's health seem inadequate.

## Poverty and Social Protection

A quarter of Jamaica's children live in poverty and, as a result, are more likely to be ill, engaged in child labour, have reduced access to adequate water and sanitation facilities and to be exposed to violent discipline. Girls in the poorest population quintile are also more likely to become teenage parents. Children enjoy some social protection from the state, though a large number of deserving children still fall outside of the targeting mechanism.

The Jamaican government has responded to the challenges posed by child poverty by overhauling its social security programmes, and replacing a number of disparate programmes with the Programme for Advancement of Health and Education (PATH). The programme is partly consistent with child-sensitive social protection tenets and enjoys the support of donor agencies and members of the international community.

Through the development of a social protection strategy, the government has committed to the use of a social protection floor to improve coverage and to synchronize the various social protection initiatives. Effective implementation of this strategy is therefore key to resolving the challenges of fragmentation at the policy level, lack of implementation fidelity and gaps in regulatory frameworks, which together work against the achievement of a number of CRC commitments.

## Children and the Natural Environment

Jamaica has a mixed record on the extent to which it is securing a natural environment that facilitates the realization of optimal health for all children. Jamaican children now grow up in a natural environment where air pollutants are increasing, and where air quality falls below World Health Organization (WHO) minimum acceptable levels. The health of Jamaican children is compromised by a natural environment in which the management of solid waste creates a high risk of respiratory illnesses, resulting in air and water pollution, and potential diseases. On a positive note, most Jamaican children have access to clean drinking water and clean energy and live in a world where renewable energy increasingly accounts for a greater proportion of total energy produced.

## Conclusion

This situation analysis suggests that while Jamaica has made progress in complying with a number of the articles under the Convention on the Rights of the Child, many Jamaican children still live in conditions that make them vulnerable and put them at risk of not achieving their full potential. Jamaica, therefore, is in breach of not fully securing the fundamental human rights of its children and adolescents. With urgency and deliberate action, Jamaica must now evaluate its position and take the necessary measures to remediate the current state of affairs.



## CHAPTER 1 - CHILDREN AND THE JUSTICE SYSTEM

## Chapter 1: Children and the Justice System

### Introduction

Jamaica can rightly claim that it acknowledges children's rights under the Convention on the Rights of the Child (CRC) and seeks to safeguard those rights, primarily through efforts made by the Government, and with support and/or oversight by civil society. The country has, in recent decades, modernized its public institutions and strengthened the protective environment in order to secure the welfare of children. Some of these changes were prompted by Jamaica's ratification of the CRC in 1991, the tabling of the Keating Report in 2003, and by increased advocacy by non-governmental agencies. This progress is manifested in changes at the legislative, policy and institutional levels, and in the actions that have been initiated on 93 percent of the recommendations of the Keating Report, 63 percent of which have been fully addressed.<sup>1</sup>

Significant progress has been made through the enactment and implementation of legislation, most importantly the landmark Child Care and Protection Act (CCPA) of 2004, and a ream of other key pieces of legislation, including the Child Pornography Act, 2009; Trafficking in Persons Act, 2007; Children's Home Regulations, 2007; Victims' Charter, 2006, and the Maintenance Act, 2005. Important institutions have been established, notably the Child Development Agency (CDA) in 2004, the Office of the Children's Advocate (OCA) in 2006, and the Office of the Children's Registry (OCR) in 2007. The CDA and the OCR were merged in late 2017 to create the Child Protection and Family Services Agency (CPFSA).

The Jamaican state cares for orphaned and vulnerable children through various institutional arrangements ranging from family-based care (e.g. foster care) to formal institutional care (e.g. children's homes and places of safety). This alternative care is managed by the CPFSA.

The CRC underlines the importance of family in children's lives and makes clear Governments' responsibility to promote familial care and reunification and to provide appropriate alternative care for all children who have lost the care of their parents. The Jamaican government has committed to reducing the proportion of children living in institutions relative to those living in family environments to better protect their rights and enhance their development. Over the last 10 years the number of children in formal alternative care has reduced by 32 per cent, falling from 6,201 in 2008 to 4,195 in 2017 (Figure 1). Boys are slightly more likely to be placed in institutional care than girls; in 2017, 52 per cent of children in institutional care were boys.

1. "The Keating Report: A Review of Children's Homes and Places of Safety" was commissioned by the Government of Jamaica's (GOJ) Ministry of Health in May 2003. The report made forty-six recommendations to the GOJ to improve conditions for children who are in the custody of the State.

**Figure 1: Children in Alternative Care**

At the time of this writing, a comprehensive study examining the issue of formal alternative care provided by the state for children is being conducted by JFJ, with support from UNICEF. Preliminary findings will be shared in 2018. The study, which is expected to span two years, will detail the alternative care landscape and entry process, investigate the quality of care and outcomes for children, assess the financing of state care and ultimately make the case for the de-institutionalization of children.

With specific regard to children in conflict with the law, Jamaica's juvenile detention system has also come a long way, certainly relative to the dismal picture painted by the Human Rights Watch report of 1999, which, among other things, found that:

Many children – often as young as twelve or thirteen – are detained for long periods, sometimes six months or more, in filthy and overcrowded police lockups. [These] children are often held in the same cells as adults accused of serious crimes, vulnerable to victimization by their cellmates and to ill-treatment by abusive police; and virtually always, they are held in poor conditions, deprived of proper sanitary facilities, adequate ventilation, adequate food, exercise, education, and basic medical care.<sup>2</sup>

In this chapter, we compare the current practices and policies that govern the care and protection of Jamaican children in conflict with the law with the expectations and guidelines outlined in the CRC, in order to determine the fidelity with which Jamaica has honoured its commitments. Specifically, the chapter will:

- Identify gaps in the state's juvenile detention framework – its practices, procedures and policies – which pose an obstacle to the full realization of the rights of Jamaican children in conflict with the law;
- Examine commitments made by the state to determine the extent to which they address gaps and weaknesses in the care and protection of children in conflict with the law; and
- Determine the opportunities that the state can take advantage of to further improve the care and protection of children in conflict with the law.

## Situation Analysis of Children in Conflict with the Law

At the close of 2016, there were 194 children housed in correctional juvenile centres, with 80.4 per cent of them being charged with crimes serious enough to warrant incarceration under maximum security conditions. New admissions of children to the juvenile correctional facilities during the year 2016 totalled fifty-nine, with 88.1 per cent of them being males and 62.7 per cent being sixteen years of age or older (Figure 2).<sup>3</sup>

**Figure 2: Population in Juvenile Correctional Facilities**

*New Admissions to Juvenile Correctional Facilities and Total Juvenile Population 2012-2016*



Jamaican children who come into conflict with the law are housed in four juvenile correctional centres that purport to provide security, rehabilitation and education to these offenders. These are the South Camp Juvenile Remand and Correctional Centre (maximum security) which is for girls only; the other three being for boys only – the Hill Top Juvenile Correctional Centre (maximum security), Rio Cobre Juvenile Correctional Centre (medium security) and the Metcalfe Street Secure Juvenile Remand Centre (maximum security). The four centres are managed by the Department of Correctional Services (DCS).

The treatment of children in conflict with the law rests with the state's correctional services and not with children's agencies. This represents a problematic conflation of the juvenile detention system with the child protection system, which results in grave oversights and gaps, questionable practices and poor outcomes. While the CCPA seeks to secure children's welfare, it provides no operational guidelines or minimum standards with respect to the treatment of children in juvenile detention centres. Section 62 of the CCPA is very clear on how children in the state's care and protection must be treated, going into great detail about how such children are to be fed, clothed, and nurtured, but the Act is silent on the treatment of children in correctional centres. This omission has been flagged by the OCA, which has recommended that the authorities consider developing laws to reflect the provisions of the United Nations' Beijing Rules, and the 1990 Rules for the protection of juveniles deprived of their liberty.<sup>4</sup>

2. Human Rights Watch (1999, p. 6).

3. PIOJ (2017).

4. OCA (2011).



The correctional centres themselves are a major cause of concern. A lack of adequate human resources, limited financial and material resources and in some instances, aged and failing infrastructure, compromise the extent to which these facilities are able to do more than merely house children.<sup>5</sup> In addition, children who come into conflict with the law sometimes experience a repressive, de-humanizing and non-rehabilitative system of punishment that is administered with insufficient regard to their psycho-social needs and long term development.<sup>6</sup> In a 2011 review conducted by the OCA, it was noted that trading in marijuana, gang activities, fights and bullying are commonplace in juvenile correctional centres.<sup>7</sup>

Noting the foregoing, the JFJ has pointed out that the government has adopted a misguided approach with respect to addressing children in conflict with the law.<sup>8</sup> They posit that there has been more focus on punishment than on rehabilitation, and an overreliance on the detention of children in contravention to international standards. Jamaica's Ministry of Justice, in developing the 2010-2014 National Plan of Action for Child Justice, made recommendations for legislation to give authority to the police and other law enforcement agencies to deal with child offenders by means other than prosecution and arrest, in some clearly defined circumstances. In keeping with the guidelines of the CRC, the Plan promotes diversion as an alternative non-custodial programme that can be used to treat with adolescent offenders. Diversion as a tool of restorative justice is used primarily to put the child offender on a path away from the criminal justice system and its attendant negative features. There is evidence of discretionary use of such measures as between 2016 and 2017, there was a 25 percent reduction in custodial sentencing of children as mediation measures were employed.<sup>9</sup> However, the required legislation to formalize, institutionalize and entrench these measures has not yet been promulgated, though it has been drafted. The National Child Diversion Policy was approved in 2015 and the National Child Diversion Bill was recently approved by Cabinet (May 2018).

## Obstacles to Progress

The CRC is explicit that no child in state custody should be exposed to inhumane or degrading treatment or punishment; they should be treated with respect for the inherent dignity of the human person, and in a manner which takes into account the needs of persons of his or her age. Despite the overhauling of the legislative framework and the creation of various institutions to provide oversight, Jamaica is still, in many instances, in breach of the CRC with respect to children in conflict with the law. These significant breaches are found in three areas that the country is yet to effectively address – inadequate provisions for education;

inadequate support for children in juvenile detention centres; and gaps in the legislative framework.

### Inadequate provisions for education

No suitable provision exists for the appropriate and effective education of children in state care in Jamaica. Juvenile correctional facilities in Jamaica were formally approved schools and, as such, are classified as educational institutions. However, they are not overseen by the Ministry of Education. Juveniles in correctional facilities access education offered by the DCS, but, "this agency is not only ill-equipped to provide educational instruction to Jamaica's most vulnerable youth, but has demonstrated scant regard for meaningful educational instruction."<sup>10</sup>

Reviews of the status of children in state care, carried out by JFJ in 2009 and again in 2016, highlighted the sub-standard educational offerings in juvenile correctional facilities.<sup>11</sup> The reviews showed that the curriculum used to engage children in conflict with the law is inadequate for the holistic development of these children, the pedagogy is not suitable for their learning needs given the low levels of literacy that most possess, and the offerings do not impact or transform their lives in any meaningful way. Reports from the OCA indicate that girls in correctional facilities receive an average of two hours of educational instruction per day.<sup>12</sup>

As the JFJ reviews show, children up to sixteen years old in juvenile correctional centres may still be pursuing their primary education; though, in the regular school system, at that age, children would be completing their fourth year of secondary school. Classes are too large; with reports of one teacher engaging up to sixty-one students. Foundational tenets of curriculum delivery—the use of individualized, age-specific educational plans, avoiding overt grouping and labelling of students based on perceived abilities, diagnosing and treating with educational needs and record-keeping to support this—are consistently breached by the DCS. JFJ made the following observations with respect to the education of children in correctional facilities:

The education of children in correctional facilities is not under the auspices of the Ministry of Education. The teachers, curriculum, and educational standards are controlled by the DCS. The DCS lacks the capacity, expertise, resources and policy-directive to deliver quality educational instruction. The teachers in DCS facilities are not employed by the Ministry of Education, but to the Ministry of National Security. This separate educational system is unable to attract qualified teachers, promotes very low standards for education, lacks the development and oversight mechanisms of mainstream education, deters or de-incentivizes educational investments, and employs the worst institutional design to what is arguably the most vulnerable group with the greatest special needs.<sup>13</sup>

5. IACHR (2012).

8. JFJ (2015).

11. JFJ (2009); JFJ (2015).

6. IACHR (2012); JFJ (2009).

9. PIOJ (2017).

12. OCA (2013)

7. OCA (2011).

10. JFJ (2015, p. 26).

13. JFJ (2015, p. 27).

However, there is no indication that this inequity is being addressed. When the Minister of Education outlined the roll-out of the National Standards Curriculum for primary school and grades seven to nine of high schools in 2016, no mention was made of ensuring that teachers in these juvenile detention centres would be trained to deliver this curriculum, nor that efforts would be made to resource juvenile detention centres to implement this curriculum.<sup>14</sup>

### Inadequate support for children in state care

Implicit in the CRC guidelines is an expectation that children in conflict with the law be provided with psycho-social support to address their holistic development. However, provisions for this in Jamaican juvenile detention centres are inadequate. For years, only one psychologist was employed to the DCS and was responsible for engaging all children in the care of the state: those in need of care and protection in children's homes as well as those in conflict with the law across all four juvenile correctional centres. The result of this neglect is that suicidal thoughts and actual attempts are fairly common among Jamaican children in state custody. The inadequate psychological support for children in conflict with the law is, arguably, also a breach of CRC Article 24, in which states must commit to ensure that children enjoy the highest attainable standard of health.

Children in conflict with the law are, therefore, housed in facilities where inadequate provisions are made to secure their mental and physical health. Space in these facilities is lacking, which compromises privacy and makes it near impossible for traumatized children to withdraw and have quiet, personal, reflective moments. In addition, children with disabilities are housed with non-disabled children and personnel in child care facilities who usually have neither the training nor the resources to address their medical or developmental needs. The government contends that adequate and worthwhile efforts are made to screen and provide for the medical care of children in conflict with the law, but evidence suggests that their medical treatment is sporadic and superficial, and that treatment of children living with HIV/AIDS in these facilities is not consistent with medically acceptable standards.<sup>19</sup> In addition, poor record-keeping, widespread absence of medical files and inconsistent filling of prescriptions further compromise the medical care that

children in state care receive.<sup>20</sup>

### Uneven legislative development and implementation

Articles 37 and 40 of the CRC require that states make every effort to arrest, detain or imprison a child only as a measure of last resort, and that, when this is done, only for the shortest period of time possible. Also, under Article 37, children are not expected to be imprisoned for life with no possibility of release, nor should they be subject to capital punishment, regardless of the offense that they have committed. Children in conflict with the law are to be afforded prompt access to legal and other appropriate assistance. Finally, the Articles bestow upon children the presumption of innocence and the right to challenge their arrest in the same way that adults enjoy these rights.

In practice, however, many children are routinely kept in custody well in excess of forty-eight hours before they are taken to court. The 2011 OCA study showed that seven per cent of children were kept in custody for over one year before seeing a judge. Further, virtually treating children as adults, the Ministry of Justice in 2011 outlined that a judge should make a determination if a child should be granted bail within forty-eight hours of being arrested. As JFJ argues, however, bail should not be an option for children, given that many children have often remained in custody because of the inability or unwillingness of their family to post bail.<sup>21</sup> Since children rarely possess independent finances, they are at risk of being detained due to factors entirely out of their control. Instead, they propose, children and family members/guardians should be given release conditions by the police or court.

Additionally, while the CCPA explicitly restricts the justice system from pronouncing a sentence of death upon a child, it nevertheless empowers judges with the authority to imprison a child for life. This, again, is in clear violation of Article 37 of the CRC. The OCA has reported that members of the Jamaica Constabulary Force (JCF) routinely do not facilitate legal representation for children suspected of, or charged with, a crime, choosing instead to call their parents.<sup>22</sup> In a similar vein, the court has an obligation to engage the Children's Advocate or legal aid when children who may need legal representation are brought before the courts. However, there are many instances in which children go through the justice system without any such referral being made to the Children's Advocate. This is particularly true where the child appears before the court for a status offence, such as an allegation that the child is "uncontrollable."

The issue of "uncontrollable" children is another significant gap that compromises the rights of children in conflict with the law. The term has no clear meaning and is often assigned—by law enforcement, administrators of correctional facilities and even by a child's own family—to children who repeatedly act out. These children are routinely brought before the court and are usually served with correctional orders. In 2012, for example, between 25 and 30 per cent of all children in correctional facilities were there

14. "Changing the Game: Energizing The Wave Of Prosperity," sectoral presentation by the Hon. Floyd Green, Minister of State in the Ministry of Youth, Education and Information, June 8, 2016. (<http://jis.gov.jm/sectoral-presentation-hon-floyd-green-mp/>)

15. IACHR (2012).

16. JFJ (2015).

17. Kimberley Hibbert, "Review how children are treated in state care, says official," *Observer*, June 7, 2015. ([http://www.jamaicaobserver.com/news/Review-how-children-are-treated-in-state-care--says-official\\_19077194](http://www.jamaicaobserver.com/news/Review-how-children-are-treated-in-state-care--says-official_19077194))

18. JFJ (2015).

19. IACHR (2012).

20. JFJ (2006).

21. JFJ (2015).

22. OCA (2014).



because they were deemed uncontrollable. The OCA has raised concerns that this assignation is being misused as administrators of juvenile detention centres have been using it to address routine disciplinary issues typically associated with children in any setting, resulting in an infringement on minors' rights. Additionally, the court often breaches the procedures that are to be followed in order for the facility to be used, as the parent or legal guardian of the accused child is rarely aware that the order is being given.<sup>23</sup> Children who run away from juvenile detention centres are treated as escape convicts and are then charged with a criminal offense, when their admission into detention was not necessarily a result of a criminal act.

Jamaican laws, therefore, allow for the incarceration of children for conduct that would not lead to the incarceration of adults. In situations "where an adult exhibits maladaptive behaviour and persons who live with him or her are frustrated by the behaviour, they certainly do not have the option to obtain a court order that will place such an adult in a correctional facility."<sup>24</sup> This kind of status offense (offenses that are not criminalized when committed by adults)<sup>25</sup> are prohibited by the CRC and the United Nations Guidelines for the Prevention of Juvenile Delinquency (Riyadh Guidelines).<sup>26</sup> Additionally, Section 24 of the CCPA, which permits a court to incarcerate a child for the ambiguous offence of being beyond parental control is imprecise, broadly outlined, and provides no specifications of the conduct on which a judge may rely to determine that a child is beyond parental control.<sup>27</sup> This is a breach of Article 9 of the CRC, which requires that no child be detained except for reasons established in law. The Committee has elsewhere stated that, "[a]ny substantive grounds for detention must be prescribed by law and should be defined with sufficient precision to avoid overly broad or arbitrary interpretation or application."<sup>28</sup> Since 2015, greater effort has been made by the authorities to place "uncontrollable children" in residential child care facilities. However, these facilities are ill-equipped to address the needs and respond to the behavior of these children.

The extent to which parents/guardians are aware of the stipulations of the CCPA is questionable. The frequent breaches of the Child Care and Protection Act suggest that parents and guardians are not armed with the knowledge or advocacy skills to ensure that their children's rights are respected when they come into conflict with the law.

JFJ points out that "the primary problem facing child rights in Jamaica is not a lack of legislation, but rather a lack of meaningful implementation."<sup>29</sup> The uneven implementation of the legislative framework and the ongoing disregard of various provisions in law point to the need for strengthening oversight mechanisms. A prime example is the under resourcing of the Office of the Children's Advocate, the chief oversight body responsible for monitoring the welfare of children in conflict with the law. The agency is staffed with three legal officers who must monitor sessions in all the various courts that may sit in each of the fourteen parishes, five days each week.

## Commitments and Opportunities Towards Progress

The state's response to the concerns outlined above has been unsatisfactory. There has been no acknowledgement by the state that children in juvenile detention centres are experiencing sub-par education and that, as a result, significant changes are needed. While the number of psychologists available to the DCS has now increased to four, given that there are approximately 1,500 children in state care, many if not all of whom require intensive psychological and/or psychiatric intervention, this is far from realistic or appropriate for the need.

Up to 2015, the OCA had four investigators who were tasked with the responsibility of conducting investigations across the entire island. These investigators were also responsible for monitoring all children's custodial facilities from private and public children's homes and places of safety,<sup>30</sup> to juvenile correctional and remand centres, and police lock-ups holding children.<sup>31</sup> There has been some strengthening of the OCA through an almost threefold expansion of the team of investigators (from four to ten) in order to better manage its caseload. However, the number of legal officers has seen no similar expansion and so this aspect of the OCA's work continues to suffer. In keeping with these observations, the UN has flagged the inadequate allocation of human and financial resources as a factor inhibiting the effective and full implementation of the CCPA.<sup>32</sup>

There have been promised amendments to the Child Care and Protection Act since 2015; an advisory committee was formally

23. OCA (2014).

24. OCA (2013, p. 9).

25. CRC (2007).

26. Faculty of Law, the University of the West Indies, Mona Campus, Jamaica, and Center for International Human Rights, Northwestern University Pritzker School of Law, "Incarceration of children considered beyond parental control. Violations by Jamaica of Articles 2(1) and 26 (non-discrimination) Article 9 (liberty) Article 14 (fair trial rights) Article 24 (measures of protection for children)." Submitted for consideration at the 116th Session of the Human Rights Committee, March 2016, Geneva. ([http://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/JAM/INT\\_CCPR\\_ICO\\_JAM\\_22718\\_E.pdf](http://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/JAM/INT_CCPR_ICO_JAM_22718_E.pdf))

27. *Ibid.*

28. UN (2014, p. 7).

29. JFJ (2015, p. 5).

30. "Children's homes" and "places of safety" have similarities but are two different entities. A children's home is a public or private institution where children are boarded and maintained other than by a parent or lawful guardian. A place of safety is any setting designated as such by the court. It can be a hospital, a home of a family, friend or an unrelated adult, or a children's home.

31. OCA (2014).

32. UN (2016).

established and met several times, and a legal consultant was engaged.<sup>33</sup> Included in the revision would be two new measures called the Care Order and the Antisocial Behaviour Order, which would replace the problematic “uncontrollable” designation. Though the Government had committed to have the review completed during fiscal year 2016/17,<sup>34</sup> that review process has not been finalized, nor has any draft revised Act been issued, as of early 2018. The UN has raised concerns about this delay and has urged the government to “finalize the review of the Act and enact amendments thereto to ensure that the Act is fully compatible with the principles and provisions of the Convention.”<sup>35</sup>

From as early as 2011, the National Plan of Action for Child Justice identified the need to encourage greater use of mediation and dispute resolution mechanisms for child justice issues, but these measures have not been implemented.<sup>36</sup> There is a National Child Diversion Policy put forward by the Ministry of Justice, but it is yet to be codified, though discussion on the National Child Diversion Bill started in early 2018.<sup>37</sup> There is a dire need for public awareness campaigns to inform the general public, and parents specifically, about the various provisions of the CCPA, thus empowering them to become effective defenders of their children’s rights, particularly when their children come into conflict with the law.

In Paragraphs 38 and 39 of its Concluding Observations on Jamaica’s Combined Third and Fourth Periodic CRC report, noting its concern about the continued institutionalization of children and institutional abuse of children, as well as the number of critical incidents in childcare facilities, the UN made a number of recommendations. These include strengthening the support provided to biological families in order to prevent out-of-home placements, increasing efforts to ensure that children in need of alternative care are placed in family-based care rather than in institutions, and that they maintain contact with or are returned to their families whenever possible, with a view to avoiding the institutionalization of children. Many children who are abandoned or released for adoption as babies are unnecessarily spending their lives in institutions, when there are over three hundred approved adoptive families waiting for a child to be placed with them.<sup>38</sup> The UN also recommended that in order to ensure that there is appropriate rehabilitation and social reintegration of children in child protection services, the government needs to allocate adequate human, technical and financial resources to these services and increase training for staff dealing with children in alternative care.<sup>39</sup>

## Conclusion

The Jamaican child justice system has been modernized and strengthened in important ways. Institutions have been created and landmark legislations have been passed to safeguard the rights of children. In addition, the state – with oversight from civil society and international bodies – is now more sensitive to the rights of children in conflict with the law and, prompted by various crises, has made attempts to address resource gaps and deficiencies. However, there are still structural and systemic inadequacies. There are a number of specific areas that the state can and should address. Procedural requirements and provisions under the CRC and, indeed, under Jamaica’s own CCPA, are being breached. The treatment of children in conflict with the law falls under the Department of Correctional Services with no institutional or legal linkage to children’s agencies, a situation which needs to be addressed and modified. The psychological care of children in state custody is far from ideal. There are inadequate provisions for their educational needs. Amendments to the CCPA and other legislation are needed to ensure that there is greater oversight of the child justice system. Finally, more effective enforcement mechanisms and better resourcing, whether through the OCA or other bodies, are needed if the legislative framework is to adequately serve the needs and protect the rights of Jamaican children in conflict with the law.

33. “#connected.” *Sectoral Presentation by the Hon. Lisa Hanna, Minister of Youth and Culture, May 6, 2015.* (<http://jis.gov.jm/media/Final-Connected-Sectoral-Presentation-hanna.pdf>)

34. UN (2016).

35. UN (2015, p. 3).

36. MOJ (2011).

37. *Debate begins on child diversion bill.* *Observer, February 3, 2018.* ([http://www.jamaicaobserver.com/latestnews/Debate\\_begins\\_on\\_Child\\_Diversion\\_Bill?profile=0](http://www.jamaicaobserver.com/latestnews/Debate_begins_on_Child_Diversion_Bill?profile=0))

38. “Non-Governmental Organisations Report to the UN Committee on the Rights of the Child,” *Jamaicans for Justice, 2015.* ([http://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/JAM/INT\\_CRC\\_NGO\\_JAM\\_18947\\_E.pdf](http://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/JAM/INT_CRC_NGO_JAM_18947_E.pdf)) Also see: “Hanna: CDA, adoption board working to clear application backlog,” *Observer, January 18, 2014.* ([www.jamaicaobserver.com/news/Hanna--CDA--adoption-board-working-to-clear-application-backlog\\_15808724](http://www.jamaicaobserver.com/news/Hanna--CDA--adoption-board-working-to-clear-application-backlog_15808724))

39. UN (2015).

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Human Rights Watch. 1999. "Nobody's Children": Jamaican Children in Police Detention and Government Institutions. <https://www.hrw.org/sites/default/files/reports/jam995.pdf>

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## CHAPTER 2 - VIOLENCE AND SAFETY



## Chapter 2: Violence and Safety

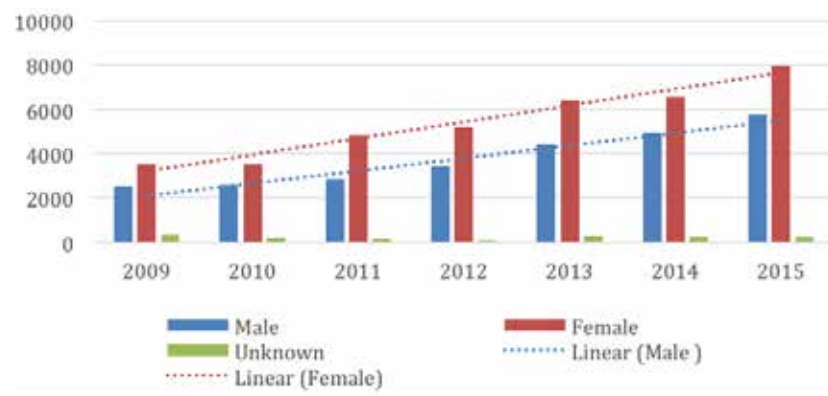
### Introduction

Notwithstanding the significant creativity and industriousness of the Jamaican people, the island state is plagued with crippling economic malaise, high levels of debt and poverty, unemployment, unattached youth, increasing incidence of lifestyle diseases, and crime and violence. These factors, combined with the economic, environmental and social vulnerabilities associated with Jamaica's size and location, create an environment that is hostile to the achievement of the lofty goal outlined by Sustainable Development Goal (SDG) 16.2 – ending abuse, exploitation, trafficking and all forms of violence and torture against children.<sup>1</sup> Approximately 80 per cent of Jamaican children experience some form of psychological or physical violence administered as discipline,<sup>2</sup> 64.9 per cent of students are bullied at school,<sup>3</sup> and as many as 79 per cent of Jamaican children witness violence in their community or at home.<sup>4</sup>

In 2015, the Office of the Children's Registry (OCR) logged a weekly average of 268 reports of child abuse, a number that had been steadily climbing from an average of 129 per week in 2009 (Figure 3).<sup>5</sup>

**Figure 3: Child Abuse Reports 2009-2015**

*Reports on Child Abuse received by the OCR by Year and Sex (2009-2015)*



1. Most Hon. Andrew Holness, Prime Minister of Jamaica, "Caribbean Development: The 2030 Agenda in Perspective," Keynote Address, Caribbean Action 2030 Regional Conference on the Sustainable Development Goals, June 28, 2017. (<http://opm.gov.jm/speech/caribbean-action-2030-regional-conference-on-the-sustainable-development-goals/>)

2. STATIN and UNICEF (2013).

3. CDA and UNICEF (2015).

4. Pottinger (2012).

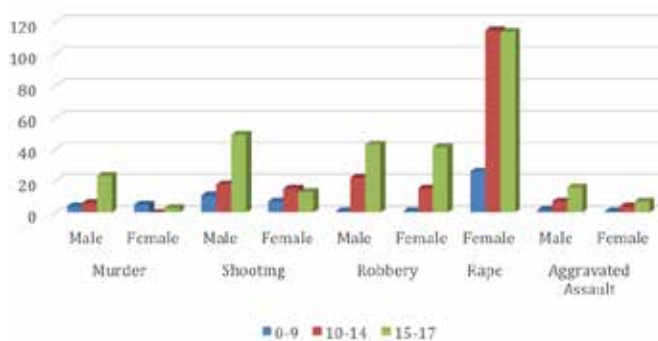
5. OCR (2012); (2017).

The Planning Institute of Jamaica (PIOJ) reports that, in 2016, 643 Jamaican children (a rate of 68 per 100,000) were victims of violent, serious crimes such as murder (41), shooting (113), rape (255) and robbery (122)-(Figure 4).<sup>6</sup> JCF figures for 2017 indicate that there were 55 child murders for that calendar year, which represents an increase of 34 per cent above 2016. Also, very troubling is the increase in the number of girls murdered, which rose from 8 in 2016 to 20 in 2017. Most child murders occurred in the adjoining parishes of Kingston and St. Andrew (15), followed by St. James (13).<sup>7</sup>

Girls account for 97.3 per cent of the 1,094 child abuse reports received by the Centre for the Investigation of Sexual Offences and Child Abuse (CISOCA 2016). Most cases were reports of sexual intercourse with a person under 16 years, below the age of consent (469); 277 were cases of rape; 63 were grievous sexual assault; sexual touching (35); cruelty to child (21) and buggery (20), which was often the sexual abuse of a boy by an adult male (ESSJ 2016). CISOCA is a unit of the Jamaica Constabulary Force.<sup>8</sup>

#### Figure 4: Child Victims of Selected Crimes 2016

*Child Victims of Selected Crimes by Age and Sex (2016)*



In 2017, 1,674 children were reported missing, of which 1,311 were girls. This represented a three per cent decline in the number of missing children reported compared to 2016. Most children were found and/or returned home. Many were fleeing abusive situations at home. Of the total number of missing children, 195 were still missing at the end of 2017. Three children were found dead.<sup>9</sup>

Thirty-seven per cent of Jamaican children are excluded from a range of formal institutions including the family and the justice system, and do not benefit from an environment that protects them from violence, abuse and/or exploitation.<sup>10</sup> In some cases, the police are responsible for perpetrating psychological violence

against children, in that children, especially those of lower socio-economic status, live in an environment where police harassment is common place and where police brutality against family members and friends has been normalized.<sup>11</sup> Many children live in fear, having been traumatized by witnessing their family members killed by the police. Other children suffer significant economic setbacks and sometimes have to drop out of school, become homeless or relocate following the deaths of their loved ones at the hands of the police.<sup>12</sup>

Violence against children in Jamaica, consistent with what has been observed worldwide, takes place in all settings – including where there is a reasonable expectation that children will be safe: their homes, schools and communities. Violence directed at the Jamaican child may be a hidden phenomenon, shrouded in shame, silence and secret; or it may be on public display, legitimized through laws, normalized through culture and tradition, and administered as discipline. Regardless of its manifestations, the position of the international community is clear: no violence against children is justifiable; all violence against children is preventable. The United Nation's position, outlined in Article 19 of the Convention on the Rights of the Child is explicit. It states:

State Parties are expected to take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

The UN defines physical violence against children as “all corporal punishment and all other forms of torture, cruel, inhuman or degrading treatment or punishment as well as physical bullying and hazing by adults or by other children.”<sup>13</sup> This review, therefore, will focus on the extent to which the Jamaican state through its actions, legislation, pronouncements and public postures has created an enabling environment where children can enjoy freedom from all forms of violence proscribed by the CRC. The analysis will be carried out by examining the various settings in which violence against children occurs: in the home and family, in schools and educational settings, in state care, in the justice system, and in the communities in which children reside in order to:

- Identify the factors that facilitate violence against children;
- Discuss the response of the state to these challenges;
- Highlight opportunities for improved action on the part of the state.

6. PIOJ (2017).

7. JCF Statistics and Data Management Unit (2018)

8. PIOJ (2016)

9. CPFSA (2018)

10. PIOJ (2016)

11. CPFSA (2018)

12. *Ibid.*

13. UNICEF (2014, p. 4).

14. UNICEF (2013).

15. Sectoral Presentation by the Hon. Floyd Green, Minister of State in the Ministry of Education, Youth and Information, April 4, 2017. (<http://jis.gov.jm/media/Floyd-Green-Sectoral-Presentation-2017.pdf>)



## Preventing Violence against Children

Drivers of violence against children are multidimensional and require a multifaceted response. Some of these drivers include insufficient investment in violence prevention, fragmented or non-existent national strategies, uncoordinated policy interventions, unconsolidated and poorly-enforced legislation, a lack of focus on gender, and insufficient attention being given to the situation of particularly vulnerable children. The response of the Jamaican state to the problem of violence against children has been uneven; a number of institutions have been created and empowered to act through appropriate legislation and policy positions that have the expressed and demonstrated approval of government, but there are still significant gaps in the protective framework, and there is also mounting evidence of the state not acting decisively.

Importantly, the protective environment has sought to address some of the systemic issues and structural inefficiencies that increase the vulnerability of children to violence. To address violence in schools, for example, the government has introduced a Safe Schools Programme (SSP), which is a joint initiative between the Ministry of Education, the Ministry of National Security and the Jamaica Constabulary Force. The SSP includes the creation of school safety zones and the deployment of police personnel as School Resource Officers (SROs) to extremely volatile schools to assist with the management of discipline.

The creation of the National Parenting Support Commission (NPSC), which emanates from the National Parenting Policy (NPP), is meant to offer support at the level of family and community to ensure that more wholesome, positive parenting practices are observed in the home and the immediate community in which children live. In addition, to further strengthen the protective environment in which children are raised, there have been efforts to tackle the public communication sphere, with the introduction of the Children's Code for Programming in 2002 by the Broadcasting Commission. This provides a regulatory framework for shielding children from violence in the media and also provides a basis for parents and caregivers to better supervise children. Regarding increases in peer bullying in schools, an Anti-Bullying Technical Advisory Committee was formed, which is now (early 2018) finalizing a response framework to commence implementation this year.<sup>15</sup> In an effort to improve the psychosocial support being offered to children in state care, to reduce acts of violence in these settings, the government has quadrupled the number of psychologists available to those children.

The development of new legislation and the introduction of amendments to existing legislation has resulted in a robust legal framework that aims to prevent violence against children. Between 2005 and 2015, twelve pieces of legislation relevant to the protection of children from violence were enacted/amended by the Jamaican Parliament and several policy documents, national plans and protocols were drafted and/or approved:

### Legislation passed:

1. Child Care and Protection Act (2004)
2. The Child Care and Protection (Children's Home) Regulations (2005);
3. The Victims' Charter (2006)
4. The Child Care and Protection (Children's Registry) Regulations (2007)
5. The Trafficking in Persons (Prevention, Suppression and Punishment) Act (2007)
6. The Child Pornography (Prevention) Act (2009)
7. The Sexual Offences Act (2009)
8. The Cyber Crimes Act (2010)
9. The Charter of Fundamental Rights and Freedoms (Constitutional Amendment) Act (2011)
10. National Parent Support Commission Act (2012)

### Legislation amended:

1. Offences against the Person Act (2010)
2. Evidence (Amendments of) Act (2015)

### Policies and National Plans approved/drafted:

1. The National Plan of Action for Child Justice (2010-2014)
2. National Policy on Gender Equality (2011)
3. National Parenting Support Policy (2011)
4. Safe School Policy (draft)
5. National Child Diversion Policy (2015)
6. National Strategic Action Plan to Eliminate Gender-Based Violence (2017-2027)
7. National Youth Policy (2017)

### Protocols and Codes:

1. Children's Code for Programming (2003)
2. Search and Rescue Protocol for Missing Children (2014)

The government's introduction of and continued support for the Ananda Alert System, an emergency response system which addresses the growing number of missing children, also signals the commitment to a multi-sectoral approach to combatting violence against children.

The government continues to lend support to and lead the implementation of a number of social preventative programmes in school and at the community level. These include:

- Programme of Alternative Student Support (PASS) – Behavioural intervention strategy being implemented to assist secondary schools to cope with students who display chronic maladaptive behaviour patterns.
- Possibility Programme – Provides support to children and youths on the street to improve their life chances.
- Learning for Life Programme – A network of Jamaican organizations working to prevent violence.

Efforts have been made by the Jamaica Constabulary Force to make its interaction with children more consistent with the CRC and international standards. Between 2013 and 2017, the JCF trained over 600 police officers in the application of the CRC. In 2015, the JCF Child Interaction Policy and Procedures were established and promulgated into the Police Force Orders to help ensure a more child-friendly approach to working with children who come into contact and conflict with the law.

## Obstacles to Progress

Despite the progress made with respect to institutional strengthening and legislative reforms in the fight against violence directed at children, there are still a number of areas in which the Jamaican state has done less than expected and needed.

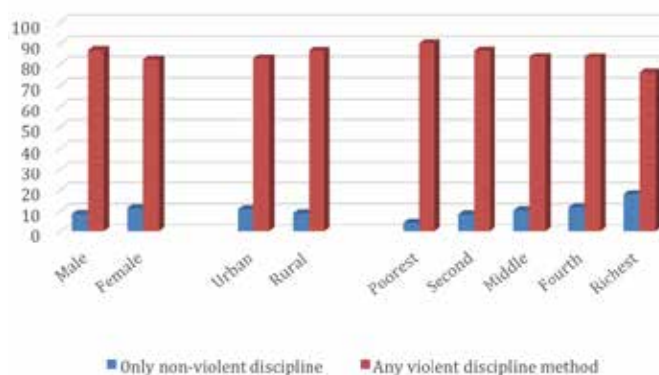
### Corporal Punishment

Perhaps the issue where the state's inaction is most obvious is corporal punishment, which the United Nation defines as "any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light."<sup>17</sup> Despite repeated recommendations by the United Nations that corporal punishment be explicitly banned in all settings, and notwithstanding a long-standing global initiative to end all forms of violent punishment against children, successive Jamaican governments have not taken action to explicitly and effectively

amend existing legislation to achieve this. Meanwhile, slightly less than three-quarters of all Jamaican children (71.9 per cent) have suffered some kind of psychological punishment from a caregiver, 68.4 per cent experience physical punishment, and 5.7 per cent severe physical punishment. These results vary across sub-populations; children in the poorest quintile were more likely to experience physical punishment and severe physical punishment when compared to their peers in the wealthiest quintile (Figure 5). Also, males are more likely than females to experience violent discipline and the same is true for children from rural areas compared to those from urban areas.<sup>18</sup>

### Figure 5: Children 2-14 years who experience violent discipline

Percentage of Children age 2-14 years who experience violent discipline and non-violent discipline



Corporal punishment is banned in some settings. The 2004 Child Care and Protection Act (CCPA) made it illegal to use this method of punishment in alternative care settings such as places of safety and juvenile detention centres. In addition, the Act to Provide for the Regulation and Management of Early Childhood Institutions and for other Connected Matters (2005) explicitly banned corporal punishment in early childhood institutions and day care centres, provided the child is under six years old. As a matter of policy, but not legislation, corporal punishment has been abolished in schools, but the policy is poorly monitored and cultural and institutional practices defy the easy excision of the practice. It is, therefore, still used in schools to manage discipline and also as a pedagogical tool.<sup>19</sup> Significant gaps exist with respect to the care and protection of children in the care of the state. There is evidence of de-humanizing treatment and abuse in penal institutions in which children are housed.<sup>20</sup>

Apart from public education aimed at moral suasion, there is no government-led action that attempts to combat corporal punishment in the home. In the drafting of the CCPA, the state had the opportunity to effectively and explicitly ban corporal punishment in all settings, including the home. Article 9 of the Act criminalizes "cruelty to children," including assault and physical or mental ill-treatment "in a manner likely to cause

16. The Ananda Alert System is Jamaica's child recovery strategy which was modelled off the Amber Alert System in the USA. This system, which was named after Ananda Dean, who was abducted and subsequently murdered, is aimed at mobilizing public and private sectors, civil society and communities to work with law enforcement to assist in the speedy and safe recovery of missing children.

17. UN (2014, p. 4).

18. STATIN and UNICEF (2013).

19. Smith (2016).

20. Ibid.

that child unnecessary suffering or injury to health," but it does not prohibit all corporal punishment and allows, by inference, the infliction of "necessary" suffering. In essence, despite the development of laws to protect the welfare of Jamaican children, there is still state-sanctioned violence against the Jamaican child across various settings, leaving 68.4 per cent of Jamaican children to experience some form of physical punishment in the home.<sup>21</sup>

In its fourth periodic report in 2014, the Jamaican government stated that, "the Ministry of Education has sought to take all appropriate administrative measures to ensure that the use of corporal punishment is discontinued in Jamaican schools."<sup>22</sup> As evidence of this they pointed to the Safe School Policy, "which includes provisions to abolish corporal punishment."<sup>23</sup> They also referenced communications with chairmen of school boards and school principals encouraging them to discontinue the use of corporal punishment. The Minister of Education observed that "in the present context of the external macro-social variables – declining respect for the authority of teacher, our growing acceptance of violence, and the absence of parallel reinforcement – corporal punishment is more likely to inflame and destabilize an already shaky public education environment, than bring order."<sup>24</sup>

Despite such strong objections, however, no law has been enacted that explicitly bans corporal punishment in private homes or in primary and secondary schools. Further, any fair reading of the Safe School Policy does not necessarily support the conclusion that it abolishes corporal punishment. In any event, the Safe School Policy does not have the weight of law supporting it and clearly is only limited to educational settings, thus still making corporal punishment in homes legal.

Moreover, the Ministry of Education, Youth and Information (MoEYI) has expressed a position elsewhere that runs counter to the Safe School Policy. In its Security and Safety Policy Guidelines, the MoEYI affirms that within the school space, the Principal's authority is equal to that of a parent within the home. Against this basis, the principal is justified in "committing a trespass against a student where the action in question is reasonably necessary for the maintenance of discipline or for preserving that student's welfare."<sup>25</sup> The net effect is that in Jamaica, in contravention to the CRC and other instruments, 94.6 per cent of children are still vulnerable to state-sanctioned violence in their homes and 53 per cent at school – the two environments in which they will spend most of their childhood years.<sup>26</sup>

21. *STATIN and UNICEF (2013).*

22. *UN (2015).*

23. *Ibid.*, p. 26.

24. *Sectoral Presentation by Hon. Andrew Holness, Minister of Education, May 2008.* (<http://www.jamaicalabourparty.com/speeches/sectoral-debates-2008-hon-andrew-holness>)

25. "Safety And Security Policy Guidelines, 2nd ed.," Ministry of Education (Jamaica), 2015. (<http://www.moe.gov.jm/security-and-safety-policy-guidelines>)

26. *Smith (2016).*

27. *CISOCA is a branch of the Jamaica Constabulary Force responsible for investigating all forms of sexual abuse of children.*

## Fragmentation of Services

Jamaica's response to violence against children is fragmented across various national strategies, different uncoordinated policy interventions and unconsolidated and poorly-enforced legislation. Evidence of fragmentation is clear at the programmatic and institutional level. The Child Protection and Family Services Agency (CPFSA), the Centre for the Investigation of Sexual Offences and Child Abuse (CISOCA),<sup>27</sup> and the Ananda Alert System are all institutions and programmes of the Government of Jamaica aimed at eliminating violence against children. These programmes and institutions, however, operate across three different ministries and there is no clear, coordinating function being played by a central agency nor any national strategy towards that. In late 2017, the OCR and the CDA were merged to form the CPFSA, as part of efforts to improve the operational efficiency of the child protection sector, but the general concern regarding fragmentation across ministries remains.<sup>28</sup>

In addition, while the CPFSA and the OCA together are responsible for the coordination of all activities relating to the implementation of the Convention, there is no single identifiable governmental body with a clear mandate, the necessary authority and the resources to effectively carry out the role of a monitoring and evaluation mechanism with respect to all laws, policies and programmes relating to the rights of the child throughout the country. The UN Committee on the Rights of the Child has also raised concerns about the promulgation of various national plans of action relating to children, without the finalization of the National Framework of Action for Children as a coordinating tool, and as a way of monitoring progress towards full realization of the country's obligations under the CRC.

In the absence of an established framework for coordinating the child protection sector, the CPFSA has partially assumed the role as coordinating body and regulator in the sector. However, this agency is neither specifically mandated nor resourced to do so. There are no guiding statutes or policies instructing the agency to carry out this coordinating role, leaving it to rely on ad hoc decisions and inferred precedents. The CPFSA's primary role, under the CCPA, is to implement Part III of the legislation (Children in Care) but it also monitors the child protection sector in its entirety. The agency describes itself as "a leader in Jamaica's child protection system, with a combined legacy and reputation for our work in promoting child-friendly policies and ground-breaking programmes to strengthen families". The stated role of the CPFSA is to:

- Provide intake, receive reports, and manage the Child Abuse Registry.
- Investigate reports of child abuse, abandonment and neglect to determine the best interest of the child which supports the Courts and the Police.
- Provide support to children in need of care and protection

(those who have been, abused, abandoned, neglected or vulnerable due to disability).

- Carry out advocacy/public education programmes to prevent child abuse.
- Provide quality care for children who are brought into the care of the State (those who live in children's homes and places of safety).
- Provide support for families.
- Advise government on policy and legal issues relating to children.<sup>30</sup>

The Planning Institute of Jamaica (PIOJ), by initiating policy development within the child protection sector—in keeping with its broad mandate—has assisted in pulling together all the various partners and relevant stakeholders in the sector. However, this agency's mandate is predominantly a planning role and it does not have the authority to monitor and coordinate existing agencies. It has, however, successfully spearheaded several national plans of action and thematic working groups in the child protection sector. Efforts aimed at coordinating the sector have failed. The National Plan of Action for an Integrated Response to Children and Violence (NPACV), the 2011-2016 version, represented an attempt to coordinate an inter-sectoral response to the urgent matter of violence against children. However, while the NPACV was meant to reduce fragmentation of efforts to eliminate violence against children, it operated in parallel with the National Plan of Action for Child Justice (NPACJ) 2010-2014, which was intended to be a comprehensive initiative framing multi-agency responses to child justice. Both plans were implemented in different ministries though essentially sharing the same goal. The NPACV was never finalized and the period for which it was drafted passed. Work has resumed, however, to revise it.<sup>31</sup>

The period of implementation of the NPACJ also elapsed with many recommendations still outstanding. The NPACJ recommended the formation of an inter-ministerial committee to monitor the implementation of Cabinet recommendations on children's rights. The committee consisted of Permanent Secretaries from various ministries providing services to children (Health, Education, National Security, Youth and Sports, Labour and Social Security and Justice), as well as chief executive officers of the various agencies monitoring the welfare of children (CDA,

OCR, etc.). This committee was formed by then Minister of Youth and Culture Lisa Hanna during her term of office (2012-2016) and functioned for a few years, but was not sustained. In effect, successive administrations have failed to bring coordination to the fight against violence directed at children.

### Institutional Weakness

The expansion of the legislative framework to support the child protection sector has outpaced the strengthening of institutions that are intended to operationalize, implement, monitor and enforce the various pieces of legislation. The Act to Provide for the Regulation and Management of Early Childhood Institutions and for other Connected Matters, and the Child Care and Protection Act have outlawed corporal punishment in early childhood institutions (ECIs) and in alternative care settings such as places of safety and juvenile detention centres. The Early Childhood Commission (ECC) is expected to monitor early childhood institutions to ensure compliance with the law. However, the Commission's inspection department is severely under-resourced; at full capacity, the Commission has one Inspector for every seventy ECIs; however, the Commission has been operating at 65 per cent capacity and, as a result, the already strained ratio has worsened to one inspector to every 108 early childhood institutions.<sup>32</sup>

Within alternative care settings and within all private and public children's homes and places of safety, juvenile correctional and remand centres, and police lock-ups in which children are held, monitoring of compliance with policies and regulations is carried out by the OCA. The agency is also inadequately staffed, with ten inspectors to monitor the welfare of six thousand children in these various institutions.<sup>33</sup> The net effect is that there is no reasonable assurance that corporal punishment is not taking place in settings where it has been prohibited, as there are significant gaps in the oversight mechanisms.

Jamaica has implemented programmes—such as the various iterations of the Citizen Security and Justice Programme and the Behaviour Modification Programme—aimed at changing societal and cultural practices that are inimical to the welfare of children and that promote a culture of violence. These, however, have not had the expected impact. Jamaica's victims' support services, which includes recovery and social reintegration services for children who are victims of crime, offered through the Victim Support Unit (VSU) are very inadequate.<sup>34</sup> Of the thirty possible instances in which the VSU can support victims, only nine of these are covered, primarily those involving sex crimes against children. Victims of neglect, for example, are not supported in any setting and no recourse is offered to children if crimes are committed against them in school. While the CPFSA does provide psychosocial support to child victims of abuse, the agency must also place heavy emphasis on the investigative work needed to marshal evidence to bring accused perpetrators of violence against children to justice.<sup>35</sup> The VSU and CISOCA's

30. <http://childprotection.gov.jm/about/> (accessed on May 21, 2018)

31. "Plan of action to protect children to be completed in 6 months," *Observer*, July 20, 2017. ([http://www.jamaicaobserver.com/latestnews/Plan\\_of\\_action\\_to\\_protect\\_children\\_to\\_be\\_completed\\_in\\_6\\_months?profile=1&template=MobileArticle](http://www.jamaicaobserver.com/latestnews/Plan_of_action_to_protect_children_to_be_completed_in_6_months?profile=1&template=MobileArticle))

32. ECC (2015).

33. OCA (2014).

34. The VSU, operated by the Ministry of Justice is intended to assist persons against whom certain offences have been committed. The Unit actively supports victims by identifying their needs and advocating for their rights. The Unit, through its parish offices island-wide, assists victims of crime to manage the emotional trauma associated with and caused by crime.

35. Government of Jamaica (2011).



work is supplemented by non-governmental organizations (NGOs) and community-based organizations (CBOs) that are dedicated to ending gender-based violence. These include Eve for Life, Women's Inc. Crisis Centre, Women's Media Watch and the Women's Resource Outreach Centre. Taken together, these programmes provide assistance to victims of rape, incest and domestic violence, including providing shelter services. They also provide data that the state is not collecting.<sup>36</sup> Other notable NGO interventions include efforts by the Peace Management Initiative, Fight for Peace International and Rise Life Management to address violence by building child resilience and community empowerment.

### Commitments and Opportunities Towards Progress

In the absence of sufficient resources to adequately confront and resolve Jamaica's violence problems, the country continues to benefit from the support offered by a wide and ever-increasing range of international and national NGOs and CBOs. These organizations, including those mentioned above, are critical stakeholders in the violence prevention/reduction effort, as they offer a broad spectrum of programmes and services related to children and violence, from counselling, rehabilitation, residential and other services to children living with the effects of violence, to skills training, remedial education, business start-up support, legal services, and sports for at-risk youth.

In joining the group of Pathfinder countries in the Global Partnership to End Violence against Children, Jamaica has signaled its commitment to promote and protect the rights of children through comprehensive, coordinated and multi-sectoral services for preventing and responding to violence.<sup>37</sup> In keeping with this, the government seeks to coordinate the services offered through the various ministries that interact with children, with an emphasis on the Ministries of Justice, Education, Health and National Security.

The Health and Family Life Education (HFLE) programme is an example of how an inter-ministerial approach is possible. The programme provides a framework for the integration of activities designed to promote development of appropriate values, attitudes and skills among children and also empowers them to make optimal choices. It is delivered through the MoEYI with support from the Ministries of Health and National

Security.<sup>38</sup> However, despite the success of the programme, there are still unexplored opportunities for greater integration of violence prevention programmes in the education system. The HFLE programme, for example, could be used to build resilience, especially for teenage boys, to empower them to make choices that are not based on traditional gender stereotypes and promote respect for the roles played by men and women in society. This could reduce the susceptibility of males to gangs and their overall vulnerability to a life of crime.<sup>39</sup>

Another initiative with significant potential to curb the extent to which children experience violence at school and become perpetrators of violence themselves is the School-wide Positive Behaviour Interventions and Support (SWPBIS) framework, which has been implemented in 140 Jamaican schools to great effect.<sup>40</sup> The SWPBIS framework organizes behavioural interventions in three tiers, determined by the severity and frequency of disruptive behaviours. SWPBIS is unique because it de-emphasises punishment, focusing instead on promoting responsibility through wholesome, positive, empowering and enabling language and approaches. Research has shown that SWPBIS, when implemented with fidelity, significantly reduces teacher discipline referrals, student suspensions, incidents of disruptive behaviour and conflict among students.<sup>41</sup> Anecdotal and case study evidence from the experiences of schools such as Jones Town Primary, Albert Town High and Maxfield Park Primary also provide support for the framework's efficacy within the Jamaican context.<sup>42</sup>

Jamaica has established a Sex Offenders Registry and convicted offenders entered into the registry must report any change in their addresses in an effort to preserve public safety. Members of the public, persons managing institutions and facilities for the care and treatment of children, and potential employers with legitimate interests in information about persons in the registry are able to request information using prescribed procedures. Operationally, the registry is under the responsibility of the Department of Correctional Service (DCS) with minimal oversight by the OCA. The usefulness of the registry is compromised, however, by the weak investigative capacity of the police and the general inefficiency of the justice system.<sup>43</sup> While the government has expanded the capacity of alternative dispute resolution (ADR) mechanisms to divert cases from the criminal justice system, serious crimes against children, especially of a sexual nature, cannot be settled in this way and are still

36. Harriott and Jones (2016, p. 2).

37. See: "Prime Minister Issues Directive to End Violence by State Agencies as Government Launches Global Partnership to End Violence Against Children Campaign," Jamaica Information Service, November 24, 2016. (<http://jis.gov.jm/prime-minister-issues-directive-end-violence-state-agencies-government-launches-global-partnership-end-violence-children-campaign/>)

38. When the programme was initiated, the ministry responsible for youth was in a separate ministry from education. After 2016 the two portfolios came under the Ministry of Education, Youth and Information.

39. UNDP (2017).

40. Allison Cooke-Hawthorne, Senior Education Officer, Guidance and Counselling,

MoEYI; personal interview; April 5, 2018.

41. Nocera et al (2014); Freeman et al (2016).

42. Tortello (2015). See: "Maxfield Park Primary: Success Under Construction," *Gleaner*, October 5, 2017. (<http://jamaica-gleaner.com/article/lead-stories/20171005/school-report-maxfield-park-primary-success-under-construction>) Also see: Garfield Angus, "Albert Town High Reports Success under PBIS," Jamaica Information Service, August 14, 2016. (<http://jis.gov.jm/albert-town-high-reports-success-pbis/>)

43. Miller (2014). Also see: Sectoral Presentation by the Hon. Delroy Chuck, Minister of Justice, May 3, 2017. (<http://jis.gov.jm/201718-sectoral-debate-presentation-justice-min-hon-delroy-chuck/>)

susceptible to long delays in the court system. This discourages victims and emboldens perpetrators who see little consequence for abusing minors, whether they do so on the basis of long held cultural practices or for other reasons.

The Victim Support Unit (VSU) is an initiative that, were it expanded, could go a far way in reducing violence against children. While the Unit operates in all fourteen parishes, it is staffed with only 35 members across the island, a number that is regarded as being inadequate for its needs and, as a result, the Unit must depend heavily on volunteers to carry out its important functions.<sup>44</sup> VSU staff are underpaid, operate with inadequate office space and are not granted any legal standing in the administration of justice, the result of which is they have no special seating in courtrooms and are always vulnerable to being exempted from court proceedings.<sup>45</sup> For victims who depend on this support, this is crippling. Also, while the Justice Reform Task Force recommended the establishment of a fund for victims to be compensated and the provision of safe houses for victims, there is no indication that any of these has been done.

With respect to sexual violence, there are strong cultural beliefs in Jamaica that make it unlikely that victims of abuse will report abuses. Victims and witnesses of child sexual abuse often remain silent out of shame and fear of the stigma attached to sexual abuse, fear of further abuse and harm, or fear of being labelled an “informer”. Moreover, many are unaware of the agencies that provide support and some may seek counsel in a family or community member who may then stymie efforts to escalate the matter further. The net effect of this is severe under-reporting of sexual violence with only 25 percent of sexual assaults in Jamaica being reported.<sup>46</sup> Addressing the aforementioned challenges with the VSU should help to address some of the challenges with unwilling witnesses and victims.

Over the past ten years, the child protection sector has improved its collection, analysis, utilization and dissemination of administrative data to inform its planning, implementation and evaluation processes.

Some notable developments include:

- The production of the 2011–2015 report and accompanying infographics booklet on Children and Violence, generated by the Jamaica Crime Observatory-Integrated Crime and Violence Information System Ministry of National Security.
- The establishment by the then CDA of a case management system using a social and health management software to input data and generate reports on all its clients. The case

management system was designed to interface with the case management system of other Government agencies, although these connections have not yet been established.

- The CDA-managed Child Protection Database (CPD), which has more than 80 indicators, provides summary data on issues regarding the protection and well-being of Jamaica’s children. The CPD was conceptualized as a monitoring and reporting tool for the National Framework of Action for Children indicators. Its scope was later expanded and it also became a channel for disseminating summary child protection data, and to facilitate the standardization of child protection indicators. The CPD, which is hosted by JamStats at the Planning Institute of Jamaica, is the joint initiative of over nine Government of Jamaica ministries, departments and agencies.

Challenges for these databases, in particular the CPD, have included: (i) achieving timeliness and accuracy of data (ii) insufficient number of qualified personnel to update the databases and (iii) the need for improvements in the areas of technology, training and financial resources and (iv) limited utilization by users.

In 2015, the UN called on Jamaica to “amend its legislation explicitly to prohibit corporal punishment in all settings, including the family, schools and institutions, and to repeal the common law right to inflict ‘reasonable and moderate’ punishment.”<sup>47</sup>

It also encouraged the government to “promote positive, non-violent and participatory forms of child-rearing and discipline as an alternative to corporal punishment, and expand parenting education programmes and training for school principals, teachers and other professionals working with and for children.”<sup>48</sup>

## Conclusion

Despite institutional strengthening, legislative reforms and favourable public pronouncements, there are still significant concerns about the protective environment that the Jamaican state has created to reduce children’s vulnerability to violence. In a climate of high crime and violence, 68 of every 100,000 Jamaican children are victims of violent crimes. Even in spaces which should be safe—their homes, schools and communities—as many as 80 per cent of them are abused physically, sexually and psychologically. The government’s response, while commendable in its stated intention to implement preventative measures, is inadequate as it does not address longstanding issues such as corporal punishment in homes and schools and the culture of sexual violence. The state’s policies, programmes and strategies are too fragmented across different ministries and agencies and there is no coordinating structure, policy or agency to achieve synergy and prevent duplication. The state has not adequately strengthened the institutional framework to

44. Jamaica Justice System Reform Task Force, “Final Report,” June 2007. ([http://moj.gov.jm/sites/default/files/pdf/JJSRTF%20FINAL%20REPORT\\_6Jun07.pdf](http://moj.gov.jm/sites/default/files/pdf/JJSRTF%20FINAL%20REPORT_6Jun07.pdf))

45. *Ibid.*

46. Amnesty International (2006).

47. UN (2015, p. 7).

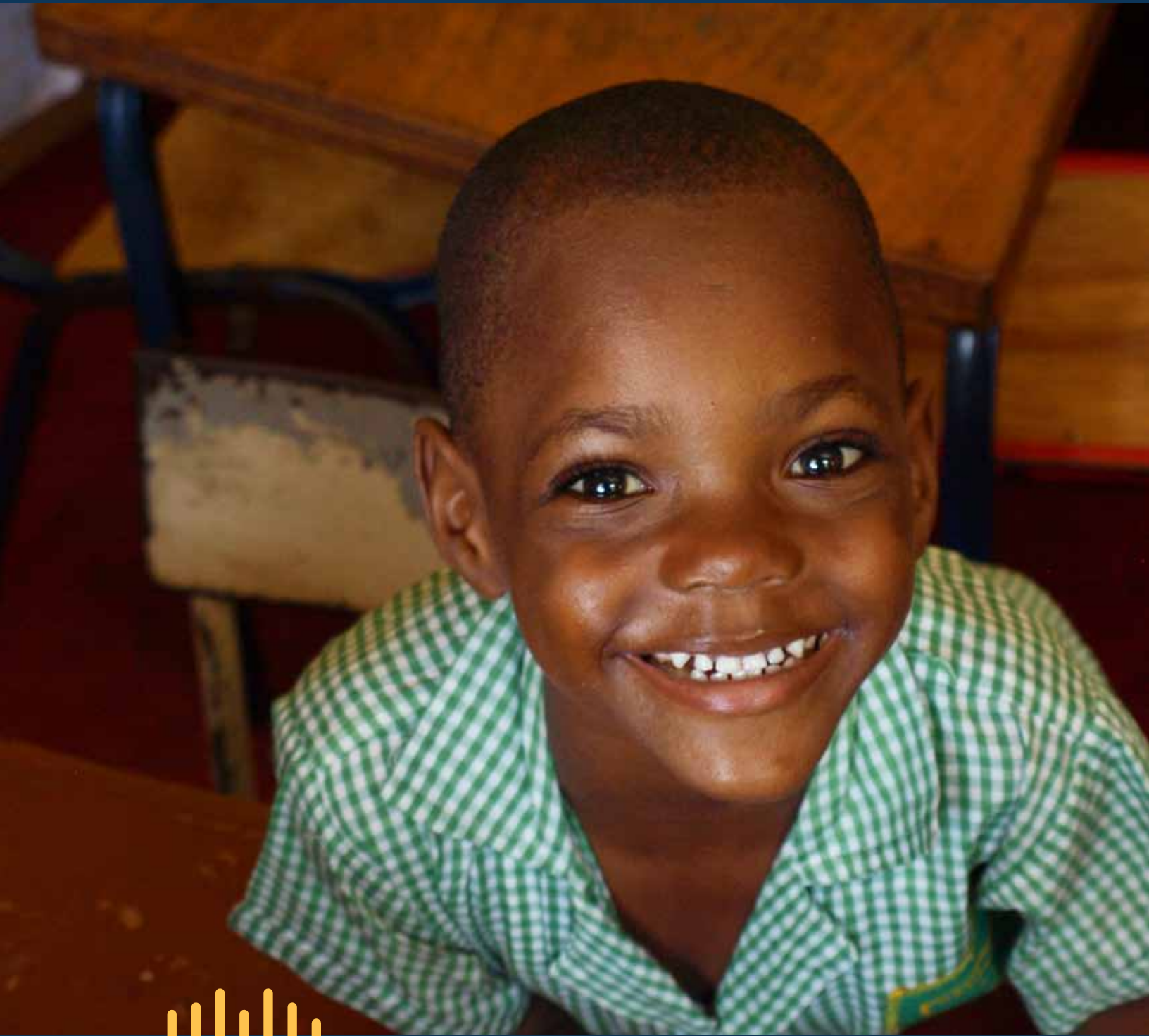
48. *Ibid.*



support the implementation and enforcement of laws regarding crime and violence against children. Jamaica already has many of the variables—laws, policies, institutions—needed to reduce violence against children, but without the institutional capacity to coordinate and implement effectively, and without increased resources towards improving this capacity, the government's commitment comes into question, and there is inadequate potential for improvement and change.

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## CHAPTER 3 - EDUCATION

## Chapter 3: Education

### Introduction

Since Jamaica's independence in 1962, the country has made significant strides towards providing access to quality and equitable education for its citizens. These gains have resulted from the Government of Jamaica's strong commitment to education and its benefits to the individual and the wider society, and to citizens' interest in education and training as a means to self-actualization and socio-economic upliftment. Some notable achievements are:

- i) improved access, participation, progress and completion rates;
- ii) improved teacher quality and professionalism, an enhanced teaching and learning process that emphasizes inclusion, a standards-based curriculum, a learner-centered approach and the acquisition of 21st century skills;
- iii) increased resources for the teaching and learning process;
- iv) reduced barriers to access to education;
- v) improved human and institutional capacities to strengthen school leadership, enhance instructional practices, promote school accountability, and drive improvement;
- vi) increased awareness of the need for inclusive education; and
- vii) strengthened partnerships with private and non-governmental organizations (NGOs), local and overseas;
- viii) strengthened support for parental involvement in school;
- ix) increased focus on support to, as well as coordination and organization of the early childhood sector with reference to national standards and curricula.

However, the sector continues to be burdened by a number of systemic issues. Non-school factors, such as poverty and its related effects, negatively impact the teaching and learning process, the quality of student learning and achievement, social development, and by extension, the preparation of students for the world of work and for life.

When Jamaica ratified the Convention on the Rights of the Child (CRC) in 1991, this legally binding document became the standard to which the country would be held accountable for securing and safeguarding the inalienable rights of children, so that they can self-actualize in a safe and caring environment. In the case of social development, countries like Jamaica committed to making

1. *Twenty-first century skills refer to cognitive and life skills needed to function in this rapidly changing world. There are four such skills namely collaboration and teamwork, creativity and imagination, critical thinking, and problem solving. See "13 essential 21st century skills for today's students," Envision Blog, undated. (<https://www.envisionexperience.com/blog/13-essential-21st-century-skills-for-todays-students>)*

quality education and training accessible, inclusive and equitable, relevant to all children from ages three to 18, and to promote a culture of lifelong learning for all, with the view to producing responsible and productive local and global citizens.

This chapter contains a situation analysis of the education sector with a view to:

- i) highlighting the progress, achievements and challenges facing the sector; and
- ii) presenting recommendations that will accelerate Jamaica's effort to fulfil its obligations to the Convention on the Rights of the Child in the area of education.

## Situation Analysis of the Education Sector

### Student Participation, Progress and Completion

The examination of the education sector will focus on four areas:

- i) student enrolment and participation, progress, completion and transition;
- ii) teacher quality;
- iii) financing, and
- iv) student performance.

Jamaica boasts impressive student participation, progress and completion rates. According to the Economic and Social Survey of Jamaica 2016:

an estimated 71.6 per cent (721 790 persons) in the school age cohort (3–24 years old) was enrolled in educational institutions. The total number of students enrolled in the public and private education system at the pre-primary, primary and secondary levels was 586 693, with gross enrolment rates of 99.8 per cent, 99.4 per cent, and 97.4 per cent, respectively. At the tertiary level, gross enrolment was 27.6 per cent.<sup>2</sup>

It is important to note that early childhood and primary student enrolment represent some 62 per cent of the student population. The low percentage enrolled at the tertiary level is also cause for concern. In addition, the emerging trends

reflected in the gross and net enrolment rates show that, marginally, more boys are enrolled at the early childhood level; however, as they progress through the system, their enrolment level declines steadily. This trend begins the story of the gender disparity affecting boys throughout the education system and its implications for their life chances.

In addition to the chronic levels of underperformance of boys, increasing incidents of school violence and negative student behaviour have become issues of concern, causing the Ministry to strengthen its safe schools unit and implement a student support framework beginning in 2015. The SWPBIS (School-Wide Positive Behaviour Interventions and Support) framework aims to address anti-social behaviour and school violence through a process of positive reinforcement of core values such as honesty, respect and responsibility.<sup>3</sup> SWPBIS is a team-based, whole-school approach. It uses a tiered system approach to establishing or changing a school's social culture, relying on the implementation of a continuum of evidence-based interventions, content expertise and fluency by all school staff, team-based implementation, continuous progress monitoring, universal screening and data-based decision-making and problem solving.<sup>4</sup>

To date, approximately 56 schools and close to 3,000 educators have been trained in how to establish, effect and promote positive behaviour principles and practices. An additional 5,000 educators have been sensitized to this child-centred framework, paving the way for its national scale-up. Informal feedback from school administrators is encouraging, indicating that they see SWPBIS as a welcome, feasible initiative to assist them to reduce reactive disciplinary measures, such as detention, suspension and expulsion, and to implement effective strategies that meet the emotional and behavioural needs, while supporting students' academic and social functioning.<sup>5</sup>

While most school-age Jamaican children are enrolled in schools, regular attendance for five consecutive week days is a challenge for some, more so for public versus the private schools. Student attendance across the system now falls below the national benchmark of average daily attendance rate of 90 per cent. Girls, on average, attend school more than boys. Attendance by some students from rural and low-income households is more likely to be lower than students in other locations and consumption groups<sup>6</sup> (Figure 6).

A number of socio-economic issues have been cited as contributing to low attendance, including poverty and its attendant effects, ill health, transportation costs and poor weather. In an attempt to tackle the issue, the government established the Programme for Advancement Through Health and Education (PATH), a conditional cash transfer (CCT) modality, in 2001.<sup>7</sup> In several parishes, more than 40 per cent of households are on PATH, and many schools in rural areas have more than 90 per cent of students on the programme.<sup>8</sup> Yet, despite the fact that school attendance is a core PATH education CCT requirement, schools have continued to report irregular

2. PIOJ, 2016, pg. XI

3. "Educators trained in positive behaviour management system," *The Minister's Blog*, April 19, 2015. (<http://www.moe.gov.jm/educators-trained-positive-behaviour-management-system>)

4. See: [www.pbis.org](http://www.pbis.org).

5. "Educators trained," *ibid*.

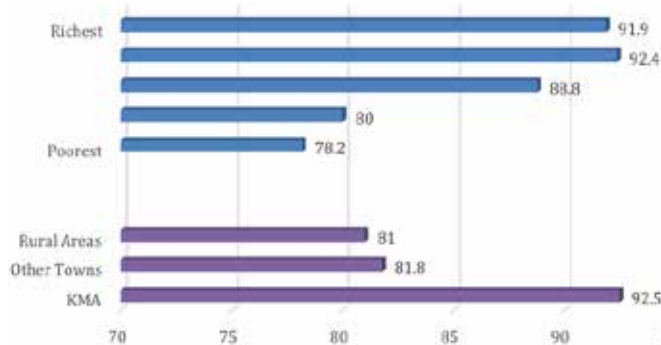
6. PIOJ (2014)

7. Ayala (2006).

8. <http://jamaica-gleaner.com/article/news/20170331/rural-path-students-benefit-school-transportation>



**Figure 6: School Attendance by Region and Wealth Quintiles**



attendance of children. In 2016, only 79 per cent of students at the secondary level who are on PATH achieved the 85 per cent attendance requirement.<sup>9</sup>

Although new measures are being put in place to increase access to scholarships and transportation support through PATH, more needs to be done to sustain PATH benefits and to reduce the vulnerabilities of economically disadvantaged families.<sup>10</sup>

According to a 2014 national education profile, Jamaica is holding its own in terms of student progress and completion, with rates at almost universal levels at the lower ends of the system. The gross enrollment rate in primary education is approximately 96 per cent for both girls and boys combined, but this decreases in lower secondary, with a student transition rate to secondary school of 88 per cent and a primary completion rate of 88 per cent. Importantly, more girls continue through to, and complete, the final grade of their primary education. Boys were also more likely to repeat a year.<sup>11</sup>

In summary, the rates of student participation, attendance, progress, completion and transition to secondary level education, especially among boys from economically disadvantaged communities, warrant concern and decisive action. This situation has far-reaching implications on the preparation of students, especially boys, to access higher education, the world of work, and equipping them with the skills needed to engage a challenging and rapidly changing world.

9. <http://jis.gov.jm/increased-allocation-path/>

10. Chris Patterson, "Gov't to Increase PATH Benefits," *Jamaica Information Service*, February 10, 2017. (<http://jis.gov.jm/govt-increase-path-benefits/>)

11. Education Policy and Data Center FHI 360 at [https://www.epdc.org/sites/default/files/documents/EPDC%20NEP\\_Jamaica.pdf](https://www.epdc.org/sites/default/files/documents/EPDC%20NEP_Jamaica.pdf)

12. There are four categories of teacher training qualification: (i) trained graduate—university graduate with a teaching diploma; (ii) pre-trained graduate—university graduate without a teaching diploma; (iii) pre-trained tertiary level graduate—tertiary level training without a teaching diploma; and (iii) un-trained—secondary certification without a teaching diploma.

13.

14. PIOJ, 2016, pp 22.13-16

15. <https://jtc.gov.jm/>

16. PIOJ 2016. Pg. 22.2

### Teacher Qualifications

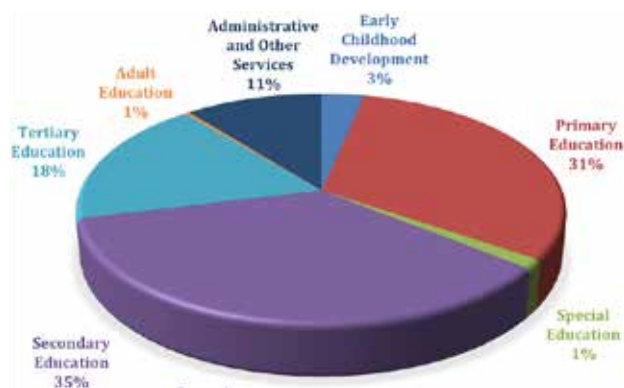
Most teachers engaged in the public education system are trained at minimum at the diploma level; however, there is an inadequate number of highly trained teachers (i.e. teachers with university training that includes teacher certification) across the system.<sup>12</sup> For instance, in the early childhood sector, only 23 per cent are trained as teachers, either at the degree or diploma level, and 50 per cent have received competency based training. At the primary level, approximately 95.7 per cent were trained either at the degree or diploma level and this represents a 14 per cent increase in those who are trained graduates (i.e. ones with a tertiary degree as well as a teachers college diploma).<sup>13</sup> At the secondary level, 83.9 per cent were trained with only 25.5 per cent trained graduates.<sup>14</sup>

Of concern is the number of teachers with substantive training in a subject or grade level and in pedagogical approaches. Given that the quality of the teacher has a direct impact on student learning and outcomes, the inadequate number of highly trained teachers across the system, especially at the early childhood level and for specialized subjects such as the sciences, is a major impediment to the government's quality education for all agenda. This is a critical area to be remedied, as less qualified teachers do not possess the competencies necessary to promote quality student outcomes. The MoEYI has established the Jamaica Teaching Council (JTC) largely to address this issue and must double its efforts to pass its affiliated bill and facilitate the attraction, training and retention of qualified teachers who can effect significant changes in the classroom.<sup>15</sup>

### Financing

Jamaica has been noted for its impressive investment in education which compares favourably with developed countries; however, the allocation of expenditure shows disparities. In 2016/2017,<sup>16</sup> close to 16 per cent of the national budget (J\$91.0 billion) was allocated to the education sector. Yet, the early childhood sector received only 3.3 per cent (J\$3.0 billion) of the allocated amount (Figure 7).

**Figure 7: Ministry of Education Budget Estimates 2016-7**



This allocation translated into an average per capita expenditure of only J\$20,908 per student at the early childhood level, compared to J\$108,127 at the primary, and J\$138,444 at the secondary level. This disparity represents an inequity in the system. Given that the quality of early childhood care and education is the bedrock for the quality development of adults, the need for increased investment in this sector is very clear. The sector requires more money to acquire the human and material resources needed to improve the quality of early childhood education and to implement the various lifecycle-based intervention programmes outlined in its national strategic plan.<sup>17</sup> Therefore, the funding model or formula needs to be more targeted and appropriate and re-formulated so that it is based on a needs approach.

### Performance

Jamaican students continue to make progress in national assessments. There are a number of standardized tests/exams that are conducted across the system to assess student progress and levels of achievement. At the early childhood level, the national Age Four School Readiness Assessment was first administered in 2016 to screen children's general development and readiness for primary school. As such, it acts as an early identification mechanism for children who may need specialized referrals and support. This diagnostic assessment examined the learners' competencies in literacy, numeracy and other related skills. The results showed that 92 per cent of children at the early childhood level were ready to access primary level education. It is plausible that these gains are as a result of increased attention and technical support to the sector, including continued emphasis on the meeting of national standards and on monitoring and evaluation through ongoing classroom observations and school inspections.

At the primary level, student outcomes are measured by three tests: the Grade Four Literacy Test and Grade Four Numeracy Test, which are diagnostic tests, and the Grade Six Achievement Test (GSAT), a placement exam. The Grade Four Literacy results for 2015/2016 show that most of the student cohort demonstrates mastery in literacy; however numeracy continues to lag behind. In both examinations girls are doing better than boys. Results for GSAT have shown improvement over time; however, student outcomes, on average in 2016 were as follows: Mathematics, 57.0 (56.0 in 2016), Language Arts, 64.0 (64.0 in 2015), Science, 67.0 (68.0 in 2015) and Communication Tasks, 67.0 (67.0 in 2015).<sup>18</sup> These results fall below the national target as outlined in the National Education Sector Plan (2011-2020) which states that by

2015, 80 per cent of students sitting GSAT should achieve 65 per cent or more in all subjects.<sup>19</sup> Of additional concern is that girls continued to outperform boys in all five subject areas, and the divide between the performance of students in the public and private systems remains wide.

The GSAT has long been criticized because of the stress it imposes on children and their families, as students' results determine the high school in which they are placed, making it extremely competitive. One Minister of Education once described the GSAT as the "apartheid of the education system... this high-stakes terminal examination wrecks fear and trauma among parents and children alike, all because of the perceived and the real absence of quality secondary places."<sup>20</sup> The GSAT is to be replaced by the Primary Exit Profile Examination (PEP) in 2019. The PEP is an assessment model with components administered in grades 4, 5 and 6, instead of all covered over two days of testing in grade 6. So, while the PEP is considered an improvement on the GSAT in many different respects, the issue of the limited pool of choice schools remains, and hence the associated stress, fear and trauma.

The terminal examination for secondary school is the Caribbean Examination Council's Caribbean Secondary Education Certificate (CSEC), which covers a wide range of subjects, both vocational and academic. Of the total number of students registered, 97 per cent sat the examinations and 85.4 per cent passed with grades 1-3 in at least one subject. Passing grades in five subjects, including English Language and Mathematics is required for entrance to tertiary education and only 37.7 per cent obtained five or more subjects including English and/or Mathematics. Yet, trends do show ongoing improvement in English Language, but performance in Mathematics is still lagging with some 71.2 per cent passing English Language and only 47.7 per cent passing Mathematics. English Language and Mathematics are compulsory and must be acquired to matriculate. Students in traditional high schools continue to perform better than those in technical/agricultural high schools. What the statistics do not show is how many students are passing English and Mathematics, and how many of each cohort are not registering for, and sitting the exams at all, and hence are not completing their secondary education.<sup>21</sup>

### Special Education

In 2015/16, a total of 3,402 students, the majority males (60 per cent), were enrolled in learning institutions catering to students with special needs. Thirty-one per cent of that enrolled population are persons with intellectual disabilities. This sector spans early childhood through secondary and includes programmes like the Alternative Secondary Transitional Education Programme (ASTEP) which, as a result of the Competency Based Transition Policy, enables some 6,000 students who do not pass the Grade 4 Literacy Test to be placed in a special enrichment programme prior to transitioning back

17. See [www.ecc.gov.jm](http://www.ecc.gov.jm)

18. PIOJ 2016, pg. 22.15

19. Ministry of Education (2012).

20. Daraine Luton, "GSAT is 'Apartheid'" *Gleaner*, June 20, 2012. (<http://jamaica-gleaner.com/gleaner/20120620/lead/lead1.html>)

21. PIOJ (2016), pg. 22.16

22. *Ibid.*, pg. 22.18



into the secondary system. Of note is that ASTEP tends to be 80 per cent male, again raising the need to focus more on gender based learning differences.<sup>23</sup>

In 2015/2016, special education received 1.3 per cent or J\$1.1 billion of the \$91 billion dollar allocation to the education budget. This, when compared to the other sectors, is an obvious disparity.

The MoEYI, in an effort to improve the quality of outcomes in this sector, has deployed seven Regional Special Needs Coordinators (one per region) across the system to provide support to schools, as they cater to special needs students who are placed in both public and private schools with government support. In addition, a school to work transition resource guide for special needs students was developed and 150 special education teachers were trained in a new UNICEF-funded curriculum for children with moderate to severe learning disabilities. Caregivers were also trained to provide support to students in mainstream settings.<sup>24</sup>

## Youth Development and Lifelong Learning

Youth and adult illiteracy has far-reaching implications on the quality of life and life chances of an individual. The literacy rate of Jamaicans fifteen years and older is 88.7 per cent, with females at 93 per cent and males at 84 per cent. When compared to other countries in the region, that literacy rate is low. As a result, 70 per cent of the unskilled labour force is uncertified because they lack the basic skills in literacy and numeracy to be able to sit a certifying examination. As such, they require remedial education.<sup>26</sup> In response, the Jamaica Foundation for Lifelong Learning (JFLL) developed and implemented the High School Diploma Equivalency Programme (HSDE) for adult learners. The HSDE is a general education programme that equips the learner with basic education skills so that they can access post-secondary education and technical and vocational education. The programme is offered across the island in 34 adult learning centres in the JFLL network for adult learners (17 years and older) who require a second chance. The most recent data shows over 10,000 adult learners have accessed the programme. The matriculation results are very encouraging.<sup>27</sup>

The Ministry of Youth, Education and Information has implemented a competency-based education system. This thrust aims at fully integrating a technical vocational education and training model and programmes across the system so that learners can gain marketable skills, while being exposed to work

experience and community engagement, in part to promote good social skills. Two additional years of schooling have also been established under the Career Advancement Programme (CAP). CAP is geared toward students who have left the school system without having passed enough subjects to continue onwards, and who need an opportunity to acquire a skill and competencies so they can either gain meaningful employment or matriculate to further schooling. The CAP programme, Jamaican Foundation for Lifelong Learning (JFLL) and the National Youth Service (NYS) are now linked to the country's national vocational training institution, the Human Employment and Resource Training (HEART), to better streamline and maximize use of resources and to extend the government's reach to unattached youth, the numbers of whom some documents posit are close to 16,000.<sup>28</sup> An occupational degree programme has also being introduced to provide a vehicle for successful CAP students to advance tertiary level education.<sup>29</sup>

## Commitments and Opportunities Towards Progress

Notwithstanding the challenges facing the sector, Jamaica has made some significant strides in the areas of policy, programme development, capacity building, institutional strengthening, strengthening of public and private sector partnerships, and the modernization of the sector through the devolution of greater autonomy to the MOEYI's regional offices. Progress has also been made with the creation of new entities such as the National College on Educational Leadership (NCEL) for the training of principals, the National Education Inspectorate (NEI) to assist in data-driven decision-making and the National Parenting Support Commission (NPSC) to strengthen the link between home and school. These and other agencies and interventions aim to reduce barriers to access quality education and training, and improve education outcomes at all levels. Some of the notable achievements made across the departments and agencies of the MoEYI have sought to address and sustain the desired outcomes outlined in Article 28 of the CRC.

The MoEYI has committed to a number of medium- to long-term strategies, geared towards:

Providing high quality care and education within an inclusive and enabling environment which will help more of our citizens become more socially-conscious and productive. Towards this end, we aim to reduce the number of children and youth at risk through public education and needs-based intervention programmes. This will be achieved by increasing the number of Jamaica children three to 18 years old, who continue to improve literacy and numeracy rates at grade four, as well as, increase the number of the workforce that is trained and certified to satisfy labour market needs.<sup>30</sup>

23. PIOJ 2016, pg. 22.15

24. Ibid. pg. 22.19

25. UNESCO Institute for Statistics. (<http://uis.unesco.org/country/JM>)

26. HEART Trust (2009).

27. PIOJ (2016).

28. UNESCO, *Jamaica Education for All Review 2015*, <http://unesdoc.unesco.org/imag-es/0023/002300/230020E.pdf>, pp. 16-7.

29. Ministry of Education (2015a).

30. MoEYI (2016).

As an outgrowth of the medium term development strategies and in keeping with the Sustainable Development Goal (SDG)-led international agenda, the following are the policy priorities of the MoEYI:

- i) Child and Youth Development
- ii) Child Care and Protection
- iii) Lifelong Learning
- iv) Governance and Accountability
- v) Information and Communication
- vi) Quality Education and Training
- vii) Stakeholder Engagement

## Conclusion

Jamaica has made gains with regard to its obligations under Article 28 (1) to promote access, quality, relevance and equity, but gaps remain. In particular: the low educational achievement of boys in economically disadvantaged communities, the inadequacy of professionally trained teaching staff in rural communities, and inadequate teaching resources (especially at the early childhood level), limited access to education by children from low-income families, the shortage of upper secondary school spaces, the level of drop out among boys and boys' involvement in school violence.<sup>31</sup> The Government of Jamaica should move to secure and leverage their advances and to close the gaps. Towards this end, the recommendations of the CRC are adopted herein, along with other recommendations, which are viewed as a strong and promising basis to achieve the desired outcomes.<sup>32</sup>

1. Use robust data to measure and track progress and to develop evidence-based policies and programmes.
2. Strengthen coordination and collaboration at the inter-ministerial and inter-agency levels to develop and deliver programmes to improve the quality of life and life chances of learners.
3. Adopt a systems-thinking approach by examining the linkages and interactions between the components that comprise the entirety of the education system with a view to strengthening not only the components themselves, but also to maximizing synergies.
4. Reinforce the Compulsory Education Policy, the Safe Schools Policy and expand the use of the School Wide Positive Behaviour Interventions and Support (SWPBIS) framework.
5. Mainstream gender equality policies in the education sector, ensuring that gender issues and sensitivity training are made an integral, substantive and mandatory component of teacher training at all levels, in particular to

address the situation among boys.

6. Reduce the premature drop-out of boys, address the reasons behind the non-completion of schooling, and continue the development and promotion of quality vocational education to enhance the skills of children.
7. Enable more targeted approaches for boys to redress their increased involvement in school violence and other associated anti-social behaviour.
8. Revisit the model for funding education with a view to promoting an equitable needs-based approach that is informed by a comprehensive and holistic policy of early childhood care and allocate sufficient resources for the development and expansion of the early childhood education.
9. Ensure access to education regardless of ability to pay auxiliary fees, especially for children in vulnerable situations, and continue to improve school facilities so as to reduce class sizes, increase the adequacy of spaces, especially at the upper secondary level, and make classrooms conducive to learning.
10. Continue to improve the accessibility and quality of education for all, and provide training for teachers, especially those in the rural areas.
11. Improve teacher quality using an evidence-based approach to tackle instructional deficiencies; ensure the adequate provisions of teaching and learning resources at all levels of the system and especially in the rural areas.
12. Strengthen the oversight bodies of the MoEYI, namely the National Education Inspectorate (NEI), the Jamaica Teaching Council (JTC), the National College on Educational Leadership (NCEL) and the Jamaica Tertiary Education Commission (JTEC), to provide the supervisory management and accountability functions needed to secure quality outcomes in education consistently.
13. Strengthen curriculum reform programmes with a view to producing well-rounded and adaptable learners, and the modernization of relevant institutions for greater oversight and accountability.
14. Finalize and implement the Special Needs Policy.
15. Adopt the SDG 2030 acceleration initiatives and the policy initiatives therein.<sup>33</sup>

30. UNDP (2017).

31. UN Committee on the Rights of the Child (CRC), "Concluding observations on the combined third and fourth periodic reports of Jamaica," March 10, 2015. ([www.refworld.org/docid/566e7c584.html](http://www.refworld.org/docid/566e7c584.html))

32. *Ibid.*

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## CHAPTER 4 - HEALTH

## Chapter 4: Health

### Introduction

Given advances in medicine, the development of new technology and improved knowledge about healthy lifestyle practices, the health status of children worldwide has improved markedly and impressively. Since the 1990s, approximately 50 per cent more children worldwide are surviving past their fifth birthday, more children are receiving vaccinations against diseases such as polio, which is all but eradicated, and more children are benefiting from improved access to health services, sanitation, water and nutrition. While there has been slower progress on other indices of child health, such as infant mortality and neonatal mortality, when compared to under-five mortality, Articles 6 and 24 of the CRC can be said to have been successfully implemented.<sup>1</sup>

Jamaica, in tandem with the rest of the world, has recorded impressive improvements on most macro-level indicators of child health since the 1990s. In this chapter, we examine policies, initiatives and programmes of the Government of Jamaica (GOJ) in order to determine the extent to which Jamaica has taken adequate steps towards securing child health. Specifically, this chapter will assess:

- (a) The threats and challenges that imperil the progress already made in the nation's health system and that compromise the country's efforts to fully honour all its obligations under Articles 6 and 24 of the CRC;
- (b) The extent to which Jamaica has taken advantage of various opportunities to progress beyond its current situation and to respond to new and emerging threats to child health and welfare; and
- (c) The various policies and programmatic commitments that have been made over time with respect to child health and the extent to which these have been honoured and realized.

### Situation Analysis of Child Health in Jamaica

Jamaica, consistent with the overall trend in the Caribbean region, has experienced a demographic-epidemiological transition and has joined the ranks of developed countries in terms of its health and mortality indicators. The main cause of death has shifted from infectious diseases to non-communicable diseases, and there have been concomitant improvements in life expectancy and infant mortality rates. Between 1990 and 2015, the country's Under-5 Mortality Rate (U5MR) improved by 58.68 per cent, with a reduction from 38 to 15.7 deaths

1. Lake (2014).



per 1,000 live births. The infant mortality rate (IMR) improved at a similar rate: a reduction of 58.06 per cent, from 31 to 13 deaths per 1,000 live births. For the same period, these reductions outpaced global figures which reduced by 51.7 per cent and 51.54 per cent respectively. However, neonatal mortality rates (NMRs) in Jamaica for the same period improved by only 33.85 per cent compared to an improvement of 48.1 per cent globally.<sup>2</sup>

Assessment of these child health indicators is generally favourable to Jamaica, when the basis of comparison is narrowed to a regional focus. For example, within the Americas (made up of thirty-five Caribbean, Latin-American and North American countries), the mean U5MR in 1990 was 42 deaths per 1,000 live births and had improved by 56.26 per cent to 18.37 deaths per 1,000 live births in 2015.<sup>3</sup> In Jamaica, the improvement over this period was a similar – though slightly higher – rate of 58.68 per cent. Jamaica's U5MR ranks 16th out of 33 countries in the region; globally, Jamaica's U5MR ranks 107th out of 194 countries.<sup>4</sup> Given its performance on this indicator, Jamaica has already surpassed the 2030 Sustainable Development Goals (SDG) targets of U5MR being at least as low as 25 per cent and NMR as low as twelve deaths in every one thousand live births.

Indicators of children's access to health services also paint a favourable picture for Jamaica. Ninety-five per cent of Jamaican infants are fully immunized,<sup>5</sup> and 99 per cent of births are attended by skilled health personnel.<sup>6</sup> In Jamaica, there are 15 skilled health professionals (SHPs – an aggregate of nurses, physicians and midwives) per 10,000 citizens, which is less than the ratio of 32 SHPs per 10,000 regional citizens and 25 SHPs per 10,000 persons globally.<sup>7</sup> Access to health for children, therefore, does not appear to be a challenge, though only approximately 13 per cent of children enjoy health insurance coverage, which is less than the 17.7 per cent of all Jamaicans and the 23.25 per cent of elderly and retirees who do.<sup>8</sup>

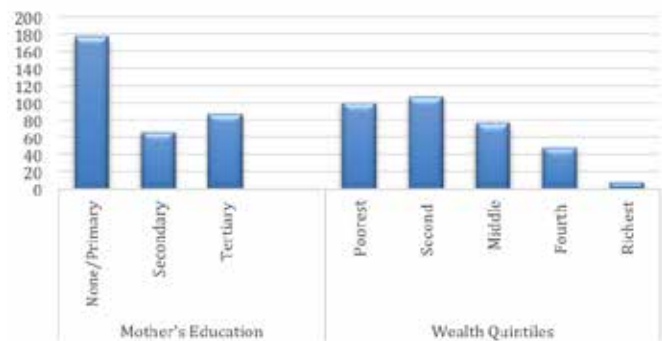
Jamaica's programme aimed at preventing mother to child transmission (PMTCT) has reaped success. Among young adolescent Jamaicans between ten and 14 years old, HIV prevalence now stands at 0.1 per cent, primarily the result of a strong PMTCT programme.<sup>9</sup> Between 2014 to 2016, incidence of vertical transmission of HIV in Jamaica stood at 0.1 per 1000 live births, meeting the elimination target of 0.3 (or less) per 1,000 live births.<sup>10</sup> However, the MTCT rate increased slightly above the elimination threshold in 2017, indicating a need to expand primary and secondary prevention interventions. As adolescents age, their risk for HIV infection increases. In fact, among 15-19 year olds, a period which is associated with teenagers making their sexual debut (15 years old for males, 16 years old for females), HIV prevalence increases five-fold, to between 0.4-0.5 per cent.<sup>11</sup> Current treatment data show that adolescents

living with HIV, who know their status, are struggling to stay on treatment. Without adequate support for adherence, their health is at risk. There are societal and cultural practices that further expose children to sexually transmitted infections. Transactional sex is reported among 24 per cent of adolescent girls aged 15-19 years and among 54 per cent of boys aged 15-19 years. Approximately one in every five (21 per cent) adolescent girls aged 15-19 reported having experienced sexual violence, while an estimated 5 per cent of boys in this age group also reported the same.<sup>12</sup> The same study showed that comprehensive knowledge of HIV (endorsement of effective prevention methods and rejection of popular myths) was 56 per cent among males and 55 per cent among females in the 15-24 age group, representing a decrease from the previous reporting period. An updated National Knowledge Attitudes Behaviours and Practices Survey has been conducted, but was unreleased up to the time of this document. Preliminary results from that survey (expected to be published in 2018) show a further decline of knowledge levels and increase in harmful myths regarding HIV prevention among the population. Risk behaviours including consistent condom use have also increased. This signals an urgent need to focus prevention interventions among adolescents.

Age-disparate sex is common when girls make their debut early: 46 per cent of females who were under the age of 13 at their first intercourse had a partner that was six or more years older than they were. Only 8.4 per cent of males who had sex at the same age went with a partner with the same age difference. This suggests that young girls are especially vulnerable, which can have severe implications for their reproductive health.<sup>13</sup> Jamaica's teen pregnancy rate is the third highest in the English-speaking Caribbean with a birth rate of 72 per 1,000 teen girls. According to the MICS 2011 survey these rates are significantly higher among the poorest adolescent girls and those with low education levels (Figure 8).

### Figure 8: Adolescent Birth Rate (MICS 2011)

Adolescent Birth Rate (per 1,000 women)



2. WHO (2013); (2014); (2105) and (2016).

3. *Ibid.*

4. *Ibid.*

5. PIOJ (2017).

6. WHO (2016).

7. *Ibid.*

8. PIOJ and STATIN (2016).

9. UNAIDS (2014)

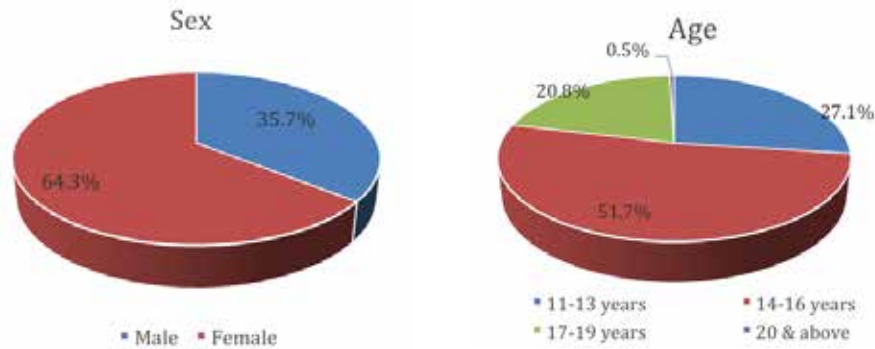
10. Christie et al (2017).

11. UNAIDS (2014).

12. "2012 Knowledge Attitudes Practices and Behaviours Survey, Jamaica," Hope Caribbean Co. Ltd., 2012. ([http://jis.gov.jm/media/2012\\_KABP\\_Final\\_Report1.pdf](http://jis.gov.jm/media/2012_KABP_Final_Report1.pdf))

13. Ministry of Health (2013).

**Figure 9:  
Students found to be  
At Risk of Suicide**



Vulnerabilities are also high among girls in the care of the state. A 2015 study reported that one-third of girls in two state care facilities were infected with sexually transmitted infections (STIs). These challenges are compounded by the legislative obstacles to accessing services for adolescents under age 16. In 2016, a Joint Select Committee of Parliament heard stakeholder arguments regarding changes to relevant laws to allow access. Up to the time of this report, in the first half of 2018, there has been no report on these deliberations from the Joint Select Committee.

The mental health of children in Jamaica is cause for concern. More than 3,000 cases of children and adolescents with psychiatric disorders were seen at public health clinics across the island in 2016, and 42 per cent of all attempted suicides treated at public hospitals were children.<sup>14</sup>

In a 2014 study on suicidal ideation, one in five secondary school students were found to be at risk for suicide. Within this group females (64.3 per cent) were more likely to be identified as being at risk of suicide than males (35.7 per cent). Also, more than half (51.7 per cent) of the at risk group were between the ages of 14-16 years (Figure 9).<sup>15</sup>

In addition, more students who went to school in urban areas (58 per cent) reported suicidal ideation than those who went to school in rural parishes (42 per cent).

Jamaica is far outside of international standards with respect to its capacity to deliver mental health services to its population. Nationally, the ratio of psychiatrist to patients is at 1:1,582 and the ratio of community mental health officers/nurses to patients is at 1:306, compared with international standards of 1:150 and 1:50, respectively. There is a shortage of specialists within the public health system to deal with children with mental illness. In 2015, it was estimated that there were only eight to ten people in Jamaica who work extensively with children with mental problems.<sup>17</sup>

## Obstacles to Progress

Aggregate indicators of child health need a closer, more nuanced examination. Mortality rate and life expectancy at birth “only speak to length of life and not the quality of those lived years. An individual can live for forty years or even one hundred years, of which all those years were lived in severe morbidity.”<sup>18</sup> Children in the 2010s face new vulnerabilities, such as obesity, the early onset of concomitant lifestyle diseases, early initiation into sexual activities and increased usage of drugs and alcohol among school age children.<sup>19</sup> Any discussion about child health must therefore go beyond aggregate measures and examine the quality of life that children enjoy.

In addition, the impressive picture of child health painted by macro-level indicators must be viewed with a critical eye, as though they are evidence of progress, they may mask the inequities, vulnerabilities and plight of far too many children.<sup>20</sup> When these indicators and averages are disaggregated and deconstructed, disparities and even widening gaps become evident.

Child health in Jamaica is negatively impacted by the financing arrangement for the sector, the high levels of persistent inequalities and poverty concentrated in some areas, as well as the failure of the system to sufficiently promote and institutionalize preventative measures. The picture that emerges is that the progress made in child health is uneven, favouring some children more than others. In particular, children living in poverty, those in hard-to-reach, rural areas and those in urban inner-city areas generally do not enjoy the same level of health as others.

## Financing of Health

Jamaica has not met its commitment, as outlined by the WHO,<sup>21</sup> to allocate at least six per cent of GDP for public health spending, which is the recognized minimum prerequisite for universal health coverage. Over the ten year period 2005–2014, public spending

15. *Risk Factors Associated With Youth Suicidality in Jamaica*. [https://www.unicef.org/jamaica/Report\\_on\\_Youth\\_Suicidality\\_2014\\_002.pdf](https://www.unicef.org/jamaica/Report_on_Youth_Suicidality_2014_002.pdf)

16. PIOJ (2017)

17. “Non-Governmental Organizations’ Report to the UN Committee on the Rights of the Child,” *Jamaicans for Justice*, 2015. (<http://tbinternet.ohchr.org/Treaties/CRC/>

*Shared%20Documents/JAM/INT\_CRC\_NGO\_JAM\_18947\_E.pdf*)

18. Bourne (2009, p. 160.)

19. Fox et al (2009).

20. Henry-Lee (2015); Lake (2014).

21. WHO (2016).

on health averaged a mere 2.8 per cent of GDP, though when buttressed by private out-of-pocket and insurance spending, this average increased to a more respectable figure of 5.11 per cent of GDP.<sup>22</sup> Jamaica achieved universal access to health when it abolished user fees associated with accessing health services in 2008. By all indications, this move encouraged greater access to health,<sup>23</sup> but was not associated with any meaningful expansion in government investment to accommodate the increased take up of health services.<sup>24</sup> Nevertheless, the move has been associated with positive changes in infant and maternal mortality rates, hospital admissions, utilization of pharmaceutical services, and the general health-seeking behaviour of persons in the poorest quintile.<sup>25</sup>

The general increase in access afforded to children by the abolition of user fees must be balanced against the fact that the move placed significant pressure on the systems, personnel, procedures and infrastructure involved in health delivery. This resulted in increased wait time, shortage of medical and pharmaceutical supplies, and overcrowded and overused hospital spaces. Service delivery has also been compromised: some patients have been turned back; and when they were seen by doctors, consultation time was reduced. Overworked equipment was often non-functioning.<sup>26</sup> While some of these issues have been addressed by deliberate actions to expand the capacity of health centres and to divert cases from hospitals, waiting time is still high: patients wait an average of two hours to see a doctor in an emergency situation and up to 18 months for facilities to be able to accommodate them for surgery. Furthermore, the expansion of health centres is focused on urban centres, resulting in access issues still prevailing for children in rural and hard-to-reach areas.

Indirect costs associated with accessing health services (transportation, meals, etc.) may account for as much as 30 per cent of the overall cost,<sup>27</sup> and are likely to be higher for children in rural areas where they must travel further to access health services, and must also wait longer due to under-resourced facilities.<sup>28</sup> The abolition of user fees, therefore, has been more beneficial for urban users of medical facilities as the government now absorbs a larger percentage of the costs that these users face to access health services. This has had a regressive impact on the poor and, as a result, despite patterns of a pro-poor inequity in illness among children, there has been a pro-rich inequity in health care utilization.<sup>29</sup>

### Inequities that Compromise Child Health

The health of children and their access to quality health care differ significantly based on where they live and the wealth quintile in which they fall, despite measures to guarantee access to all. In comparison with the population mean, the two poorest

quintiles of Jamaican citizens have incidences of ill health that are above the population average. Regardless of differences in age and sex, Jamaicans in lower-income categories are more likely to be injured or ill, are ill for longer, and are more likely to report their health to be less than good. The probability of reporting less than good health for the poorest income quintile is almost double that of the richest quintile.<sup>30</sup> In addition, only about a fifth of Jamaicans are covered by private health insurance – which is largely salaried employer-based – and only 2.5 per cent of all National Health Fund (NHF) cardholders are children.<sup>31</sup> Other factors that contribute to health inequities include living in rural areas where health care facilities are not as accessible, being a non-salaried worker or otherwise engaged in economic activities other than formal employment, and being self-employed, unemployed or a student.

Inequities in child health also manifest in other indicators. Under- and over-nutrition are both common among rural children under five years old. This begins early in the lives of children as the exclusive breast feeding rate stands at 23.8 per cent at 6 months (MIIICS, 2011). Rural children are more likely to consume unhealthy fried food at home.<sup>32</sup> Among the most commonly consumed foods in Jamaica, healthy meal options cost more than less healthy ones; and for a family of three, a balanced diet would be equivalent to the weekly minimum wage.<sup>33</sup> The cost of healthy meal options is, therefore, a factor that imperils the health of poor children as it restricts the options available to households in the lower income quintiles. Further, there are differences across rural and urban areas in having ears and eyes checked, with rural children being significantly less likely to be availed of these services.<sup>34</sup> Children in low-income households are also more likely to be overweight,<sup>35</sup> and those that live in areas with a high frequency of major crimes are more likely to experience severe acute malnutrition.<sup>36</sup>

### Health Promotion

As part of the shift in nutritional practices taking place in Jamaica and the wider Caribbean, Jamaica has seen a move away from diets based on locally-grown indigenous staples (grains, starchy roots), locally-grown fruits, vegetables, legumes and limited foods of animal origin, to diets that are more varied and energy-dense, consisting of foods that are more processed, (including processed beverages) and more of animal origin, with more added sugars and fats, and often more alcohol.<sup>37</sup> This has resulted in more Jamaican children being overweight or obese, a rate which stood at about 12 per cent of children aged ten to 15 years old, but which varies across locations and children's age groups.<sup>38</sup> There have been other societal shifts towards earlier sexual initiation, greater use of alcohol and more experimentation

24. World Bank (2016).

25. Campbell (2013); CAPRI (2013); Cushman (2010).

26. CAPRI (2013).

27. Gordon-Strachan et al (2010).

28. Campbell (2013).

29. Scott & Theodore (2013).

30. Scott & Theodore (2013).

31. NHF (2016).

32. Cory et al (2014).

33. Henry et al (2015).

34. Fox et al, *ibid*.

35. Dubois et al (2011).

36. Thompson et al (2017).

37. Healthy Caribbean Coalition (2017).

with tobacco and drugs among school-age children. 39 There is evidence of a need for preventative and supportive actions to curtail the psychological impact of violence on children where 30 per cent of adolescents are concerned about physical violence at home, and 50 per cent worry about violence in their communities. 40

Jamaica's health system does not adequately address issues such as health literacy, nor does it use effective messaging to curtail societal and cultural lifestyle practices and traditions that undermine child health. The system has been designed and resourced to offer primary care; up until recently it had not sufficiently re-tooled to engage stakeholders in meaningful preventive measures to arrest new and emerging issues; that is, to move from "prescription" to "prevention." 41 Multi-agency approaches such as the Health and Family Life Education have met with limited success, 42 and while a number of policies and action plans have been developed to address obesity, 43 communicable diseases 44 and drug and tobacco use, 45 the health budget has not expanded commensurate to the government's stated commitment to address these emerging issues. 46

Furthermore, fulsome implementation of aspects of these policies and plans requires changes to the legislative framework and institutional strengthening that are still at the periphery of government actions. The Healthy Caribbean Coalition, for example, has outlined imperatives that must be addressed by the government to effectively address childhood obesity. 47 There is, so far, no evidence that action on any of these imperatives—which include legislation to restrict deliberate marketing of some products to children, mandatory front-of-package labelling, and expansion of physical education programmes in schools—has started in any meaningful way. As a commitment to improved nutrition of children, World Health Organisation (WHO) member countries adopted the International Code of Marketing of Breastmilk Substitutes in 1981, which sets out regulation to reduce inappropriate marketing of baby formula to vulnerable, uninformed young mothers. 48 As at 2016, however, Jamaica had no measure in place to regulate the marketing of baby formula and had shown no timetable towards even the gradual realization of this obligation.

## Commitments and Opportunities Towards Progress

Since 2008, successive governments have given support to universal access to health, though there have been ongoing debates on the sustainability of no-user fees to access health services. 49 However, the right to health is not enshrined in law, as is encouraged by international partners who advocate a rights-based approach to health financing, 50 and, as a result, universal access now only exists at the level of policy, which is susceptible to political expedience. The government has made commitments to improve access by expanding health centres to divert traffic from hospitals. According to the Ministry of Health, this has resulted in 17 per cent increased usage of health centres, some during extended opening hours, and has reduced waiting time in the accident and emergency rooms of major hospitals. 51 Improvements in the triage system through greater computerization, improved infrastructure and increased human resources are said to have benefited clients. Strengthened public-private partnerships for pharmaceutical services have resulted in shorter waiting time and greater, more consistent availability of prescription drugs.

With respect to building out its health promotion and preventative measures, the government has passed legislation banning smoking in public spaces, launched moderately successful road safety campaigns, and is now debating legislation in Parliament that significantly incentivizes road safety practices. 52 The Ministry of Health has launched "Jamaica Moves", an aggressive campaign to increase the level of physical activity among Jamaicans. In keeping with suggestions under Jamaica's Sustainable Development Goal Road Map, 53 there are opportunities to formally widen this programme to specifically target youth, through partnerships with educational institutions. As of this writing, the programme is slated to be rolled out in schools across the island. The Minister of Health, in his last sectoral debate presentation, acknowledged that "our current attitude to public health administration and individual health care calls for a major paradigm shift. We must get our country to focus on prevention, rather than cure. Prevention in ensuring personal health. Prevention to avoid the collapse of our

38. Fox et al, *ibid.*

39. Christie & Pierre (2012); Henry-Lee (2015). Also see: "Investing in the future: Improving communities, impacting lives." Sectoral Presentation by Hon. Minister of Health, Christopher Tufton, 2016. (<http://jis.gov.jm/media/Sectoral-Presentation-Dr.-the-Hon.-Christopher-Tufton.pdf>)

40. Scott-Fisher & Campbell-Forrester (2000); Pottinger and Stair (2009); Pottinger (2012).

41. Bourne (2010); Coverson (2015); World Bank (2012).

42. Tindigarukayo (2011).

43. For example, the National Operational and Action Plan for the Prevention and Control of Obesity in Children and Adolescents (2016), Food Based Dietary Guidelines for Jamaica (2015); a National Food and Nutrition Security Policy (2013).

44. For example, the National NCD Strategic Plan (2013).

45. For example, the National Strategic Plan for Preadolescent and Adolescent Health (2011).

46. World Bank (2016).

47. HCC (2017). *The Healthy Caribbean Coalition is a civil society alliance established to combat non-communicable diseases (NCDs) and their associated risk factors and conditions.*

48. WHO (2016).

49. "Building on the Foundation: Securing The Future For A Healthier Jamaica," Sectoral presentation by the Hon. Fenton Ferguson, Minister of Health, May 5, 2015. (<http://jis.gov.jm/media/MOH-PresentationEm-.pdf>) Also see: "Investing in the Future" *op. cit.*; and "Health Care: A Paradigm Shift." Sectoral Presentation by Hon. Minister of Health, Christopher Tufton, May 2, 2017. (<http://moh.gov.jm/wp-content/uploads/2015/03/Sectoral-Debate-Speech-V7-May-2-2017.pdf>)

50. WHO (2016).

51. "Health Care" *op. cit.*

52. PIOJ (2017).

53. UNDP (2017).



health infrastructure.”<sup>54</sup> The Minister went on to outline three fundamental areas that the administration will focus its attention on:

- (a) A major repair programme to overhaul the physical infrastructure;
- (b) Reorganization of the administration of public health to ensure that inventory control and maintenance are prioritized; and
- (c) Expansion of the National Insurance Scheme under the NHF to increase participation.

Unfortunately, these initiatives all ignore the key issue of health literacy and legislative changes to support improved lifestyle choices, choosing instead to focus on infrastructure (Recommendations 1 and 2) and treatment (Recommendation 3). There have been pronouncements using other fora that signal that the Ministry of Health understands some of the key issues to be addressed. Unfortunately, by virtue of where these commitments are made, they do not have the imprimatur of parliamentary pronouncements. For example, in its 2016/17 Annual Report, the Ministry of Health indicated its intention to pursue “the development of a walking trail in each parish and the staging of events across the island to promote physical activity.”<sup>55</sup> The report also highlights the formation of a National Food Industry Task Force (NFITF) that is expected to make recommendations on key issues such as food labelling, food marketing, product reformulation (such as the mandatory removal of artificial trans-fats in all food products), and advocacy and communication (such as public education and specific stakeholder training). At the moment, though, the work of the Task Force is still in its infancy and there is no way to tell how its recommendations will be taken.

There are also opportunities, as the UNDP points out in the SDG Road Map, to explore a multi-sector approach by engaging the education, agriculture and manufacturing sectors, as well as the agro-processing and food and beverage industries, in order to address some of the more entrenched unhealthy cultural and social practices.<sup>56</sup> For example, while the government actively encourages healthy lifestyle practices, including reducing the consumption of energy-dense, sugary products, the vast majority of students in primary school consume meals under the government’s school feeding programme which do not

adhere to these guidelines. Additionally, while the Ministry of Education, Youth and Information has developed guidelines for healthy meal options under its cooked lunch programme, with a disbursement of only J\$150 per day for students benefiting from the Programme of Advancement through Health and Education (PATH), a number of schools are unable to provide those meal options for these students.

There are three major initiatives underway that hold great promise for the improvement of children’s health in Jamaica. The Programme for the Reduction of Maternal and Child Mortality (PROMAC), a €22 million European Union-funded project, has as its main objective a reduction in maternal and child mortality ratios.<sup>57</sup> It began in 2013 and plans to build out improved newborn and emergency obstetric care in 11 newly established high dependency units in six hospitals across the island; to improve primary health care services for high risk pregnancies; and to enhance clinical knowledge and skills of health professionals through improved training programmes.<sup>58</sup> The original target of completion in 48 months was not met and the completion date was extended another three years, to 2021.<sup>59</sup> Since the internal issues were resolved there has been a steady flow regarding implementation.<sup>60</sup>

A birth cohort study, JA Kids 2011, is tracking every baby born within a three-month period in 2011. The US\$500,000 study, funded by the Government of Japan through the Inter-American Development Bank, is designed to identify risk factors associated with poor maternal and birth outcomes through the collection of primary, longitudinal data on the physical and emotional well-being of parents and their children in Jamaica. The objective is for the data to inform policies, programmes and interventions for children and the public towards improving the health and well-being of Jamaica’s children.<sup>61</sup>

The Joint Select Committee of Parliament which was set up to review five key pieces of legislation including the Child Care and Protection Act and the Sexual Offences against the Person Act have a unique opportunity to strengthen legislation which can further solidify the right to health and high-quality healthcare for Jamaica’s adolescents. The Committee heard arguments, including from the UN, to ensure that adolescents can access health related services in keeping with their evolving capacities and as enshrined in the Convention on the Rights of the Child.

54. “Health Care” *op. cit.*

55. Ministry of Health (2017, p. 59).

56. UNDP (2017).

57. “Protecting Mother & Child – Securing the Future,” Ministry of Health, 2018. (<http://www.moh.gov.jm/programmes-policies/promac/>)

58. A High Dependency Unit (HDU) is a facility within a hospital which offers specific level of care to patients who require closer observation than that on the general ward but slightly less than that of an Intensive Care Unit (ICU). With regard to PROMAC this means more and better provision for premature and unwell babies.

59. Nadine Wilson-Harris, “EU Accepts Slow Pace of \$3b Programme to Reduce Maternal and Child Mortality,” *Gleaner*, February 4, 2018. (<http://jamaica-gleaner.com/article/news/20180204/eu-accepts-slow-pace-3b-programme-reduce-maternal-and-child-mortality>)

60. Marion Newsome, Project Coordinator, National Family Planning Board/PROMAC. Telephone conversation with author, April 13, 2018.

61. “About Us: The Study,” JA Kids. (<https://www.mona.uwi.edu/fms/jakids/about-the-study/background>)



In 2015 the UN called on Jamaica to:

- take action to increase the practice of exclusive breastfeeding for the first six months, through awareness-raising measures, including campaigns, and the provision of information and training to relevant officials, particularly staff working in maternity units, and parents;
- regulate the marketing of breastmilk substitutes;
- combat obesity among children; intensify measures to raise awareness of healthy nutrition among parents, children and the public in general, and promote healthy eating habits, particularly among young children and adolescents; and
- expand and improve adolescent health services and mental health services offered to children.

## Conclusion

Jamaica's performance on macro-economic measures of child health paints a picture of improved provisioning for children since the ratification of the CRC. Child mortality has improved, universal access to health care is guaranteed for children, and universal immunization has almost been achieved. However, there are concerns about the quality of care being offered by public facilities in the era of no-user fees, especially without a commensurate expansion in public funding of health services. Emerging issues such as childhood obesity and early sexual initiation remain a challenge, and the government has not yet demonstrated that it understands how to treat with these issues effectively. Health literacy to enable individuals to claim their right to health is severely lacking. Proactive, preventative measures to address other social ills seem inadequate. Deeply entrenched income inequities create vulnerabilities for poor children, especially in rural areas and urban inner-city areas. There are indications from the government that progress in some of these areas is likely over the short term, but there are also opportunities for immediate actions in expanding efforts aimed at increasing physical activity among children, and in securing greater inter-sectoral partnerships, which the government does not seem to be exploiting.

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62. UN Committee on the Rights of the Child (CRC), "Concluding observations on the combined third and fourth periodic reports of Jamaica," March 10, 2015. ([www.refworld.org/docid/566e7c584.html](http://www.refworld.org/docid/566e7c584.html))

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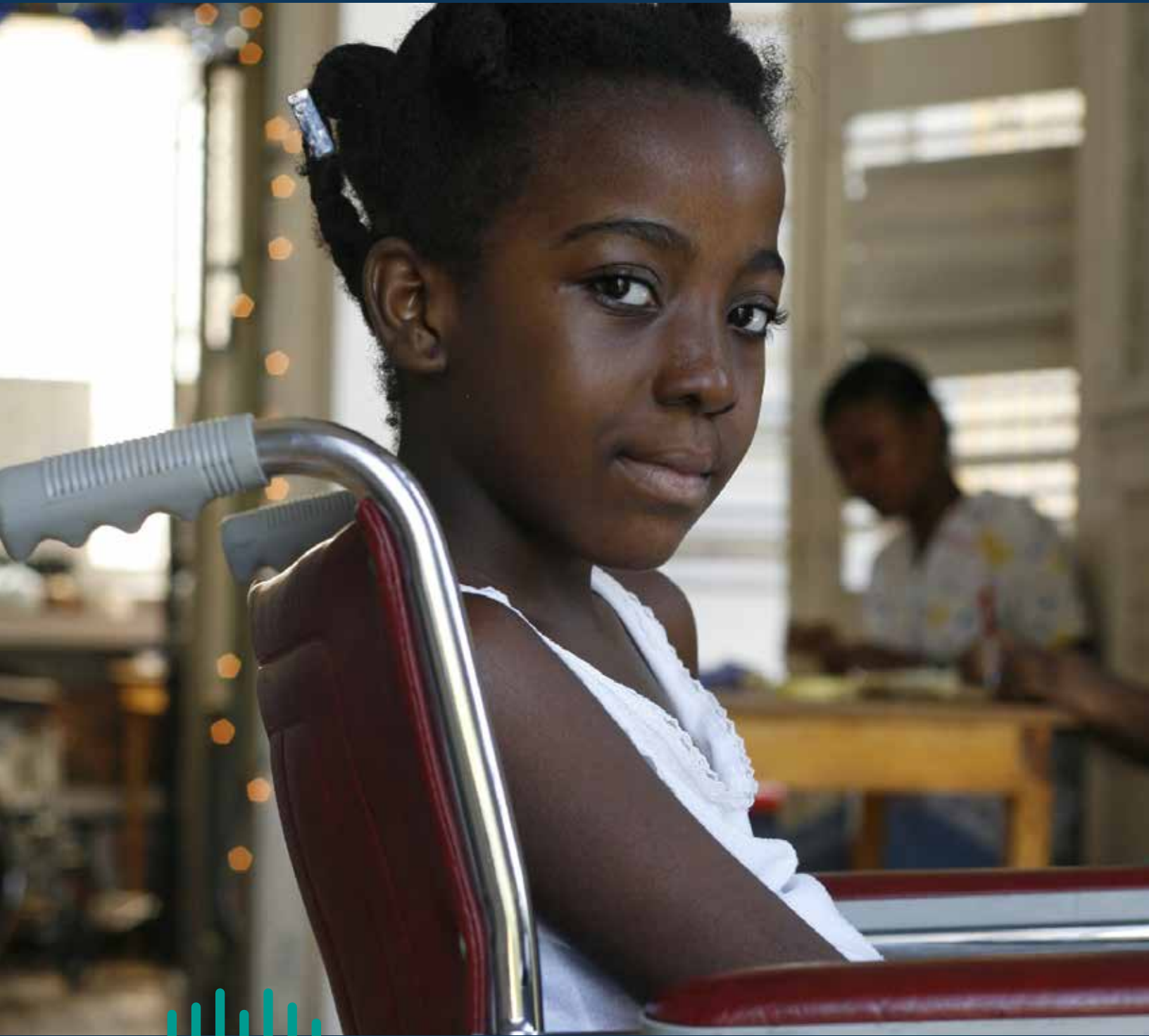
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## CHAPTER 5 - POVERTY AND SOCIAL PROTECTION

## Chapter 5: Poverty and Social Protection

### Introduction

A quarter of Jamaica's children live in poverty. The incidence and consequences of child poverty are more pronounced among female-headed households and among children living with disabilities. Data from the 2011 Multiple Indicator Cluster Survey (MICS) show that, compared to children from the wealthiest quintiles, those from the poorest quintiles are one and a half times more likely to access substandard water and sanitation facilities, three times more likely to be parents in their teenage years, four times more likely to be married by age 18, and three times more likely to have not been engaged by their fathers in their formative years. They are more likely to be exposed to violent discipline, less likely to have been consistently exposed to good quality health services immediately after birth, and more likely to be living in homes where harmful solid fuels (such as coal and biomass) are consistently used for cooking. <sup>1</sup>

Child poverty is not unique to Jamaica; and recommended measures to mitigate its impact are well articulated in the development literature. This chapter assesses the extent to which Jamaica's social protection measures are sufficiently targeted, appropriately child-sensitive and comprehensive enough to respond to the needs of Jamaica's children living in poverty. The analysis will be conducted by determining the extent to which Jamaica's social protection programmes satisfy (or even exceed) the minimum standards encouraged by international conventions while complying with the principles of child-sensitive social protection programmes.

Specifically, the chapter will:

- (a) assess the factors that compromise the effectiveness of Jamaica's social protection programmes for children; and
- (b) review the commitments that the Government of Jamaica (GoJ) has made to advance social protection for children.

The idea of a social protection floor is useful for establishing a basic standard for countries to seek to attain as they design social protection programmes for children. A social protection floor conveys the notion of a set of basic social rights, services and facilities that citizens should enjoy, and implies that the state has "a core obligation, to ensure the realization of, at the very least, minimum essential levels of rights embodied in human rights treaties."<sup>2</sup> A social protection floor is traditionally conceptualized as containing two main elements: facilitating access to essential services (such as water and sanitation, adequate nutrition, health and

1. *STATIN and UNICEF (2013).*

2. *ILO and WHO (2009, p. 4).*



education), and developing and implementing a system of social transfers. Such programmes ensure that the poor and vulnerable benefit from a basic set of essential social transfers, in cash and in kind, to provide minimum income security and access to essential services. The International Labour Organization (ILO) estimates that, on average, an effective social protection floor for children in low and middle income countries such as Jamaica should account for 1.9 per cent of GDP. Anything less than this usually represents an underinvestment in children.<sup>3</sup>

A social protection floor for children draws on and complements the principles outlined in the ILO's Social Security (Minimum Standards) Convention, 1952 (No. 102) and is usually operationalized so that:

- universality of protection is enjoyed, with priority given to the poorest, most vulnerable and excluded children;
- all children have access to health care and enjoy income security, at least at a basic level (to be progressively extended) providing access to nutrition, education, care and other necessary goods and services;
- countries seek to close gaps in protection through appropriate and effectively coordinated mechanisms, using the most effective and efficient combination of benefits and schemes in the national context;
- social protection measures for children and families combine preventive, promotional and active measures, benefits and social services, and are coordinated with other policies that enhance education, health, literacy, formal employment and employability.<sup>4</sup>

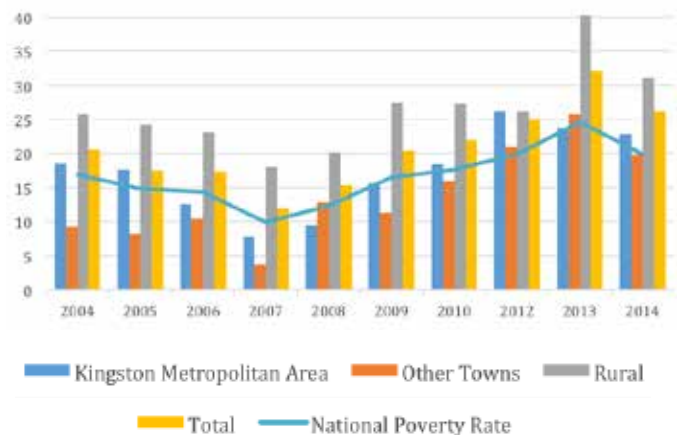
## Poverty and Vulnerability among Children in Jamaica

Children are more likely than adults to be poor, and their experiences of poverty and vulnerability are multi-dimensional and differ from those of adults.<sup>5</sup> Children experience complex physical, psychological and intellectual development as they grow, and are also often more vulnerable than adults to malnutrition, disease, abuse and exploitation. Children are poor because they were born into or reside in poor families.<sup>6</sup> Their dependency on adults for protection, financial and material support invariably means that they must live with the consequences of decisions in which they rarely participate and over which they exercise little influence.<sup>7</sup> Child-specific

vulnerabilities are multi-dimensional and vary over the life-cycle. These vulnerabilities are exacerbated by dependency on caregivers and the children's voicelessness and invisibility in society. In addition, child-intensified vulnerabilities – which may affect the whole population but have a stronger impact on children – include physical biological vulnerabilities, dependency-related vulnerabilities and institutionalized disadvantage.<sup>8</sup>

Children's vulnerability to poverty is also uniquely affected by wider societal inequities. For example, women have traditionally borne greater responsibility for children's care and protection and, as a result, children are affected by women's unequal economic power and their resulting lack of access to material and financial resources. Given that 45.4 per cent of Jamaican households are female-headed, and that these households usually have more children than those that are male-headed,<sup>9</sup> gender-based economic inequality poses a significant problem to Jamaican children. Poverty prevalence is higher in female-headed households (15.9 per cent) than in male-headed households (13.2 per cent), further worsening children's vulnerability in these households.<sup>10</sup> Overall, one in four Jamaican children is considered poor, much higher than the prevalence among working age adults (17.8 per cent) and the elderly (14.5 per cent).

**Figure 10: Child Poverty by Geographic Region**



Children living in rural areas are more likely than those in major towns or cities to be poor (Figure 10). Children living in rural areas are more likely than those in major towns or cities to be poor. Children with disabilities are also more likely to be poor than children without disabilities. Children in the care of the state are more vulnerable because of low educational outcomes, challenges with independent living, disability, stigma and unemployment or low wage jobs.<sup>11</sup>

Poverty exposes children to a daunting array of adverse conditions that contribute in major ways to their downward developmental trajectory.<sup>12</sup> Poor children in Jamaica suffer

3. ILO (2015).

4. ILO (2015).

5. UNICEF et al (2009, p. 1).

6. Smith and Ashiabi (2007).

7. Hypher and Richards (2015).

8. Sanfilippo et al (2012).

9. PIOJ & STATIN (2016).

10. Ministry of Economic Growth and Job Creation (2016).

11. Ibid.

disproportionately from poor health. Based on where and how they are forced to live, they are more likely to suffer from respiratory illnesses in areas where there are high levels of lead toxicity. Poor children are at higher risk of early sexual initiation, abuse and child prostitution, and are more likely to enter into sex work as adults. They are four times more likely than more affluent children to be living with HIV.<sup>13</sup> At all levels of the educational system, poor children attend inferior schools and receive poorer quality instruction than their more advantaged peers. Poor Jamaican children attend schools that are more likely to be overcrowded, employ outdated pedagogy, and have aged and deteriorating infrastructure.<sup>14</sup> Unsurprisingly, therefore, Jamaica's wealthier children are more likely than their poorest peers to successfully transition from primary schools to secondary schools.<sup>15</sup>

### Child Sensitive Social Protection

Given the disproportionately high levels of vulnerability and risk of poverty faced by children, social protection is particularly important in ensuring that children have access to basic social services, adequate nutrition, quality health services and meaningful educational experiences that will give them a chance to lift themselves out of poverty. Article 26 of the CRC states: "States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law." Well-designed and properly implemented social protection programmes (SPPs) not only play a protective role by buttressing a household's disposable income, but also reduce the risk of households resorting to negative coping strategies that are harmful to children, such as pulling them out of school or reducing their nutritional intake. A 2013 study found that 85 per cent of Jamaican parents, faced with economic shocks and crisis, and not being able to secure assistance from the PATH, reduced their expenditure on food, raising concerns about how children fared in these situations.<sup>16</sup> SPPs also support children's development through investments in their schooling and health, which can help in breaking the intergenerational cycle of poverty, and contribute to growth.<sup>17</sup>

While it is recognized that SPPs can successfully address many of the issues that threaten child welfare, there has been a call for a more child-sensitive approach to social protection. Child-sensitive social protection (CSSP) aims to maximize opportunities and development outcomes for children by considering different dimensions of a child's well-being. It focuses on addressing

the inherent social disadvantages, risks, and vulnerabilities that children may be born into, as well as those acquired later in childhood due to external shocks.<sup>18</sup> Child-sensitive social protection programmes:

- i. consider the age- and gender-specific risks and vulnerabilities of children throughout the life-cycle, and make special provision to reach children who are particularly vulnerable and excluded, including children without parental care and those who are marginalized within their families or communities due to gender, disability, ethnicity, HIV/AIDS, or other factors;
- ii. mitigate the effects of shocks, exclusion and poverty on families, recognizing that they need support to ensure equal opportunity; and
- iii. consider the mechanisms and intra-household dynamics that may affect how children are reached, with particular attention paid to the balance of power between men and women within the household and broader community.<sup>19</sup>

While these guidelines have been reviewed unfavourably by some researchers and practitioners, they have generally been used as a basis for designing and reviewing SPPs that purport to be child-sensitive.<sup>20</sup>

### Child Sensitive Social Protection in the Jamaican Context

Social assistance for children in Jamaica is delivered primarily through PATH, which was launched in 2001 in an effort to eliminate excessive fragmentation of instruments in the government's social security net. Fragmentation of instruments refers to the tendency to develop and deliver multiple, partial measures offering social protection to children. These partial solutions are usually administered by different government agencies and ministries, often resulting in inefficiencies and duplication of services. Prior to the development of PATH, the government implemented 45 safety net programmes, including income-support programmes, school-based programmes, labour market programmes, drug assistance programmes and an indigent housing programme.<sup>21</sup> These programmes all worked with varying degrees of success, but a unified, integrated system presented a better option for targeting and reaching the poor. PATH presents a unified mechanism for assessing households for eligibility to access benefits and attempts to ensure that benefits reach the targeted population by improving the accuracy of targeting.

12. Smith and Ashiabi (2007, p. 838).

13. *Ibid.*

14. Smith and Ashiabi (2007).

15. STATIN and UNICEF (2013).

16. Ricketts et al (2013).

17. Roelen and Sabates-Wheeler (2012).

18. Hypher & Richards (2015).

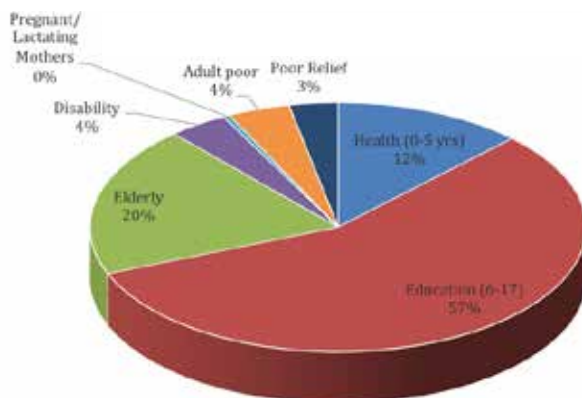
19. UNICEF et al (2009, p. 1).

20. See Roelen and Sabates-Wheeler (2012); Zibagwe et al (2013).

21. Blake and Gibbison (2015).

PATH is a conditional cash transfer (CCT) programme, providing two basic types of grants. The first is a health grant, which is contingent on certain members of the household attending public health clinics at regularly scheduled intervals. The second is an education grant, which is contingent on children aged six to 17 attending school for at least 85 per cent of the total number of school days each month. In 2016, 69 per cent of PATH beneficiaries were children; approximately 248,000 boys and girls received Health and Education Grants (Figure 11).<sup>22</sup>

**Figure 11: Distribution of PATH Beneficiaries (2016)**



PATH has generally received positive reviews from independent, external reviewers. Levy and Ohls evaluated the programme and concluded that PATH is generally implemented as intended; exhibits better targeting to the poor than other similar social assistance programmes in Jamaica; and has had positive and statistically significant impacts on school attendance and on a number of preventative health care visits for children.<sup>23</sup> Similar conclusions were previously reached by Mathematica.<sup>24</sup> In addition, Fiszbein and Schady rank Jamaica, out of a sample of twelve CCT programmes worldwide, as having the fourth best coverage rates of the poor.<sup>25</sup> The World Bank (one of the funding agencies for PATH), in its own evaluation of the programme, concluded that it has “helped the Government of Jamaica transform its social safety net system. The new system is better targeted than the previous programmes; waste and overlap have been reduced; and benefits appear to have had a small effect on poverty rates. The programme is well managed and operated and the project has strengthened the capacity of the systems and staff in place to implement the programme.”<sup>26</sup>

These results occur within a context in which the PATH budget has increased significantly since the programme was introduced.

The budget increased by 263.4 per cent between 2005 and 2011 and the number of beneficiaries has more than doubled over that period.<sup>27</sup> This represents approximately 0.2 per cent of GDP, which is consistent with spending on the suite of income transfer programmes prior to the introduction of PATH. This level of spending is just below the average (0.25 per cent) for other CCT programmes in Latin America and the Caribbean.<sup>28</sup> In keeping with the programme’s emphasis on the development of the nation’s human capital, approximately 71 per cent of the benefits are directed at children,<sup>29</sup> with support for health and education receiving the lion’s share of the funds available – 68.9 per cent in 2016.<sup>30</sup>

PATH is augmented by efforts to ensure that children have unimpeded access to core services such as health care and education. Successive governments have maintained the no-user fee policy for accessing health services over the past decade, secondary schools are now not allowed to prevent the registration of children who are PATH beneficiaries, and the government now absorbs the full cost of their external, exit examinations from high school if their academic profile qualifies them. The Ministry of Education also provides meals for students from Early Childhood to Grade 13 under its School Feeding Program, including lunch for PATH beneficiaries.

## Obstacles to Progress

The impact of the social protection system on poor children in Jamaica is compromised by inadequate targeting of the nation’s poor and the lukewarm impact that PATH has had on Jamaica’s human capital development.

### Targeting and Coverage of Social Protection

An examination of PATH beneficiaries raises questions about the targeting mechanism being used. Data from the 2014 Jamaica Survey of Living Conditions (JSLC) show that 15 per cent of beneficiaries belong to the wealthiest 40 per cent of Jamaicans, with 3.1 per cent of beneficiaries being in the richest quintile. Programme reach (the number of persons benefiting from the programme) is also less than ideal; when measured against countries or against other programmes in Jamaica, coverage appears disappointing at best, unsatisfactory at worse. Despite providing coverage for an average of 45 per cent more people than initially targeted under previous social protection measures, the World Bank reported that approximately 50 per cent of the poorest Jamaicans islandwide still receive no coverage.<sup>31</sup> The current funding arrangement for PATH does not allow for full coverage of the nation’s poor. In 2007, for example, PATH funding was allocated for only 236,000 beneficiaries; even if only the poor had benefitted, this would only have accounted for 45 per cent of all Jamaicans living in poverty. In reality, only twenty per cent of all Jamaicans regarded as being poor are covered by PATH.<sup>32</sup> Additionally, the JSLC only provides a monetary measure of poverty, making it difficult to assess and address deprivations

22. PIOJ (2017)

23. Levy and Ohls (2010).

24. Mathematica (2007).

25. Fiszbein and Schady (2009).

26. World Bank (2010, p. 15.)

27. Lavigne and Vargas (2013).

28. World Bank (2010).

29. Innerarity and Risdan (2010).

30. PIOJ (2017).

31. World Bank (2010).

being experienced by children in other societal dimensions.

With respect to the extent to which Jamaica's SPPs are child-sensitive, there is no evidence from the extant literature that such an evaluation has been conducted. The introduction itself of PATH was a significant step as it reduced the fragmentation of the SPPs in Jamaica which, prior to 2001, had consisted of many separate, poorly integrated programmes. That lack of integration undermined the ability of the social protection system to provide comprehensive coverage and to address multiple and overlapping vulnerabilities, especially for children across the life-cycle. Children experience different risks as they age and as their contexts—geographic location, gender, disability status—change. It runs counter to good policy to develop and implement SPPs that do not attempt to differentiate among beneficiaries. A review of the programme against the guidelines showed that it has been adjusted to address the needs of beneficiaries across their life cycles and special contexts.<sup>33</sup> The age of beneficiaries is considered, for example, when determining how much money is disbursed to fund school feeding programmes. Determination of eligibility for the programme takes into account the location of potential beneficiaries in recognition of the fact that urban and rural poverty present themselves in different ways.<sup>34</sup> However, within the same age group, children benefit in the same way from PATH without consideration of their location and how that may impact their needs. Well-resourced, urban secondary schools, for example, are able to use funding generated at the school level or received from sponsors to augment PATH school feeding allocations. Rural, under-resourced schools often do not have this option.

### Impact on Human Capital Development

Despite the positive impact of PATH on school attendance and on preventive visits to health care facilities,<sup>35</sup> concerns exist about the extent to which these manifest themselves in deeper, fundamental improvements in the nation's human capital. Academic progress, matriculation into programmes of higher study and improved health status are more important indicators of long-term improvements in the nation's human capital, and though financial support is in place for Jamaica's children to achieve these, there is mixed evidence that these outcomes are being achieved. All large scale evaluations of the programme have viewed with skepticism claims that the programme has been able to impact deeper variables, and have raised questions about supply side factors, the quality of social services being delivered, and the extent to which household level factors are

important in determining a child's health status and educational attainment.

Some researchers have argued that PATH is able to impact human capital development. They reason that programmes like PATH help beneficiaries break out of the "aspirational trap" through the provision of a steady income flow, which can lead to adopting a longer-term perspective.<sup>36</sup> Though unsubstantiated, there is an argument that PATH could contribute to breaking the inter-generational poverty cycle by increasing the school performance of males, thereby placing its male beneficiaries on a higher educational trajectory. Upon leaving primary school, male beneficiaries of PATH were placed in higher quality secondary schools relative to similar children who did not participate in the programme. Another argument compares PATH to similar programmes in the Caribbean, and posits that PATH is better geared towards human capital development since it is focused on improving and maintaining a consistently high level of school attendance and not merely on enrolment.<sup>37</sup>

There is evidence to question the extent to which Jamaica's social protection measures, either through their design or implementation, provide the minimum coverage consistent with a social protection floor for children. The National Social Protection Strategy has identified key elements of Jamaica's social protection floor and provides opportunities for widening the menu of programme options now available under the current social protection programme.<sup>38</sup> The strategy, for example, includes the provision of safe water and sanitary waste disposal in the floor. However, children in approximately 15 per cent of Jamaican households do not have access to sanitation facilities that hygienically separate human excreta from human contact and in only 28 per cent of homes are children's faeces disposed of safely and hygienically.

Gaps in the floor are also evidenced by the fact that approximately 50 per cent of children in poverty receive no coverage from PATH and, while other programmes attempt to offer support and protection to these children, these programmes are usually inadequate. For example, the state's School Feeding Programme aims to address the nutritional and caloric needs of poor and vulnerable children within educational settings, but only approximately 15 per cent of the population of children actually benefit, with noticeable gaps in coverage at the secondary level of the education system.<sup>39</sup> Given that 25 per cent of Jamaica's children live in poverty, clearly a significant number do not benefit from the School Feeding Programme. Also, PATH needs to be urgently reformed to provide greater and more

32. *Mathematica* (2007).

33. "Advancing Child-Sensitive Social Protection: Joint Statement," DFID, HelpAge International, Hope & Homes for Children, Institute of Development Studies, International Labour Organization, Overseas Development Institute, Save the Children UK, UNDP, UNICEF and the World Bank, August 2009. ([https://www.unicef.org/aids/files/CSSP\\_joint\\_statement\\_10.16.09.pdf](https://www.unicef.org/aids/files/CSSP_joint_statement_10.16.09.pdf))

34. World Bank (2010).

35. Levy and Ohls (2010).

36. Stampini et al (2016).

37. *Mathematica* (2007).

38. PIOJ (2014).

39. "Interventions in the School Feeding Programme," Ministry Paper, Ministry of Agriculture, 2015. [www.moa.gov.jm/Ministry%20Papers/2015/School\\_Feeding\\_Programme\\_Ministry\\_Paper.pdf](http://www.moa.gov.jm/Ministry%20Papers/2015/School_Feeding_Programme_Ministry_Paper.pdf)



targeted support to women who are pregnant, in keeping with the National Social Protection Strategy.<sup>40</sup> Further evidence of the state's inability to provide a social protection floor can be inferred from the fact that the \$4.63 billion disbursed under PATH in 2016 represented 0.26 per cent of GDP, which is significantly lower than the 1.9 per cent of GDP that the ILO encourages for countries such as Jamaica.<sup>41</sup>

## Commitments and Opportunities Towards Progress

Jamaica has developed a National Social Protection Strategy that has identified some key concrete steps to be taken to address some of the issues identified above.<sup>42</sup> The strategy affirms the government's commitment to a life-cycle approach to social protection, and through the creation of a National Social Protection Committee (NSPC), identifies that it is important to improve targeting of social protection policies. Crucial next steps are to create an institutional framework to include the engagement and commitment of political leadership, establish legislation and policies necessary to validate and guide the new paradigm, and develop the national capacity needed for efficient and effective implementation of social protection. Sharing the task of social protection among state and non-state actors (families, communities, Community Based Organizations and NGOs) is vital, and the strategy states a commitment to achieving this, though clear steps to this end are not in place.

The National Social Protection Strategy commits to the use of a social protection floor for the development of Jamaica's social security framework. While no attempt at calculating the floor is in the strategy, the Minister with responsibility for social protection has committed to the determination of a floor and has tasked the PIOJ with completing it.<sup>43</sup> The National Social Protection Strategy commits to shift Jamaica away from an ad-hoc approach to social protection, where initiatives are implemented in an unstructured fashion and usually in response to temporary and unforeseen shocks to the economy. Instead, it proposes to create a systems approach that will synchronize the relevant policies and programmes to be proactive in addressing existing vulnerabilities, while anticipating emerging vulnerabilities. The system will go beyond the incremental safety net approach to provide a broad-based paradigm that will cater to the overall security and well-being of the population. Again, no clear actions to achieve this are outlined in the strategy.

The general thrust of the Social Protection Strategy is

consistent with the observations and recommendations made by the UN in 2015. While underscoring the importance of addressing the high levels of child poverty, the UN recommends the strengthening of all social protection programmes and encourages the government to improve its partnership with international organizations such as UNICEF. These partnerships are important in order to promote a comprehensive and coherent strategy to guarantee children a minimum level of access to basic services and financial security, especially in rural areas, and create a nationally defined social protection floor, as part of the Social Protection Floor Initiative of the UN.<sup>44</sup>

There are opportunities for greater outreach activities to ensure that targeted members of the vulnerable population seek out and enrol in the PATH programme. Greater effort is needed to address the stigma associated with being a PATH beneficiary. Overt systems of labelling at the point of service delivery, such as when accessing school lunches, must be addressed. Information gaps among intended beneficiaries, their perceptions of their ineligibility and onerous administrative processes must be addressed by targeted outreach activities. An active search model using social workers engaged at the community level has been proposed by the Social Protection Strategy but this has not yet been implemented.

The government has directed resources at improving the welfare of children living with disabilities. Jamaica's disabled children continue to face neglect because of the shortage of health-care experts to address their special needs.<sup>45</sup> Data on this sub-population is filled with gaps and tends to understate the problem as many persons living with disabilities prefer to stay invisible – only about four per cent (approximately 30,000) of the 785,000 Jamaicans living with a form of disability have actually registered with the Jamaica Council for Persons with Disabilities (JCPD).<sup>46</sup> Of those registered, it is estimated that about 5,000 are children.

In the most recent Child Find conducted between 2011-2014, it was found that varying levels of intellectual disability are prevalent across all primary schools in Jamaica.<sup>47</sup> Support services for young children with developmental disabilities and their families are provided through the Early Stimulation Programme (ESP), which assists clients with assessment physiotherapy and counselling services. Gaps in service provision include the inadequacy of cash benefits, insufficient welfare programmes that are specific to persons with disabilities (PWDs), inadequate distribution of specialized schools at the primary and secondary levels, especially in the rural areas, and an imbalance

40. PIOJ (2014).

41. ILO (2015).

42. PIOJ (2014).

43. "Advancing Prosperity Through Labour And Social Protection 2016 – 2017," Sectoral Presentation by the Hon. Shahine Robinson, Minister of Labour and Social Security, 2016. ([www.mlss.gov.jm/download/MinisterROBINSONSECTORALPRESENTATION2016.pdf](http://www.mlss.gov.jm/download/MinisterROBINSONSECTORALPRESENTATION2016.pdf))

44. UN (2015).

46. "Non-Governmental Organisations' Report to the UN Committee on the Rights of the Child," *Jamaicans for Justice*, 2015. ([http://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/JAM/INT\\_CRC\\_NGO\\_JAM\\_18947\\_E.pdf](http://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/JAM/INT_CRC_NGO_JAM_18947_E.pdf))

47. Child Find is a Special Education Project activity to locate and identify children (0-18 years) with special needs with a view to making recommendations to remedy shortcomings and inadequacies in meeting their needs. See: "Child Find Initiative," Ministry Paper No. 421, Ministry of Education (Jamaica), 2015. ([www.jparliament.gov.jm/attachments/article/1446/1446\\_2015%20Ministry%20Paper%2042.pdf](http://www.jparliament.gov.jm/attachments/article/1446/1446_2015%20Ministry%20Paper%2042.pdf))

in the geographical spread of other specialized services. The concentration of social support services in the KMA places children with disabilities who reside in rural areas at a greater disadvantage.

Disabled children in state care are particularly disadvantaged as the Child Protection and Family Services Agency has itself admitted that it does not know how many children in care are disabled, and that in any event it is unable to properly attend to those with special education needs.<sup>48</sup>

## Conclusion

The Jamaican government has responded to the challenges posed by child poverty by overhauling its social security programmes, and replacing a number of disparate, disjointed and partially effective programmes with PATH. Through PATH, the government serves approximately 350,000 persons, which represents approximately 50 per cent of the nation's poor. The majority of PATH beneficiaries are children. Spending on PATH and the coverage of the programme is comparable to regional averages, but a large number of poor people are still without support, and some persons who are covered by the programme belong to the upper income quintiles. In addition, the programme has not done enough to address all elements of the social protection floor outlined in the National Social Protection Strategy, indicating that there are gaps in the coverage of poor and vulnerable children. There is evidence that PATH has achieved its objectives of improving attendance at school and preventive visits to health care facilities, though there is only minimal evidence for any claim that PATH also impacts long term human capital development. The programme is partly consistent with child-sensitive social protection tenets and enjoys the support of donor agencies and members of the international community. Finally, through the development of a social protection strategy, the government has committed to the use of a social protection floor to improve coverage and to synchronize the various social protection initiatives.

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48. "Non-Governmental Organisations' Report" *op. cit.*

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## CHAPTER 6 - CHILDREN AND THE NATURAL ENVIRONMENT



## Chapter 6: Children and the Natural Environment

### Introduction

Jamaica's natural environment – its year-long sunshine and white sand beaches awash with clear, blue water set against a rugged, mountainous backdrop – generates a number of positive externalities. It is a source of beauty and pride for many Jamaicans, and it is at the heart of the tourism industry, one of Jamaica's most important sectors. Tourism directly contributes 8.4 per cent to Jamaica's GDP, and directly and indirectly together 27.2 per cent of GDP. It is the country's most important generator of foreign exchange, and one in four working-age Jamaicans is employed in the tourism sector, or in a directly related sector. The tourism sector expanded by 36 per cent between 2007-2017, when compared with total economic growth of 6 per cent.<sup>1</sup>

The island's ecosystem which sustains these externalities is, however, threatened by harmful and poorly regulated residential and commercial activities which have the potential to destroy the natural environment to be bequeathed to future generations. Mitigating the impact of human activities and taking measures to address the anticipated impact of climate change are two of the important obligations that current policy makers have to the nation's children.

Beyond the economic motive of protecting the natural environment, the state has a number of environment-related commitments under the Convention on the Rights of the Child (CRC). Article 24 of the CRC stipulates that children have the right to the enjoyment of the highest attainable standard of health in the context of the dangers and risks of environmental pollution, and are informed and have access to education on environmental sanitation. Article 29 further states that the education of the child shall be directed to the development of respect for the natural environment.

This chapter:

- (a) outlines the obstacles to Jamaica effectively securing a natural environment that does not compromise the health of children;
- (b) discusses the steps that the state has taken to address these challenges; and
- (c) explores the areas in which greater and more urgent actions are needed.

1. "Sustainable Tourism – A Catalyst for Job Creation and Inclusive Growth," Sectoral Presentation by Hon. Minister of Tourism Edmund Bartlett to the House of Representatives, Kingston, Jamaica, April 4, 2017. (<http://jis.gov.jm/media/Edmund-Bartlett-Sectoral-Presentation-2017.pdf>)

## Protecting the Natural Environment in Jamaica – a Situation Analysis

Measures to protect the Jamaican environment have been developed in keeping with international agreements, such as the 1992 United Nations Framework Convention on Climate Change (UNFCCC) and Kyoto Protocol (now expired), and also consistent with regional agreements such as the 2009 CARICOM Liliendaal Declaration on Climate Change and Development. Through these agreements, Jamaica has committed to strengthening educational institutions to provide training, education, research and development programmes on climate change and disaster risk management, renewable and other forms of alternative energy, forestry, agriculture, tourism, health, coastal zone management and water resource management, to increase the region's capacity to build resilience and adapt to climate change.

Since those commitments were made, Jamaica has made gains and losses in its environmental record. World Bank data shows that children enjoy a Jamaica that has kept its forest area fairly fixed at about one-third of total land area over the last twenty years, and children live in homes where approximately 93 per cent have access to clean energy for cooking. Per capita CO<sub>2</sub> emissions have been reduced by 17 per cent since 1990 and renewable electricity output now accounts for a slightly greater share of total electricity output when compared to 1990 (7.6 per cent in 1990 versus 9.8 per cent in 2014).<sup>2</sup> Approximately 93 per cent of Jamaicans have access to safe drinking water, though this is lower in rural areas (88 per cent) than in urban areas (96 per cent) and has shown only minimal increase from 2000 figures of 91 per cent.

In general, however, the air quality that Jamaica's children breathe has deteriorated over the last few years. This is evident in the fact that the PM<sub>2.5</sub> air pollution, mean annual exposure<sup>3</sup> increased from 14 micrograms per cubic meter of air in 2010 to 17 micrograms per cubic meter of air in 2015. That is, all Jamaican children are exposed to PM<sub>2.5</sub> at levels that exceed WHO guidelines on maximum levels of PM<sub>2.5</sub>.<sup>4</sup> Emissions from factories, motor vehicle exhaust, burning of sugarcane fields, garbage and other fires are the major causes of air pollution. There are also incidental but large and toxic fires that occur at major solid waste disposal sites, such as the Riverton Dump in St. Andrew.<sup>5</sup> The main pollutants from these sources include sulphur dioxide (SO<sub>2</sub>), nitrogen oxides (NO<sub>x</sub>), carbon monoxide (CO) and particulate matter. Other chemicals include lead, acids and volatile organic compounds.

Data from the National Environment and Planning Agency (NEPA) show that there was a 100 per cent increase in the proportion of lead released as waste from industry from 2012 to 2013, but this remains within the stipulated standards. While the proportion of lead in industrial emissions was very small, it still has the ability to negatively affect children's kidneys as well as the reproductive and nervous systems.<sup>6</sup> Consistent monitoring is needed to ensure that it does not continue to increase at that rate. In addition to industrial lead emissions, lead is released in vehicle exhaust and from poorly discarded batteries. In 2003, 11 children were admitted to hospitals for lead poisoning, seven of whom were believed to be ill due to interaction with contaminated soil resulting from improper disposal of old batteries.<sup>7</sup> Efforts have been made to phase out leaded gasoline worldwide. In Jamaica, drivers have the option to purchase unleaded gasoline. However, the price is about 15–20 per cent more than the leaded alternative. The cost of unleaded is prohibitive for some vehicle owners and others opt to save money on fuel by purchasing leaded gasoline. In the latter case, more public education would be effective in convincing a greater proportion of the population to purchase unleaded fuel.

While most of the garbage generated island wide (63.4 per cent) is collected by the National Solid Waste Management Authority (NSWMA), about one-third of residents still burn garbage routinely.<sup>8</sup> This significantly compromises the air quality that children breathe and places those living with chronic respiratory problems at severe risk of complications. Air quality is also affected by secondhand smoke from tobacco and marijuana. In Jamaica, approximately one-third of the adult male population and 7 per cent of the adult female population smoke tobacco, and a quarter of males are marijuana smokers.<sup>9</sup> To curtail the impact of smoking on the environment, the government has introduced various tobacco-demand-reduction interventions, which include the adoption of anti-tobacco taxation policies, promotion of smoke-free environments and relevant health warnings.<sup>10</sup> In addition, the Public Health (Tobacco Control) Regulations 2013 were passed, effectively banning smoking in public places. Enforcement, however, is weak.

There has been a deterioration in marine water quality over time. A 2013 assessment by NEPA showed that several chemicals were above the acceptable standards for coastal marine waters when monitoring was done in 2009 and 2013.<sup>11</sup> These marine pollutants include nitrates, phosphates, biochemical oxygen demand (BOD) and faecal coliform. BOD levels were above the national standard at ten monitoring sites in 2009 and fourteen

2. World Bank (2016).

3. Population-weighted exposure to ambient PM<sub>2.5</sub> pollution is defined as the average level of exposure of a nation's population to concentrations of suspended particles measuring less than 2.5 microns in aerodynamic diameter, which are capable of penetrating deep into the respiratory tract and causing severe health damage. Exposure is calculated by weighting mean annual concentrations of PM<sub>2.5</sub> by population in both urban and rural areas.

4. World Bank (2016).

5. IDB (2016).

6. NEPA (2013).

7. PAHO (2007).

8. PAHO (2017).

9. "National Council on Drug Abuse 2016 National Drug Prevalence Survey Findings," *Gleaner*, January 17, 2017. (<http://jamaica-gleaner.com/article/lead-stories/20170117/national-council-drug-abuse-2016-national-drug-prevalence-survey>).

10. PAHO (2017).

sites in 2013, evidencing a worsening in marine water quality over that period. These high pollution levels suggest that there was an increase in the amount of chemicals from the agriculture and manufacturing sectors, and untreated or poorly treated sewage that was emptied into coastal waters.<sup>12</sup> Sea bathers, including children, are at risk of contracting fungal, bacterial and other infections as well as being poisoned by ingestion of toxic chemicals in sea water or the rivers that feed into the ocean from contaminated areas. This has negative implications for human use, environmental health and the sustainability of marine life and activities.

Given the increasing urbanization of Jamaica and the high concentration of people in urban centres, an emerging area of concern is the lack of green, open space to promote children's wellness, play and leisure. Outside of small private green spaces in communities and residential areas, the capital city, Kingston – easily the most densely populated of all areas in Jamaica<sup>13</sup> – has only five public parks that children can enjoy. One of them, the St. William Grant Park in downtown Kingston, is “constantly under siege from men urinating against the walls and homeless people sleeping there.”<sup>14</sup> The Mandela Park has an inadequate amount of green space, being mostly concrete, and the National Heroes Park, a part of which is now used as a parking lot for government buildings close by, is poorly maintained. Emancipation Park and Hope Botanical Gardens remain the only two viable, publicly available green spaces for recreational activities for children.

With respect to residential and commercial areas, guidelines have been provided by NEPA with respect to how green spaces should be accommodated.<sup>15</sup> They stipulate that green space in residential areas should be located within a radius of 0.4 km of the residents it intends to serve and should be easily accessible and deliberately planned. They also outlined a ratio of one hectare of green space for every 100 dwelling units. Unfortunately, these standards only apply to new construction and to residential complexes with ten dwelling units or more. Some children, therefore, will still not benefit from green space within their residential settings.

## Obstacles to Progress

The extent to which children enjoy a natural environment that enables the realization of optimal health is curtailed by a broken, outdated and ineffective system of solid waste management (SWM) and by gaps in the regulatory framework that protects the natural environment.

## Solid Waste Management in Jamaica

Jamaicans generate 800,000 tonnes of residential waste each year.<sup>16</sup> This averages about 1 kg per person per day,<sup>17</sup> a per capita amount equivalent to that which is generated in some developed countries, such as the United Kingdom.<sup>18</sup> Approximately 60% of household waste generated is collected by the NSWMA and disposed of in managed dumpsites. The availability of land to deal with increasing volumes of waste has become an important issue to address. NSWMA's 2013 analysis showed that 62 per cent of the solid waste that is disposed of by the agency is compostable, representing a good source of input into a viable energy-from-waste sector. A large proportion of household waste – approximately 40 per cent – is not collected and disposed of by NSWMA, especially in rural areas, where residents usually resort to burning.<sup>19</sup> This compromises the air quality that children have to breathe. In addition, it is estimated that between 10-20 per cent of uncollected solid waste ends up in drains, streams, wetlands (contributing to flooding), rivers, sea, open lots and illegal dumpsites.<sup>20</sup> A small but growing percentage of residents have resorted to burying their garbage. While this practice may improve aesthetics, depending on the type of garbage, it can be detrimental to groundwater, soil and terrestrial organisms.

The capacity of the NSWMA to safely manage the collection and disposal of solid waste is in question. After reviewing SWM practices in selected Caribbean countries, including Jamaica, the IDB concluded that:

Solid waste management is not a well-recognized public policy issue, although its relevance to the economic and environmental spheres can be clearly perceived. Often solid waste management has to compete with other pressing economic and social issues, such as fiscal and trade matters, poverty and unemployment, education and health, and many times it does not receive the required priority in the political agenda.<sup>21</sup>

Solid waste in Jamaica is disposed of at eight dumpsites across the island; Riverton in St. Andrew is the most active and largest. These sites have come under scrutiny because of their poor management and inadequate security, frequent fires and deleterious impact on the natural environment. Importantly, sites for garbage disposal in Jamaica are dumps and not landfills. Sanitary landfills are structured, organized facilities complete with kilns, weigh stations and designated cells for the separation of recyclable, toxic and non-biodegradable garbage. The base of a landfill is usually lined with clay or synthetic sheath which

11. NEPA (2013).

12. NEPA (2013).

13. PIOJ (2017).

14. Emma Lewis, “Room to breathe: Greening our cities and towns,” *Gleaner*, January 14, 2015. (<http://gleanerblogs.com/socialimpact/?p=2449>)

15. NEPA (2012).

16. CAPRI (2015).

17. NSWMA (2013).

18. “National Energy-From-Waste Policy, 2010 – 2030,” Ministry of Energy and Mining (Jamaica), 2010. (<http://mset.gov.jm/sites/default/files/pdf/Draft%20Waste%20to%20Energy%20Policy.pdf>)

19. PIOJ (2007).

20. PIOJ (2007).

prevents the garbage from coming into contact with surrounding groundwater. Landfills are covered daily with soil to prevent contamination with air or rain. A sanitary landfill is the product of an engineering project, with controlled access, weighing, and no informal recyclers on site. “Open air dumpsites” is a more accurate name for refuse disposal sites in Jamaica, as the waste is dumped indiscriminately, without any care or treatment. These sites “represent one of the most highly contaminating SWM practices; they are detrimental to both the environment and public health,”<sup>22</sup> and are undermining the health of Jamaican children.

Jamaican dumpsites and the way they are operated expose children to polluted water and air. Given the less than ideal location of the Riverton dumpsite—in a swampy area, close to mangroves and in a region with groundwater flows influenced by the Duhaney, Ferry and Rio Cobre Rivers—there is a high risk of water pollution. Poor solid waste disposal practices and a lack of adherence to international standards have resulted in a high degree of heavy metal contamination from cadmium, manganese, lead and pesticides.<sup>23</sup> Children who live in close proximity to this and other similarly managed dumpsites in Jamaica are, therefore, negatively impacted. A 2015 CAPRI report on Riverton found that:

Ambient air quality monitoring revealed the presence of nitrogen dioxide, volatile organic compounds, and sulphur dioxide in high concentration in the surrounding areas. Similarly, PM10 analysis within a one kilometre and two kilometre radius was reported to be of high risk and risky, respectively.<sup>24</sup>

The IDB has warned that poor solid waste sites in Jamaica and elsewhere in the Caribbean can attract flies, mosquitoes and rats, which in turn may encourage the spread of diarrhoeal diseases, dengue fever, yellow fever and bubonic plague.<sup>25</sup> Some of the health risks faced by children, they warn, are related to the inadequate management of solid waste and are linked to the presence of scavengers in homes. Some diseases transmitted between animals and human beings, such as cysticercoids, taeniasis and trichinosis, are closely associated with animals that have eaten from dumpsites. Finally, but perhaps most concerning, is the fact that dumpsites in Jamaica – especially Riverton – frequently catch fire, either through spontaneous combustion or the work of arsonists, or a combination of both. Between 2001 and 2015, there was an average of one fire annually at the Riverton dumpsite.<sup>26</sup> These fires have a negative impact on the health of those living within the surrounding area, which is over 80 per cent of the population living within the parishes of Kingston and St. Andrew, and almost half the population of St. Catherine. Of those who are impacted directly by the fire, 22 per cent face very high health risk; this proportion represents 10 per

cent of the Jamaican population. Within the population impacted directly by fires at Riverton, about 241,000 are children, and they are regarded as being particularly vulnerable to air pollution because of the continued development of their lungs throughout adolescence, and also because children generally inhale more than adults on a per-body-weight basis.<sup>27</sup> Additionally, the greater likelihood of children being involved in outdoor activities as opposed to adults increases their vulnerability to air pollution.

Children living within the zone of influence of the Riverton fires are impacted primarily by thick, heavy, toxic smog which they inhale. In the short term, smoke from landfill fires can aggravate pre-existing pulmonary conditions, exacerbate respiratory symptoms, or cause respiratory distress mainly for children and those with pre-existing conditions such as asthma, influenza and chronic lung disease. Importantly, the impact on health from landfill fire emissions is often long-term and as such will not necessarily be manifested during or immediately following the fire. For example, Riverton fires usually produce particulate matter (PM10) and benzene, which are classified as human carcinogens.<sup>28</sup> Research has repeatedly shown that there are no safe levels of exposure to benzene, and studies have shown that adult men exposed in their childhood to benzene report low sperm count. Increased thyroid hormones are usually observed in infants whose mothers were exposed during pregnancy.

Fires at dumpsites – especially at Riverton, given its size – negatively impact ambient air quality and pose a risk to human health and well-being. For example, after the last Riverton fire in 2015, air quality tests conducted by NEPA indicated that the ambient air quality with respect to PM10 was ranked as “very high risk” within a 5km radius of the dump, and at a distance up to 6km it was ranked as “high risk”.<sup>29</sup> This fire resulted in 3,314 patients being seen and treated at various hospital and health centres for various respiratory related symptoms over an eighteen-day period. The largest proportion (36.5 per cent) of these patients was seen and treated at the Bustamante Hospital for Children (BHC), and the median age of those treated was 13 years old. During the most intense periods of the fire, 63 schools with 61,447 students and 3,137 teachers across the parishes of Kingston, St. Andrew and St. Catherine were affected by closures, and some children had to wear masks to schools to prevent smoke inhalation.<sup>30</sup>

### Regulatory Framework for Environmental Protection

Jamaica’s framework to enable children to enjoy optimal health through a well-regulated and highly protected natural environment is challenged by significant gaps in fundamental areas and poor implementation of important legislation. In its 2007 review of SWM in Jamaica, the PIOJ found that the absence of proper methods and technology to deal with certain wastes such as electronic waste (e-waste) makes enforcement

21. IDB (2016, p. 14).

22. IDB (2016, p. 19).

23. CAPRI (2015).

24. *Ibid.*, p. 4.

25. IDB (2016).

26. PIOJ (2016).

27. *Ibid.*

28. *Ibid.*

29. PIOJ (2016).

30. *Ibid.*



of available legislation difficult.<sup>31</sup> The NSWMA lacks adequate technical personnel to effectively manage waste. The inability of the Authority to effectively manage its landfills and control illegal ones has led to increased informal dumping of solid waste. For example, commercial entities are responsible for the collection and disposal of their own solid waste. However, weak capacity to police them results in illegal dumping being a prevalent problem.

In Jamaica, waste containerization is not regulated by the NSWMA, but left up to the household, which has resulted in a myriad of waste storage containers. Container type, however, is a fundamental aspect of effective management of solid waste as the container type determines how long the waste can be kept before collection. For example, the smaller the container, the shorter the period until odours develop as the waste begins to decompose. If the waste is not stored in a proper container, disease vectors such as flies and rats are attracted. Improper storage can also cause the waste to be scattered by animals, which can have further consequences on the public health of the surrounding community. Solid waste problems are exacerbated when the collection cycle does not match the disposal cycle dictated by the storage container, leading to the use of unsustainable disposal methods such as illegal dumping and burning. Plastic bags, if used alone and not collected frequently, are vulnerable to scavenging animals, like dogs and rats, which break open the bags in search of food and thus scatter the waste. Containers such as milk crates, five-gallon PVC pails, and cardboard boxes are small containers that also require frequent collection, and which attract pests due to the odours of decomposition.<sup>32</sup>

The PIOJ's 2012 review of the regulatory framework for environmental protection in Jamaica revealed that there were, at the time, 29 different policies across six ministries that had a bearing on the natural environment. This has resulted in fragmentation:

Over twenty institutions are involved in planning (directly or indirectly) and are governed by 103 pieces of planning-related legislation. Much of the legislation and plans are outdated and were drafted when Jamaica was experiencing totally different social and economic circumstances and growth was largely confined to the Kingston Metropolitan Area and a few smaller urban centres. Planning approaches that worked in the 1940s, 50s, 60s and 70s are inadequate for today's Jamaica. The development of new legislation is required to reflect these changing demands and clarify the roles of the agencies involved in planning.<sup>33</sup>

To date, no regulation has been enacted to integrate the UNFCCC into domestic legislation or to actively pursue adaptation

and mitigation responses to climate change at the policy level. As a result, development orders (which set out the framework, guidelines and policies for planning and development in parishes and communities) do not deal adequately with climate change considerations, and the planning legislation guiding development is outdated. Up until 2017, approximately 60 per cent of the island was not covered by a development order and most development orders were outdated. There is a need for the regulatory framework to be expanded to protect ecological buffers in wetlands and mangroves.<sup>34</sup> In particular, the filling of wetlands, damming of rivers, mining of coral and beach sands and the cutting of mangroves should be prohibited to preserve the natural storm abatement function of these areas.

It has also been recognized that a comprehensive land use policy, a wetland policy and a coastal management plan are needed. The Tourism Master Plan does not address climate change and disaster mitigation, though these are included in the Vision 2030 Tourism Sector Plan. Consistent with other Caribbean countries, Jamaica's constitution does not provide citizens with the inherent fundamental human right to a clean and healthy environment. As a result, the government develops and adopts ad hoc legislation to protect the environment without any overarching principle or goal. Furthermore, the government is often exempt from the scope of those environmental laws that do exist. For example, "the Urban Development Corporation operates outside the national planning framework as the Town and Country Planning Act and the Parish Councils Act do not bind the Crown."<sup>35</sup> At any rate, it is recognized that in order to prevent the natural and built environment from compromising the health of children, Jamaica needs to develop modern legislation and regulation for an updated building code, town and country planning, renewable energy, agricultural zoning and watershed protection.

Coupled with this is the need to strengthen the knowledge and capacity of the society to advocate for the importance of the natural environment and the need to protect and sustain it. In this regard, there are clear gaps. A strong cultural awareness for the environment does not exist in Jamaica,<sup>36</sup> though there is the potential for this to change.

Environment issues are taught across the curriculum from primary through secondary. However there is limited systematic integration of environmental education as a distinct course of study. At the early childhood level, there is an ad hoc approach to the teaching of the subject. At the primary level, environment issues are subsumed in other subjects such as the sciences and social studies. At the secondary level, where the majority of students pursue the Caribbean Examinations Council's syllabi, environmental education topics are incorporated, to varying degrees, into other subjects, namely the sciences and geography, as well as in history and social studies. However, the emphasis is more on passive teaching about the environment and less about engaging students as agents of change. The major actions

31. PIOJ (2007).

32. Post (2007).

33. PIOJ (2009, p. 253).

34. PIOJ (2012).

35. *Ibid.*

36. Collins-Figueroa et al (2008).



encouraged in these syllabi are energy and water conservation, waste minimization and cultural expressions. There is insufficient focus on critical thinking and problem-solving, as well as action with regard to the environment and environmental issues. Environmental issues, in and of themselves, are only specifically treated within science and environmental clubs, at school assemblies, and celebrations of environmental calendar days.<sup>37</sup>

Many schools—primary and secondary—have environment clubs; the extent to which they are active, and the activities they pursue are unknown as no comprehensive survey exists. The Jamaica Environment Trust has, since 1995, delivered a School's Environment Programme. The programme incorporates best practices in infusing environmental issues and action across many disciplines. As of 2015, the programme had been delivered in over 350 Jamaican schools, with an estimated reach of over 300,000 students and 600 teachers during its lifetime.<sup>38</sup> In 2018, however, only 39 preparatory and primary schools across the island were enrolled in the programme.<sup>39</sup> With 764 primary schools, approximately 242 preparatory schools and 165 high schools, this means that less than just over three per cent of all schools in Jamaica are presently enrolled.<sup>40</sup>

The fact that environmental issues are included throughout the school curriculum, and that there are environmental clubs in many schools, does begin to satisfy Article 29 of the CRC, with regard to children's education and the natural environment. However, the extent to which these issues are included, across how many schools, and the degree to which the treatment of the environment is effective, is unknown. Nevertheless, this is clearly an area in which meaningful and measurable progress can be made.

Another gap in the framework exists with respect to the regulation of the solid waste management sector. The primary mandate of the NSWMA is not the collection and disposal of garbage but the regulation of the solid waste sector. In playing this role, the NSWMA is expected to set standards and hold players, including private sector firms, accountable to those standards. However, this role has largely been abandoned and the NSWMA's main role is in garbage collection.

The Inter-American Development Bank (IDB), in identifying factors that determine the successful management of SWM sectors, found that clear definition of entities involved in SWM and their respective roles is key. They also found that there is a loss of efficacy in the performance of SWM services when collection and disposal activities are carried out by the regulator.<sup>41</sup>

## Opportunities and Commitments Towards Progress

There are opportunities to improve SWM in Jamaica by placing greater emphasis on five key areas identified by CAPRI in its 2015 report:

1. Place greater emphasis on security, better day-to-day management and more consistent adherence to fire prevention strategies at waste disposal sites;
2. Move towards the development of sanitary landfills instead of dumpsites;
3. Adopt and promote a 3Rs policy (Reduce, Reuse and Recycle) to waste management;
4. Explore and exploit opportunities for more public-private partnerships;
5. Promote the use of transfer stations to achieve some measure of economies of scale and greater efficiency in transportation of garbage.<sup>42</sup>

Low hanging fruits, such as expanding the fleet of trucks available to the NSWMA, are being explored<sup>43</sup> but more fundamental changes – such as CAPRI's suggestion to privatize the NSWMA – are needed.<sup>44</sup>

With regard to item 3 (above), in 2013, Jamaica developed a Waste-to-Energy Policy that could make good use of the 62 per cent of waste that is compostable.<sup>45</sup> However, this policy has not been implemented and there has been no indication that any serious action on this is likely soon. Greater emphasis on separation at source, signaled by a standardization of containerisation, would help to foster better waste disposal at dumpsites. This could also be a first step towards greater emphasis on recycling of waste, though this would have to be aided by new regulations.

Jamaica has indicated its seriousness about addressing climate change by identifying adaptation to climate change as one of the desired outcomes in its Vision 2030 National Development Plan. Accordingly, targets have been set for renewable energy and greenhouse gas emissions, and Jamaica has participated in regional climate change projects such as the Caribbean Planning for Adaptation to Climate Change (CPACC) 1997-2001, Adaptation to Climate Change in the Caribbean (ACCC) 2001-2004, and Mainstreaming Adaptation to Climate Change (MACC) 2004-2009. These projects have helped to improve the understanding

37. *Ibid.*

38. "Schools' Environment Programme," Jamaica Environment Trust website, November 4, 2015. ([www.jamentrust.org/2015/11/04/post-1/](http://www.jamentrust.org/2015/11/04/post-1/))

39. Suzanne Stanley, CEO Jamaica Environment Trust, phone conversation with author, March 12, 2018.

40. Primary education in Jamaica is delivered through publicly funded, free primary schools, or privately owned and run preparatory "prep" schools.

41. IDB (2016).

42. CAPRI (2015).

43. "Transforming local government for national prosperity: Local Government 2.0," Sectoral Presentation by the Hon. Desmond McKenzie, Minister of Local Government, April 19, 2017. ([jis.gov.jm/sectoral-presentation-hon-desmond-mckenzie-2/](http://jis.gov.jm/sectoral-presentation-hon-desmond-mckenzie-2/))

44. CAPRI (2016).

45. NSWMA (2013).

of the region's vulnerabilities to climate change, build capacity to address climate change at the national level, engage in adaptation, support mainstreaming of adaptation into policy processes and begin implementation of adaptation measures. However, in keeping with commitments made in the National Development Plan, opportunities exist for greater use of the education system to foster awareness of climate change issues, especially in light of recent changes to the national curriculum at grades one to nine.

Jamaica also has a Green Paper on Climate Change, but while it acknowledges the vulnerability of children to the impact of climate change, it makes no attempt to outline how they will be specifically protected. This has led the UN to recommend that Jamaica "develop strategies to reduce the vulnerabilities of and risks for children and families which may be occasioned or exacerbated by climate change, including by mainstreaming child-specific and child-sensitive risk and vulnerability reduction strategies into its national plan on climate change and disaster preparedness and emergency management."<sup>46</sup>

## Conclusion

Jamaica has a mixed record on the extent to which it is securing a natural environment that facilitates the realization of optimal health for all children. On the plus side, deforestation has been contained, clean energy is now more widely accessible, CO<sub>2</sub> emissions have been reduced and renewable energy is accounting for an ever-increasing share of electricity produced. A large percentage of Jamaicans have access to clean drinking water, but access for children in rural areas is far from satisfactory. Environmental issues are treated across the school curriculum and many schools have environmental clubs. On the minus side, air quality has deteriorated and 100 per cent of Jamaican children breathe in air that the WHO finds unsuitable. Marine water quality has deteriorated and legislation to protect children from second-hand smoke is poorly enforced. The extent and effectiveness of environmental education is unmeasured and unknown.

Jamaica faces significant obstacles with respect to the management of solid waste. Garbage collection is inefficient and unreliable, especially in rural areas, resulting in as much as 40 per cent of garbage being either burnt, buried or otherwise disposed of inappropriately. NSWMA, the state entity responsible for this, lacks the capacity to properly deal with waste and practices unsafe sorting and disposal procedures. In addition, the country lacks sanitary landfills and the main dumpsites are sources of air and water pollution and potential diseases. They also catch fire—or are set on fire—often and this has a significant negative impact on the health of children, especially those living in close proximity to the sites.


Jamaica has an outdated, fragmented, unevenly developed and poorly implemented regulatory system plagued with significant oversight gaps. While climate change has been addressed in the country's National Development Plan, policies at the ministerial level do not do enough to address the issue or to develop domestic urgency around the climate change activities. Outside of legislation, regulation and institutional capacity, there is a need for public education and awareness building about recycling, appropriate waste management and climate change, as well as the inclusion of these in the school curriculum, with the objective of widespread behaviour change on the part of individuals and organizations.

46. UN Committee on the Rights of the Child (CRC), "Concluding observations on the combined third and fourth periodic reports of Jamaica," March 10, 2015, p. 14. ([www.refworld.org/docid/566e7c584.html](http://www.refworld.org/docid/566e7c584.html))

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The situation with children is inarguably the greatest priority, because therein lie solutions and interventions that can break the inter-generational transmission of poverty, one of Jamaica's most pernicious developmental challenges.

