**Government of Jamaica**

**Social Mitigation Strategy for the
Support to the Public Sector Transformation Programme
 (JA-L1073 & JA-L1078)**

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# Background

The Government of Jamaica (GoJ) has launched a Public-Sector Transformation Policy and a new Public-Sector Transformation Implementation Unit (PSTIU) in January 2017. The PSTIU has overall responsibility for coordinating the entire universe of transformation activities included in the Public-Sector Transformation Programme (PSTP), across Ministries, Departments and Agencies (MDA)[[1]](#footnote-1). As a way of enhancing accountability, a newly created Public Sector Transformation Oversight Committee, which consists of non-governmental stakeholders, will oversee the PSTIU and all the public-sector reform activities.

The Inter-American Development Bank is supporting the planning and implementation of the PSTP through a hybrid project, including a policy-based loan and an investment loan. The main problem targeted by this programme is the low quality and inefficiency of public services in Jamaica.

This main problem is associated, among other factors, with a relatively large workforce, in particular of administrative staff, which combined with a non-contributory public pension system represents a critical proportion of primary expenditures. The public sector workforce as a percentage of the population (4.5%) is considerably larger than in comparable countries.[[2]](#footnote-2) Administrative and support staff represent a relatively large share of employment: they exceed teachers as a percentage of the total central government staff (31% versus 29%), an unusual proportion for international standards.[[3]](#footnote-3) Corporate services such as asset management, communications and information technology are provided in a fragmented way, with duplicated structures across MDA.

From a macroeconomic perspective, since signing the Extended Fund Facility (EFF) with the International Monetary Fund (IMF) in May 2013, Jamaica has been addressing economic vulnerabilities, especially related to fiscal imbalances, high debt levels and a vulnerable external position, that had been building up since the early 2000s. Progress is visible as inflation fell to historical lows, net international reserves are at prudent levels, and public debt has been decreasing for the last 4 years. Still, growth has been slow in recovering, poverty and unemployment remain high, and crime and security are increasingly binding impediments to growth and prosperity. The central government’s relatively high wage bill, which remains close to 10% of GDP[[4]](#footnote-4), accounts for one-third of public expenditures, creating budgetary rigidities and limiting the resources available for needed growth-enhancing capital spending[[5]](#footnote-5). The 2016 Stand-by Agreement with the IMF targets a wage bill of 9% of GDP by FY2018/19, which is also the target under the legally binding Jamaican Fiscal Rule[[6]](#footnote-6).

The main objective of the IDB’s project is to improve the delivery of public services in Jamaica through: (i) enhancing the quality of specific services; and (ii) enhancing efficiency in public spending.

Several measures within the project contribute to the second objective, some of which address human resources management issues. These include:

* A Special Early Retirement Program (SERP), which is a voluntary scheme for leaving the public service targeted at public officers already eligible for a pension. This exit of public officers will be accompanied by, on the one hand, their “retraining” to acquire a broader set of skills to become more employable within private sector. On the other hand, the programme will finance the upskilling of public officers who will stay, to enhance and assure the quality of public service despite the lower number of personnel.
* Potential rightsizing of the public sector after the implementation of shared corporate services in the areas of asset management, communications and information technology.

To this end, the GoJ has a legal framework to ensure the promotion, protection and care of people in situations of social vulnerability (see Annex 1). On the one hand, a wide range of international commitments have been adopted: some within the framework of the United Nations Organizations, others with the International Labor Organization in particular. As a result, national legislation has also gone through periodic adjustment and updating processes.

Most recently, it established a more solid framework under the Social Protection Strategy - providing a broad umbrella for the protection of people against social vulnerability. There is also specific legislation that protects populations that have been defined as most vulnerable. All groups that have been prioritized by the government have this type of legislation: Women, children and youth, seniors, people with disabilities.

In addition to reviewing the legal framework and public policies to mitigate social vulnerability in Jamaica (see Annex 2), the design of the mitigation strategy was based on two elements:

1. The characterization of the population and identification of the most vulnerable groups, which was done either from the information that is available based on current public-sector workforce, or by estimating the number of people who could be in a situation of high vulnerability based on official estimates of the sociodemographic behavior of these groups in the general population;
2. Knowledge of existing and available social protection programs provided by Government.

# The concept of "social vulnerability" in Jamaica and its relevance within the framework of the public sector labor force

The revision of the legal and policy framework in Jamaica made it possible to identify the definitions of social vulnerability. It draws definitions from the Vision 2030 Jamaica – National Development Plan (PIOJ, 2009) and two government strategies: i) Jamaica Social Protection Strategy (PIOJ, 2014)[[7]](#footnote-7) and ii) A review of Current & Emerging Vulnerability in Jamaica (PIOJ, 2014).

The Planning Institute of Jamaica (PIOJ, 2014), defines “**vulnerability**” within their publication “A review of Current & Emerging Vulnerability in Jamaica (2014)[[8]](#footnote-8): ***to involve the affinity to risks that will lead to an inability to adequately care for basic human needs***.

**Effective Social Protection** is one of the 15 National Outcomes of Vision 2030 Jamaica – National Development Plan[[9]](#footnote-9) that addresses the way forward for vulnerable groups. Vulnerability may result from age, incapacity and external shocks, among other factors, which may temporarily or permanently disrupt people’s ability to provide for their own basic needs. Social Protection involves, on one hand, measures to mitigate some of these vulnerabilities that can put persons at risk and on the other hand, provide assistance and services to alleviate difficult circumstances and promote human capital development among vulnerable groups.

**National Outcome #3: Effective Social Protection.** *Vision 2030 Jamaica puts people at the centre of its programmes and sees it as important to identify and support the vulnerable in our society.* Under this outcome, Vision 2030 Jamaica will reduce the vulnerability of our population by effectively addressing the needs of those who are unable to provide adequately for themselves, and by ensuring that the eligible population is covered under some form of pension or social insurance scheme, recognizing that a higher proportion of elderly will be in our population by 2030. The strategies to achieve this outcome include: measures to identify and create employment and business opportunities for the unemployed and underemployed poor; improved targeting of and the provision of benefits to the needy; and measures to increase the participation of persons with disabilities in all spheres of national life.

*Through these outcomes, we will improve on the mixed progress made to date in the social areas by ensuring a high level of human resource development (education, training and health system reform) fostering of innovation, cultural preservation, and strengthening of systems geared to protect vulnerable groups in the society.*

**Vision 2030 Jamaica – National Development Plan** (pp 21)

Three broad areas are articulated in the Plan under Effective Social Protection. These are: **Social Assistance and the Protection of Vulnerable Groups; Social Insurance and Pensions; and Poverty Reduction**. Special attention is also given to persons with disabilities in light of their need for enabling environments and their prevalence among households living in poverty. As such, in addition to the three areas above, a Task Force was also commissioned to identify issues and plan for this vulnerable group (PIOJ, 2014 pp 4).

Emphasis is also placed on preventing vulnerabilities, for example by encouraging working-age Jamaicans to contribute to social insurance and pension schemes as a cushion against loss of income in one’s senior years. Measures to reduce factors that can lead to disability have also been considered. The Plan focuses on improving the systems for identifying vulnerable groups and effectively delivering service to them. Therefore, strategies to further improve selection mechanisms and improve institutional capacities are among those highlighted by Vision 2030 Jamaica.

The Social Welfare and Vulnerable Groups Sector Plan in particular, focused on strategies to improve the situation of groups vulnerable to social protection risks. The vision for vulnerable groups as articulated in this sector plan is for a “social welfare system that is responsive to the needs of the vulnerable population and contributes to maintaining human dignity”.

Both the social protection strategy (2014) and the review of Current & Emerging Vulnerability in Jamaica define the following populations as "vulnerable groups":

1. Children

2. Youth

3. The elderly

4. Homeless

5. Deportees, Parolees, Ex-inmates

6. Refugees (internal and external)

7. Persons vulnerable to natural and man-made disasters

8. Persons affected by Chronic Illnesses

9. Persons with Disabilities

A description of prioritized groups considering their relevance within SERP context is provided below focusing on: A) Female-Headed Households; B) Persons with disabilities; C) the Elderly (60 years+); D) Chronically ill; and 6) Persons with low levels of education.

## **Female-Headed Households**

Through the Jamaica Survey of Living Conditions, estimates are made of the proportion of Jamaican households that are headed by females. The estimates derive from the nomination of the family when asked ‘who is the head of this household?’.

According to PIOJ (2014, pp 18), the proportion of female-headed households in the population is an increasing phenomenon in Jamaica[[10]](#footnote-10). These households tend to be larger in size and consume at lower levels per capita than households that are male headed[[11]](#footnote-11). It is also largely an urban phenomenon, thereby reflecting cultural and labour force related nuances. Females who are the head of households are more likely to be single parents, less likely than male-headed households to have a partner as resident, and are more likely to have a larger mean number of children and adult females, and more likely to include the elderly.

These households constitute a significant proportion of all households in Jamaica, accounting for some 45.4 per cent of all households in 2014. Female-headed households were larger (22.7 per cent had 5 or more persons compared with 14.8 per cent of male-headed households with the same size), had on average more adult females (1.6 relative to 0.7 in male-headed households), and more than half (54.1 per cent) had children but no adult male present. Female-headed households also comprised the majority (54.2 per cent) of households in the poorest quintile (Quintile 1)[[12]](#footnote-12).

The mean per capita consumption of female-headed households has consistently been lower than that of male-headed households (PIOJ, 2014). While the table provides nominal data, it still reveals a distinct disparity between consumption abilities. Over the period, the analysis indicates an overall increasing gap between the household types, in terms of consumption. male-headed households continued to record a higher per capita consumption expenditure than female-headed households, at $308 231.00 and $262 282.00, respectively.

The risks faced by female-headed households include[[13]](#footnote-13):

* Lower consumption levels per capita than male-headed households
* Discrimination in wages
* Discrimination in employment
* Less access to resources, for example, credit
* Poverty.

Coping strategies practiced by female headed households include[[14]](#footnote-14):

* Receipt of remittances
* Sacrifice health care for other economic priorities such as education, food and shelter
* Family support systems

## **Persons with Disabilities**

The United Nations estimates that approximately 10.0 per cent of persons in every population have a disability. Persons with Disabilities are those who have “long-term physical, mental intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation on an equal basis with others”. (United Nations Convention on the Rights of Persons with Disabilities - UNCRPD).

The ILO (2004) also noted that persons with disabilities are less likely to be in employment than non-disabled persons, and where they are employed, they are more likely to be in low-paid jobs with poor promotional prospects and working conditions. The most recent available data on disability and labour market is found in the 2001 Population Census Report (STATIN, 2004). The Census data indicate that among persons with disabilities, 14.0 per cent was employed, with the employment rate being higher among males than females.

While the Census data is the most comprehensive source on persons with disabilities, it is generally felt that the Census does not accurately capture the number of persons with disabilities due to intentional and unintentional underreporting, among other reasons (PIOJ, 2001). Another national, and more recent, source of data on persons with disabilities is the Jamaica Survey of Living Conditions (JSLC). The 2008 JSLC, large sample survey, revealed that only 3.7 per cent (50.0 per cent male) of the respondents reported that they have a disability.

The PIOJ review (2014) identifies data gaps for the persons with disabilities group: Overall, insufficient and unreliable data on persons with disabilities and Employment data.

## **The Elderly**

The elderly is defined as that segment of the population that is 60 years and older. The demographic data for the country indicate that 11.1 per cent of the population is elderly. This translates, in terms of the latest population estimates (2011), to some 300,000 persons (164,100 female) (ESSJ 2011). Life expectancy at birth now stands at 72.7 years; for males it is 71.26 years, and for females 74.13 years. Persons are expected to live on average eighteen or more years after retirement.

## **Chronically ill**

Jamaica has made an “epidemiological transition from a predominantly infectious disease profile to one characterized by chronic non-communicable diseases”. Chronic illnesses represent a major cause of ill health in Jamaica. These diseases not only threaten individuals’ physical health but also have an impact on economic security. Within the last 50 years, chronic non-communicable diseases have replaced communicable and infectious diseases as being the main source of death and disability in Jamaica[[15]](#footnote-15). Lifestyle practices and low levels of physical activity have been associated with increasing levels of chronic disease. In 2010, chronic illnesses accounted for 70.0 per cent of all deaths[[16]](#footnote-16).

According to the Jamaica Survey of Living Conditions (JSLC) 2014, **one in every five persons has at least one chronic disease.** In 2010 a greater percentage of females reported having at least one chronic illness. With respect to the specific chronic illnesses however, more females reported having diabetes, hypertension and arthritis. Males however had a higher incidence of asthma.

A major chronic illness, ***HIV in Jamaica has been described as being a “mixed epidemic” because of its concentration in both the general population and among key populations***[[17]](#footnote-17). Prevalence among certain groups is significant. This includes persons engaged in risky sexual behaviours, the homeless, prison inmates and substance abusers. The estimated prevalence rate for the **adult population was 1.7 per cent in 2011**[[18]](#footnote-18).

## **Persons with Low Levels of Education and Certification**

One of the factors influencing employment is level of educational attainment as productivity is dependent on an educated labour force. Persons with low educational attainment and certification are vulnerable to both income and poverty related risks.

The global environment within which Jamaica operates, calls for the country to ensure that the labour force is sufficiently educated and trained to meet the global demands. Having an education increases employability and as a result reduces income insecurity. This in turn reduces the possibility of individuals falling below the poverty line and the likelihood of them engaging in criminal activities. Low levels of educational attainment may also limit the amount of additional training and/or education that an individual can receive. It can also be assumed that the absence of an education increases dependency on the state and/or other familial and non-familial networks of support as a means of ensuring that an adequate standard of living is achieved. The average years of schooling of the labour force is 10 years[[19]](#footnote-19). According to 2014 data from the Labour Market Information Portal[[20]](#footnote-20) only 24,6% of the labour force is certified and 68,2% is untrained.

The PIOJ review (2014) identifies data gaps for the persons with low levels of education or certification group: There is limited data available relating to persons with low educational levels. Education literature tends to address the challenges facing the sector, with limited attention being directed at the risks and challenges faced by individuals with limited or no qualification.

A study was conducted by the PIOJ for the Jamaica Social Protection Strategy (2014) to document profiles of groups “that were likely to be typified as vulnerable to risks of poverty, income and food security”[[21]](#footnote-21). Table 1 below lists the vulnerable groups investigated along with available quantification of each category.

**Table 1: Population Groups likely to be Vulnerable**

|  |  |  |  |
| --- | --- | --- | --- |
| Groups | Quantificationa | 2016 (est.) | % population |
| *Total Population* | 2,697,983 | *2,730,894*  |  |
| Female-Headed Households | 411,464 | 416,483 | 15.3% |
| Persons with disabilities | 163,206 | 165,197 | 6.0% |
| The elderly (60 years+) | 217,606 | 220,260 | 8.1% |
| Chronically Ill | 696,080 | 704,571 | 25.8% |
| Persons with low levels of education | 225,433 | 228,183 | 8.4% |

Source: PIOJ, Jamaica Social Protection Strategy (2014). Table 12: Population Groups likely to be Vulnerable, Situation Analysis, Appendix I and estimates using 2016 End of Year Population from STATIN.

a Social Protection and Gender Unit, PIOJ, 2012.

# Estimated number of employees prioritized in the mitigation strategy, based on categories contained in the Public-Sector Transformation Policy

Given that the Special Early Retirement Program (SERP) and the right-sizing measures have not been called into effect, at the time of this strategy, the GoJ does not have detailed information to be able to exhaustively identify the participating MDA employees classified as vulnerable population according to the parameters determined by current legal framework and public policy. An estimate of how many workers in the context of the SERP in participating MDA that could be considered as "most vulnerable populations" will be performed based on the “Call for interest to participate in the SERP”. In the case of rightsizing activities, these are expected to include a lower number of posts. In view of these limitations, this strategy proposes two approaches:

1. For purposes of this document, and given the existence of limited information due to data gaps, estimates were made from official data on the general sociodemographic information of the Jamaican population (table 1 on previous section).
2. These estimates will be corroborated when implementing the human resources management activities by having public officers opting to take the SERP fill out a sociodemographic record form to identify their level of vulnerability, using the form proposed in annex 3.

## Estimation of vulnerable population based on available information

The public-sector workforce of a Jamaica as a percentage of the population is about 4.5%, approximately 122,890.23. Utilizing the data estimates provided under the Jamaica Social Protection Strategy (2014) and the percentage of the total population, considering a 1.2% increase of population (estimates using 2016 End of Year Population from STATIN), the *estimated* profiles of groups “that are likely to be typified as vulnerable” within public sector workforce is described in Table 2.

**Table 2: Population Groups within public-sector workforce likely to be Vulnerable**

|  |  |  |  |
| --- | --- | --- | --- |
| Groups | 2016 (est.) | % population | Public-Sector population estimates |
| *Total Population* | *2,730,894*  |  |  |
| Public-sector workforce | 122,890  | 4.5% | 100% |
| Female-Headed Households | 416,483 | 15.3% | 18,742 |
| Persons with disabilities | 165,197 | 6.0% | 7,434 |
| The elderly (60 years+) | 220,260 | 8.1% | 9,912 |
| Chronically Ill | 704,571 | 25.8% | 31,706 |
| Persons with low levels of education | 228,183 | 8.4% | 10,268 |

Source: Estimates according to Population Groups likely to be Vulnerable as a percentage of total population (Table 1, previous section) and estimates as a percentage of total public-sector workforce.

## Other considerations

Government has expressed their intent to have a “Call for interest to participate in the SERP” in the next couple of months within the MDA. The “call for interest” will include a sociodemographic record (similar to the one presented in annex 3) to gather key information regarding the vulnerable groups within possible “SERP candidates”. This will allow to have a closer estimate of the populated targeted in this social mitigation strategy. These estimates will be corroborated when implementing the SERP by having public officers opting to take the SERP fill out a sociodemographic record form to identify their level of vulnerability. Other human resources management actions which involve rightsizing will also use a similar approach.

# Social Vulnerability Mitigation strategy

The **overall objective** of this strategy is to help reduce, as far as possible, the short-term effects of the early retirement and rightsizing on the MDA most vulnerable working population.

**Specifically**, it seeks to provide additional protection to the population that will be most vulnerable as a result of opting for the SERP or being part of a rightsizing exercise.

The **expected outcome** of this strategy is that the measures entailed in it will help mitigate the most immediate and negative effects of finding employment (income in addition to the pension in the case of the SERP) of the most vulnerable populations.

Preliminary assessments estimate that around 2,000 public officers will take the SERP in the next 18-24 months.[[22]](#footnote-22) Using the same variables to determine the *estimated* profiles of groups “that are likely to be typified as vulnerable” within public sector workforce, SERP estimates were identified in Table 3 below.

**Table 3: Public-sector workforce likely to be Vulnerable within SERP**

|  |  |  |
| --- | --- | --- |
| Groups | % population | SERP estimates |
| *Total SERP (estimate)* | *100%* | 2,000 |
| Female-Headed Households | 15.3% | 305 |
| Persons with disabilities | 6.0% | 121 |
| The elderly (60 years+) | 8.1% | 161 |
| Chronically Ill | 25.8% | 516 |
| Persons with low levels of education | 8.4% | 167 |
| Total SERP population likely to be vulnerable |  | 1,270 |

Social Mitigation Strategy Components

The Government of Jamaica (GoJ) through the Ministry of Finance and Public Service (MOFPS) is to implement a Special Early Retirement Program (SERP) in which public officers of participating MDA will voluntarily express interest in opting to take advantage of the Program[[23]](#footnote-23). The program will have a specified period.

During this application window, interested public officers will present eligibility criteria and be required to present the Sociodemographic record for identification of the vulnerable population within SERP (annex 3 of this strategy). This will allow to obtain information in a systemic process regarding SERP participants’ vulnerability conditions and thus allowing a more accurate estimate of the vulnerable population and the types of active GoJ social protection programs they might be eligible to.

Once their SERP application and social vulnerability condition information has been formally submitted and approved by their respective MDA authority and SERP, the MOFPS/OPM team will define what social protection programs they are eligible to. This will enable authorities to give priority to SERP applicants to have participation space in these existing social protection programs as spaces in such become available.

This will mitigate the risk of increasing costs of existing programs but at the same time, the vulnerable groups within SERP will have prioritized access to these programs while they transition into the labour market. This process however, should ensure that there are no significant impacts in the already established budgets for these social protection programs. MOFPS/OPM (SERP management) will issue SERP takers that fall into a vulnerable group category a certification/document that will enable prioritized access to these programs during the established time that program arrangements/agreements specify.

At the time of identification of vulnerable groups within SERP, MOFPS/OPM (SERP management) will also identify cases where there is concrete evidence where SERP takers will undertake severe financial implications to meet house mortgage for their main household even after SERP benefits have been factored in. In such cases, MOFPS/OPM (SERP management) will include these as “vulnerable groups” in case they were not considered as such by social, demographic or economic factors.

MOFPS/OPM (SERP management) with each MDA human resource department will carry out the monitoring of the mitigation strategy implementation. Reports will be drafted and presented to OPM and Cabinet for their knowledge and action if required.

Description of Mitigation Strategy components for the SERP and other human resources management measures.

1. **Priority Access to existing GoJ Social Protection Programmes**
* Former disabled workers, pregnant women or in pre-postpartum or breastfeeding period, people with HIV/AIDS will maintain their access to health services. Former workers in these circumstances will receive a certification/document from MOFPS/OPM (SERP management) certifying their status as vulnerable groups and the period of validity of the benefit. Details and process will be determined in operations manual/regulations of the SERP and other human resources management actions.
* The children who are of school age will be guaranteed a place in the public education system.
* Public officers over the age of 60 will have immediate access to the elderly benefits established by law and the Social Protection Strategy. Care for the needy and vulnerable is shared between central and local government with Ministry of Labour and Social Security (MLSS) having responsibility for persons with disabilities and the elderly. Since there is considerable overlapping between these groups of persons, it is evident that close collaboration is essential.
1. **Priority access to retraining opportunities**
* Public officers categorized as "socially vulnerable" in accordance with the criteria defined by the government's social protection strategy/policy set forth in the previous section, will have prioritized access to programs for the development of new skills that will give them better opportunities to re-enter the labour market, new employment opportunities in the private sector. The financing of the skills development (retraining) is contemplated within component 1 of the investment loan operation.
* The option of SERP is voluntary in its nature. Furthermore, the retraining options is “voluntary” once SERP is taken. It is not expected that all SERP takers will opt to take retraining to develop skills as some will definitively retire, and other have formal education, certifications and or tertiary education. If higher demand is received for the retraining, priority will be given to the “vulnerable groups” identified within SERP. It is estimated that about 1,270 of the 2,000 expected SERP takers will fall under “socially vulnerable” category. Priority for retraining activities will be given to these groups within SERP takers and other public officers affected by any potential rightsizing measure:
	1. **Persons with low levels of education**
	2. **Females who are head of their household**
	3. **Person with chronic illness**
	4. **Persons with disabilities**
1. **Employment Options**
* Given that GoJ public sector workforce as a percentage of the population (4.5%) is considerably larger than in comparable countries in the region and central government’s relatively high wage bill, which remains close to 10% of GDP, accounting for one-third of public expenditures, SERP takers will not be eligible to access jobs in other government MDA for at least five years.
* The MLSS as the Central Welfare Agency – as entity leading the introduction of a scientific objective screening system, the Beneficiary Identification system (BIS) – will prioritize access to SERP takers to its programs for labour intermediation such as:
	1. Electronic Labour Exchange (ELE)
	2. Programme of Advancement through Health and Education (PATH) and the Rehabilitation Programme. The PATH grants are directed at eligible households, as income support to children, pregnant and lactating women, the elderly, and persons with disabilities. The Rehabilitation Programme offers grants to needy persons in the categories of rehabilitation, compassionate, emergency, and education and social intervention.
	3. Jamaica Council for Persons with Disabilities (JCPD), through the Economic Empowerment Grant for persons with disabilities. This has both a human capital focus as well as the provision of support for assistive aids.
1. **Implementation Arrangements**
* Ministry of Finance and Pubic Service (MOFPS) in coordination with Office of the Prime Minister (OPM) will establish the SERP implementation team (Project PEU) who will spearhead process across all participating MDA to implement the SERP and social mitigation strategy.
* Coordination efforts of the OPM will be requested to ensure that interinstitutional coordination is instructed from the highest decision-making level of MDA involved in its execution. Furthermore, to ensure that each MDA involved makes the required arrangements (logistics, administrative and financial) in order to attend to the additional persons under SERP who qualify for the social protection programs under their portfolio.
* MOFPS/OPM (SERP management) will sign an MOU with each participating MDA that has competencies entailed in the Social Mitigation Strategy so as to ensure that the commitments undertaken are implemented and the due process is followed. The technical team designated under the MOU will be responsible of making sure this strategy is being implemented within their MDA competencies.
* As described in the first step below, MOFPS/OPM (SERP management) will sign an MOU with each participating MDA so as to ensure that the requirements to participate and follow the due-process of the SERP and social mitigation strategy implementation within their MDA.



**Step 2 only pertains to “Upskilling” of public officers that remain in their MDA. Not applicable for SERP takers that will leave public-sector workforce.**



* As described in steps 3 and 4 below, specifically for “retraining” track, based on expression of interest from SERP participant to take training course, a considering “prioritization” standards described for vulnerable groups, each MDA’s Human Resource liaison will coordinate with MOFPS/OPM (SERP management) to ensure that the request to participate and training plan of interest is formally submitted for a Service level Agreement (SLA) for training.



* As described in step 4 below, specifically for “retraining” for SERP takers, Service level Agreement (SLA) for training are delivered to prioritized vulnerable groups identified in the process.



# Annex 1: Jamaican Legislation and Social Vulnerability

The following is a brief presentation of the international and national legal framework for vulnerable people. Given the nature of the population that can be considered as vulnerable within the SERP context, international labor conventions and the elements identified in legislative and policy framework are included in the review.

**LEGISLATION**

**Conceptualization of the Comprehensive Approach for Jamaica.**

Broad principles that will guide the implementation of a comprehensive Social Protection (SP) strategy for Jamaica will be identified here. Like all other countries, Jamaica’s choices as regard the boundaries and components of its SP system are dependent on its cultural, social and political norms and values as well as its institutional and fiscal constraints. In seeking to formulate the broad undergirding principles, the answers to certain questions will be sought, namely:

* Is SP a right in Jamaica?
* How should SP be provided?
* Who should provide it?
* What is to be provided?

Is Social Protection a Right in Jamaica? A fundamental consideration is whether SP can be considered a right in Jamaica[[24]](#footnote-24) — a question that is not to be taken lightly. The Jamaican Constitution provides the framework within which human rights are to be established.

In relation to SP concerns, The Charter of Fundamental Rights and Freedoms (Constitutional Amendment) Act, 2011, guarantees rights, for all residents of Jamaica, through Section 2, to

*(a) “life, liberty, and security of the person”;*

*(g) “equality before the law”*

*(h) “equitable and humane treatment by any public authority”*

*(i) “freedom from discrimination on the ground of being male or female, or due to “race, place of origin, social class, colour, religion or political opinions”.*

There is also in *(k) “the right of every child …, to such measures of protection...” and to “enjoy a healthy and productive environment” and children who are citizens have a right to “publicly funded tuition in a public educational institution at pre-primary and primary levels”.*

The Constitution is not specific as to what entails “security of the person”, but this would most normally be interpreted to mean that one’s physical well-being is secured. To be so secured depends on not being subject to bodily harm as well as having one’s basic needs met such as food, shelter, clothing and so forth. The latter is dependent, in turn, on the availability of the relevant goods and services as well as the requisite income to purchase or otherwise avail oneself of these necessities. This is the overarching goal of SP.

Therefore, it may be concluded that having effective SP should be recognised as a Constitutional right of Jamaican residents and the Rights Based Approach is thereby appropriate for Jamaica. This point is further strengthened in relation to children who are given specific rights to protection, to a healthy and productive environment and (for citizens) to basic education. Notably, satisfactory environmental conditions are specified as “free from the threat of injury or damage from environmental abuse and degradation of the ecological heritage” and this is dependent on having an effective public health system as well as good environmental management practices at all levels and in all spheres of the society.

Having established that SP should be treated as a guaranteed right under the Jamaican Constitution, it is necessary to identify the most appropriate and effective means of fulfilling that right. Historically, social welfare in particular has moved through a continuum of policy approaches, from alleviation and amelioration through to human capital development. This is in sync with SRM, which has underscored the wisdom of preventing and/or mitigating risks which can precipitate transitory poverty or exacerbate and perpetuate chronic poverty. Thus, it is advisable to balance symptomatic interventions with preventive measures.

Moreover, in doing the latter, it is not only shorter term, possibly transitory risks that should be addressed, but ‘upstream’ interventions should be in place aimed at fundamental, longer term changes in social structures and behaviour whether in institutional settings (e.g. schools, large employers etc.) or in the personal domain. Additionally, social and structural conditions predispose groups to becoming vulnerable or at risk of having their income security undermined. In many instances, it is likely to be the violation of some of their other Constitutional rights that would make groups so predisposed. These rights include “equality before the law”, “equitable and humane treatment by any public authority” and “freedom from discrimination on the ground of being male or female”, or due to “race, place of origin, social class, colour, religion or political opinions”. With this understanding, the protection of constitutional rights and freedoms through Transformative Social Protection must be viewed as an internal feature of the objectives of SP in Jamaica.

It is evident, then, that, overall, SP in Jamaica must incorporate a comprehensive approach utilizing a balance of strategies that addresses short-term, long-term and symptomatic conditions to prevent and/or counteract the issues that negatively impact socio-economic well-being.

**Social Insurance and Assistance (Income Transfers)**

National Insurance Act

Pensions Act

The New Pensions Act

The National Health Fund Act

Poor Relief Act 1886

**Labour Market Programmes**

Employment (Equal Pay for Men and Women) Act

Employment (Termination and Redundancy Payments) Act and Regulations

Maternity Leave Act

Minimum Wage Act

Women (Employment of) Act

Apprenticeship Act

Employment Agencies Regulation Act

Factories Act

Foreign Nationals and Commonwealth Citizens (Employment) Act

Holiday with Pay Act

Labour Officers (Powers) Act

Labour Relations and Industrial Disputes Act

Pensions (Superannuation Funds and Retirement Schemes) Bill 2003

Pensions Act

Recruiting of Workers Act

Trade Union Act

Workmen’s Compensation Act

**Overarching**

The Charter of Rights

**POLICIES**

**Social Insurance and Assistance (Income Transfers)**

National School Feeding Policy

**Social Assistance (Services)**

National Youth Policy

National Policy Statement on Women

National Policy for Gender Equality

National Policy for Senior Citizens

National Policy for Persons with Disabilities

**Human Capital Development and Care**

National Policy for HIV/AIDS Management in Schools

Drugs for the Elderly

National HIV/AIDS Policy

Reproductive Health Guidelines for Health Professionals

Mental Health Reform

Education Policy

Education: The Way Upward

Compulsory Education Policy

Special Education Policy

National Lifelong Learning Policy

Labour Market Reform

National Policy on Children

**INTERNATIONAL CONVENTIONS**

Jamaica has signed and ratified seven (7) of the nine (9) UN Human Rights Treaties, and these are listed below. Note should be taken of the fact that “Rather than being separate, free-standing treaties, the treaties complement each other, with a number of principles binding them together. … All of the treaties, based on these common principles, are interdependent, inter-related and mutually re-enforcing, with the result that no rights can be fully enjoyed in isolation, but depend on the enjoyment of all other rights”[[25]](#footnote-25)

**1. Convention on the Rights of the Child**

**2. Convention on the Elimination of All Forms of Discrimination Against Women**

**3. Convention on the Rights of Persons with Disabilities**

**4. International Covenant on Economic, Social and Cultural Rights**

**5. United Nations Convention on the Protection of the Rights of All Migrant Workers and Members of their Families**

**6. International Convention on the Elimination of all forms of Racial Discrimination**

**7. International Convention on Civil and Political Rights**

The **Universal Declaration on Human Rights** is a statement to which all nations subscribe by virtue of their membership in the United Nations.

In addition to the UN Conventions, the ILO has eight (8) Social Security Standards which are summarized below. None of these have been ratified by Jamaica.

**UP-TO-DATE[[26]](#footnote-26) ILO SOCIAL SECURITY STANDARDS[[27]](#footnote-27)**

(Classified Guide, 18.05.2009)

**A. Comprehensive Standards**

**1. Social Security (Minimum Standards) Convention, 1952 (No. 102)**

Description: Defines the nine branches in social security (medical care, sickness benefit, unemployment benefit, old-age benefit, employment injury benefit, family benefit, maternity benefit, invalidity benefit, survivors’ benefit) and sets minimum standards for these benefits concerning scope of coverage, kind of benefits, their duration and their qualifying conditions.

**2. Equality of Treatment (Social Security) Convention, 1962 (No. 118)**

Description: Equality of treatment between national and non-national workers with regard to the nine branches of social security, as well as provisions of benefits abroad and maintenance of rights in course of acquisition.

**3. Maintenance of Social Security Rights Convention, 1982 (No. 157)**

Description: Contains the provision of benefits abroad as well as detailed rules on the maintenance of migrant workers’ rights in course of acquisition, covers the nine branches of social security.

**B. Standards relating to the Various Branches of Social Security**

**1. Medical Care and Sickness Benefit Convention, 1969 (No. 130)**

Description: Higher standards than Convention No. 102 with regard to medical care and sickness benefit.

**2. Employment Promotion and protection against Unemployment Convention, 1988 (No. 168)**

Description: Provision for benefit or allowances to the voluntarily unemployed.

**3. Invalidity, Old-Age and Survivors’ Benefits Convention, 1967 (No. 128)**

Description: Higher Standards than Convention No. 102 with regard to invalidity, old-age and survivors’ benefits.

**4. Employment Injury Benefits Convention, 1964 (No. 121)**

Description: Higher standards than Convention No. 102 with regard to employment injury benefits.

**5. Maternity Protection Convention, 2000 (No. 183)**

Description: Revision of Convention No. 103, stipulating minimum cash and medical care benefits and minimum leave periods in case of maternity.

# Annex 2: Public Policies and Programs to Reduce Social Vulnerability in Jamaica

**Vision 2030 Jamaica – National Development Plan**

Current priorities for addressing population needs are guided by the prescriptions of Vision 2030 Jamaica – National Development Plan with the vision “Jamaica the place of choice to live, work, raise families and do business”. Of the 15 National Outcomes identified as necessary to meet the four Goals, social protection is combined with health, education and culture as the prerequisites to achieve the goal of empowering Jamaicans, as shown in Box 1.

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Six strategies[[28]](#footnote-28) are identified to attain Effective Social Protection:

1. Infuse poverty and vulnerability issues in all public bodies

2. Expand opportunities for the poor to engage in sustainable livelihoods

3. Create and sustain an effective, efficient, transparent and objective system for delivering social assistance services and programmes

4. Promote greater participation in, and viability of social insurance and pension schemes

5. Promote family responsibility and community participation for the protection of vulnerable groups

6. Create an enabling environment for persons with disabilities

In addition, the four sector plans that comprise SP each identify goals, outcomes and strategies for their area; of which the goals are listed below.

**Social Welfare and Vulnerable Groups**

1. A society in which the vulnerable population is identified and included in the social support system (government, private sector, NGOs, FBOs, family support etc.)

2. A society that adequately meets the basic needs of vulnerable persons.

3. A social welfare programme which is delivered in a professional manner, ensuring that clients are valued and treated with dignity.

**Social Insurance and Pensions**

1. Social Security coverage for all

2. Efficient and effective social security system

3. Sustainable system of financing for social security

**Persons with Disabilities**

1. Persons with disabilities are guaranteed all human rights of the society

2. A society that fosters inclusion of PWD in all spheres of life

3. Disabilities are prevented

**Poverty Reduction**

1. Incidence and manifestations of poverty reduced in line with established targets

Within the Vision 2030 Jamaica Plan, other sector plans related to health, education and the real economy are also relevant, and support the thrust for effective social protection.

The four national goals of the Plan (full potential, secure society, healthy environment, prosperous economy) are “mutually reinforcing and synergistic in design, and their achievement cannot be realized in isolation from each other”. The inextricable interrelationships among the various sectors is therefore fully acknowledged in the overall national thrust along with a commitment to a broad range of general and specific objectives and strategies for SP. The place of SP within the overall system is depicted in Chart II. Here, its critical role of pulling together the various strands that are contributory to the goals of social protection is also highlighted.



**Jamaica Social Protection Strategy**

In 2014, The Planning Institute of Jamaica (PIOJ) led the effort of drafting the Social Protection Strategy document, developed as part of the ongoing focus on reform, now presents a framework that is broader than safety net considerations. It deepens the dialogue by focusing on prevention of some key risks that can lead to income insecurity and chronic poverty. The fundamentals of the Strategy embrace the possibilities that are part of the human existence, and seek to build on the formation of competitive human capital. The root causes of social insecurity are addressed, rather than merely dealing with the effects or impact of circumstances. This is the broader outlook of social protection, a model that links inclusion with social investments and economic growth.

The social policy horizon within which social development interventions are being framed and monitored is the country’s most recent long-term development agenda. Vision 2030 Jamaica – National Development Plan, launched in 2009, envisages a strong framework for social protection, in keeping with the goal of empowering all Jamaicans to realize their fullest potential.

This Social Protection Strategy seeks to establish the theoretical principles that should guide the conceptualization, design and implementation of actions to support aspects of social assistance, social security and labour market policies, within the timeframe of the national Vision.

The **guiding principles** define a system that: reflects the Vision 2030 Jamaica Goal of empowerment of Jamaicans, promotes independence rather than dependence, gives fair, equitable treatment to all, and has high standards in service provision. This is encapsulated in the slogan “Self-Help Within a Supportive Framework”, from which one may distil the following four guiding principles.

* PERSONAL RESPONSIBILITY
* INCLUSIVENESS
* EQUITY
* SMART PROGRAMMING

The **Goal of the Strategy** is to engender Effective Social Protection – a major outcome of the Vision 2030 Jamaica — through a streamlined and collective interpretation of social protection, which will guide the approaches to be used, priorities for resource allocation, and practical interventions.

The objectives of the Strategy are the following:

1. To enhance the prospects for economic and social development of Jamaica through a structured approach to the provision of social protection interventions

2. To provide the conceptual underpinning that will guide legislative and policy frameworks, resource mobilization, programming and service delivery, for social protection in the country

3. To unite and orient the efforts of public and private actors and stakeholders in creating responsive programmes and initiatives for social protection, through the various types of interventions

4. To ensure that vulnerable or disadvantaged population groups or individuals have recourse to a safety net facilitating basic income security and social services.

The stance taken in this document is that Social Protection is required not only for the poor. Rather it is necessary to ensure that provisions are in place to protect all residents from threats that would prevent them from enjoying living standards that meet established criteria. Universal provisioning is also an important feature of the conceptualization of SP that recognizes its contribution to national development and economic well-being through smoothing of consumption and stabilization of aggregate demand.

This means that all persons should be provided for but not necessarily with the same types of assistance. Varying measures appropriate to the range, levels and types of needs in the society must be put in place using a menu of options that is designed to cater to every possible need.

**Fundamental Considerations and Requirements**

The Strategy rests on some critical considerations and requirements, drawn from lessons pulled from research, diagnostic studies, and international experience. These include the following:

a. Social protection is guaranteed for all citizens through an appropriate and dynamic legislative framework.

b. A symbiotic relationship between economic growth and social protection is recognized.

c. Each actor/stakeholder in the social protection system has clearly defined roles and responsibilities.

d. Sufficient numbers of human resources, including health and education professionals, social workers and case management administrators exist in the sector.

e. The promotion and utilization of modern technologies and approaches, including for the storage and sharing of information, is imperative.

f. Appropriate information and data management systems support monitoring and evaluation of programmes.

g. Joined-up government, and collaboration with non-state actors are effected through an integrated network approach to the social protection system.

h. All efforts are made to ensure equity of opportunity, information and access to services for all citizens, and human rights enshrined in the country’s Constitution are respected.

i. Effective central and local governance structures, as well as appropriate legislation are in place to guarantee social protection.

**Social Protection Floor**

The social protection floor concept popularized by the International Labour Organization, advances an approach that recognizes the provision of certain minimum levels of benefits and services, specifically to support vulnerable groups within the society.

Each country is encouraged to create country-specific standards in terms of policies and programmes that support social security rights for citizens, especially children in poor families, persons with disabilities, the elderly, and workers. This SP Floor will seek to guarantee a minimum provision of social protection, some of which will be public goods and services. In this Strategy, Jamaica has defined its initial SP floor to span two broad areas: Basic Income Security and Basic Social Services.

These include social transfers and safety net programmes, social insurance and employment services, access to health and education, and access to basic goods and services. The social protection floor is the core of the social protection system, since it not only provides universally for all citizens, but also gives special consideration to the provision of safety nets for the most vulnerable.

**The Strategy**

A life-cycle characterization has been employed to systematically address the needs of the population. This calls for a comprehensive approach: firstly, identification of the specific social protection issues relevant to each life-stage; secondly, identification of appropriate strategies towards effective responses; and finally, design of strategies to address the gaps where requirements have not been met by the state, the market or informal provisioning.

Interventions will utilize a combination of measures designed to achieve both immediate or short-term and long-term impact.

The types of interventions to be utilized through this Strategy may be categorized as follows.

**Preventive** – seeks to avert the occurrence of a risk. For example, meeting basic needs can eliminate life-cycle risks.

**Mitigative** – seeks to reduce the impact of a risk. Self-help through saving or market based insurance and disaster preparedness are prime instruments for this purpose.

**Protective** – provides relief from the effect of a risk. It involves traditional welfare measures including income support via transfers in cash or kind, as well as supportive social services.

**Promotive** – enhances human capacity and achievement. It also promotes: a smoothly functioning labour market to optimize job access; the existence of employment opportunities; and the enhancement of workers’ rights.

**Transformative** – seeks to change behaviour patterns that are normative in the society but are judged to have undesirable effects on individual and national well-being.

**The Strategy Statement and Synopsis for Each Life-Cycle Segment are as Follows:**

**Children (0- <18 years)**

Strategy Statement: Promote optimal development of all children in all spheres necessary to ensure their well-being, and enhance the potential for their eventual productive engagement in the labour market.

For children, the strategy will focus on promoting survival and development, protection and well-being, and equitable opportunities for quality care, health and education. Support for parenting and the strengthening of linkages with child-related services, with appropriate state support from pregnancy onwards are deemed critical. Following careful identification, special attention will be given to households deemed to be in need of such (whether welfare beneficiaries or not), through the use of case-management techniques. Safety Nets will be integral to meeting the varying needs of this age cohort.

**Youth (15-24 years)**

Strategy Statement: Prepare young persons for adulthood by equipping them for employment and the attainment of income security, and the knowledge and attitudes necessary to lead responsible independent lives.

Emphasis will be placed on better preparing the youth for the ‘world of work’, by mainstreaming technical and vocational education and training, and better use of labour market signals for career guidance.

The emphasis of the Strategy is on labour force preparation and participation, as well as protective safety nets. The inclusion of persons with disabilities in the social and economic life of the country is an important element in this and all other age segments.

The Strategy will promote appropriate supply side imperatives including employment-rich economic growth, decent work and local economic development. Additionally, the workforce will be encouraged and facilitated to take preventive steps to protect themselves against income loss due to old age, interruptions in employment and business failures, through adequate social security coverage. Financial inclusiveness will be strengthened by working with the financial institutions as well as through establishing a more financially literate populace. In relation to the Safety Net, efforts will focus on scaling-up successful programmes, and addressing gaps in shelter and other basic needs. Synergies between safety nets and livelihood security will be sought through productive inclusion of small farmers, artisans and entrepreneurs. Distinct efforts to graduate welfare families to a position of adequate livelihoods will be undertaken. Lifelong learning and retooling especially of workers in welfare households will be strengthened to ensure employability and special attention will be placed on gender sensitive action.

**The Elderly (60 years and over)**

Strategy Statement: Ensure access and opportunity for elderly persons to attain income security and an adequate living standard.

For the elderly, strategies also span transformative, promotive and protective interventions. The Strategy recognizes the ageing of the Jamaican population and the opportunities this will afford for social inclusion and economic growth. While promoting active ageing, the opportunities for improved social security must be grasped through an environment that facilitates both state support and market alternatives for social security.

**Cross-cutting and Emerging Issues**

The SP Strategy mainstreams the consideration of disabilities, gender equity and other cross-cutting issues throughout each of the set of life-segment strategies. Emerging issues that impact SP, including climate change, migration and new vulnerable groups are also considered in the Strategy, since the intention is to create a responsive environment and machinery to all social security needs.

Environmental issues, particularly those influencing livelihoods and shelter, as well as food security are highlighted as imperative to social protection. Poverty reduction also cuts across all segments of the Strategy, focusing largely on human capital formation and the building of the assets of the poor.

**Institutional Framework**

Institutional requirements of the SP System include the engagement and commitment of political leadership, the establishment of legislation and policies necessary to validate and guide the new paradigm and the development of the national capacity needed for efficient and effective implementation. The strategic approach embraces all three and will use appropriate measures to ensure that each one is put in place.

A National Social Protection Committee (NSPC) will be established towards this end. This will be operationalized through committees at the national and parish levels. The NSPC will be chaired at the central level by the PIOJ and at parish level by the Ministry of Labour and Social Security. The main NSPC will be supported by four sub-committees, each providing more detailed oversight to specific thematic areas. These are: Income Security; Social Transfers; Human Resource Development; and Social Services and Infrastructure. The NSPC will constitute key stakeholder government bodies, representative NGOs, and the private sector.

Education and sensitization of all the players will be a first step in generating consensus on system objectives, standards and entitlements, plus understanding of the obligations, roles and responsibilities of the various players. These players include the local governance structures, field and case workers, and the central overarching mechanisms. The Strategy outlines and discusses the various roles of government, the private sector, NGOs, communities and individuals in the pursuit of effective social protection.

In general, responsibility for social protection is the purview of a wide range of players besides the state. It includes formal market-based institutions and other private sector interests; as well as informal stakeholders such as families, communities, CBOs and NGOs. These will be brought together based on a clear, common understanding of relevant issues. A systems approach will also ensure that their respective policies will be interlocked into a cohesive, coherent whole with harmonization between the different parts of the system, and exploitation of synergies and complementarities so as to maximize benefits.

**Labour Market Programmes**

National Employment Policy

National HIV/AIDS Workplace Policy

Development of an Entrepreneurship Culture

# Annex 3: Sociodemographic record for identification of the vulnerable population within SERP

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ministry, Department or Agency (MDA): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Gender:**
2. Female
3. Male
4. **Age group (at time of SERP):**
5. 16 years – under 18
6. 18- under 30
7. 30- under 45
8. 45- under 60
9. 60 – under 65
10. 65 and older.
11. **Educational Level:**

a. Primary Education Completed;

b. 9 grade completed;

c. High School Diploma;

d. Postgraduate Certificate;

e. Tertiary Education (not completed)

f. Tertiary Education completed: Associates or Bachelor

g. Master’s degree

h. PhD

i. none (no education)

**4. Marital Status:**

1. Single
2. Married
3. Divorced
4. Separated
5. Widow
6. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. **Are you the primary household provider?**
8. yes
9. no
	1. My husband/wife is primary household provider
	2. Another family member is the primary household provider
	3. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. **¿How many people makeup your household?**
11. Only myself
12. 1 more person
13. 2-4 more
14. 5 or more
15. **How many under the age of 18?**
16. 1
17. 2
18. 3
19. 4
20. More than 4
21. **How many older than 60 years of age?**
22. 1
23. 2
24. More than 2
25. **Particular conditions of employee (please mark any that apply to you):**
	1. Pregnant or breastfeeding?
26. Disabled? (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
27. Any Chronic Illness? (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
28. VIH
29. Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
30. Other Conditions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Prime Minister’s Policy Statement on Public Sector Transformation. January 9, 2017. Retrieved from: <http://opm.gov.jm/speeches/prime-ministers-policy-statement-on-public-sector-transformation/> [↑](#footnote-ref-1)
2. Countries comparable to Jamaica in terms of population and territory tend to present lower levels. For example: Belize (4.1%), Panama (3.5%), Dominican Republic (3.1%) and Costa Rica (2.5%). Source: IDB (2016) Mission Impossible? How to Achieve Better Results in Health and Education Through Better Management of Human Resources; and IDB estimates for Jamaica based on e-Census. [↑](#footnote-ref-2)
3. Teachers average 35% to 40% of Central Government employment in comparable countries (for example, Belize 40%, Costa Rica 36% and Panama 35%), while administrative staff tend to be closer to 20%. Sources: IMF (2016) p. 24; IDB (2016). The unusual ratio between teachers and administrative staff in Jamaica is not due to a shortage of teachers: its student per teacher ratio (23:1) and net coverage (93% in primary and 78% in secondary) tend to be better than in comparable countries. Sources: IMF (2016) p. 24; IDB (2016), and Ministry of Education Youth and Information (MOEYI) of Jamaica. [↑](#footnote-ref-3)
4. IMF (2016). Request for Stand by Arrangement and Cancellation of the Current Extended Fund Facility. Press Release and Staff Report. [↑](#footnote-ref-4)
5. Capital spending in Jamaica was around 2% of GDP in 2015/2016, one of the lowest percentages when comparing with other Caribbean countries for the same period, Bahamas (3%), Trinidad and Tobago (4.3%) and Guyana (7.6%). When compared to countries with similar GDP per capita, Jamaica´s capital expenditure, also remained the lowest: Costa Rica (2.8%), Guatemala (2.9%) and Dominican Republic (2.9%) (Source: IMF Article IV). [↑](#footnote-ref-5)
6. Both the 2010 SBA and the 2013 EFF aimed at reducing public sector salaries as a share of GDP but were only partially successful. [↑](#footnote-ref-6)
7. Planning Institute of Jamaica, Jamaica Social Protection Strategy (Kingston: PIOJ, 2014) - <https://webstore.pioj.gov.jm/images/PreviewDocument/20240.pdf> [↑](#footnote-ref-7)
8. Planning Institute of Jamaica, A review of Current & Emerging Vulnerability in Jamaica (Kingston: PIOJ, 2014) - <http://www.pioj.gov.jm/Portals/0/Social_Sector/FINAL_pioj_current_and_emerging_vulnerability_in_ja-pgs-Nov-4-2014.pdf> [↑](#footnote-ref-8)
9. Planning Institute of Jamaica, Vision 2030 Jamaica – National Development Plan (Kingston: PIOJ, 2009) - [http://www.vision2030.gov.jm/Portals/0/NDP/Vision%202030%20Jamaica%20NDP%20Full%20No%20Cover%20(web).pdf](http://www.vision2030.gov.jm/Portals/0/NDP/Vision%202030%20Jamaica%20NDP%20Full%20No%20Cover%20%28web%29.pdf) [↑](#footnote-ref-9)
10. Bureau of Women’s Affairs and The Gender Advisory Committee 2010, National Policy for Gender Equality (NPGE) Jamaica, 2010, accessed May 18, 2012, <http://www.jis.gov.jm/pdf/NPGE-JA-FINALwCover21311.pdf> [↑](#footnote-ref-10)
11. PIOJ and STATIN, **Jamaica Survey of Living Conditions 2009** (Kingston: Statistical Institute of Jamaica and Planning Institute of Jamaica) [↑](#footnote-ref-11)
12. <http://www.pioj.gov.jm/Portals/0/Social_Sector/Executive%20Summary2014.pdf> [↑](#footnote-ref-12)
13. PIOJ 2010 and Whyss and White 2004 [↑](#footnote-ref-13)
14. Pan American Health Organization and World Health Organization, Jamaica Country Cooperation Strategy 2010-2015,2010, accessed June 14, 2012, <http://www.who.int/countryfocus/cooperation_strategy/jamaicaccs2010.pdf> [↑](#footnote-ref-14)
15. Vision 2030 Jamaica – National Development Plan (PIOJ, 2009) [↑](#footnote-ref-15)
16. Ibid. [↑](#footnote-ref-16)
17. Planning Institute of Jamaica, Jamaica Country Assessment, 2012, <http://www.vision2030.gov.jm> [↑](#footnote-ref-17)
18. ESSJ 2011, p. 23.4. [↑](#footnote-ref-18)
19. Average number of years at school of the economically active population taken from the SIMS (The Labor Markets and Social Security Information System) with national data from 2012. [http://www.iadb.org/en/databases/sims/sims-labor-markets-and-social-security-information-system,20137.html](http://www.iadb.org/en/databases/sims/sims-labor-markets-and-social-security-information-system%2C20137.html) [↑](#footnote-ref-19)
20. Heart-Trust/NTA Labour Market Information Portal. <http://lmip.heart-nta.org/LMI.aspx> [↑](#footnote-ref-20)
21. PIOJ, Social Protection and Gender Unit, 2012. [↑](#footnote-ref-21)
22. No estimates exist at this point regarding posts to be affected by rightsizing after the implementation of shared corporate services and other measures, but it is expected it will be a much lower number. [↑](#footnote-ref-22)
23. Government has expressed their intent to have a “Call for interest to participate in the SERP” in the next couple of months within the MDA. It is recommended that the “call for interest” entails a sociodemographic record such as the one provided in annex 3 to gather key information regarding the vulnerable groups within possible “SERP candidates”. [↑](#footnote-ref-23)
24. The question concerns the matter of legal entitlement, not the theoretical issue of whether it should be considered a right. [↑](#footnote-ref-24)
25. Office of the United Nations. “The United Nations Human Rights Treaty System”: Fact Sheet No. 30. High Commissioner for Human Rights. <http://www2.ohchr.org/english/bodies/docs/OHCHR-FactSheet30.pdf> [↑](#footnote-ref-25)
26. Conventions, the ratification of which is encouraged and information on difficulties of ratification is requested; and Recommendations to which member states are invited to give effect. [↑](#footnote-ref-26)
27. Accessed online. [↑](#footnote-ref-27)
28. See Vision 2030 Jamaica – National Development Plan, 2009, pp. 81–83. [↑](#footnote-ref-28)