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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Jamaica

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1996 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of Jamaica which has an annual planning level of \$1,000,000 or less. The Executive Director recommends that the Executive Board approve the amount of \$3,750,000 from general resources, subject to the availability of funds, and \$10,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1997 to 2001.

* E/ICEF/1996/18.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

BASIC DATA
(1995 unless otherwise stated)

Child population (millions, 0-15 years) (1994)	0.79
USMR (per 1,000 live births)	13
IMR (per 1,000 live births)	10
Underweight (% moderate and severe) (1993)	10
Maternal mortality rate (per 100,000 live births) (1990)	120
Literacy (% male/female) (1994)	69/81
Primary school enrolment (% net, male/female)	96/92
Primary school children reaching grade 5 (%) (1992-1993)	90
Access to safe water (%) (1993)	86
Access to health services (%) (1994)	90
GNP per capita	\$1,420

One-year-olds fully immunized against:

tuberculosis:	100 per cent
diphtheria/pertussis/tetanus:	92 per cent
measles:	89 per cent
poliomyelitis:	92 per cent

Pregnant women immunized against:

tetanus:	80 per cent
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THE SITUATION OF CHILDREN AND WOMEN

1. The Government of Jamaica has completed its first report to the Committee on the Rights of the Child, ratified the Convention on the Elimination of All Forms of Discriminations Against Women and prepared both a comprehensive National Poverty Eradication Programme (NPEP) and a national programme of action for children (NPA). The mid-decade goals have been met with the exception of the goal for the Baby-Friendly Hospital Initiative; however, in 1996, seven of the nine maternity facilities targeted were certified "baby friendly". The Committee on the Rights of the Child pointed out deficiencies with respect to children's rights to health and education, juvenile justice and special protection. The main structural causes of child deprivation in Jamaica are linked to poverty and two decades of structural adjustment. Significant reductions in social investments have created an enormous social debt which particularly affects poor, female-headed households. Almost one third of Jamaica's population are poor, half of them children, while four in ten children under 14 years of age live in extreme poverty.

2. A survey carried out in 1994 on the infant mortality rate (IMR) provided strong evidence that, due mainly to underregistration of deaths, IMR is substantially higher - at 24 per 1,000 live births - than the United Nations estimate of 10. The survey also showed disparities in the distribution of infant mortality among and within parishes, which was highly correlated with economic and social disparities. IMR, as well as the very high mortality rate (MMR) of 120 per 100,000 live births, the percentage of low-birth-weight babies (11 per cent) and increasing maternal and child malnutrition are major concerns, and pose the greatest challenges to Jamaica in meeting the goals of the World Summit for Children.

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3. Although access to primary education is almost universal, disparities continue to exist. One fourth of the poorest children have no formal education, versus 6.9 per cent of the wealthiest, only 63 per cent of poor children are enrolled in schools, down from 74 per cent in 1989, and many of them attend only half of the classes. About half of primary school graduates are illiterate, with boys performing less satisfactorily than girls and urban students outperforming rural ones. The adult illiteracy rate is 19 per cent for men and 31 per cent for women.

4. Economic and social stress threaten family stability which, in turn, has led to paternal absenteeism, increased violence against women and children - and by children - as a means of settling conflicts. There are increasing incidences of abuse (800 in 1994), neglect, abandonment and teenage pregnancy (28 per cent of total births), and the number of street children has doubled since 1989, to approximately 2,500. Sexually transmitted diseases (STDs) and HIV/AIDS are emerging as prominent causes of child and youth morbidity and mortality. The inadequacy of legislation and law enforcement result in insufficient protection of children's rights. Children in conflict with the law face lengthy detention in police lock-ups and other criminal institutions.

PROGRAMME OF COOPERATION, 1990-1996

5. The 1990-1995 country programme focused on four programmes: (a) primary health care (PHC), which helped to improve immunization coverage for the six diseases of the expanded programme on immunization, reduce deaths caused by diarrhoeal dehydration and increase breast-feeding; (b) services for 49,000 children in remedial education and life skills training in all parishes, child guidance clinics for abuse cases and rehabilitative services for 1,200 street children, 700 children in need of foster care and 7,000 children with disabilities; (c) 150 workshops and seminars on income generation and skills development for over 2,000 women aged 14-24 years, and training in child care and life skills for 1,500 adolescent mothers; and (d) advocacy and social mobilization, which increased media interest and coverage of issues affecting children. A short-duration country programme for 1995-1996 allowed the harmonization of the UNICEF programme cycle with those of the other United Nations agencies in Jamaica. An institution-based monitoring system project was started with funding from the Special Adjustment Facility for Latin America and the Caribbean, and an urban basic services (UBS) project was continued.

6. Cooperation with the University of the West Indies, non-governmental organizations (NGOs) and other institutions resulted in innovative work in areas affecting children and women facing economic, cultural and social stresses and changes. This work, in such areas as parenting education (especially for men), gender socialization, early childhood learning, domestic violence, family disintegration and health and family life education, influenced related programming work in the Caribbean and in a number of countries in Latin America.

Lessons learned

7. UNICEF support to the Government for development of the National Policy on Children, the NPA, the decentralization of health services, gender mainstreaming and related policies and programmes has increased the Government's confidence in the capacity of UNICEF to provide technical support and material inputs for innovative projects. The Child Health Education and Development Project (CHED), a component of the PHC programme, demonstrated in 314 primary schools the effectiveness of teaching methods based on "child-to-child" strategies and provided a replicable model for the progressive implementation of this concept.

Experiences with parenting education programmes have shown that improved support for child-centered learning and good child-rearing practices can improve children's learning performance at all levels. The programme for children in especially difficult circumstances generated momentum in support of the Convention on the Rights of the Child and undertook innovative and rehabilitative work among street and other children in difficult circumstances.

8. The mid-term and final evaluations of the UBS project showed that the community-based approach was successful in the areas of immunization and nutrition, and improved the earning abilities and organizational skills of participating communities. These multipurpose programmes, which provide services, strengthen local managerial capacity and empower beneficiaries to find solutions to their problems, appear to provide more and longer lasting benefits.

RECOMMENDED PROGRAMME OF COOPERATION, 1997-2001

Estimated annual expenditure

(In thousands of United States dollars)

	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>Total</u>
<u>General resources</u>						
Social policy and planning for children and women	197	197	191	182	179	946
Basic education	150	150	150	150	150	750
Children and youth at risk	120	120	120	120	120	600
Decentralized community development for children	140	140	140	140	140	700
Programme support	<u>143</u>	<u>143</u>	<u>149</u>	<u>158</u>	<u>161</u>	<u>754</u>
Subtotal	<u>750</u>	<u>750</u>	<u>750</u>	<u>750</u>	<u>750</u>	<u>3 750</u>
<u>Supplementary funding</u>						
Social policy and planning for children and women	150	300	450	450	300	1 650
Basic education	200	500	650	650	500	2 500
Children and youth at risk	262	500	600	600	540	2 502
Decentralized community development for children	316	612	707	702	557	2 894
Programme support	<u>72</u>	<u>88</u>	<u>93</u>	<u>98</u>	<u>103</u>	<u>454</u>
Subtotal	<u>1 000</u>	<u>2 000</u>	<u>2 500</u>	<u>2 500</u>	<u>2 000</u>	<u>10 000</u>
Total	<u>1 750</u>	<u>2 750</u>	<u>3 250</u>	<u>3 250</u>	<u>2 750</u>	<u>13 750</u>

Country programme preparation process

9. The programme of cooperation was prepared after a thorough process of consultation which involved the Government, NGOs, other United Nations agencies and donors. The process was led by the Planning Institute of Jamaica (PIOJ), which is responsible for overseas technical cooperation. The resident mission of the Netherlands was particularly involved in the process, and representatives of Canada, Italy, the United Kingdom, the United States and the European Union

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also took part. Also participating were the United Nations Development Programme (UNDP); the United Nations Population Fund (UNFPA); the United Nations Educational, Scientific and Cultural Organization (UNESCO); the World Food Programme (WFP); and the Pan American Health Organization/World Health Organization (PAHO/WHO).

Objectives and strategy

10. The objectives of the country programme are to: (a) improve the well-being of children and women, e.g., by improving children's learning achievement, as part of the overall NPEP goal of reducing poverty by one half, to 14 per cent by 1998; and (b) support the implementation of selected recommendations of the Committee on the Rights of the Child.

11. The programme strategy will have three dimensions: (a) to provide sustained, high-level technical inputs to the Government at both the national and regional levels, specifically targeting the analysis, design and implementation of policies; (b) to bring planning capacities closer to the intended beneficiaries, primarily by enhancing the capacity of regional and parish authorities; and (c) to promote the participation and influence of communities and beneficiaries in the programme's plans and actions, particularly at the parish level. The latter will involve the empowerment and mobilization of people through close work with families and communities, primarily through churches, community-based organizations and NGOs.

Social policy and planning for children and women

12. This programme will assist the Government to move from policy development to preparation and implementation of related plans with targets that can be monitored. It will focus on the decentralization of policy implementation, specifically to ensure relevance and effectiveness at parish and community levels. The programme will also continue to promote the use of national policies to implement NPA priorities and the goals of the World Summit for Children.

13. The core programme to be funded from general resources includes procurement of equipment for data processing and report preparation; workshops and seminars on the NPA and the Convention on the Rights of the Child for the political directorate, senior policy advisors and parish-level authorities; and training in evaluation and research and dissemination of monitoring reports, particularly for the PIOJ and social sector ministries. Supplementary funds will support the continuation of expanded parish-based activities in research for decentralized policy planning and implementation.

Basic education

14. The programme will support the implementation of the Government's five-year education plan and of selected NPA goals for improvement of the quality of basic education for children up to 12 years of age. The two projects, on early childhood development (ECD) and improved learning achievement, will target over 600 primary and early childhood institutions. The ECD project will increase coverage and quality of early childhood programmes by providing support to the Early Childhood Division of the Ministry of Education and the Caribbean Development Centre for the development of a national curriculum, through training of caregivers, administrator and inspectors, and also develop and disseminate promotional materials to communities. The project also benefits from support from WFP.

15. The Improved Learning Achievement project will focus on improving the learning skills of low achievers, building on a successful UNESCO/UNDP pilot project. The project will increase coverage from 30 to 100 schools by an average of 20 schools per year, to cover 5,000 pupils. The number of schools using the CHED curriculum will expand from 314 to 789 by the year 2001. Learning materials designed by the University of the West Indies and the Curriculum Development Department of the Ministry of Education and produced with the assistance of UNICEF, will incorporate learning and life skills focused on health, nutrition, environmental issues, gender equity and children's rights. The programme will also facilitate parent and community participation in the education of children and encourage positive socialization through the programmes for parenting skills. Both the World Bank and the Inter-American Development Bank have expressed a strong interest in working with UNICEF in the area of ECD.

16. General resources will be used to provide computers; for training of educational administrators, teachers and caregivers, as well as training of trainers in parenting education; and the development of pedagogical materials. Supplementary funds will be utilized for social mobilization and consultative workshops with researchers and for expanding the number of schools and early childhood centres.

Children and youth at risk

17. The programme will expand remedial education to cover 40,000 out-of-school youth, expand outreach services from 1,200 to 2,500 street children (the total number in the country), seek to place 1,200 currently institutionalized children in foster care and integrate 1,100 others back into their families. With general resources, UNICEF will provide technical support and training workshops to help the Government to build the capacity of the judiciary and the Ministry of Health, and accelerate legal and policy reform. Supplementary funding will permit UNICEF to assist selected NGOs to provide comprehensive family care services to 100,000 vulnerable children, while building their capacity to provide these services independently throughout the country. At the institutional level, the programme will assist in the improvement of data collection and of monitoring and evaluation of child right policies and programmes. It is expected that the Peace Corps (United States) will continue to collaborate in this project through volunteer assistance in remedial education and skills training.

Decentralized community development for children

18. The programme will adopt a strategy of service, technical and material delivery with strong mobilization, information and training dimensions. The core programme funded by general resources will target 5 of the 14 parishes and will help to reduce MMR in these high-incidence parishes. This will be done in collaboration with UNFPA and PAHO/WHO, by mobilizing mothers to make better use of health services during the first trimester of pregnancy; increasing community capacity for monitoring hypertension and related causes of eclampsia; and improving supervision during labour and delivery to minimize haemorrhages and infections. The programme will also aim to reduce perinatal and infant mortality in these parishes through improved maternal nutrition and reduced trauma. The prevalence of malnutrition will be reduced by one half, from 37 per cent, through micronutrient supplementation and demonstration of low-cost technologies for food processing and water purification. Immunization coverage will be increased island-wide to virtually 100 per cent and the prevalence of STDs reduced from 5 to 1 per cent in selected areas. Supplementary funds will be used to increase adolescent counseling to all parishes by the year 2001 and also increase the availability of portable water from 40 to 87 per cent and of

sanitation from 20 to 95 per cent. Both core and supplementary-funded programmes will have a strong training, information and mobilization component and will provide supplies and equipment.

19. This programme will build on the success of the UBS project of the previous country programme and will ensure the development of strong linkages between national policies and programmes and parish- and community-based plans and actions by sensitizing national planners to local concerns and through training workshops to improve the skills of parish-level authorities in programme analysis and planning. It will also support the close monitoring of interventions for at-risk children and youth, and in early childhood and basic education, and provide a test ground to validate the efficacy of specific child-related social policies supported by UNICEF at the national level.

Fund-raising strategies

20. UNICEF will continue to work with the international financial institutions, especially in connection with the Social Investment Fund that will be established to support NPEP. The successful private sector fund-raising done through the National Initiative on Street Children will be expanded through the participation of the private sector.

Monitoring and evaluation

21. Programmes and projects will be monitored and evaluated through the Project Coordinating Committee, which is chaired by the Government and includes programme managers, and by involving the project participants themselves to report and review the progress of each project on a quarterly basis.

Coordination with other agencies

22. UNICEF continues to work closely with the United Nations agencies operating in Jamaica, for example, with WFP and UNESCO in education and with UNFPA and PAHO/WHO in reproductive and maternal health, and in the Joint United Nations Programme on HIV/AIDS. UNICEF is an active member of the resident coordinator system and took part in discussions about the country strategy note. Members of the bilateral donor community, including Canada, Germany, Japan, the Netherlands, the United States and the European Community, have agreed to focus their assistance on the Government's poverty reduction initiative, which the present programme also supports.

Programme management

23. The PIOJ will be responsible for overall coordination, while the Ministries of Health and Education and the Prime Minister's Office will be in charge of programme implementation. UNICEF will work closely with the Human Resources Council and the NPA Coordinating Committee to monitor the overall progress of the country programme.

