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Country note**

Jamaica

Summary

The Executive Director presents the country note for Jamaica for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. Jamaica is a middle-income and politically stable country with a Human Development Index of 83. Children account for 39 per cent of the population of 2.6 million. Although the overall poverty rate declined from 26 per cent in 1996 to 16.9 per cent in 1999, children account for 43 per cent of all poor, most of whom are in rural areas. Uneven growth, heavy reliance on tourism and mining, high public indebtedness, growing unemployment, underemployment (especially among youth), and disparities in wealth distribution characterize the macroeconomic environment. Women head 43 per cent of households, reflecting the shifting nature of families and uneven male presence. Despite these challenges, the Government has successfully reduced inflation from 80 per cent in 1991 to 7 per cent in 1999. Expenditure on basic social services averaged 11 per cent of total spending during the decade, but allocations have risen to 20 per cent in recent years, albeit mostly concentrated in certain areas.

* E/ICEF/2001/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

2. Jamaica has ratified the Convention on the Rights of the Child and Convention on the Elimination of All Forms of Discrimination against Women, which are being implemented through national policies and legal reforms. Integration with regional plans for children, such as the Caribbean Plan of Action for early childhood education, care and development, is high. Recommendations from the Committee on the Rights of the Child on Jamaica's 1998 report have been given priority in the national agenda. Significant steps have been taken to strengthen existing instruments and develop new ones, e.g., preparation of a national policy on children and the drafting of the Child Care and Protection Act. Jamaica has signed the Optional Protocols to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, and on the involvement of children in armed conflict.

3. The extent to which the rights of children and women were realized improved greatly over the past decade, despite macroeconomic constraints. The goals of the World Summit for Children related to malnutrition reduction, immunization, control of diarrhoeal diseases and acute respiratory infections, and access to education have been met. Provision of water and sanitation services are generally high, but disparities exist, depending on economic status and location. The most recent estimated maternal mortality rate (MMR) is 120 per 100,000 live births, and the infant mortality rate is 24.5 per 1,000 live births. Indications are that these mortality rates have changed little in recent years, and that geographical disparities persist. Child immunization coverage exceeded 90 per cent in the mid-1990s, but slippage has been recorded recently due to staff shortages, financial constraints and difficulties in accessing remote rural areas. Sustaining past gains in a resource-constrained environment is a challenge.

4. While near-universal primary enrolment exists, the quality and efficacy of learning and teaching are a problem. It is calculated that 30 per cent of students, mostly boys, are functionally illiterate at the end of the primary cycle. Low attendance and drop-out rates increase by age. Only 3.6 per cent in the 0-3 age group are enrolled in supervised early childhood care.

5. Jamaica has high HIV/AIDS prevalence (1.6 per 1,000 persons) vis-à-vis the region. Nearly 8 per cent of those infected are children under 10 years of age, with mother-to-child-transmission a major contributing factor. Almost 8 per cent of the total reported number of cases (4,443) are among children under the age of 10. Four fifths of infected children live in poor households, and one out of four will be abandoned. Among adolescents, infection rates have doubled every year since 1995, and adolescent girls are three times as likely as adolescent boys to become infected. The teenage fertility rate is high, at 112 per 1,000 births. Sexual initiation occurs as early as 10 years of age. Knowledge of contraception among adolescents is high, but it is estimated that only 50 per cent regularly use condoms.

6. Approximately 22,000 children work and some 2,500 children, mostly boys, live on the streets. Commercial sexual exploitation of children is an emerging concern. Child abuse is increasing, as is exposure to and involvement in violence at home and school. Poverty, weakened family structures, weak community support systems and poor parenting are key underlying causes. About 2,000 children are in residential institutions where standards of care need improvement. Major areas of concern with regard to adolescents are high levels of suicides, alcohol abuse, acts of violence, vehicular accidents and criminal offences. The juvenile justice and

correctional systems have inadequate standards of detention, placement and training, as well as insufficient resources.

Lessons learned from past cooperation

7. Past programme cooperation has focused on supporting national poverty eradication and implementing the Convention on the Rights of the Child at various levels. Advocacy and mobilization efforts have resulted in greater national and local recognition of the centrality of children's rights. Increased support to social policy and legal reform has created new programme opportunities, such as expanded child-centred networks and partnerships. The 1999 mid-term review recommended a focus on fewer priority areas, and integration of the rights-based and life cycle approaches.

8. Building societal recognition of children's rights and the roles of those responsible for assuring these rights is a complex, long-term process. Adaptable strategies and coordination mechanisms, as well as new competencies, are required to address emerging issues such as adolescent development and HIV/AIDS. The national 2000 early childhood programme review and discussions on the draft Child Care and Protection Act underscored the need for technical support and continued dialogue at the highest policy levels in order to sustain system-wide reforms. Duplication of efforts among key international development partners has resulted in missed opportunities to maximize resources, which could be avoided through more coordinated efforts, such as the sector-wide approach (SWAP) to programming.

9. Efforts in the area of special care and protection cannot adequately address root causes unless they are based on preventive interventions and the full involvement of families and communities. The UNICEF-supported Situation Analysis of Parenting showed that sub-standard parenting causes many problems in assuring the rights of young children, and calls for sustained work with parents to influence their knowledge, attitudes and skills regarding the development of their children.

10. Weak monitoring and evaluation tools and systems are an important constraint within many institutions and make progress assessment very difficult. The new country programme must focus on strengthening institutional monitoring and evaluation and assessments of outcomes and impact.

11. Past cooperation demonstrated the need for a vigorous civil society dimension in successful child-centred policies and programmes. Stronger partnerships with schools, churches, non-governmental and community-based organizations, the cultural community, sports and youth movements, and the private sector are required in order to improve programmes and enhance the Global Movement for Children in Jamaica.

Proposed country programme strategy

12. The new country programme will help to meet the challenge of protecting the rights of all Jamaican children, by ensuring a good start to life and a safe passage to adulthood for adolescents, by reaching the unreached with essential services, and by advocating a first call for children. These elements will underpin the strategic

choices made by the Government. The goal of the country programme is to strengthen national, community and family capacity to promote, protect and fulfil the rights of all children and ensure opportunities to meet and sustain their full potential.

13. Three mutually reinforcing strategies will be pursued within the overall country programme. First, an enabling policy and programme environment will be promoted and developed, through actions that include support to social policies and legislation based on ratified human rights instruments, with a focus on the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. Priority promotion and protection issues will be identified and advocated through research, policy dialogue, expanded partnerships and social sector expenditure analysis. Second, family and community capacities will be strengthened in order to equip them with the knowledge and skills to promote caring, supportive and protective environments in which children can reach their fullest potential. Actions will be undertaken to strengthen communication strategies and links between communities and service providers. Third, the quality of and access to service delivery will be improved through capacity-building and institutional strengthening, by supporting efforts of government and non-governmental organization (NGO) partners to deliver quality services through the development and improvement of standards, implementation of protocols and guidelines, and strengthened project development. Gender, regional and other disparities in service delivery will be addressed through research and policy dialogue.

14. The country programme structure will include three broad programmes, which will be complemented by a crosscutting advocacy, policy and planning programme. HIV/AIDS will be addressed within each programme. Working with national partners, United Nations theme groups, bilateral and multilateral agencies and NGOs, the country programme will foster networks supporting effective responses to the pandemic; strengthen capacity to care for affected children; strengthen preventive mechanisms and service delivery; and break the culture of silence surrounding HIV/AIDS. The Canadian International Development Agency (CIDA) has pledged support to this effort.

15. The *early childhood care and development programme* will support national efforts to ensure that children aged 0 to 8 have access to quality early childhood services and develop to their full potential. The priorities include: (a) mainstreaming young child issues into existing programmes and mobilizing resources for early childhood development; (b) enhancing young child development through parenting programmes and support mechanisms; (c) promoting learning, healthful behaviour and life skills by young children; and (d) facilitating the transition between the stages of early childhood. The programme will complement the primary education and health programmes of the Inter-American Development Bank (IDB), United States Agency for International Development (USAID), Department for International Development (United Kingdom), Pan American Health Organization (PAHO), United Nations Population Fund (UNFPA) and United Nations Educational, Scientific and Cultural Organization. The programme will support the education SWAP initiative and ensure adequate attention to early childhood development. CIDA has pledged funding for this programme.

16. The *enhancing adolescent development and participation programme* will foster a protective and participatory environment for the development of healthy, empowered and responsible adolescents. The priorities include: (a) promoting adolescent-friendly services, policies and participation; (b) improving adolescent-friendly information, education and communication materials; and (c) promoting positive behaviour, acquisition of life skills and prevention of high-risk lifestyles. The programme will complement adolescent reproductive health activities by such partners as USAID, UNFPA and PAHO.

17. The *special care and protection measures programme* will support caring and supportive environments for children whose care and protection rights have been compromised. Priorities include: (a) advocating awareness of the importance of care and protection rights, and of duty bearers' roles in upholding them; (b) sustaining policy and legal reform efforts to enforce the rights of children needing special care and protection; and (c) integrating children in need of special care and protection, where appropriate, into the mainstream of basic social services. The programme will complement support from CIDA and IDB in the areas of social conflict, legal reform and violence prevention.

18. The *advocacy, policy and planning programme* will strengthen national capacity in rights advocacy, programme communication and social policy development. Programme monitoring and evaluation strategies will be detailed in the integrated monitoring and evaluation plan. A cross-sectoral support component will be established for the operational and administrative costs of programme implementation and management.

19. UNICEF will continue supporting SWAP initiatives and the exchange of best practices and lessons learned. The country programme is closely linked with the Common Country Assessment and will complement and reflect the priorities to be identified in the United Nations Development Assistance Framework.

Estimated programme budget

Estimated programme cooperation, 2002-2006^a

(In thousands of United States dollars)

	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Early childhood care and development	630	3 140	3 770
Enhancing adolescent development and participation	740	1 410	2 150
Special care and protection measures	750	1 400	2 150
Advocacy, policy and planning	300	620	920
Cross-sectoral support	600	410	1 010
Total	3 020	6 980	10 000

^a These are indicative figures only which are subject to change once aggregate financial data are finalized.