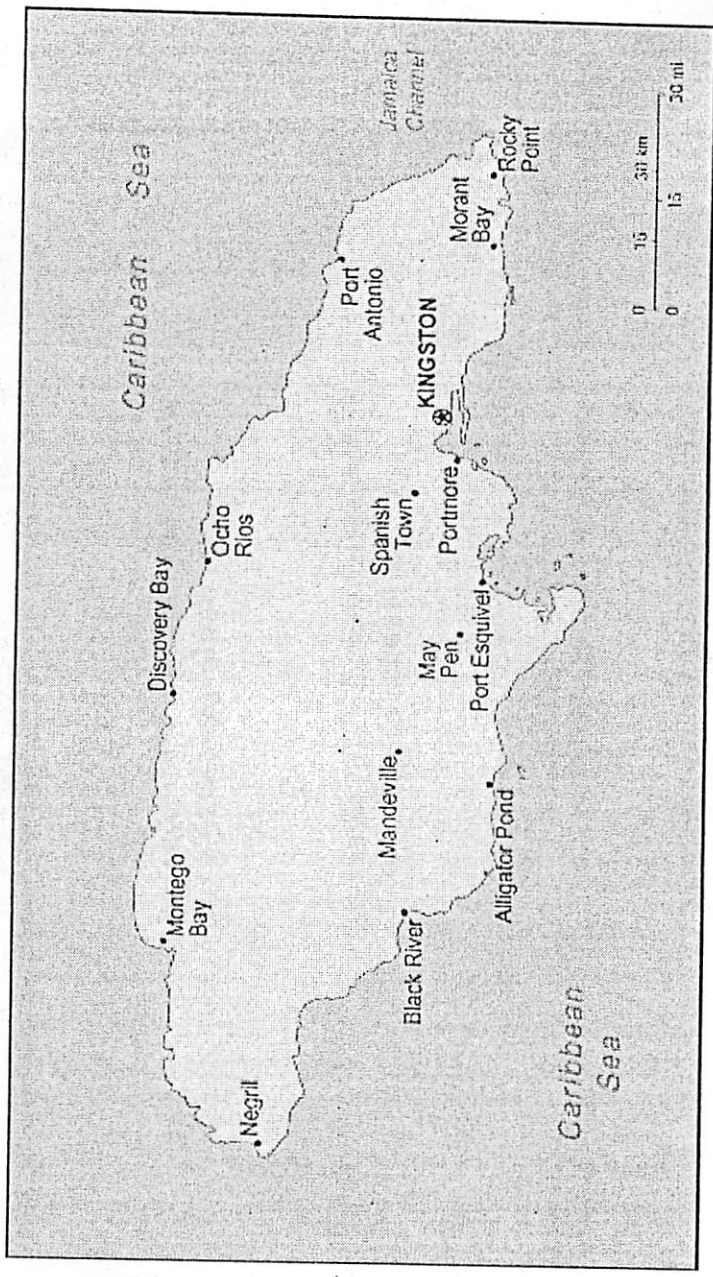


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MILLENNIUM DEVELOPMENT GOALS



JAMAICA

MAY 24, 2003

FINAL DRAFT

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EXECUTIVE SUMMARY

Status at a Glance

Based on the World Bank's classification, Jamaica could be called a "country in green".¹ Countries in green made progress in the 1990s fast enough to attain the target value in the specified time period (by 2005 for gender equality and by 2015 for all others). They are "likely" to achieve the goals.

Further to this, the United Nations Development Programme² has assessed progress toward each goal as follows:

Achieved: The country has achieved the target.

On Track: The country has attained the rate of progress needed to achieve the target of 2015 or has attained 90 per cent of that rate of progress.

Lagging: The country has achieved 70 to 89 per cent of the rate of progress required to achieve the target by 2015.

Far Behind: The country has achieved less than 70 per cent of the required rate of progress.

Slipping back: The country's level of achievement is at least 5 percentage points worse in 2000 than in 1990.

¹ http://www.developmentgoals.org/Achieving_the_Goals.htm

² UNDP 2002. Human Development Report, p.259.

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GOALS	STATUS	MAIN CONCERNS
1. Eradicate extreme poverty and Hunger	<i>On target</i>	<input type="checkbox"/> Chronic public and private poverty in the rural areas <input type="checkbox"/> Chronic public poverty in some marginalized urban communities
2. Achieve universal primary education	<i>Achieved</i>	<input type="checkbox"/> Quality of access, especially among the poor and in the Rural Areas
3. Promote gender equality and empower women	<i>Lagging</i>	<input type="checkbox"/> Women remain peripheral in the major political, economic and social decision-making spheres
4. Reduce child mortality	<i>Far behind</i>	<input type="checkbox"/> Under-registration of births <input type="checkbox"/> No sustained policy action to reduce the rates
5. Improve maternal health (maternal mortality)	<i>Far behind</i>	<input type="checkbox"/> No sustained policy action to reduce the rates
6. Combat HIV/AIDS, malaria and other diseases	<i>Lagging</i>	<input type="checkbox"/> Cultural context is a major hindrance to progress <input type="checkbox"/> Not prominent enough on the political agenda
7. Ensure environmental sustainability	<i>On Track</i>	<input type="checkbox"/> Poverty inhibits progress
8. Develop a global partnership for development	<i>On Track</i>	<input type="checkbox"/> Debt burden <input type="checkbox"/> Slow economic recovery <input type="checkbox"/> Limited public expenditure on basic social services
General Status	GREEN	

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Assessment of likelihood of meeting targets

Goals/Targets	Will the Goal/Target be met?		State of Supportive Environment			
EXTREME POVERTY Halve the proportion of people living in extreme poverty between 1990-2015	<u>LIKELY</u>	Unlikely	<u>STRONG</u>	Fair	Weak but improving	Weak
HIV/AIDS Halt and reverse the spread of HIV/AIDS by 2015	Likely	<u>UNLIKELY</u>	Strong	Fair	<u>WEAK BUT IMPROVING</u>	Weak
HUNGER Halve the proportion of people who suffer from hunger by 2015	<u>LIKELY</u>	Unlikely	<u>STRONG</u>	Fair	Weak but improving	Weak
ACCESS TO SAFE WATER Halve the proportion of people without sustainable access to safe drinking water by 2015 and have achieved a significant improvement in the lives of slum dwellers by 2020	<u>LIKELY</u>	Unlikely	<u>STRONG</u>	Fair	Weak but improving	Weak
EDUCATION Achieve universal access to primary education by 2015	<u>LIKELY</u>	Unlikely	<u>STRONG</u>	Fair	Weak but improving	Weak
GENDER EQUALITY Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015	<u>LIKELY</u>	Unlikely	Strong	<u>FAIR</u>	Weak but improving	Weak
CHILD MORTALITY Reduce under-five mortality ratio by two-thirds by 2015	Likely	<u>UNLIKELY</u>	Strong	Fair	<u>WEAK BUT IMPROVING</u>	Weak
MATERNAL HEALTH Reduce maternal mortality ratio by three-quarters by 2015	Likely	<u>UNLIKELY</u>	Strong	Fair	<u>WEAK BUT IMPROVING</u>	Weak
DEVELOPMENT Develop global partnership for development within a stable international and national economic environment	Likely	<u>UNLIKELY</u>	Strong	Fair	<u>WEAK BUT IMPROVING</u>	Weak
ENVIRONMENT Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	<u>LIKELY</u>	Unlikely	Strong	Fair	<u>WEAK BUT IMPROVING</u>	Weak

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RECOMMENDATIONS

Recommendations at the National Level

1. It is absolutely essential that the economy recovers and maintains stability. The MDGs are intrinsically linked with the pursuit of sustainable development and therefore they need to be gain more prominence in the national development objectives and strategies.
2. There needs to be a coherent presentation of all the goals associated with social development to the agencies in charge of formulating and implementing the Millennium Development Goals. At present, agencies are pulled in several directions as they strive to fulfill all the stated objectives of social development.
3. There has to be a concerted effort on the part of the all the relevant agencies to ensure that the goals and targets are pursued.
4. Data must to be collected on the targets to facilitate the monitoring of the progress made towards the Goals.

Recommendations by specific Goal

GOALS	BROAD RECOMMENDATIONS
1. Eradicate extreme poverty and Hunger	Policies and programmes need to ensure that the cycle of poverty is broken and that persons who are in social protection programmes are able to graduate after a brief period of receiving benefits
2. Achieve universal primary education	The quality of graduates of the primary school system needs to be improved. Survival rates to Grade 5 for boys need special policy attention.
3. Promote gender equality and empower women	More deliberate efforts must be made to improve the unemployment rates for women and to include them in the top level decision-making sphere.
4. Reduce child mortality	The under-registration of births and deaths needs special focus.
5. Improve maternal health	Maternal deaths need to be properly recorded and registered
6. Combat HIV/AIDS, Malaria and other diseases	Sustained political will is essential. The loss of productivity in the labour force is of immediate concern
7. Ensure environmental sustainability	Adequate monitoring needs to be completed to assess progress towards targets. Public education on the effects of environmental degradation is needed.
8. Develop a global partnership for development	Sustained economic growth and debt management are keys to sustainable development

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SECTION ONE: INTRODUCTION

1.1: Background

The turn of the century was a unique and symbolically compelling moment for the members of the United Nations to articulate a vision for development for the new era. In December 1998, the commitment was made to designate the fifty-fifth session of the General Assembly to "The Millennium Development Goals". Consequently, "The Millennium Assembly of the United Nations" opened in New York on September 5, 2000

Heads of State and/or Government of the Member States of the United Nations gathered at the Headquarters of the United Nations in New York to participate in the Millennium Summit from 6 to 8 September, 2000. The Summit was a historic opportunity to agree on a process for fundamental review of the role of, and challenges facing the United Nations in the new century.

At the summit, the Secretary-General noted that this was a time for reflection and noted that despite the fact that the world had seen many social gains, there were still some deplorable facts. The 20th century was ending with grinding poverty for some and striking inequality amid unprecedented wealth. Diseases, old and new, threatened to reverse health gains. Nature's life sustaining services are being degraded and disrupted by the daily activities of humankind.

The Millennium Goals underscore the importance of *sustainable development*. They re-emphasize the objectives outlined in the Social Summit of 1995 (see Appendix 1.1.1) and The Declaration of the United Nations Decade for the Eradication of Poverty (1997-2006).

1.2: The Millennium Goals

There are 8 Millennium Development Goals, 18 targets and 48 indicators. Three of the 8 MDGs are directly health related; while one speaks to the eradication of poverty; one tackles primary education; one sustainable development and yet another global partnership for development. The Millennium Goals (MDGs) are:

- 1) Eradication of extreme poverty and hunger
- 2) Achievement of universal primary education
- 3) Promotion of gender equality and empower women
- 4) Reduction of children mortality
- 5) Improvement of maternal health
- 6) Combating HIV/AIDS, malaria and other diseases
- 7) Ensuring environmental sustainability
- 8) Development of a global partnership for development

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1.3. The Objectives of a Country Report on the Millennium Development Goals³

The main objectives of the country's report are to:

- Move the Millennium commitments from the global to the local level.
- Create the necessary links between global target setting and national priority setting.
- Re-energize a broad political constituency to accelerate progress towards the Goals.
- Generate public awareness, scholarship and debate for action around the development challenges of our times.
- Build alliances across and within countries, working with national governments, civil society, the private sector, international financial institutions and other development partners.

This report seeks to fulfill the above-mentioned objectives and ensure that it serves as an advocacy tool to expedite progress towards the Goals.

³ These objectives are stated in The United Nations Department of Public Information Bulletin– October 2002

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1.4: Scope of work

This report analyzes the progress Jamaica has made towards the fulfillment of the Millennium Development Goals. Table 1.4.1. provide specific details on the scope of work.

Table 1.4.1: Details of Scope of Work
Work

- 1 Undertake a review of the current data with respect to the Millennium Development Goals (MDGs) in Jamaica.
- 2 Identify constraints and shortfalls in data collection and suggest recommendations to address them. Prepare cost estimates to implement the suggested recommendations and propose possible funding sources.
- 3 Assess which of the indicators are applicable in the Jamaican context and recommend a list of indicators on which the report will be based. As the report will take into consideration the national priorities, the MDGs must therefore be contextualized within the country specific situation. Additional indicators can be added to make the report more relevant to Jamaica while maintaining global and regional comparability.
- 4 Develop a first draft Report for review by the Working Group.
- 5 Revise the first draft report based in relevant comments (Revised Draft Report)
- 6 Present the Revised Draft Report at a National Workshop to facilitate broad participation, consultation and review. The National Workshop will be organized and planned by the Working Group.
- 7 Finalize the Report.

1.5. Methodology

The research was guided by the indicators provided in the Terms of Reference (Appendix 1.4.1). Secondary and primary data were collected. Due to time constraints, the primary data were only collected from some key informants at Governmental and Non-Governmental Organizations.⁴ Interviews were held with key informants from these agencies (See Appendix 1.4.2). These elite interviews provided more in-depth data on and understanding of the progress made towards the fulfillment of the MDGs.⁵ They identified some of the achievements and challenges that confront the MDGs.

The data from the surveys of living conditions were also manipulated to examine poverty more in depth.

1.6. The International Context⁶

As countries of the United Nations strive to reach the targets set by the Millennium Development Goals, there have been some successes at a global level, including significant cuts in child malnutrition, rising primary school enrolment, especially for girls, and improvements in conditions for women giving birth. But there are enormous regional variations and overall the outlook, if present trends continue, is bleak:

- Infant and child mortality rates are increasing in Africa.
- There will still be 140 million underweight children in 2020.
- 75 million children will still be out of school in 2015.
- 200 million people will develop TB and 35 million people will die by 2020.
- Average life expectancy for all Africans has fallen by 15 years as a direct result of HIV/AIDS within the past two decades.
- Today almost 12 million children under the age of 5 still die each year, mostly from preventable diseases, compared with about 11 million in 1990.

It would appear that at current rates of progress the poorest regions are set to fail to meet the targets. Although making steady progress in Latin America, the progress is not fast enough. Improvements in South Asia are uneven. However, it is sub-Saharan Africa that poses the biggest challenge, where some of the key target indicators are actually getting worse. What is the cost of achieving the Millennium Development Goals?

The recent UN-commissioned report by ex-President Zedillo of Mexico estimated that an additional \$50 billion per year is needed to meet the MDGs worldwide, including \$12

⁴ Many key informants would not accommodate the researchers during their data collection period.

⁵ The list of persons interviewed is available in Appendix 1.4.2

⁶ Action Aid, 2002 p.1.

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billion for primary education, \$10 billion for health and \$20 billion for poverty reduction. The World Bank puts the bill at around \$40-60 billion per year for the poverty goal alone.

1.7. The National Socio-economic Context

Jamaica is a politically independent country in the Anglophone Caribbean. In the last decade, Jamaica has experienced slow economic growth. However, the social indicators remain fairly reasonable with Jamaica's HDI at 0.742 and its gini coefficient at 0.38. However, as this analysis will show, unless deliberate state intervention is undertaken, then Jamaica's social gains through the years may be reversed.

Table 1.6.1: Selected socio-economic indicators for Jamaica (2002)

Total population	2,624,700 est.)
Economic Growth	1.0
Inflation rate	7.1
Debt servicing % of GDP	36.3%
Total fertility rate	2.8
Infant Mortality Rate	24.5 per '000 live births
Maternal Mortality	106 per 100,000
Life Expectancy at Birth	72 years
Percentage of individuals in Poverty (2001)	16.8
Adult Literacy Rate	79.9
Human development Indicator (UNDP)	0.742 ^a
Gini Coefficient	0.3843
Percentage of population with access to safe water	86.2
Percentage of population with access to sanitary facilities	99.5
Percentage of children <1 year old immunized	92.6
(National average)	
Unemployment	
Total	15.1
Male	10.6
Female	20.7

Sources: Planning Institute of Jamaica (2001). Economic and Social Survey of Jamaica (2002). Jamaica Survey of Living Conditions (2001). UNDP. Human Development Report, 2002.

SECTION 2: JAMAICA'S PROGRESS TOWARDS THE MILLENNIUM GOALS

2.1: Introduction

This section analyzes the progress made towards the Millennium Goals. In order for international comparisons to be made, the data will be presented on the international targets. Only targets for which data were obtained will be presented. In the section on Summary and Conclusions, there will be a discussion on the achievements and challenges in the pursuit of the fulfillment of the Goals.

2.2. Eradication of extreme poverty and hunger

Goal 1: Eradicate extreme poverty and hunger

Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than \$ 1 a day.

Target 2: Halve between 1990 and 2015, the proportion of people who suffer from hunger.

Indicators:

- 1 Proportion of population below US\$1 per day (PPP-values)
- 2 Poverty gap ratio gap ratio [indices x depth of poverty]
- 3 Share of poorest quintile in national consumption
- 4 Prevalence of underweight children (under-5 years of age)
- 5 Proportion of population below minimum level of dietary energy consumption

Proportion of persons in poverty: The analysis will not be completed using the US\$1 bench-mark, although the officials of the Policy Development Unit at the Planning Institute of Jamaica have calculated the number of persons living below US\$1 a day at 2.98 per cent in 2001, up from 1.98 per cent in 2000. The discussion will however focus on the Jamaican current dollars and the Planning Institute's method of calculating the absolute poverty line.

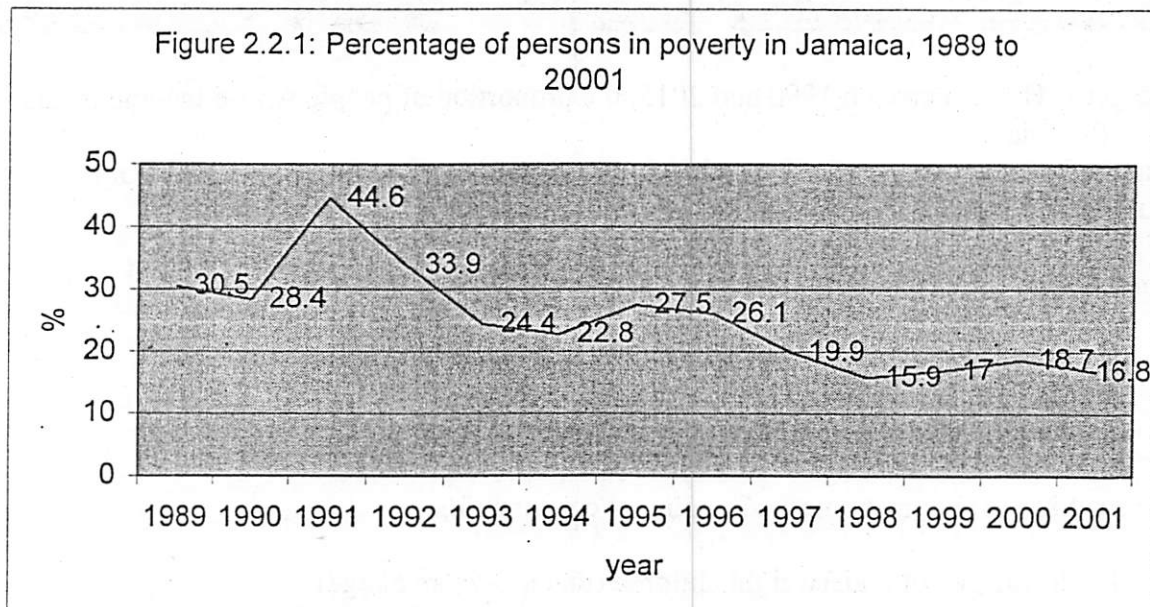
This analysis of poverty in Jamaica will include discussion on three (3) different types of poverty: *public poverty*, *private poverty* and *chronic poverty*. The Jamaican Government in its Ministry Paper 13 has defined two types of poverty:

Public poverty is defined as a condition in which a community lacks such basic amenities and infrastructure as piped water, toilet, electricity, roads, sanitation, etc. This in turn affects the life chances of residents of the community.

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Private poverty is defined as a condition in which people do not have the means to live above a minimum standard usually referred to as the poverty line, which is determined annually.

Hulme and Spencer (2001 and 2003) have defined *chronic poverty* as that type of poverty that exists for a period no shorter than 5 years. Jamaica is fortunate to have a rich data base in annual surveys of living conditions. Using the Jamaica Survey of Living Conditions (JSLC), private poverty is estimated using an absolute poverty approach. The head-count is based on a poverty line, constructed on the basis of a minimum standard of living (a basic food basket and essential non-food items). In 2001, the adult-equivalent poverty line was J\$44,208.20 and 16.8% of persons were reported to be on or below the poverty line (Figure 2.2.1). Figures for 2002 are not yet available.



Source JSLC, Planning Institute of Jamaica

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Table 2.2.1: Poverty Gap Ratio and Gini Coefficient

Jamaica has done remarkably well in the reduction of poverty. Private poverty levels fell from 28.4 per cent of the population in 1990 to 16.8 per 2001. The country is on target to halve by 2015, the number of persons who live on and below the poverty line. Other poverty figures: the poverty gap index and the gini coefficient are reasonably acceptable (Table 2.2.1) In 2001, the GC was estimated at 0.38.

Year	Percent	Gini coefficient
1990	7.9	.38
1991	15.7	.40
1992	10.7	.38
1993	7.5	.37
1994	6.0	.38
1995	7.2	.36
1996	6.9	.36
1997	4.9	.42
1998	4.2	.37
1999	4.4	.38
2000	4.6	.38
2001	4.6	.38

Source: Jamaica Survey of Living Conditions, various years. Planning Institute of Jamaica.

The "income gap ratio" measures the mean depth of poverty as a proportion of the poverty line (Ravallion, M. 1992.37).⁷ The ratio therefore reflects "the percentage shortfall of the average income of the poor from the poverty line" (Sen, 1981), and therefore gives an idea of the income needed to bring the poor up to the poverty line.

⁷The poverty line minus the average income of the poor divided by the poverty line.

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Consumption by quintile: The Gini Coefficient has not changed significantly through the years. However, the richest quintiles continue to have the larger shares of the national consumption. Figure 2.2.2 shows the share of national consumption by decile.

Table 2.2.2: Share of national consumption by quintiles

Table 8 Distribution of National Consumption by Quintiles JSLC 1990-2002						
Year	Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5	TOTAL
1990	6.38	10.62	15.05	22.04	45.9	99.99
1991	5.81	10.45	14.99	21.63	47.12	100
1992	6.5	10.82	15.22	22.24	45.22	100
1993	6.3	11.06	15.62	22.18	44.84	100
1994	6.41	10.75	14.98	21.93	45.92	99.99
1995	7.11	11.2	15.18	21.77	44.74	100
1996	7.04	11.22	15.69	21.5	44.54	99.99
1997	5.81	9.61	13.85	21.67	49.05	99.99
1998	6.64	11.03	15.27	21.73	45.33	100
1999	6.3	10.94	15.25	21.58	45.93	100
2000	6.67	10.67	14.96	21.71	46.02	100.03
2001	6.24	10.57	15.15	22.11	45.92	99.99

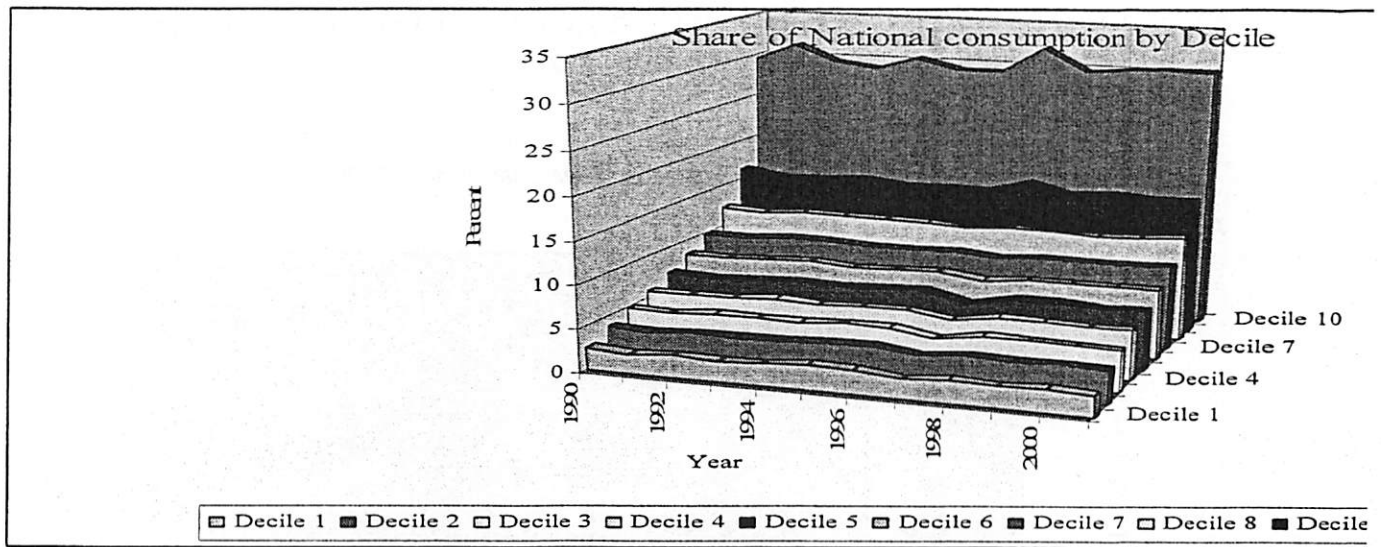
Sources: Jamaica Survey of Living Conditions 1999. The Planning Institute of Jamaica and

the Statistical Institute of Jamaica.(2000) pg 23

Jamaica Survey of Living Conditions 2001. The Planning Institute of Jamaica and the Statistical Institute of Jamaica.(2002) Section B ix.

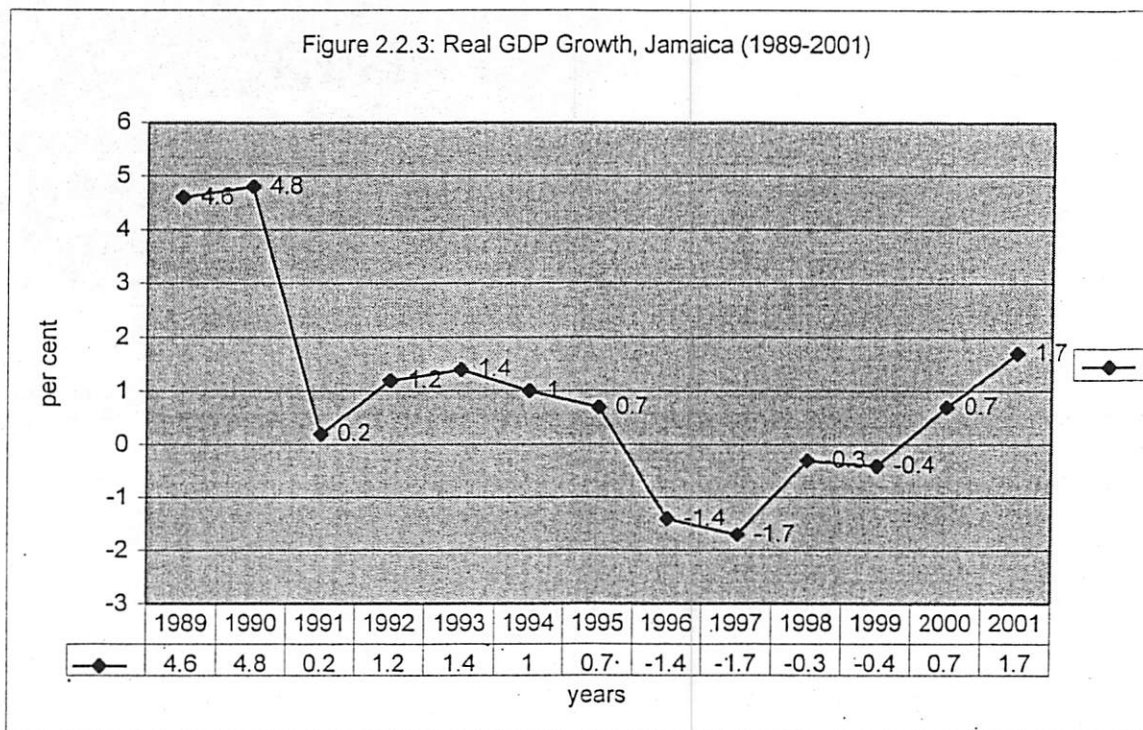
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Figure 2.2.2: Share of national consumption by decile

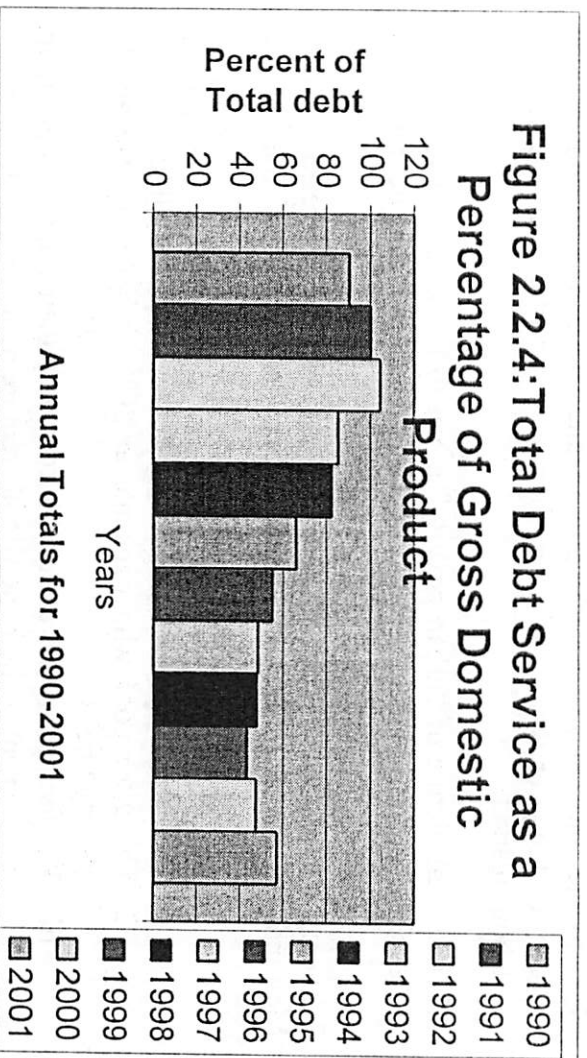


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Concerns: This decline in poverty occurred in spite of the country's mediocre growth rate (Figure 2.2.3). It is unlikely that this downward trend in poverty levels will be sustained within a context of low economic growth.



Although the issue of sustainable growth will be discussed in Goal number 8, it is pertinent to mention here, that Jamaica's increasing debt burden (Figure 2.2.4) is threatening to reverse all the social gains made in the last decades.



The decline in the poverty levels in the face of unimpressive growth rates has been explained in several quarters. Some of the reasons put forward are:

- The success of some of the National Poverty Eradication projects in reducing public poverty;
- The stabilization of the inflation rates;
- The growth of the underground or informal economy which still remains to be comprehensively documented;
- The increasing role of remittances which in 2002, stood at US\$1.3 billion (Appendix 2.2.1); and
- The apparent general improvement in the percentage share of consumption by the lower deciles between 1998 and 2001.

Beyond the decline in poverty, some dimensions of the poverty in Jamaica need to be examined:

- ❖ Poverty is mainly a rural phenomenon with the rural areas consistently report high levels of poverty (Appendix 2.2.3);
- ❖ Almost half of the poor are children under 18, and a further 10 per cent are elderly;
- ❖ 66 per cent of female-headed households are in poverty;
- ❖ It would seem that to escape poverty, an individual must have completed over 9 years of schooling;

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- ❖ The phenomenon of the working poor called for policy attention as 69 per cent of the poor work. However, they are concentrated in the secondary labour market.
- ❖ The total picture of “urban poverty” is yet to be unmasked as the social exclusion of residents in certain urban communities is disquieting.

Table 2.2.3 attempts to examine some of the characteristics of the residents in the Kingston Metropolitan Area (KMA) in Jamaica. Four categories of the poor are examined:

- i. The *absolute* poor : those on and below the poverty line.
- ii. The *ultra* poor who consume at 80% or below of the absolute poverty line
- iii. The *food* poor who are unable to satisfy their minimum nutritional requirements, their non-food requirements are not taken into account. Only the minimum food requirements are taken into account, they are more vulnerable than the absolute poor.
- iv. The “*vulnerable* or those at risk” who consume between 100 per cent and 125 per cent of the absolute poverty line

Table 2.2.3: Characteristics of those who are in selected categories of the poor by geographical area.

	<i>Mean Age</i>	<i>Mean Years of Schooling</i>	<i>Mean Household Size</i>	<i>Mean Number of children</i>	<i>% who are:</i>	
					<i>Males</i>	<i>Females</i>
Absolute Poverty						
KMA	25.7	7.7	4.5	2.2	<u>59.9</u>	40.1
Rural	25.8	8.3	5.4	2.8	49.4	50.6
Ultra Poverty						
KMA	26.5	7.5	4.7	2.3	<u>62.7</u>	37.3
Rural	25.1	8.1	<u>5.5</u>	2.9	48.5	51.5
Food Poverty						
KMA	26.6	7.3	4.7	2.5	<u>62.3</u>	37.7
Rural	<u>23.4</u>	8.4	<u>6.2</u>	3.4	50.2	49.8
Those at Risk Poverty						
KMA	<u>32.1</u>	8.2	3.6	1.5	<u>59.9</u>	40.1
Rural	28.0	8.0	4.5	2.2	49.4	50.6

Source: Jamaica Survey of Living Conditions, 1999 data set.

From the above table we note the following:

- There is male vulnerability in the urban areas for all categories of the poor.
- In rural areas there is an equal vulnerability for males and females in all categories.

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- Those in food poverty in the rural areas are fairly young compared to those in other categories.
- All categories have a mean number of years of schooling of at least 7 years. This means that most would have at least completed primary school education.
- Of note also is the large household size of those in “food poverty” and those in “ultra poverty”.

Comment: Unfortunately, it is difficult to estimate levels of chronic poverty in Jamaica as the JSLC samples of respondents are not panels and the movement of persons in and out of poverty over the period has not been fully analyzed. This points to the necessity of developing a new research programme that tracks the movement in and out of poverty of identifiable persons and categories.

Table 2.2.4:
Percentage of persons in food poverty

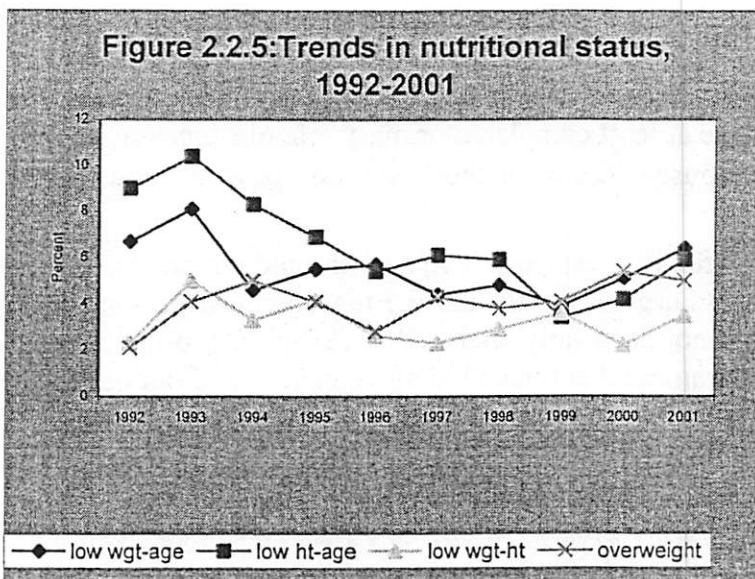
Hunger: Hunger has not been a policy concern as the destitute were always covered by the social protection programmes. The JSLC does not estimate hunger or malnutrition among adults. However, using the “food only” poverty line, the percentage of persons who could not consume the minimum nutritional requirements is shown in table 2.2.4. In 2001, the percentage of persons in “food poverty” was 5.5. Although, the figure for those persons in “food poverty” remains low, at 5 per cent, Jamaica is yet to halve the figure of 8.3 estimated in 1990.

Year	Percent
1990	8.3
1992	14.5
1993	9.9
1994	8.0
1995	9.01
1996	8.6
1997	4.1
1998	3.7
1999	5.1
2000	4.97
2001	5.5

Source: JSLC, PIOJ, 1990-2001

Prevalence of underweight children (under-5 years of age)

The JSLC collects annual data on the nutritional status of children aged under five years. The JSLC Report 2001 notes that malnutrition levels have been on the decline over the period 1992 to 2001 (Figure 2.2.5). Nutritional Levels are measured by weight for age, height for age, weight for height. It must be noted that there has been a slight increase which though not statistically significant needs to be reversed.



Notes for Figure 2.2.5:

Weight for age is the easiest indicator to measure and is therefore the most common measure of nutritional well-being. It compares the weight of the child with the WHO reference weight for a child of the same age.

Height for age measures the cumulative effect of poor nutrition. Low height for age indicates stunting. It compares the height of the child with the WHO reference height for a child of the same age.

Weight for height is the most sensitive measure of the three and indicates the current nutritional status. Low weight for height indicates wasting and high weight indicates over-weight or obesity. It compares the weight of the child with the WHO reference weight for a child of the same height.

Source: JSLC, 2001, p.4.7

2.3. Achievement of universal primary education

Goal 2: Achieve universal primary education

Target: To ensure that by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

2.3.1: Introduction

This section examines Jamaica's progress towards universal primary education. The indicators to be measured are:

- Net Enrollment ratio in primary education
- Proportion of pupils starting grade 1 who reach grade 5
- Literacy rate of 15-24 years old

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Table 2.3.1. Percentage Enrolment in Primary Education (6-11 Years)

Year	Percentage Enrolment 6-11 Years Only
1990	95.6
1991	-
1992	94.0
1993	96.0
1994	93.7
1995	92.9
1996	91.7
1997	95.7
1998	96.5
1999	98.6
2000	98.7
2001	96.2

Enrolment: Based on the data, Jamaica has *achieved* universal primary education. Net enrollment for the primary school age group remains in the high 90s. Data obtained from the Ministry of Education showed that between 1990 and 2001, net enrollment in primary schools moved from 95.6 per cent to 96.2 per cent (Table 2.3.1). However, there are two areas of concern: i) actual attendance, which is consistently lower than the enrollment figures, and ii) the quality of the education achieved. The JSLC Report 2001 p.3.14) noted that:

data was distilled by school level and showed that children at the secondary school level were sent to school more frequently than those at the primary level. It was also revealed that the attendance among children from the poorest consumption group remains at a low level compared to their wealthier households. This reflects the finding that "money problems" is still the main reason for children's absence from school.

Source: MOEYC, Statistics Unit

Survival Rates to Grade 5: Survival rates (Table 2.3.2.) through to Grade 5 are also high. However, the survival rates slipped in 2000, especially for the boys. The survival rates for females have been consistently higher (Figure 2.3.1).

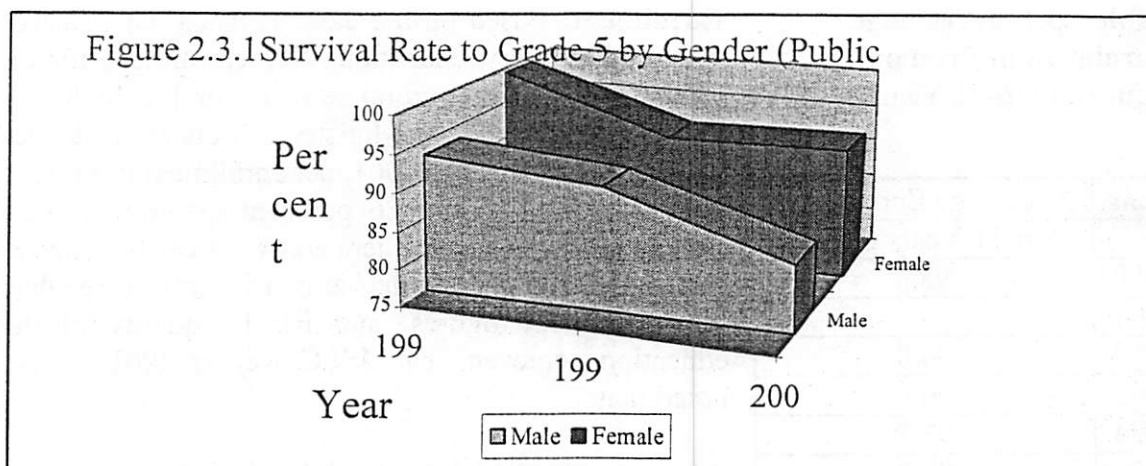
**Table 2.3.2: Survival Rate to Grade 5 by Gender (Public Schools Only)
1998 – 2000**

Year	Male (%)	Female (%)	Total (%)
1998	93.4	99.4	96.5
1999	91.4	92.1	91.6
2000	84.1	92.6	88.3

Source: MOEYC – Statistics Unit

N.B.: The decline in the survival rate to grade 5 may be due to the retention of students in grade 4 based on their performance in the Grade 4 Literacy Test.

SECOND DRAFT



Source:-MOEYC-Statistics Unit

N.B- the decline in the Survival rate to grade 5 may be due to the retention of students in grade 4 based on their performance in the Grade 4 Literacy Test.

Literacy Rate of 15-24 Year Olds: The literacy rate among 15-19 year olds has increased through the years increasing from 81.3 per cent in 1987 to 92.6 per cent in 1999 (Table 2.3.3(1)). The same is true of the 20-24 year olds. However, literacy level is higher among females (Table 2.3.3 (2)).

Table 2.3.3 (1): Literacy Rate of 15-24 Year Olds

Age Group	1981	1987	1994	1999
15 – 19 years	87.3	81.3	86.5	92.6
20 – 24 years	85.5	78.4	82.7	90.0

Source: National Literacy Survey 1994

Jamaica Adult Literacy Survey 1999

Please Note: Literacy Surveys were only done in the years indicated above

Table 2.3.3 (2) Literacy Rates of 15 – 24 Years Old by Gender 1999

Age	Male	Female	Total
15 – 19 years	88.6	97.2	92.6
20 – 24 years	85.2	94.9	90.0

Source:- Jamaica Adult Literacy Survey 1999

N.B.: Literacy rate by gender and age is not available for 1981, 1987 and 1994.

Concerns: The quality of graduates with primary education remains a policy issue. Even greater efforts are needed to improve the literacy rates in Jamaica. One labour market assessment study claims that “*basic literacy and numeracy ... are very poor among the new labour force entrants and older workers... making training of technical skills, all the more difficult*” (Ash, *et al*, 1994). The same study remarks that between 30 to 40 per cent of the grade 6 students are functionally illiterate.

The Grade 4 Literacy Test is designed to capture the students whose performance is questionable. Based on the test, students are classified as: “questionable Status” (uncertain), “at Risk” and enrichment “not at Risk”. In 2000, a total of 52,124 students sat the test in May 2000 and 47 per cent were deemed not at risk, 32 per cent at risk and 21.0 per cent uncertain. Those who are “at risk” or “uncertain” are required to attend a literacy programme offered during the Summer. However, the programme is only 3 weeks long, some candidates do not attend and there are indications that some are still promoted to grade 5 even if they have not arrived at the “not at risk” level.

2.4. Promotion of gender equality and empower women

Goal 3: Promote gender equality and empower women

Target: Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015.

The indicators are:

- 1 Ratio of girls to boys in primary, secondary and tertiary education
- 2 Ratio of literate females to males of 15-24 years old
- 3 Share of women in wage employment in the non-agricultural sector
- 4 Proportion of seats held by women in the national parliament

Ratio of girls to boys in primary, secondary and tertiary education

Generally, net enrolment has improved since 1990 at the primary and secondary levels (Table 2.4.1). However, Table 2.4.2 indicates that there are more boys than girls in the primary level as opposed to the secondary level and tertiary levels where there are more girls than boys. Indeed, attendance levels for boys are consistently lower at the primary level (See Appendix 2.4.1). Figure 2.4.1 shows that there has been little improvement since 1998. Ministry officials reveal that more females than males are in grade 10. More males drop out in Grade 10. The problem may be associated with the limited school spaces available in Grade 10.

Literate females to males of 15-24 years old. The parity index re-emphasizes what has been shown earlier that women are more literate than men in the age group 15-24 years (Table 2.4.3)

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**Table 2.4.1: Net Enrolment Rates at the Primary and Secondary Levels
1990 – 2001**

	Net Enrolment Rates								
	Primary Level			Secondary Level					
	Ages 6 - 11			Ages 12 - 14			Ages 15 – 16		
Year	Male	Female	Total	Male	Female	Total	Male	Female	Total
1990	95.4	95.9	95.6	76.1	83.4	79.7	41.8	50.1	45.8
1991	-	-	-	-	-	-	-	-	-
1992	95.8	92.3	94.0	78.7	82.0	80.4	43.4	50.7	47.0
1993	98.1	93.9	96.0	82.2	84.5	83.4	40.9	49.9	45.3
1994	95.6	91.9	93.7	86.0	83.0	84.5	43.5	47.3	45.4
1995	93.8	91.9	92.9	80.9	82.2	81.6	42.0	49.0	45.5
1996	92.8	90.5	91.7	76.4	78.1	77.3	40.5	47.1	43.8
1997	96.9	94.5	95.7	81.5	80.2	80.8	46.6	52.7	49.7
1998	97.6	95.4	96.5	82.6	79.1	80.8	50.1	54.5	52.3
1999	99.5	97.2	98.6	83.0	80.3	81.7	50.9	55.0	53.0
2000	99.8	96.6	98.7	82.8	81.2	82.0	52.3	55.9	54.1
2001	98.6	93.9	96.2	82.9	81.3	82.1	51.3	54.4	52.9

Source: MOEYC, Statistics Unit

**Table 2.4.2: Ratio of girls to boys at the primary, secondary and tertiary levels.
Ratio of Girls to Boys at the Primary, Secondary and Tertiary Level, 1993-2001**

Year	Primary Level	Secondary Level	Tertiary Level
1990	0.99	1.07	
1991			
1992	0.95	1.05	
1993	0.96	1.08	
1994	0.96	1.04	
1995	0.97	1.07	
1996	0.96	1.09	1.75
1997	0.96	1.06	1.92
1998	0.97	1.03	1.91
1999	0.97	1.03	2.07
2000	0.96	1.03	2.06
2001	0.96	1.03	1.99

Source: MOEYC Statistics Unit

— Not Available

SECOND DRAFT

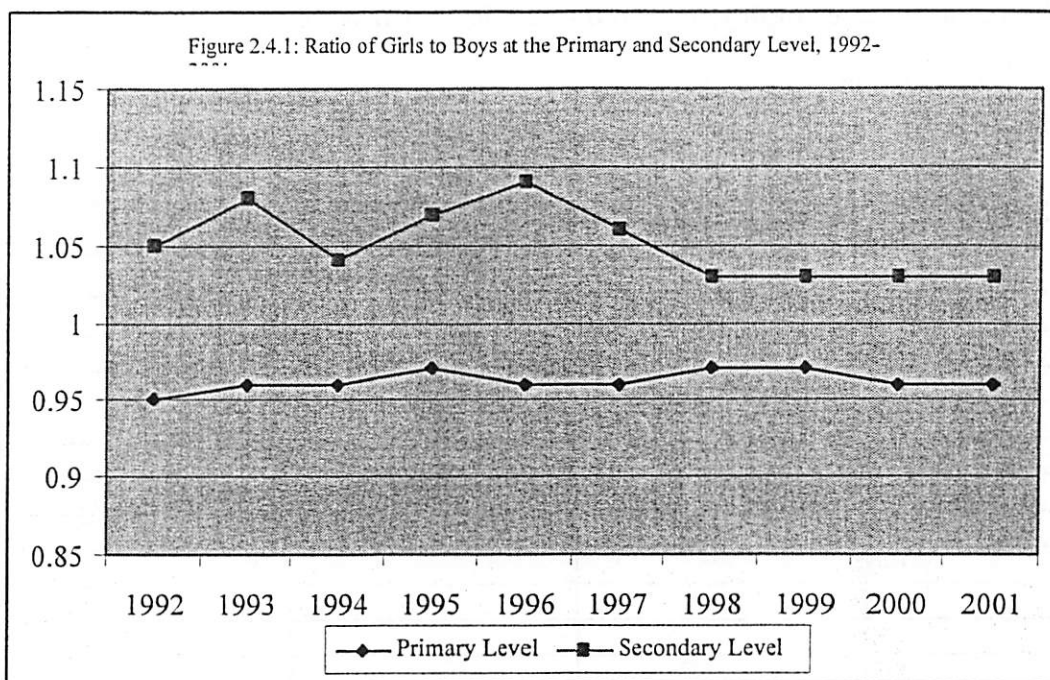


Table 2.4.3: Women to men parity index as ratio of literacy rates aged 15 to 24 years

Year	Parity Index
1990	1.10
1991	1.09
1992	1.09
1993	1.09
1994	1.09
1995	1.08
1996	1.08
1997	1.08
1998	1.08
1999	1.08
2000	1.07
2001	1.07

SECOND DRAFT

Share of women in wage employment in non-agricultural sector

Except for 1999 and 2001, one third of employed women worked in the non-agricultural sector (Table 2.4.4.).

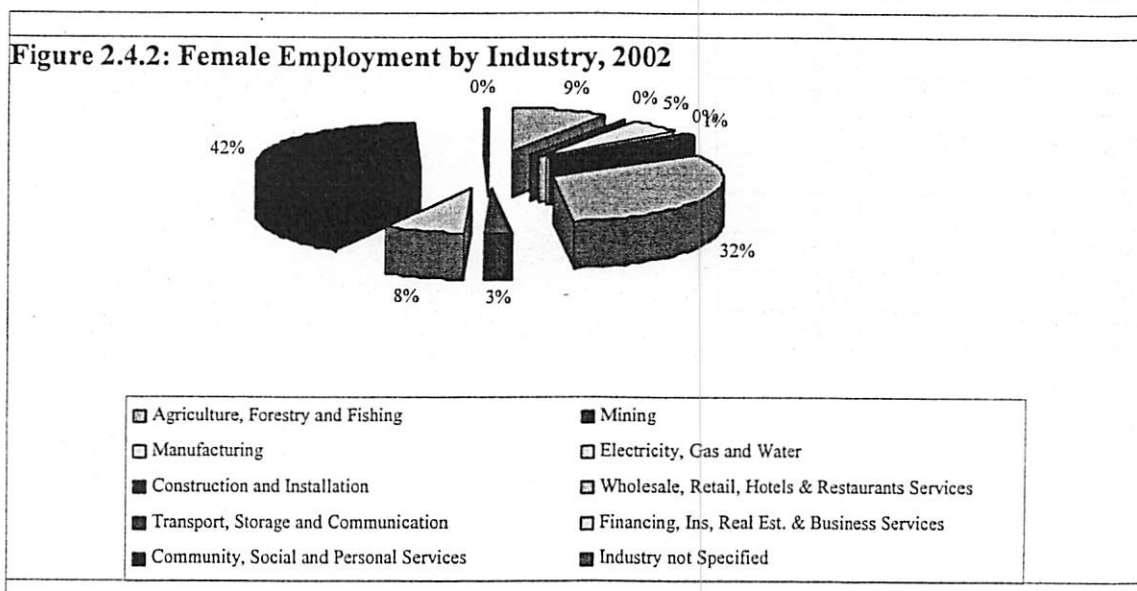
Table 2.4.4: Share of women in wage employment in the non-agricultural sector.

Year	Share of women in wage employment in the non-agricultural sector
1990	38.3
1991	36.2
1992	36.2
1993	28.6
1994	38.5
1995	37.7
1996	33.1
1997	30.8
1998	37.8
1999	21.3
2000	37.0
2001	20.1
2002	38.1

Source: Statistical
Institute of Jamaica

Note 1-389.6, which represented the Employed Labour Force, was used to Calculate the Share of Women in Non-Agricultural Sectors as a Percentage of the Total Labour Force.

Females are concentrated in the Transport and service sector (Figure 2.4.2)



Source: STATIN, Jamaica

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Proportion of women in the national parliament

Women in Parliament- Senate Upper House and House of Representatives

	Total Senators	Females	Total Members	Females	Total Females
1989-April 1993	21 ⁸	4	60	4	8
April 1993-Dec 1997	21	7	60	4	11
January 1998 to Present	21 ⁹	5	60 ¹⁰	7	12

Source: Jamaica House of Parliament, 2003

Between the period September 1990 and June 1992 six (6) Senators resigned and were replaced

¹ 1 Senator resigned in 2002.

¹ 1 Minister resigned 31/10/02, 2 Members on 10/11/00 and 31/8/01 respectively.

Over the years, the proportion of women in representational politics has increased. However, the progress has been slow (Table 2.4.5). Males dominate among the ministerial posts and in the national Cabinet (the highest decision-making body in Jamaica).

Concerns: Unemployment rates for women remain higher than those for males. Of paramount importance is the finding that access to secondary education does not guarantee employment (Table 2.4.6.).

Table 2.4.6: Unemployment Rates Among Persons 14-24 years old, 1998

	No Secondary	1-3 years of secondary school	4+ years of secondary school	All
All Persons	23.7	37.0	33.6	32.7
Males	12.9	28.1	26.2	23.9
Females	51.9	51.7	40.6	42.9

Source: Anderson (2000)

⁸ Between the period September 1990 and June 1992 six (6) Senators resigned and were replaced

⁹ 1 Senator resigned in 2002.

¹⁰ 1 Minister resigned 31/10/02, 2 Members on 10/11/00 and 31/8/01 respectively.

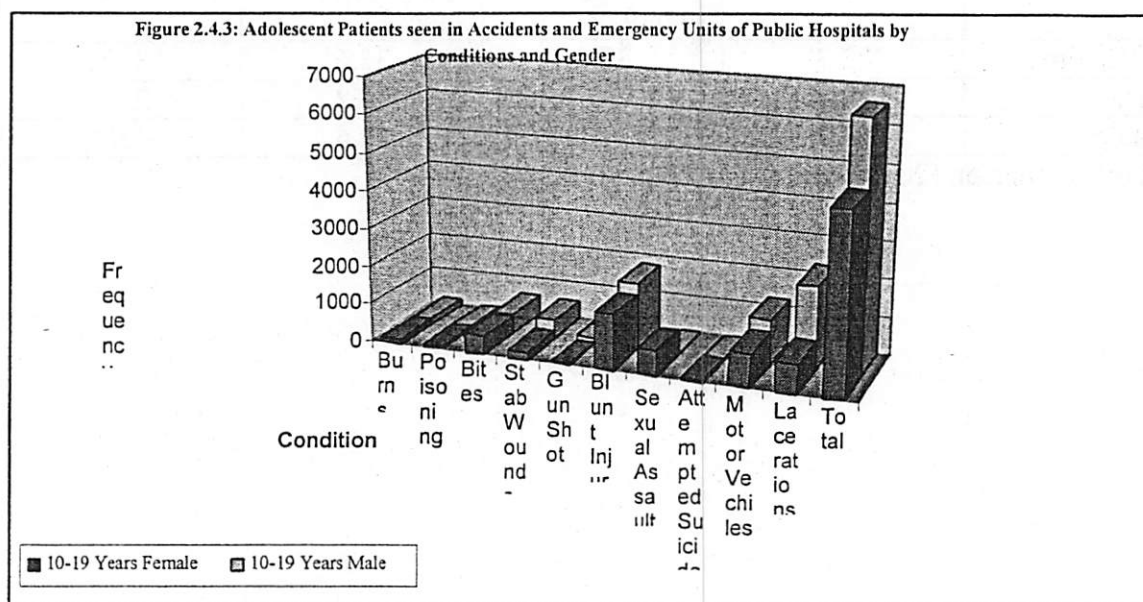
Table 2.4.7: Occupational Sex Segregation in the Jamaican Labour Market,

.Year	ID Score
1990	27.7
1991	29.4
1992	27.6
1993	31.9
1994	32.9
1995	33.1
1996	32.1
1997	32.8
1998	34.8
1999	36.1
2000	35.8

Occupational segregation in Jamaica is on the increase. In 1990, the OSS index was 27.7 and increased to 35.8. This means that 35.8 per cent of the each gender group would have to change their occupation in order that gender equality be obtained (Table 2.4.7).

Ricketts, Heather (2002) p.

Jamaica remains a patriarchal society with larger proportions of males in the top-management and decision-making positions. However, the males do have their problems. For example males account for the larger proportion of patients seen in the accident and emergency unit at the public hospitals. Figure 2.4.3 provides graphical representation of the data. A summary of some of the main gender issues is provided in Table 2.4.8.



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Table 2.4.8: Summary of Gender Issues

Male factors	Female factors
In October, 1999, 58.5 per cent of those seeking their first job reported having not passed any examination – 66.0 were males.	Women in reproductive age category (15-49) increased 10.3 per cent since 1991
In every age category females were more literate ending with a national average of 74.1 per cent for men in 1999 and 85.9 per cent for women	Among the unemployed, females were 2.2 times more likely to be unemployed than men
Males have a higher death rate than females from the following illnesses: malignant neoplasms, heart disease, accidents, and HIV/Aids.	Women have a higher death rate than men from the following illnesses: diabetes, hypertension, influenza/pneumonia, and cerebrovascular diseases.
Homicide was the fourth main cause of death for men. Men were 9.5 times more likely to die in this way than women and 3.5 times more likely to die from injuries attributed to accidents than women.	Young girls are exploited in “massage parlours”, sex shops, and as ‘domestics’ in tourism areas
The cumulative number of HIV/AIDs since 1982 to 1999 reveals a male/female ratio of 1.6:1.	A significant gender difference showed up in households headed by females which had, by 1999 become more disadvantaged than male households.
Violence (trauma injuries) is the leading cause of death among persons between 20 and 44 years. Males accounted for 69.0 per cent of the injury victims and 47.2 per cent were in the age group 10-29 years.	Incidence of poverty by residential area was almost twice as high in Rural Areas, and incidence by gender head of household was higher for females than for males – a third more likely.
In 2000, only 14 females were arrested for committing major crimes compared with 2878 males.	In terms of the severity/intensity of poverty measurement women accounted for 50.6 per cent in Rural Areas
Street children are overwhelmingly male and visible	When the current methodology used by PIOJ was adjusted to take into consideration gender sensitivity and food shares of quintiles 2-4, a poverty level of 17.0 per cent in 1999 was adjusted to 23.7 per cent at current prices and to 25.4 at the general CPI.
In terms of the severity/intensity of poverty measurement males accounted for 59.9 per cent in the KMA.	Employment opportunities for girls are quite restricted
In terms of the food poverty measurement, urban males are more disadvantaged than females and account for 62.3 per cent of all individuals in food poverty, in urban areas, in 1999.	Teenage Pregnancy which often results in loss of educational and occupational opportunities
Although reported crimes among youth under 17 years of age is actually very low, of those who committed major crimes in 1999, 21.5 per cent was between the ages of 10 and 19 years.	Domestic violence stills remains a major concern
The socialization process occurring in households seem to turn boys away from seeking academic excellence when compared with girls.	

Duncan & Henry-Lee (2002) Analysis of Jamaica Social Situation. Paper prepared for JASPEV

SECOND DRAFT

2.5. Reduction of child mortality

Goal 4: Reduce child mortality

Target: Reduce by two thirds between 1990 and 2015, the under-five mortality rate

Indicators:

- i. under-five mortality rate
- ii. Infant mortality rate
- iii. Proportion of 1 year old children immunized against measles

Under-five mortality rate: The improvement in the infant mortality rate is not sufficiently rapid. Health officials continue to view its sharper reduction as a policy priority.

Table: 2.5: Infant Mortality Rate:

Year	# of Deaths of Children less than 1 year old per 1000 live births
1990	24.5
1996	24.5
1997	24.5
1998	20.1
1999	20.1
2000	20.1
2001	20.1

N.B.: Figures for 1998 to 2001 are taken from Mc-Caw Binns A., *et al*, (2003)

Source: ESSJ, Planning Institute of Jamaica, various years

Table 2.5.2: Under 5 Mortality Rate

Year	No. per 1,000 live births
1986	27.0
1993	24.5
1995	17.0
2000	17.0

Source: UN Statistics, T.J. Peters, ed., Perinatal Mortality in Jamaica, UNICEF, Situational Analysis of Children

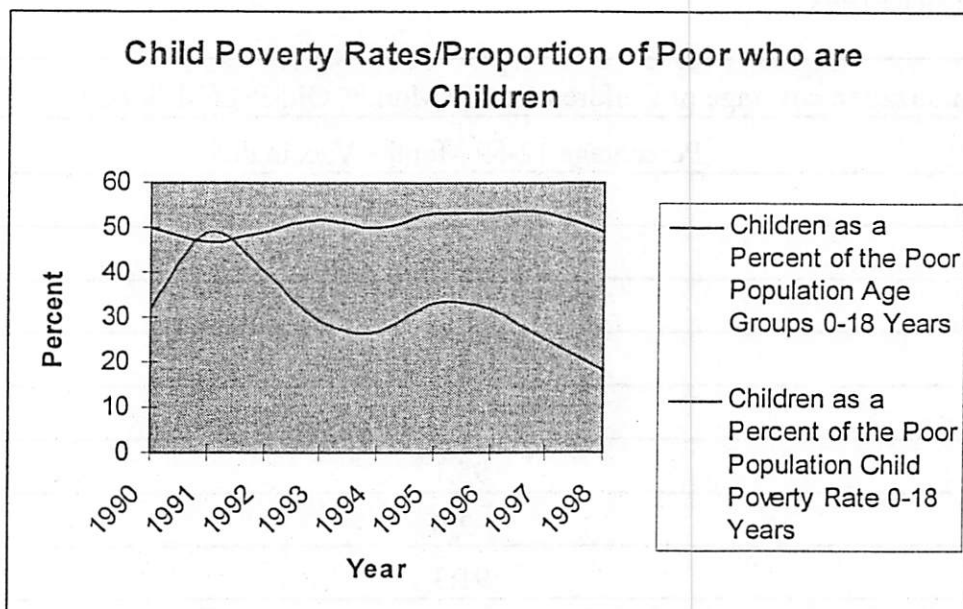
SECOND DRAFT

Immunization Levels:¹¹ Immunization levels continue to be high, although there has been a slight slippage since 1993.

Table 2.5.3: Immunization coverage of Children 6 to 59 Months Old JSLC 1990-2002	
	Percentage 12-59 Months Vaccinated
Year	Against Measles
1990	91.7
1991	92.7
1992	95.5
1993	92.0
1994	95.1
1995	92.6
1996	91.3
1997	90.1
1998	91.9
1999	93.5
2000	91.3
2001	91.7
Sources: Jamaica Survey of Living Conditions (1999). The Planning Institute of Jamaica and the Statistical Institute of Jamaica.(2000) p. 51.	
Jamaica Survey of Living Conditions (2001). The Planning Institute of Jamaica and the Statistical Institute of Jamaica, (2002), Section C viii.	

Concerns: The children make up a large proportion of the poor (Figure 2.5.1). Child poverty needs to gain more prominence in the social agenda.

¹¹ Please note that data is collected for the under 5 year olds and not under 1 year.



Source: Jamaica Survey of Living Conditions 1998(1999). Planning Institute of Jamaica and Statistical Institute of Jamaica

2.6. Improvement of maternal health

Goal 5: Improve Maternal Health

Target: Reduce by three-quarter, between 1990 and 2015, the under five mortality rate

Indicators.

- i. Maternal Mortality Ratio
- ii. Proportion of births attended by skilled health personnel

Maternal Mortality rates have not significantly improved through the years (Table 2.6.1) although proportion of births attended by skilled health personnel remains high at 95 per cent.

Table 2.6.1: Maternal Mortality Rate in Jamaica

Year	# of Deaths per 100,000
1986-87	119.7
1993	106.2
1996	106.2
1997	106.2
1998	106.2
1999	106.2
2000	106.2
2001	106.2

Source: McCaws-Binns, Affette, *et al*, Access to care and maternal mortality in Jamaica hospitals.

The proportion of births attended by skilled health personnel has remained at 95 per cent.

2.7. Combating HIV/AIDS, malaria and other diseases

Goal 6: Combat HIV/AIDS, Malaria and other diseases

Target: halted by 2015 and begin to reverse the spread of HIV/AIDS

Target: halted by 2015, and begin to reverse the incidence of malaria and other major diseases

Indicators:

- i. HIV prevalence among the 15-24 year old pregnant women
- ii. Contraceptive prevalence rate
- iii. Number of children orphaned by HIV

HIV/AIDS is increasingly becoming a major health concern. The Ministry of Health reports that the cumulative number of known HIV/AIDS cases is 6,549 for 2002. More males than females suffer from HIV/AIDS (Table 2.7.1). Males account for 60 per cent of all cases. The parishes of Kingston & St. Andrew and St. James account for 3,820 cases (58.33 per cent) of all cases (Table 2.7.2).

SECOND DRAFT

Table 2.7.1: Number of HIV/AIDS cases by gender
(By date of reporting)

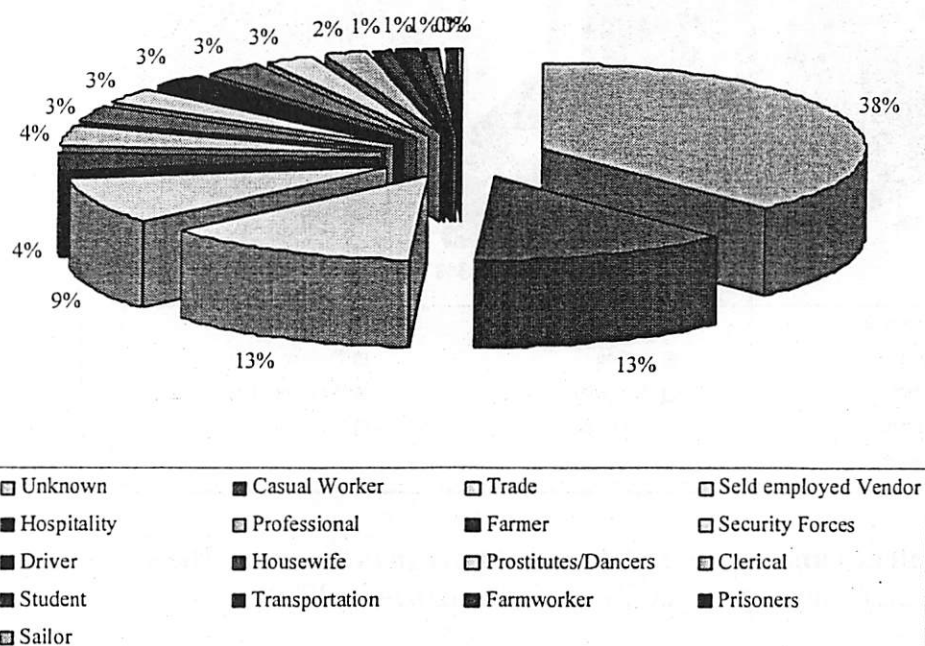
Year	Male	Female	Total	Cumulative Total
1990	46	24	70	70
1991	78	65	143	213
1992	95	40	135	348
1993	137	82	219	567
1994	200	135	335	902
1995	322	189	511	1413
1996	307	184	491	1904
1997	372	237	609	2513
1998	410	233	643	3156
1999	539	353	892	4048
2000	515	388	903	4951
2001	511	428	939	5890
2002	310	201	511	6401
Total	3842	2559	6401	6401
	60%	40%		

Source: MOH

The group with unknown occupations recorded the largest proportion of AIDS cases. The groups with the second largest proportions were casual workers and traders.

SECOND DRAFT

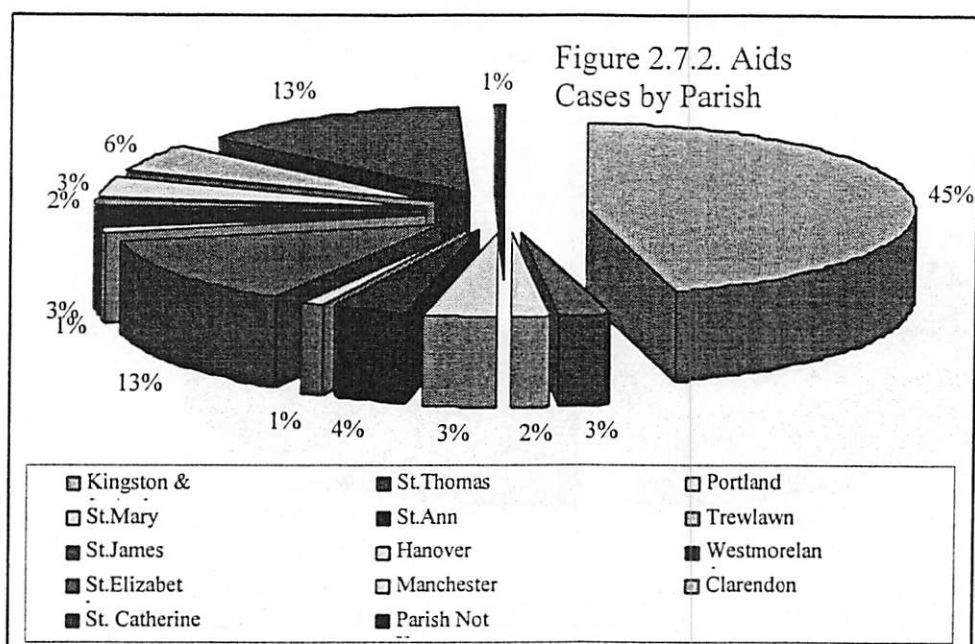
Figure 2.7.1: Aids Cases by



The parish with the highest incidence is St. James (Table 2.7.2). Figure 2.7.2 presents the parish data graphically.

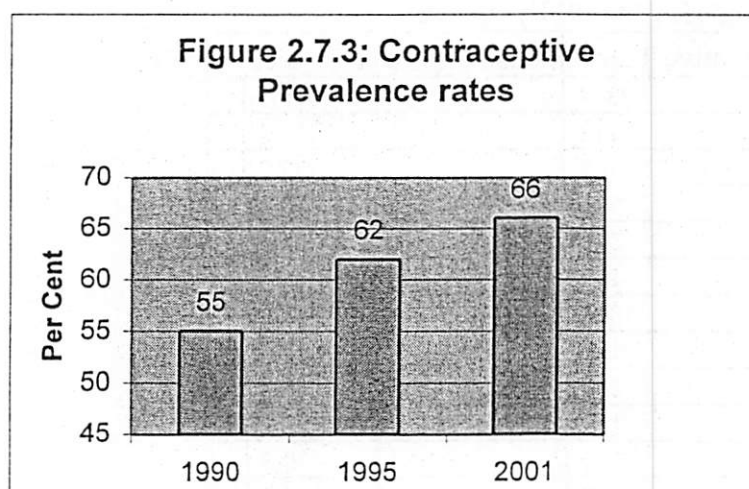
Table 2.7.2: Prevalence Rate of HIV/AIDS by parish

Parish	Cumulative Total	Rate Per 100,00 Population
Kingston & St. Andrew	2804	399.4
St. Thomas	112	125.3
Portland	108	137.2
St. Mary	187	163.7
St. Ann	349	225
Trewlawny	147	203
St. James	1016	606.9
Hanover	150	224.6
Westmoreland	290	221.2
St. Elizabeth	137	93.3
Manchester	174	99.5
Clarendon	217	97.2
St. Catherine	810	217.5
Parish Not Known	40	0
Overseas Address	8	0
Total	6549	251.9



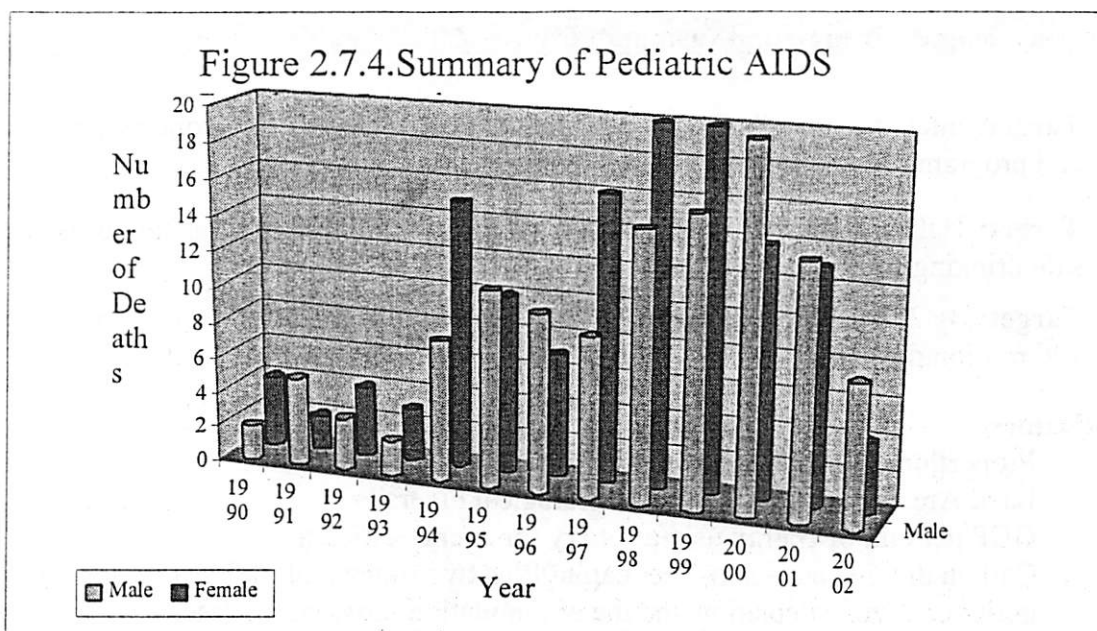
HIV prevalence among the 15-24 year old pregnant women: The rate is low (at 1.22 per cent in 2002 moving from 0.74 in 2001 and 0.74 in 2000).

Contraceptive prevalence rate: The use of contraceptive methods is essential in the fight against HIV/AIDS. Available data show that use of contraceptive methods is increasing (Figure 2.7.3). However, condom use among males aged 15-49 years is only at 54.9 per cent.

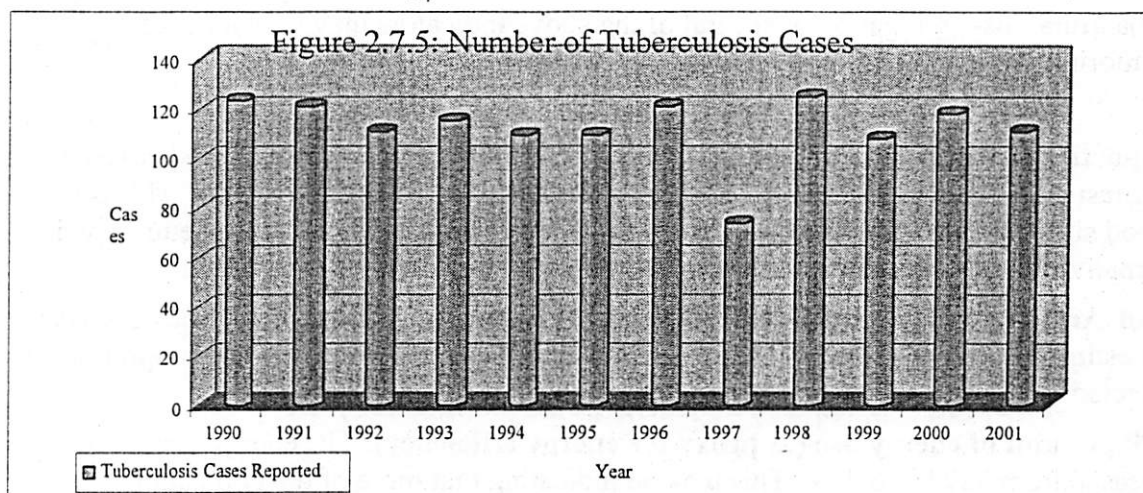


Number of children orphaned by HIV: It is estimated that there are 5,100 children living who have been orphaned by HIV/AIDS. In 1999, there were 1200 children orphaned by HIV but by 2001, there were 5,100 children in this situation.¹² There are more male pediatric deaths due to AIDS in Jamaica (Figure 2.7.4).

¹² Data source: www.millenniumindicators.un.org



Related to the HIV/AIDS scenario is the number of cases of tuberculosis that has remained high since 1990 (Figure 2.7.5).



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2.8. Ensuring environmental sustainability

Goal 7: Ensuring environmental sustainability

Target: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Target: Halve, by 2015 the proportion of people without sustainable access to safe drinking water

Target: By 2020, to have achieved a significant improvement in the lives of at 100 million dwellers

Indicators.

- i. Proportion of land area covered by forest
- ii. Land Area protected to maintain biological diversity
- iii. GDP per unit of energy use (as proxy for energy efficiency)
- iv. Carbon dioxide emissions (per capita) Plus two figures of global atmospheric pollution: ozone depletion and the accumulation of warming gases
- v. Proportion of population with sustainable access to an improved water source
- vi. Proportion of people with access to improved sanitation
- vii. Proportion of people with access to secure tenure

[Urban/rural dis-aggregation of several of the above indicators may be relevant for monitoring improvement in the lives of slum dwellers].

Proportion of land area covered by forest.¹³ In 1990, the proportion of land covered by forest was 35 per cent. In 2001, the proportion had dropped to 30 per cent. This is not a good sign. Deforestation may be linked to poverty and efforts must be made to provide alternatives to individuals who are actively involved with the soil degradation.

Land Area protected to maintain biological diversity: The protected area to surface was estimated in 1997 to be 0.09 per cent. There is a need to improve the proportion of protected land.

GDP per unit of energy use (as proxy for energy efficiency): The energy use of has increased from 387 kg to 449. This may be indicating that more of the population is gaining access to electricity (especially since significant economic growth is not occurring).

¹³ Data source: www.millenniumindicators.un.org

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Table 2.8.1: Energy Use (kg/oil equivalent per \$1000 (ppp) GDP)

Year	Energy Use (kg/oil equivalent per \$1000 (ppp) GDP)
1990	387
1991	333
1992	326
1993	346
1994	355
1995	366
1996	397
1997	432
1998	463
1999	449

Data source: www.millenniumindicators.un.org

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Below is presented data on carbon dioxide emissions (per capita) plus two figures of global atmospheric pollution: ozone depletion and the accumulation of warming gases)

Table 2.8.2: Carbon dioxide emissions (per capita) plus two figures of global atmospheric pollution: ozone depletion and the accumulation of warming gases)

Year	Metric tons of carbon dioxide (CO ₂) per capita (UNFCCC-CDIAC)	Ozone-depleting CFCs consumption in ODP metric tons (UNEP-Ozone Secretariat)	Carbon dioxide emissions (CO ₂), metric tons of CO ₂ (UNFCCC-CDIAC)
1990	2	424	7958334
1991	3	350	8167185
1992	3	464	8090240
1993	3	66	8412677
1994	4	49	8625192
1995	4	82	9542107
1996	4	91	10094480
1997	4	107	10724698
1998	n/a	199	n/a
1999	4	210	1099538
2000	n/a	60	n/a

Data source: www.millenniumindicators.un.org

Proportion of population with sustainable access to an improved water source

Table 2.8.3: Proportion of people with access to improved water source (Proportion of households with piped water supply).

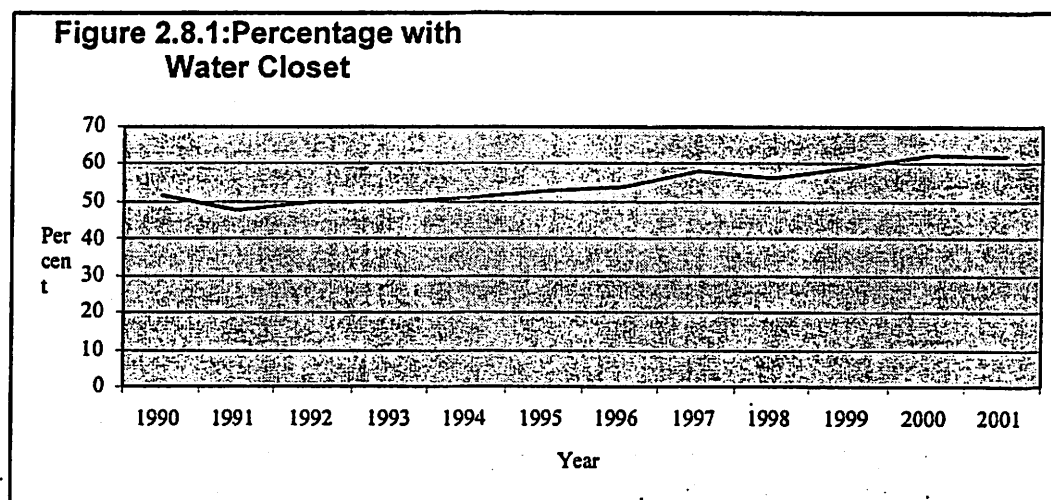
Year	Percent
1990	61.2
1991	62.9
1992	58.7
1993	62.3
1994	63.0
1995	63.4
1996	66.8
1997	66.1
1998	65.7
1999	67.6
2000	66.6
2001	70.9

Source: JSLC, various years

The JSLC collects data on the percentage of persons with access to piped water and Table 2.8.3 shows that access has increased through the years. However, the rural areas continue to be marginalized with their residents having less access than their counterparts in the rural areas. In 2001, only 44.8 per cent of the residents in the Rural Areas had access to piped water compared to 85.9 and 98.3 per cent of the residents of the Other Towns and Urban Areas respectively.

Proportion of people with access to improved sanitation

Access to water closets (flush toilets) has improved through the years. However, the improvement is moderate (Figure 2.81). The residents in the Rural Areas continue to suffer from marginal access. In 1998, the proportion of households in the Rural Areas with water closets was 51.5 per cent. However, by 2001, the proportion had dropped to 38.5 per cent.



Source: JSLC, various years

Proportion of people with access to secure tenure

**Table 2.8.4: Proportion of households
Which own house they live in**

Year	Percent
1990	67.2
1991	60.6
1992	60.2
1993	58.7
1994	59.1
1995	60.3
1996	60.3
1997	57.9
1998	58.6
1999	57.9
2000	58.3
2001	57.3

Ownership of house has been used as an indicator of "secure tenure". The proportion of persons with secure tenure (ownership of house has declined from 67.2 per cent in 1990 to 57.3 per cent in 2001. The figure (2001) for squatting was low at 0.3 per cent. Ownership of house was highest among the Rural Residents at 66.9 per cent compared to 42.3 per cent in the KMA. However, squatting is more prevalent among the poorest three quintiles (Figure 2.8.2)

Source: JSLC

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2.9. Development of a global partnership for development

Goal 8: Develop a Global Partnership for Development

"Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs." (UN, 2001)

In this section, there is a paucity of data (but, hopefully this will not be so in the final report). In some cases, the data is only available for one year only.

Indicators:

- 1 Net ODA as percentage of DAC donors GNI(target of 0.7% in total and 0.15% for LDCs)
- 2 Proportion of ODA to Basic Social Services
(Basic Education, primary health care, nutrition, safe water and sanitation).
- 3 Proportion of ODA that is limited
- 4 Proportion of ODA for environment in small island developing states
- 5 Proportion of ODA for transport sector in land-locked countries
- 6 Proportion of exports (by value and excluding arms) admitted free of duties and quotas
- 7 Average tariffs and quotas on agricultural products and textiles and clothing
- 8 Domestic and export agricultural subsidies in OECD countries
- 9 Proportion of ODA provided to help build trade capacity
- 10 Proportion of official bilateral HIPC debt cancelled.
- 11 Debt services as percentage of exports of goods and services.
- 12 Proportion of ODA provided as debt relief.
- 13 Number of countries reaching HIPC decision and completing points.
- 14 Unemployment rate of 15-24 years old
- 15 Proportion of population with access to affordable essential drugs on a sustainable basis
- 16 Telephone lines per 1000 people.
- 17 Personal computers per 1000 people.

The indicators for which data were available will be discussed in this section.

Proportion of Official Development Assistance to Basic Social Services

Integral to the realization of the Millennium Development Goals is the allocation of the funds to basic social services. The 20/20 initiative calls for the allocation of 20 per cent of local government's public expenditure and ODA to basic social services. These basic social services include: basic education, primary health care, nutrition, safe water and sanitation. In 2000, the total allocated to basic social services was US\$205.38 million (Table 2.9.1.). The proportion of ODA allocated to basic social services was 16.7 per cent (Table 2.9.2). The Jamaica Government's performance was not impressive. The most recent available data indicate that allocation of Jamaica's public expenditure was 10 per cent (Table 2.9.3).

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**Table 2.9.1: Official Development Assistance 2000
Allocated to Basic Social Services US\$Million**

Basic Social Services	Official Development Assistance Allocated US\$M
Basic Education	65
Primary Health Care	20.5
Nutrition	~
Safe Water and Sanitation	119.88
Total	205.38

Source: Matrix of Ongoing Projects Funded by the Government of Jamaica and International Development Partners. Prepared by External Co-operation Management Division, PIOJ. July 2002

**Table 2.92: Proportion of Official Development Assistance
to Specific Basic Social Services 2000**

Basic Social Services	Percentage of Total ODA to Specific Basic Social Service
Basic Education	5.3
Primary Health Care	1.7
Nutrition	---
Safe Water and Sanitation	9.7
Proportion of ODA to Basic Social Services	16.7

~ No Data Available

Source: Matrix of Ongoing Projects Funded by the Government of Jamaica and International Development Partners. Prepared by External Co-operation Management Division, PIOJ. July 2002.

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Table 2.9.3: Ratio of each component of Basic Social Services (OSLO definition) and the ratio of basic social services to GDP and Total Gross Expenditure, 1980-1996.

	Basic Education as a % of Total BSS	Basic Health as a % of BSS	Nutrition as a % of BSS	Rural Water as a % of BSS	BSS as a % of Total Expenditure	BSS as a % of GDP
1980	73.8	8.2	2.8	15.1	8.2	4.4
1981	78.1	11.4	2.4	8.1	11.3	6.1
1982	71.6	11.1	2.0	15.3	12.8	6.9
1983	74.3	10.6	1.7	13.5	11.9	6.4
1984	73.7	11.3	1.6	13.4	12.4	5.4
1985	69.8	11.8	5.8	12.6	10.7	5.1
1986	65.3	11.9	0.6	22.2	11.4	5.5
1987	61.9	11.9	5.5	20.7	13.0	5.6
1988	66.5	9.8	6.8	17.0	12.2	6.4
1989	67.3	12.0	5.9	14.8	13.3	6.3
1990	63.6	13.0	8.1	15.2	13.4	5.8
1991	69.9	10.8	8.8	10.5	10.1	4.4
1992	62.6	15.6	7.4	14.5	9.2	3.6
1993	72.0	9.3	7.5	11.2	11.7	5.7
1994	62.3	14.9	7.5	15.3	8.6	4.9
1995	69.1	9.9	4.8	16.2	10.1	5.5
1996	71.5	10.4	4.8	13.3	10.2	5.8

Source: Estimates of expenditure, Jamaica, various years (cited from Henry-lee A & Alleyne D. (1999) Government Expenditure On Basic Social Services In Jamaica (Report For UNDP).

The capital A budget is composed of projects that are locally funded with some marginal foreign assistance while the capital B budget is largely due to foreign donors but there may be local counterpart funds. Table 2.9.4 reviews the period 1990 to 1999 and there was a slight increase from 10.8 per cent in 1990 to 12.1 per cent in 1996.

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Table 2.9.4: Capital B Budget as a Percentage of Total Capital Budget and as a Percentage of Total Expenditure

	Capital B as % of Total Capital				Capital B as a Percentage of Total Expenditure			
	1992/9	1993/9	1994/9	1995/9	1992/9	1993/9	1994/9	1995/9
	3	94	5	6	3	4	5	6
General Government	57.3	44.6	26.1	25.1	13.9	7.8	5.6	7.5
Defense and Public Order	88.9	2.9	17.0	10.5	35.4	0.3	0.6	1.1
Economic Infrastructure & Services	61.0	66.8	73.4	68.8	29.5	39.3	42.8	47.0
Human Services	73.0	74.0	68.0	76.4	11.8	9.9	9.8	13.3
Education (incl. agric.edu.)	72.0	81.4	77.6	85.9	7.2	6.6	8.4	11.8
Health	89.3	86.4	77.0	79.9	22.4	18.4	13.3	21.2
Community	9.8	20.4	27.7	15.4	1.6	3.5	5.7	1.8
Development & Social Total	69.8	60.8	65.3	56.6	10.8	9.3	10.4	12.1

Source: World Bank: Appendix Table A.I. Jamaica Public Expenditure Review, 1996.

In 2000, the proportion of ODA allocated to the environment was 3.0 per cent (Table 2.9.5)

Table 2.9.5: Proportion of Official Development Assistance to Environment 2000

	Official Development Assistance Allocated US\$M	Proportion of ODA to Environment (per cent)
Environment	37.2	3.0

Source: Matrix of Ongoing and Pipeline Projects Funded by the Government of Jamaica and International Development Partners. Prepared by External Co-operation Management Division, PIOJ. July 2002.

In 2000, the proportion of ODA allocated to roads construction and maintenance was 18.7 per cent (Table 2.9.6).

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Table 2.9.6: Proportion of Official Development Assistance to "Roads Construction and Maintenance" 2000

	Official Development Assistance Allocated US\$M	Proportion of ODA to Roads Construction and Maintenance (per cent)
Roads Construction and Maintenance	229.2	18.7

Source: Matrix of Ongoing and Pipeline Projects Funded by the Government of Jamaica and International Development Partners. Prepared by External Co-operation Management Division, PIOJ. July 2002

The allocation of ODA to trade competitiveness is low at 0.5 per cent (Table 2.9.7)

Table 2.9.7: Proportion of Official Development Assistance to "Trade Competitiveness" 2000

	Official Development Assistance Allocated US\$M	Proportion of ODA to Trade Competitiveness
Trade Competitiveness	6.65	0.5%

Source: Matrix of Ongoing and Pipeline Projects Funded by the Government of Jamaica and International Development Partners. Prepared by External Co-operation Management Division, PIOJ. July 2002.

The unemployment rates are presented in Table 2.9.7. The rates for this age group has worsened since 1990. A possible explanation may be that they are enrolled in school.

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Table 2.9.7: Unemployment Levels for 15-24 year old age groups

Year	Unemployment Levels for 15-24 Year old Age group		
	Average Annual		
	Men	Women	Total
1990	19.5	43.9	31.7
1991	32.3	60.2	46.3
1992	28.7	55.1	41.9
1993	34.0	55.0	44.5
1994	30.2	52.1	41.2
1995	41.5	63.3	52.4
1996	37.4	65.2	51.3
1997	37.8	59.4	48.6
1998	36.8	57.3	47.1
1999	35.6	56.4	46.0
2000	35.8	49.3	42.6
2001	35.6	48.5	42.1
2002	34.4	47.1	40.7

Sources: Economic and Social Survey 2001. (2002). Planning Institute of Jamaica. Pg 21.7-2000 & 2001
 Economic and Social Survey 1999. (2000). Planning Institute of Jamaica. Pg 18.14-1999
 Economic and Social Survey 1998. (1999). Planning Institute of Jamaica. Pg 18.14-1997 & 1998
 Economic and Social Survey 1996. (1997). Planning Institute of Jamaica. Pg 18.7-1995 & 1996
 Economic and Social Survey 1994. (1995). Planning Institute of Jamaica. Pg 18.6-1993 & 1994
 Economic and Social Survey 1992. (1993). Planning Institute of Jamaica. Pg 16.7-1991 & 1992
 Economic and Social Survey 1990. (1991). Planning Institute of Jamaica. Pg 16.7-1990

In keeping with the Target 18 of the MDGs, the government, in cooperation with the private sector, agreed that the benefits of new technologies (information and communication) must made available to citizens. From Tables 2.9.7 to 2.9.9, some evidence of significant advance is presented. Telephone and cellular lines increased from 4.46 per 100 in 1990 to 46.88 per 100 in 2001 (Table 2.9.8)

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Table 2.9.8: Telephone lines and cellular subscribers per 100 population

Year	Telephone lines and cellular Subscribers per 100 Population	Telephone lines and cellular Subscribers (ITU Estimates)
1990	4.46	105,285
1991	5.66	134,013
1992	7.23	174,879
1993	9.13	223,701
1994	11.2	276,637
1995	13.42	335,400
1996	16.37	411,902
1997	19.03	481,605
1998	21.33	541,448
1999	24.64	631,713
2000	34.67	878,613
2001	46.88	1,167,100

Data source: www.millenniumindicators.un.org

Personal computers are now more accessible with 5 in every 100 persons owning a computer (Table 2.9.8). There is room for significant improvement. The actual number of computers has increased from 8,542 to 130,000.

Table 2.9.8: Personal Computers per 100 population (ITU estimates)

	Personal Computers per 100 People	Personal Computers Estimate (ITU Estimates)
1994	0.35	8,543
1995	0.52	12,939
1996	0.8	20,000
1997	1.98	50,000
1998	3.94	100,000
1999	4.3	110,000
2000	4.66	120,000
2001	5	130,000

Data source: www.millenniumindicators.un.org

The number of internet users is also on the increase with 3.85 persons in every 5 persons having access to the internet.

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Table 2.9.9: Internet Users per 100 population

	Internet Users per 100 Population	Internet Users (ITU estimates)
1994	0.35	9000
1995	0.52	27000
1996	0.8	14700
1997	1.98	20000
1998	3.94	50000
1999	4.3	60000
2000	4.66	80000
2001	5	100000

Data source: www.millenniumindicators.un.org

SECTION 3: SUMMARY & CONCLUSIONS

3.1. Introduction

The United Nations Development Programme has set criteria for assessing the progress toward each goal as follows:

Achieved: The country has achieved the target.

On Track: The country has attained the rate of progress needed to achieve the target of 2015 or has attained 90 per cent of that rate of progress.

Lagging: The country has achieved 70 to 89 per cent of the rate of progress required to achieve the target by 2015.

Far Behind: The country has achieved less than 70% of the required rate of progress.

Slipping back: The country's level of achievement is at least 5 percentage points worse in 2000 than in 1990.

The World Bank has also put forward some criteria for assessing a country's progress toward the MDGs:

- **Countries in green** made progress in the 1990s fast enough to attain the target value in the specified time period (by 2005 for gender equality and by 2015 for all others). They are "likely" to achieve the goals.
- **Countries in yellow** made progress, but too slowly to reach the goals in the time specified. Continuing at the same rate, they will need as much as twice the time as the "likely" countries to reach the goals. Rated "possible," they need to accelerate progress.
- **Countries in orange** made still slower progress. They are "unlikely" to reach the goals. To reach them, they will need to make progress at unprecedented rates.
- **Countries in red**, conditions have worsened since 1990, or they currently stand at very high maternal mortality and HIV/AIDS prevalence. They are "very unlikely" to reach the goals.
- **And countries in gray** lack adequate data to measure progress. Improvements in the statistical systems of many countries are needed to provide a complete and accurate picture of their progress.¹⁴

¹⁴ http://www.developmentgoals.org/Achieving_the_Goals.htm

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Constraints to monitoring progress:

- ☐ Some agencies seemed unfamiliar with the millennium goals and their importance to the monitoring of the nation's development. Some agencies saw this data collection exercise as a major bother.
- ☐ Missing data and the lack of reliable statistics in several areas limit the ability to perfectly monitor progress.
- ☐ The Jamaica Survey of Living Conditions, although it provides a wealth of data annually, does not, as yet, accommodate in-depth analysis of the movement in and out of poverty; the pockets of poverty in the country and the characteristics of poverty of disaggregated groups.
- ☐ Change in measurement indicators across ministries and departments hamper the analysis of data process.

3.2: Summary by Goal

GOAL 1: Eradicate Extreme Poverty and Hunger

Achievements

1. Reduction in poverty levels has taken place since 1990. It has taken place in spite of slow economic growth.
2. Significant financial resources were spent on the National Poverty Eradication Program. Some successful projects include the Indigent Housing Project which has provided several houses for the indigent.
3. Improvement in the public transportation system has been impressive.
4. The work of Jamaica Social Investment Fund is laudable in its efforts to address public poverty.

Challenges

1. The high level of dependency in households of the working poor who earn the minimum wage of \$1800 a week
2. Some question the adequacy of the social benefits, e.g. PATH - \$300 a month received every two weeks.
3. It is indisputable that the progress towards the eradication of poverty will be affected by the state of the economy, loss of lower level jobs, and cuts in expenditure in the social sectors.
4. The vulnerability of the "better off" poor is not addressed by the social programme (those just above the poverty line). The 'working poor' who are barely making ends meet are not adequately protected.

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5. The PATH programme stipulates that continuance on the programmes is dependent on at least 85% attendance at school or the health clinics. Regular attendance at school and health facilities is costly involving high transportation costs and daily lunch. The poor will find it extremely difficult to find the necessary monies to cover transportation and meal costs. The benefit from the PATH programme, although it has improved through the years, is still inadequate to cover most living expenses of the extreme poor.
6. Linked to the issue of extreme poverty is adult malnutrition. Data is insufficient here and there must be mechanisms in place to monitor under nutrition among the Jamaican adult population.
7. Sustainability of poverty eradication projects after funding has ended remains problematic.
8. The idle youth in the inner cities need special attention. Employment and education are needed to ensure that they do not turn to a life of crime.
9. Based on FAO standards, the issue of "hunger" includes:
 - (a) Access and the distribution of food and the affects on the poor
 - (b) The ability of the poor to buy the food.
 - (c) The nutritional value of the food that the poor actually access.

GOAL 2: Achieve of Universal Primary Education

Achievements

1. Universal primary enrolment attained.
2. Physical access to educational facilities has improved through the years.
3. Certification as an important tool for upward social mobility has been increasingly recognized.

Challenges

1. The quality of education at some of the public schools remains a concern in spite of the ROSE programme which resulted in the upgrading of many schools.
2. The number of children whose status is considered "uncertain" or "not ready" is high.
3. The high illiteracy rate of the 15 – 19 year olds needs policy attention. They should have been more responsive to the formal education system.
4. One of the main challenges related to Jamaican males is how to make education more attractive for males.
5. Although there is universal primary education, some of the poor claim that they are turned back if they do not have the amount they are asked to pay under the cost sharing stipulations.

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GOAL 3: Promote Gender Equality and Empower Women

Achievements

1. Educational attainment by women is impressive.
2. There are now 3 female Ministers of Government and this is a significant attainment in Jamaican history.
3. Inclusion of gender issues at most policy levels.
4. Decline in Maternal Mortality and Infant Mortality rates during the last decade due to higher levels of female education.
5. CARICOM and Gender Studies UWI project to sensitize teachers about gender issues in the classroom.
6. Centre for investigation against sexual abuse and child abuse which was set up is aimed at addressing the issue of domestic violence.
7. The Jamaica Women's Political Caucus helps women with funds to pay their deposit and do some campaigning.
8. St. Thomas Agricultural Rural Initiative with RADA helped 22 women and 5 men.
9. Jamaica National Micro Enterprise Project, e.g. raising chickens. There is only one farm and no collateral is required. The Bank of Nova Scotia has also implemented a similar venture.
10. Annual Health Fair sponsored by the Bureau of Women's Affairs has been successful in providing access to health information to 5000 people in the Marginalized communities.
11. Review of legislative for protection of women is in progress.

Challenges

1. There are no institutionalized barriers to prevent women from moving up the professional ladder. There are however cultural barriers which still dominate in a patriarchal society such as Jamaica.
2. Domestic violence against women still remains a major area of concern.
3. The high HIV/AIDS rate among women requires some policy attention. This issue will be further expanded in the section on Goal #6.
4. In the Labour Market at the highest professional levels the men are more prominent and this may be so because men are more willing to work longer hours than women. Domestic constraints all hinder women's upward professional mobility.
5. The Ministry of Health and Injury Surveillance System (JISS) revealed that in 2001 twice as many males present with violence related injuries than females. (MOH 2001, p. 73)
6. Based on the most recent data men are five times more likely to commit suicide than women.
7. Women remain in predominately lower paid jobs.

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8. There are higher unemployment rates for women.
9. Women bundle in the middle management positions. Even in the sectors where women from the majority, e.g. teaching, the highest levels are occupied by males. For example, there are more male principals (glass ceiling phenomenon).
10. Little data on the conditions of work and the discrimination. Domestic helpers, female free zone workers and security guards have poor working conditions (Henry-Lee, *et al*, 2000). Wage differentials are in favour of men. As one respondent noted:
"Education is improving but not leading to economic empowerment and a fair share of power for women in the decision making sphere".
11. Teenage pregnancy is the number 1 reason for dropping out of school.
12. Child labour issue remains high on the agenda.
13. In the discussion of male marginalization, there is a need to separate issues of participation and achievement. More females participate but more males obtain 1st class honours degrees.
14. Women still see politics as "corrupt" and also find it difficult to participate.
15. Women are reluctant to prosecute the men for sexual violations. Some of the reasons are:
 - i) Financial dependency of the women on the men.
 - ii) The hostile reaction of the community against the women.
 - iii) Women receive threats from the men and his family.
 - iv) The women are "paid off"
 - v) Some women are in denial about what happened.
16. There exist in Jamaica an inadequate number of homes of safety for women.
17. There is an under-reporting of the cases of domestic violence among women, especially among middle class women.
18. The status of women in the rural areas needs more research. Their access to jobs and credit is less. The literacy levels of women in the rural areas

GOAL 4: Reduce Child Mortality

Achievements

1. There has been impressive progress in child health in Jamaica. The immunization levels remain very high and child prone diseases are under control.
2. Child Health maintains prominence among the health policy makers.

Challenges

1. Concerns have been expressed about the under-registration of deaths by the Registrar General's office.

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2. There are delays in the handing over of records of infant deaths to the Registrar General's office.
3. There are indicators that records of deaths occurring outside of the hospitals do not reach the RGD offices.
4. There are concerns expressed that recording the actual causes of deaths may be problematic.
5. What is happening to the children with HIV/AIDS? Who is monitoring the quality of life that they have? These questions are not adequately answered.
6. Linked to child health, is the issue of the high rate of teenage pregnancy.

GOAL 5: Improve Maternal Health

Achievements

1. Surveillance Programme launched by Ministry of Health is a success
2. Significant achievements in their immunization programmes.
3. Maternal Health remains high on the policy agency.
4. Visits for ante-natal and post-natal care remain high.

Challenges

1. Concerns expressed about the recording of maternal deaths. If the mothers die some time after childbirth the death is not always treated as a pregnancy-related illness.
2. The deaths of the mothers who die at home because of pregnancy-related illnesses may not be recorded, as such.
3. HIV/AIDS problem leads to some infectious diseases e.g. tuberculosis that could retard the progress made in the reduction of infectious diseases.
4. The expanded immunization programme came to an end in 2001. The sustainability of direct intervention is under threat.

GOAL 6: Combat HIV/AIDS, Malaria and Other Diseases

Achievements

1. Infectious diseases are on the decline. Malaria does not pose a problem. Jamaica is experiencing an epidemiological transition with more persons dying from chronic diseases than from communicable diseases.
2. Rapid tests at clinics to screen HIV/AIDS patients.
3. Costs for anti-retroviral treatment has dropped to US\$100.00
4. Attitudes of doctors have improved and there are less complaints from patients.

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5. The Ministry of Health has managed to keep the HIV/AIDS issue on the agenda.
6. Condom use has improved through the years.
7. There is evidence that the provision of Anti-Retroviral drugs to pregnant women who are HIV positive will reduce the transmission to their children. In the context of 900 tested positive women delivering 200 HIV positive babies the child transmission prevention pilot was implemented to reduce this possibility.

Challenges

1. There are still cultural practices that still sometimes mitigate against safe sexual practices. Sometimes caution is thrown to the wind and knowledge about safe sexual practices is not transmitted into action.
2. The stigma and discrimination against HIV/AIDS patients are still areas of concern. The discrimination practised by health workers remain an area of grave concern.
3. Only 25% of men and 34% of women are not using condoms consistently because of poverty. Men still have difficulty with the condom. Some persons are still not able to adequately complete their own risk assessment even when it is obvious that they are at susceptible
4. Gender-Relations and Gender Roles impact on how men relate to women and *vice versa*. The way women and men view themselves in their sexual practices ultimately impact on how their risk management.
5. There may be an under-recording of deaths due to HIV/AIDS.
6. Females represent approximately 40 per cent of all reported cases of AIDS. The male-female infection ratio in the 10-19 age group is alarmingly high at 1 male to 2.84 females (MOH, Annual Report 2001, p. 68)
7. Injuries have been cited as a major cause of morbidity and mortality in Jamaica. In 2001 3.0 per cent of the 875,986 cases seen at these facilities were due to injuries (MOH 2001, p.73). In 1999, the cost of treating injuries in the public hospital system was J\$818m (US\$18.2m) representing a tremendous drain on finances of the Ministry of Health (MOH 2001 p.73)

GOAL 7: Ensure Environmental Sustainability

Achievements

1. Much expressed attention has been made to environmental sustainability.
2. Inner city Renewal Programmes are good policy initiatives.

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Challenges

1. Many agencies deal with the environment. There needs to be better coordination.
2. The link between poverty and environmental degradation is not adequately researched.

GOAL 8: Develop a Global Partnership for Development

Achievements

1. The Civic Dialogue Dialogue that the UNDP has initiated provides Jamaicans from various backgrounds with a chance to come together to formulate a vision for Jamaica.
2. IDB has implemented a Youth Development Programme.
3. The Trees for Tomorrow Project has been a success.

Challenges

1. Size of debt and the implications for social spending. The progress towards the fulfillment of the MDG's will be regrettably affected if social spending is cut.
2. Data availability and consistency are unsatisfactory.
3. There is limited capacity to monitor these indicators.
4. The supportive legislature is not adequate and fines imposed for degradation of the environment remain low.
5. There are not enough personnel to monitor the management of the Jamaican Forests.
6. There are some rural communities which are only served by one public standpipe and do not have regular access to water.

SECTION 4: RECOMMENDATIONS

4.1. Introduction

In this section, recommendations by Goal will be put forward. This will be followed by recommendations at the International level and the domestic level. Several of these recommendations were made by the interviewees (See Appendix 1.4.2). For the purposes of confidentiality, names are not provided. Other recommendations are made by the researchers themselves.

4.2. Recommendations by Goal

GOAL 1: Eradicate Extreme Poverty and Hunger

- 1) The poor should be assisted to become more self-sufficient. Micro enterprise projects should target those at risk.
- 2) Build human capacity among the poor to break cycle of poverty. More policies should emulate the PATH programme and focus on improving human capacity.
- 3) Improved physical conditions in the inner cities would reduce the propensity to violence. A direct effort to reduce public poverty in the violent prone area would include provision of street lights, massive electrification programmes, improvement in the environment and building of low cost houses.
- 4) Subsidies to the farmers need to be increased to assist them in the competition in the global market.
- 5) Social insurance for the self-employed. Public education to ensure that employers and employees adhere to the NIS requirements.
- 6) Expansion of the Telefood Projects to help the poor in the inner cities to produce their own foods.

GOAL 2: Achieve Universal Primary Education

1. The illiteracy problem should be addressed using several dynamic methods, e.g. radio, television, etc. The 15 –19 year olds would not want to be seen attending JAMAL classes. The High School Equivalency Programme due to start in September 2003 is a step in the right direction.
2. Government has committed that by 2005 there will be adequate spaces in Grade 10 for both males and females. This commitment must be kept to ensure that the human capital for the next generation of Jamaican leaders is improved.

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GOAL 3: Promote Gender Equality And Empower Women

1. Gender mainstreaming needs more prominence.
2. More data needed on background of students sitting the various examinations
3. More research needed on the way women relate to each other and how men relate to each other and the contribution of this relationship to the empowerment of women.
4. Public education about the violence against women to improve reporting rates.
5. The Bureau of Women's Affairs needs to be renamed "Bureau of Gender Issues" in order to gain relevance among men with serious gender issues.

GOAL 4: Reduce Child Mortality

- 1 Public education of mothers must remain high on the social agenda in order not to reverse the gains made in child health
- 2 The under-registration of births and deaths must be addressed in order to adequately monitor the progress made in these targets.

GOAL 5: Improve Maternal Health

1. Public education must address the importance of ante-natal and post-natal care in order to maintain the high utilization levels.
2. The issue of under-registration of deaths must be addressed immediately.

GOAL 6: Combat Hiv/Aids, Malaria And Other Diseases

1. Re-education of health workers to improve their attitudes to the HIV/AIDS patients needs to be on-going.
2. "Clear and decisive" action by the Political Directorate to address the catastrophic effect on the productive capacity of the labour force.
3. Need more focus on the Sex Tourism and its impact.
4. Multi-sectoral policy formulation and policy implementation for the reduction of the spread of HIV/AIDS patients.
5. Education in schools the key to a healthier society.
6. More accurate recording of deaths due to HIV/AIDS.
7. Improved surveillance programmes.
8. Decriminalization of homosexuality would provide some positive impact.

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GOAL 7: Ensure Environmental Sustainability

1. Sustainable development must be linked with agriculture.
2. Improve physical security to ensure that there is a conducive environment for investment
3. Ensure access to means of sustainable livelihoods by creating more employment opportunities

GOAL 8: Develop A Global Partnership For Development

1. Stronger regulatory systems are necessary to avoid financial collapse.
2. Improved data monitoring is essential. Standardized forms should be provided to monitor the progress towards set targets.
3. An increase in fines is necessary to deter actions that would result in degradation.
4. There needs to be improvement in the protection of the water resources.
5. Increase capacity of PIOJ to help improve its delivery of coordinative function.
6. Harmonize approach to development.

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4.3. Domestic Level

Since the government is committed to sustainable development as a major national goal, achieving the MDGs should not be seen as in conflict with other objectives of sustainable development. Some agreed standardisation here would provide a *win-win* situation all around, especially since the UN system will give significant weight to achievement-ranking of MDGs.

The Millennium Development Goals need to become embedded in national development goals and be recognized by all policy formulators and implementers as important. There is still a vagueness surrounding the pursuit of the Millennium Development Goals by all.

Monitoring Process

- The UNICEF programme is an excellent monitoring tool for assessing progress towards the goals. Assistance to STATIN must continue to ensure the timely and accurate collection of data on the MDGs.
- Relevant agencies need to be sensitized to the importance of the Millennium Development Goals;
- Inform the relevant agencies of the MDGs and develop full awareness and understanding of relevant indicators;
- Establish standardized formats for recording the information in order that the progress can be monitored. (STATIN has already started collected data on the MDG but there are gaps since the data is not collected using the indicators specified by the MDGs);
- There needs to be consistency in the geographic division of the country so that comparison between regions (based on different social indicators) can be made. Currently the various agencies use different indicators. For example, the JSLC presents the data by regions (Urban Areas, Other Towns and Rural Areas). The Ministry of Health uses different regions from the Ministry of Education and the Police Authorities use yet another set of regions.

Macro Policy Recommendations

- Sustained commitment by State to the fulfillment of these MDGs
- A thorough inter-institutional collaboration necessary for the fulfillment of these goals. All institutions need to agree to make necessary adjustments to fulfill these goals.
- A holistic approach is fundamental to the fulfillment of the targets as pursuing the targets without recognizing the link between them will only retard the progress. For example, reducing infant mortality will necessitate improvements in education, especially for girls and women and of course improved health services.

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- Good governance and participatory methods are necessary for poverty reduction and sustainable development. Every individual must feel a part of the development process and see development as his right.
- It is obvious that agencies feel pulled in different directions by the demands of different international commitments that the Jamaican Government has made. It is therefore necessary to cohesively present to them a “social development agenda”.
- JASPEV (Jamaica Social Policy Evaluation) can play a major role in this process of synchronizing the different social policy priorities since the institution has expressed its role as facilitating and promoting a bottom-up view of social policy in Jamaica, involving all stakeholders including the community and relevant populations/sub-groups in the formulation, implementation, monitoring and evaluation of policies that impact on their existence/lives.
- This initiative must be institutionalized and not allowed to fail, as so many other important initiations have terminated or gone into hibernation when external funding ceased.
- The sustained progress towards the MDGs can only be realized if there is an inter-sectoral approach to the delivery of social protection programmes. The PATH programme reflects the beginning of such policy direction.
- The importance of funding for social policies that will ensure progress towards the Millennium Development Goals cannot be over-emphasized. As was discussed, social expenditure decreased significantly from 1990 to 2000.
- Inevitably social gains will be lasting only if there is a favourable economic environment. It is therefore vital that *sustained* economic growth becomes an integral part of our developmental landscape. Only within this context will this vision for Jamaica in 2015 be realized:

A prosperous and dynamic Jamaica which upholds the fulfillment of human rights, dignity for all persons, and builds continual social progress based on shared values and principles for partnerships. Minds are transformed and extraordinary results are produced in this the most caring and secure country in the Americas, where individuals fulfill their potential, are in control of their destiny, take responsibility for their lives and work always for the larger good. PIOJ (for Cabinet Office, Jamaica 2015, front page)

4.4.External Requirements

Notwithstanding our efforts, locally, all countries of the United Nations must provide a conducive environment for the fulfillment of the MDGs. The Developed Countries must take a lead role in this process and ensure that they assist in creating a more equitable distribution of the social and economic gains from the Global economy. The following are some of the main requirements that need to be provided immediately to ensure that the MDGs are achieved:

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1. Improvement in the Global Economy.
2. External donors to provide financial and technical assistance where necessary
3. Increased aid and better quality aid. The World Bank estimates that to meet the MDGs, a doubling of the global aid budget which was at US\$54 billion is required (Action Aid 2002, p.8)
4. Fairer trade policies. The Market protection in the form of high tariffs in rich countries cost poorer countries. These measures impact negatively on the poorer countries and retard their economic growth. The trade subsidies in agriculture in rich countries (worth over \$450 billion in 24 OECD countries) distort market prices and put immense pressure on the producers in developing countries. As Action Aid (2002, p.6) suggests, international assistance should take the following forms:
 - Immediately grant free market access for all goods from Africa and low-income countries;
 - Immediately remove all agricultural and export subsidies that cause the unfair dumping of food in developing countries;
 - Increase resources for appropriate technical support to ensure African countries are able to take advantage of market access.

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SECTION 5: POSTSCRIPT TO POLICY ISSUES RELATED TO SUSTAINABLE DEVELOPMENT

Sustainable development is not a substitute for true development. It is true development. All of our countries can accede to it. It represents a holistic approach rather than being a summation of discrete actions tending to achieve development goals. Focus, in Jamaica, should be on what prevents its people and political representatives from establishing a durable process of systematic change and development – one which emphasizes the primary importance of internal rather than external factors. The challenge is to find the most effective social learning process suited to Jamaica's needs which will have its citizens partnering in the durable development dance with Northern, regional and Southern partners.

In this regard, it is unfortunate that one of the MDGs was not about the achievement of food security by each country in the world. Food security is not merely about cheaper products, it is more about the domestic accessibility of truly nutritious food, the ability to purchase or grow food, the provision of economic activity and the sustaining of a diverse and harmonious local physical environment. There is the necessity, in order to achieve these, to regain harmony between economy and ecology.

Food security was not one of the MDGs, perhaps, because subsidies to farmers in the industrialized world amounted to US\$1 billion a day – more than the annual income of 900 million farmers in developing countries living below the poverty line. It is even more devastating to realize that the five largest EU agricultural producers get 50 per cent of subsidies, while in the USA 60 per cent of farmers get nothing at all from US' hidden subsidies. Both the Common Agricultural Policy of the EU and the US system of income support and export credits are blocking the success of food security efforts in poor countries.

Jamaica needs to build domestic financial resources in order to channel them into the competitive sectors of the economy. It also needs to do so in order to promote and facilitate business mergers and acquisitions and to create viable size corporations. There should be a development goal directed towards the achievement of a particular savings ratio as a percentage of GDP. The financing provided for the achievement of MDGs and out of the Johannesburg Conference on Sustainable Development has been inadequate and slow in materializing. Significantly increasing domestic savings is the only effective financial measure within the control of governments that would allow all countries to achieve MDGs and other nationally-determined goals. Inducements in this regard would have been positive.

One of the most rueful observations is that there was no macroeconomic goal in the MDGs. Apart from ensuring the equitable distribution of top-quality infrastructural features in every poor community and protecting the natural environment, increased revenue is needed to provide **basic social services** (basic education, primary health care, reproductive health and population programmes, nutrition programmes, sanitation, and the institutional capacity to deliver these) [UNICEF, 1998]. In addition, more general

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programmes in health, education and other social sectors are required. These two streams of policy needs, under prevailing development models, are in fierce competition for very limited state resources and pose very difficult problems of a political, social, cultural and managerial nature.

In Caribbean countries, policy-makers have looked at the economy as a series of aggregates of goods and services: the GNP, exports, imports, savings, investments, public expenditure on services and income transfers, public revenue (from taxes and user charges). Significant attention was and is still being placed on reducing the twin deficits in balance of payments and the national budget with subsidiary attention on the rate of inflation, the rate of unemployment and the rate of growth. Little explicit attention is paid to human development objectives, especially on poverty reduction and in inequality, including gender inequality. The way in which the national budget is usually formulated ignores the different socially determined roles, responsibilities and capabilities of men and women (Elson, *op. cit.*). Certainly poverty eradication and overall social development is more likely to occur in a budgetary and macro-economic environment, which privileges such concerns. A measurement of this orientation would have been extremely beneficial in advancing the achievement the objective of poverty reduction and social development.

With the increased speed of globalisation and the occurrence of macroeconomic crises, there is, worldwide and in Caribbean countries, an informalisation and casualisation of work leading to a high percentage of the employed being poor. This outcome shows up in social mobility statistics that ECLAC (1998) noted had remained practically unchanged since 1980. Indeed, Franco cites Londono and Szekely (1997) as arguing that if the income distribution of the early 1980s had been maintained, the increase in poverty as a result of the crisis would have been 50 per cent smaller. This draws attention to the need for policies with distributive effect for those who are disadvantaged because of inadequate education, housing, and health. An index seeking to measure to which this is being achieved in a sustainable fashion would be highly desirable.

Sustainable development also requires the preference for a comprehensive global fair trade strategy, in all bilateral, trading bloc to trading bloc, and multilateral trading and economic arrangements. A comprehensive fair trade strategy would mean that all parties involved directly in the chain receive comparable returns, reflecting not only bargaining positions, but input, skills and risk – thus introducing a sense of mutual benefit.

The real development outcomes are not to be found in the achievement on MDGs, important as these still are for Jamaica. There is some evidence that so far the Jubilee debt relief has worked where it has been implemented. However, the limited success points to putting together a more realistic package of deeper (beyond mass immunization programmes; free primary education, etc.) and much faster disbursed debt relief. This is best accomplished in a setting that provides for increased aid levels and fairer policies – in a holistic strategy.

With an eye on the overweening importance of achieving social development as the primary instrument in poverty alleviation, reduction and eradication, certain policy

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requisites stand out. Social development, in turn, is seen as the integration of economic and social policies as an essential pre-requisite for the well-being of society. By its very nature, social development is a long-term objective often producing best results decades or a generation later. The elimination of poverty is one of the main goals of social development. It is argued that the impact of poverty reduction initiatives increases with effective social protection, creation of positive externalities among programs and beneficiaries, use of safety nets and other schemes such as micro-finance. It is now accepted that the interests of the poor should be represented at all levels of policy making through their voice and participation in the design and implementation of public policy.

The attempt by governments to achieve the MDGs assuredly provides the opportunity to think deeply about social development and its place alongside macro-economic growth in defining overall development. Whatever may be the 'omitted' factors, those present are still important to achieve and the indicators should be widened to provide a deeper analysis with greater policy relevance.

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APPENDICES

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Appendix 1.1.1: The Copenhagen Declaration and Program of Action World Summit

We commit ourselves to:

- 1. creating an economic, political, social, cultural and legal environment that will enable people to achieve social development.**
- 2. the goal for eradicating poverty in the world, through decisive national actions and international cooperation, as an ethical, social, political, and economic imperative of human kind.**
- 3. promoting the goal of full employment as a basic priority of our economic and social policies, and to enabling all men and women to attain secure and sustainable livelihoods through freely chosen productive employment and work.**
- 4. promoting social integration by fostering societies that are stable, safe and just and that are based on the promotion and protection of all human rights, as well as on nondiscrimination, tolerance, respect for diversity, equality of opportunity, solidarity, security, and participation of all people, including disadvantaged and vulnerable groups and persons.**
- 5. promoting full respect for human dignity and to achieving equity between women and men, and to recognizing and enhancing the participation and leadership roles of women in political, civil, economic, social, and cultural life and in development.**
- 6. achieving universal and equitable access to quality education, the highest attainable standard of physical and mental health, and universal access to primary health care; to respecting and promoting our common and particular cultures; and to striving to strengthen the role of culture in development.**
- 7. accelerating the economic, social and human resource development of Africa and the least developed countries.**
- 8. ensuring that when structural adjustment programs are agreed to they include social development goals, in particular eradicating poverty, promoting full and productive employment, and enhancing social integration.**
- 9. increasing significantly and/or utilizing more efficiently the resources allocated to social development in order to achieve the goals of the summit through national action and regional and international cooperation.**
- 10. an improved and strengthened framework for international, regional, and subregional cooperation for social development, in a spirit of partnership, through the United Nations and other multilateral institutions.**

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Appendix 1.4.1: Millennium Goals, Targets and Indicators

Millennium Goal	Target	Indicators
1. Eradicate Extreme Poverty and hunger	1. Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1. Proportion of population below US\$1 per day (PPP-values) 2. Poverty gap ratio gap ratio [indices x depth of poverty] 3. Share of poorest quintile in national consumption
	2. Halve between 1990 and 2015, the proportion of people who suffer from hunger	4. Prevalence of underweight children (under-5 years of age) 5. Proportion of population below minimum level of dietary energy consumption
2. Achieve universal primary education	3. Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	6. Net Enrollment ratio in primary education 7. Proportion of pupils starting grade 1 who reach grade 5 8. Literacy rate of 15-24 years old
3. Promote gender equality and empower women	4. Eliminate gender disparity in primary and secondary education preferably by 2005 and to all level of education no later than 2015	9. Ratio of girls to boys in primary, secondary and tertiary education 10. Ratio of literate females to males of 15-24 years old 11. Share of women in wage employment in the non-agricultural sector 12. Proportion of seats held by women in the national parliament
4. Reduce child mortality	5. Reduce by two thirds between 1990 and 2015, the under-five mortality rate	13. Under-five mortality rate 14. Infant mortality rate 15. Proportion of 1 year old children immunized against measles
5. Improve maternal health	6. Reduce by three quarter, between 1990 and 2015, the under five mortality rate	15. Maternal mortality 16. Proportion of births attended by skilled health personnel

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6. Combat HIV/AIDS, malaria and other diseases	7 Have halted by 2015 and begun to reverse the spread of HIV/AIDS	18 HIV prevalence among the 15-24 year old pregnant women 19 Contraceptive prevalence rate 20 Number of children orphaned by HIV/AIDS
	8 Have halted by 2015, and begun to reverse the incidence of malaria and other major diseases	21 Prevalence of death rates associated with malaria 22 Proportion of population in malaria risk areas using effective malaria prevention and treatment measures 23 Prevalence of death rates associated with tuberculosis 24 Proportion of TB cases detected and cured under the DOTS (Directly Observed Treatment Short Course)
7. Ensure environmental sustainability	9 Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	27 Proportion of land area covered by forest 28 Land Area protected to maintain biological diversity 29 GDP per unit of energy use (as proxy for energy efficiency) 30 Carbon dioxide emissions (per capita) Plus two figures of global atmospheric pollution: ozone depletion and the accumulation of warming gases
	10. Halve, by 2015 the proportion of people without sustainable access to safe drinking water	31 Proportion of population with sustainable access to an improved water source
Millennium Goal	Target	Indicators
	11. By 2020, to have achieved a significant improvement in the lives of at 100 million dwellers	Proportion of people with access to improved sanitation Proportion of people with access to secure tenure [urban/rural dissaggregation of several of the above

		indicators may be relevant for monitoring improvement in the lives of slum dwellers]
Develop a global partnership for development	12. Develop further an open rule-based, predictable, non-discriminatory trading and financial system	<i>Some of the indicators listed below will be monitored separately for the Least Developed Countries (LDCs), Africa, landlocked countries and small developing countries.</i>
	Includes commitment to good governance, development, and poverty-reduction – both nationally and internationally	Official Development Assistance 32. Net ODA as percentage of DAC donors GNI(target of 0.7% in total and 0.15% for LDCs) 33. Proportion of ODA to Basic Social Services (Basic Education, primary health care, nutrition, safe water and sanitation).
	13. Address the special needs of the Least Developed Countries	34. Proportion of ODA that is limited 35. Proportion of ODA for environment in small island developing states
	Includes: tariffs and quota free access for LDC export; enhanced programme of debt relief for HIPC and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction	36. Proportion of ODA for transport sector in landlocked countries

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Millennium Goal	Target	Indicators
	14. Address the Special Needs of landlocked countries and small island developing states (Through Barbados and 22 nd General Assembly provisions)	37. Proportion of exports (by value and excluding arms) admitted free of duties and quotas 38. Average tariffs and quotas on agricultural products and textiles and clothing
		39. Domestic and export agricultural subsidies in OECD countries 40. Proportion of ODA provided to help build trade capacity
	15. Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt free sustainable in the long run	41. Proportion of official bilateral HIPC debt cancelled. 42. Debt services as percentage of exports of goods and services. 43. Proportion of ODA provided as debt relief. 44. Number of countries reaching HIPC decision and completing points.
	16. In co-operation with developing countries develop and implement strategies for decent and productive work for youth.	45. Unemployment rate of 15-24 years old
	17. In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries.	46. Proportion of population with access to affordable essential drugs on a sustainable basis
	18. In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	47. Telephone lines per 1000 people. 48. Personal computers per 1000 people.

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APPENDIX 1.4.2

List of persons interviewed and from whom data was collected

Name of Respondent	Institution/Agency
Ms. Hannah Clarendon	FAO
Mr. Errol Graham	World Bank
Ms. Gillian Nanton	UNDP
Mme. Helene-Marie Gosselin	UNESCO
Ms. S. Barrington	UNESCO
Ms. Laila Ismail Khan	UNICEF
Dr. Jaslin Salmon	NPEP
Ms. Donette Edmondson	STATIN
Dr. Barbara Bailey	Gender Studies, UWI
Dr. Affette McCaw-Binns	UWI
Ms. Kristin Fox	UWI
Mrs. Heather Ricketts	UWI
Dr. Peter Figueroa	MOH
Ms. Lovette Byfield	MOH
Ms. Penny Dowedoff	Bureau of Women's Affairs
Ms. Faith Webster	Bureau of Women's Affairs
Ms. Shirley Duncan	Bureau of Women's Affairs
Ms. Claire Bernard	PIOJ
Mrs. Mary Clarke	PIOJ
Dr. Peter John-Gordon	PIOJ
Mr. Easton Williams	PIOJ
Mr. Steven Kerr	PIOJ
Mrs. Pauline Knight	PIOJ
Mr. Walter James	PIOJ
Ms. Debra Patrick	PIOJ
Mr. Hopeton Peterson	PIOJ
Mrs. Carol Watson-Williams	PIOJ
Ms. Marsha Woolcock	PIOJ
Ms. Denise Irvin	PIOJ
Mrs. Andrea Shepherd-Steward	PIOJ
Mrs. Mary Clarke	PIOJ
Ms. Janet McFarlane	MOEC
Ms. Shirley Lewis	Parliament Office

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Appendix 2.2.1. Remittances to Jamaica for 1990 to 2002	
Year	Annual Remittances (US)
1990	USD 184,000,000.00
1991	USD 183,000,000.00
1992	USD 285,000,000.00
1993	USD 331,000,000.00
1994	USD 480,000,000.00
1995	USD 613,000,000.00
1996	USD 652,000,000.00
1997	USD 661,000,000.00
1998	USD 683,000,000.00
1999	USD 704,000,000.00
2000	USD 814,000,000.00
2001	USD 968,000,000.00
2002	USD 1,300,000,000.00

Source: Bank of Jamaica

http://www.woccu.org/press/press_rel/pressr.php?pressr_id=415

In 2002 Jamaica received approximately \$1.3 billion in remittances accounting for 12.2% of the country's GDP.

Appendix 2.2.2: Distribution of National Consumption by Deciles JSLC 1990-2002									
Year	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Dec 9
1990	2.53	3.85	4.84	5.78	6.9	8.15	9.83	12.21	16.3
1991	2.22	3.59	4.73	5.72	6.83	8.16	9.65	11.98	15.7
1992	2.58	3.92	5	5.82	6.92	8.3	9.98	12.26	15.6
1993	2.42	3.88	4.98	6.08	7.17	8.45	9.94	12.24	15.9
1994	2.52	3.89	4.89	5.86	6.87	8.11	9.82	12.11	15.5
1995	2.94	4.17	5.15	6.05	6.99	8.19	9.77	12	15.5
1996	2.78	4.26	5.15	6.07	7.26	8.43	9.84	11.66	15.3
1997	2.21	3.6	4.31	5.3	6.13	7.72	9.5	12.17	16.7
1998	2.6	4.04	5.03	6	7.03	8.24	9.79	11.94	15.6
1999	2.44	3.86	4.97	5.97	7	8.25	9.75	11.83	15.9
2000	2.66	4.01	4.88	5.79	6.8	8.16	9.79	11.92	15.7
2001	2.42	3.82	4.74	5.83	6.93	8.22	9.85	12.26	15.7
2002	0	0	0	0	0	0	0	0	0

Appendix 2.2.3: Incidence of poverty by geographical area in Jamaica, 1989 to 2001

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
KMA	15.5	13.3	28.9	18.8	16.7	13.8	15.0	17.2	9.3	8.6	10.6	9.9	7.6
OT	22.0	25.7	31.4	29.9	22.9	20.0	22.8	22.0	14.8	13.4	12.1	16.6	13.3
Rural	40.7	37.5	57.2	42.2	29.6	28.8	37.0	32.8	27.4	19.5	22.0	25.1	24.1
Jamaica	30.5	28.4	44.6	33.9	24.4	22.8	27.5	26.1	19.9	15.9	17.0	18.7	16.8

Source: Planning Institute of Jamaica. *Jamaica Survey of Living Conditions, 1989 to 2001*. KMA: Kingston Metropolitan Area; OT: Other Towns.

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**Appendix 2.4.1: Distribution of Percentage Daily Attendance at the Primary Level
By School Type and Gender
1996 – 2001**

	Primary			All Age			Primary & Junior High			Total Primary Level		
Year	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	High
1996	79.0	82.0	81.0	73.0	77.0	75.0	74.0	78.0	76.0	75.3	79.0	77.3
1997	78.6	82.1	80.3	72.3	75.9	74.0	75.1	79.4	77.2	75.3	79.1	77.2
1998	77.0	80.0	79.0	69.0	73.0	71.0	76.0	78.0	77.0	75.0	78.0	76.0
1999	82.1	84.1	83.1	77.3	79.6	78.4	80.6	83.9	82.3	80.1	82.4	81.2
2000	83.9	85.9	84.9	77.4	80.5	78.8	81.5	84.9	83.2	81.6	84.2	82.9
2001	83.8	85.4	84.6	79.2	81.7	80.4	82.9	84.9	83.9	82.6	84.5	83.5

Source: MOEYC Statistics Unit

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