

**VISION 2030 JAMAICA
NATIONAL DEVELOPMENT
PLAN**

**SOCIAL WELFARE AND
VULNERABLE GROUPS
SECTOR PLAN**

Revised June 2009



VISION 2030 **JAMAICA**

SOCIAL WELFARE AND VULNERABLE GROUPS

SECTOR PLAN 2009 – 2030

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LIST OF ACRONYMS

BIS – Beneficiary Identification System

CBO – Community-Based Organization

CCT – Conditional Cash Transfer

CDA – Child Development Agency

ESSJ – Economic and Social Survey Jamaica

FBO – Faith Based Organization

HEART Trust/NTA – Human Employment and Resource Training Trust/National Training Agency

JADEP – Jamaica Drugs for the Elderly Programme

JSLC – Jamaica Survey of Living Conditions

MLSS – Ministry of Labour and Social Security

NCSS – National Council for Senior Citizens

NCYD – National Centre for Youth Development

NGO – Non-Governmental Organization

NIS – National Insurance Scheme

NCSC – National Council for Senior Citizens

ODPEM – Office of Disaster Preparedness and Emergency Management

PATH – Programme of Advancement Through Health and Education

PIOJ – Planning Institute of Jamaica

STATIN – Statistical Institute of Jamaica

FOREWORD

The hope of Jamaica attaining developed country status by the year 2030 has been met with very mixed reactions, to say the least. For some, it is seen as a pipe dream, for others it is viewed as audacious, while for others it is quite a realistic hope. Many young persons, in fact, yearn for such an achievement. On a personal note, my 14 year old son on his way to school one morning and flipping through the pages of the **Vision 2030 Jamaica: Excerpts from the Strategic Framework**, without my prompting, commented that this would be a place he would love to live in, in 2030. His yearning, like that of so many of his friends, has so far been for elsewhere. They are daunted by high crime, poor economic growth and feelings of hopelessness and insecurity. According to him, he liked what he had read. While he is just one case, his words are encouraging.

Whether dream, audacity, hope or yearning, it cannot and must not be business as usual in Jamaica. There needs to be a radical change in attitude and behaviour, facilitated by a renaissance in thinking that must involve every institution of the society. The State must, by example, lead the process, providing the necessary institutional frameworks and assurances of fairness, but it must co-opt assistance from families, educational institutions, faith-based institutions, community organizations, private sector entities and the non-governmental sector and must capture their imagination.

This Task Force on Social Welfare and Vulnerable Groups was concerned with outlining a Jamaican social welfare system that would target effectively to capture all individuals requiring state assistance, that would adequately provide for their basic needs, would operate with efficiency and would deliver a high quality of service, complete with the necessary institutional and legalistic frameworks, including adequately trained functionaries operating with accountability and transparency. Our intention as a country must ultimately be, however, to minimize risk factors and to give every citizen a fair chance in life, the enjoyment of the protection of the state and the experience of

happiness. All of this must be done in a manner in which basic human dignity is maintained.

I extend kudos to the membership of the Task Force, particularly to that smaller core who were the 'engine room' of the process and gave freely of their time, energy and expertise. This was tedious work, yet extremely rewarding. But the rewards must not only be felt by us, but by the entire society, and especially by the various vulnerable populations for whom this Task Force has worked. We look forward to the plans bearing fruit and to a Jamaica that is without question, "the place of choice to live, work, raise families, and do business."

Heather Ricketts, PhD

Task Force Chair

1.0: INTRODUCTION

The Planning Institute of Jamaica (PIOJ) was mandated to spearhead the design of a long-term National Development Plan, Vision 2030 Jamaica, to guide Jamaica into achieving developed country status by 2030. The National Vision around which the plan is being developed is to make ***“Jamaica, the place of choice to live, work, raise families and do business”***. To accomplish this, the PIOJ identified a number of thematic areas that should be addressed under the plan and established 31 Task Forces to spearhead planning for transformation and modernization under these thematic areas. One of the task forces established was the Social Welfare and Vulnerable Groups (SWVG) Task Force. The role of the Task Force was to comprehensively review the area of Social Assistance and the treatment of vulnerable groups and develop an appropriate plan to transform the management and provision of services to these groups to the standard expected of a developed country. The deliberations of the task force were informed by public consultations and stakeholder reviews. The Vision around which the SWVG Plan was developed is ***“A social welfare system that is responsive to the needs of the vulnerable population and contributes to maintaining human dignity”***. The SWVG Sector Plan will contribute to National Outcome 3: ***“Effective Social Protection”*** which contributes to National Goal 1: ***“Jamaicans are empowered to achieve their fullest potential”***.

Given the human rights perspective and people-centred remit of the Vision 2030 Plan, Jamaica intends to ensure that all citizens who are unable to provide and care for themselves will be supported through the resources of the State. The Plan envisages a clear role for the State — while promoting increased participation of families, communities, the private sector, Community-based organizations (CBOs) and other civil society organizations — in the care of vulnerable groups. Care will be provided without compromising dignity, and emphasis will be on support and rehabilitation. In order not to lose sight of the most vulnerable, it is imperative that objective means of selecting beneficiaries be maintained, so that benefits of the social assistance system target the neediest members of the population. The Plan, therefore, makes recommendations for

the improvement of the beneficiary identification mechanism as well as the delivery system. The strategies involve not mere alleviation of circumstances, but rather, a careful analysis of different vulnerabilities, how these can be prevented or diffused, and in general, the levels of social infrastructure that must be established for enhancing the quality of life of the individual. The plan recognises that there are differences between males and females in both the way that they experience events and circumstances and the way that they are affected by programmes and policies.

The Plan addresses such vulnerabilities as: homelessness; impact of natural disasters; deportee and refugee status; human trafficking; poverty and chronic illnesses. The Plan also addresses the needs of vulnerable children, youth and the elderly. The aim is to create within the various arms of the social assistance network, the capacity to treat with a variety of needs, be they temporary or permanent. The Plan recognizes a critical role for public education and raising awareness of the rights of vulnerable persons. The document is presented in two sections. Sections one to three provides background information through Situational and SWOT Analyses. The Strategic Plan for the sector is then presented in sections 4 and 5, which include the following:

Vision Statement

Guiding Principles for Social Welfare

Strategic Plan – Goals, Outcomes

Action Plans (Long-term and Short-term)

Monitoring and Evaluation Framework

2.0: SITUATIONAL ANALYSIS

Social Assistance, in this context, refers to provisions that are intended to benefit persons requiring support due to poverty or other vulnerabilities. Social assistance encompasses all forms of public action, whether by government or non-government sectors, that are designed to transfer resources to eligible vulnerable categories of persons. Typically, these are the provisions that form the social safety net, a range of services designed to improve the quality of life for vulnerable groups. Vulnerability may be as a result of factors such as socio-economic status, age, and shocks such as natural and man-made disasters. Thus, the categories of persons considered to be vulnerable include children, the elderly, youth at-risk, persons with disabilities, persons with chronic illnesses and the poor and destitute.

The situation

The safety net includes the Programme of Advancement Through Health and Education (PATH), the Poor Relief Programme, School Feeding Programme, School Fee Assistance Programme, Rehabilitation Grant Programme, Jamaica Drugs for the Elderly, the National Health Fund, among others. The main beneficiaries of these programmes are children 0-17 years, the elderly, persons with disabilities, pregnant and lactating women, and the destitute.

Since 2000, the Government has embarked on a major Social Safety Net Reform Programme. PATH, a Conditional Cash Transfer (CCT) programme, is one example of the changes that have been effected in an attempt to consolidate similar programmes, eliminate duplication, enhance efficiencies in administration and costs, and improve benefit levels. Stricter targeting of benefits to the most needy is a feature of the reforms, as the Government seeks to manage the scarce resources and reduce leakage. In this regard, a Beneficiary Identification System (BIS) has been developed and is being used in several of the major programmes. The BIS involves a proxy means test which is

administered at the time of application for social assistance, and which uses pre-determined eligibility criteria to determine level of need, by way of a cut-off score. The development and utilization of the BIS envisages that different social assistance programmes can establish their own cut-off scores, depending on the scope of the programme. To supplement the objective test, an appeals mechanism (currently being used for PATH applicants) has been instituted in all parishes. At the end of 2007, a cumulative total of 1030 households had been added to the programme as a result of the appeals process. PATH is also focussing on building the capacity of beneficiaries. To this end, the programme is testing the feasibility of developing the capacity of parents through parenting workshops as a substitute for the health centre visits.

In July 2008 the Government commenced the pilot of a new initiative, Steps to Work; designed to assist working-age (15-64) members of poor households (PATH) to seek and retain employment. This initiative provides opportunities for training, entrepreneurship and job placement.

A Bill to replace the 1886 Poor Relief Law has been drafted, and is currently under review. This National Assistance Bill covers many aspects of social assistance to vulnerable groups, and seeks to ensure that provisions are enshrined in law.

Approximately 70 per cent of the beneficiaries of the income transfer programme, PATH, are children. The next largest category of beneficiary of social assistance is the elderly. A relatively small number of persons with disabilities benefit from PATH. Able-bodied vulnerable persons in the 18-64 years age group access social assistance mainly through programmes such as the Rehabilitation Grant and other forms of Public Assistance, and the Social and Economic Support Programme.

Social assistance for children and youth has several areas of focus, many of which are dealt with through a plethora of programmes and initiatives throughout the State sector and the NGO sector. These include early childhood development (Early Childhood Commission, Early Childhood Act, Child Care and Protection Act), School Feeding

Programme, school fee assistance, health fee waivers, child rights advocacy (Children's Advocate, Children's Registry, Jamaica Foundation for Children), street children programmes, and youth at risk programmes. (See sections on Children, Youth).

Some Related Issues

1. The reform process needs to embrace other vulnerable groups such as the homeless, poor persons living with HIV/AIDS, and youth. For example Children leaving secondary school and falling outside of eligibility for PATH, need a safety net.
2. The availability and affordability of public transportation, particularly in rural areas, is impeding the access of poor households to available services. The data (JSLC) and qualitative information show that lack of funds for transport is affecting children attendance in schools. Transportation also affects the mobility of the elderly.
3. School Feeding needs to be rationalized so as to be more consistently available for poor children.
4. Although there have been strides in developing national policies towards upholding the rights of persons with disabilities, there are still many challenges faced by poor and non-poor. Among these are overt and covert acts of discrimination, stigma, inadequacies of public infrastructure, a dearth of available technology and aids, and a less than enlightened citizenry.
5. Of the several Latin American countries that have instituted Conditional Cash Transfer programmes similar to PATH, the majority have focused on children as beneficiaries, along with pregnant and lactating women. The elderly and other persons with disabilities have not been conditioned with the same rigour that is applied to the households with children. It may very well be that these groups are best treated through other types of interventions which combine cash and other types of support.
6. It is essential to improve the lot and circumstances of persons in state residential care (e.g., the infirmaries and children's homes).

7. There is no adequate exit plan for children leaving state run foster homes, who therefore become vulnerable at age 18 years, when they must leave these facilities.
8. There is no clear strategy for reabsorbing children 15 to 17 years old who are out of school. The Government's remedial education and training programmes accept youth at 17 years old. It should be noted however, that the number of un-attached out-of-school children has been declining.
9. Street children are not adequately being provided for.
10. Deportees without a local support base need re-orientation and rehabilitation services.

Challenges

1. Insufficient number of social workers in the system to effect the close case management required for improved programmes.
2. Limited budgetary resources to achieve effective social protection.
3. Lack of social cohesion among citizenry demonstrated by a lack of general consensus on national issues and disrespect for national symbols and traditions. For example, most Jamaicans do not stand at attention for the singing of the national anthem.

Vulnerable subgroups addressed in this Plan

Children (under 18 years)

In 2008, an estimated 33.6 per cent (932 500) of the population were children; with slightly more females than males (52.6 per cent females to 47.4 per cent males). Many of our children are vulnerable. Over the five year period 2003-2007, child poverty averaged 17.9 per cent, nearly 8 percentage points above the national level which stood at 9.9 per cent in 2007 (ESSJ 2008). There are children living without adult supervision while others are street and working children. Many are subjected to violence and neglect. Other concerns include trafficking of children through Jamaica (this includes the movement of children across Jamaica to tourist destinations in the country where they are sexually exploited); the general involvement of minors in adult entertainment; child labour and

prostitution. There is also the absence of rehabilitative facilities for child abusers and for training of parents who have poor parenting skills.

Responses of the Government have included revision of the Child Care and Protection Act and enactment of the Early Childhood Act. These Acts affirm the rights of the child, prescribe minimum standards of care for care givers, provide for the monitoring of early childhood institutions and prescribe penalties for failure to comply with the requirements or otherwise contravening the rights of the child. The government has also sought to sensitize and train individuals responsible for the care and protection of children. The Office of the Children's Advocate and the Child Development Agency (CDA) seek to protect the rights of children. The Programme of Advancement Through Health and Education (PATH) is a conditional cash transfer programme that caters to the needs of vulnerable groups, primarily children in poor households. The main objective of the Programme is to break the intergenerational cycle of poverty through human capital development.

Youth (15-24 years)

There were 456 300 youth aged 15-24 years in 2008, constituting 16.9 per cent of the Jamaican population. Some 98 100 youth are within the employed labour force representing 15.2 per cent of the employed labour force. However, youth represent 38.6 per cent of the unemployed (49 900). In 2008, the youth unemployment rate¹ (25.9 per cent) was more than 3 times the adult unemployment rate (7.9 per cent). It has been recognized that the successful integration of youth into the labour market requires the development of specific programmes for training and employment. Among the priority areas of the National Youth Policy are: Education and training, employment and care and protection. Other areas for attention include youth in non-formal institutions and unattached youth who are not in school. These include children who have exited

¹ The labour force data includes youth 14 -24 while the population data from STATIN and PIOJ separates the youth into the cohorts 10 – 14, 15 – 19 and 20 – 24. Thus it is possible to accurately combine the population data to include youth 15 to 24 by simple addition but 14 year olds who form the lower end of the labour force grouping cannot be disaggregated from the 10 – 14 age group in the wider population. Hence, the population data presented on youth includes ages 15 – 24 while the labour force unemployment data includes ages 14 to 24.

children's homes and places of safety at 18 years without having attained employable skills or secured employment. Some of them leave without having secured a place of abode. It should be noted that most children's homes try to place these children in half way homes to help them to adjust to living on their own.

The government's strategy for youth development is coordinated through the National Centre for Youth Development (NCYD). A revised version of the National Youth Policy was tabled in Parliament in June 2005 and a comprehensive National Strategic Plan for Youth Development that addresses the priority areas for youth development targeted under the Policy, was completed and submitted to Cabinet.

The HEART Trust/NTA also plays a critical role in delivering and financing training programmes that are largely geared towards but not restricted to youth development. In 2007/08, there were 107 093 trainees enrolled in HEART programmes (60.9 per cent females) while 59 177 completed training in HEART Trust/NTA programmes in that year.

The Elderly (60+ years)

Senior citizens are regarded as those 60 years old and over. They accounted for approximately 11.1 per cent (295 600) of the population in 2008 (54.6 per cent females). Population trends indicate that the percentage of elderly people living in the population has been and will continue to increase in proportion to the rest of the population until the year 2025. The implication of this is that more facilities and support programmes will have to be created for the elderly. Most of the elderly are cared for by family members in their homes. Others are in the care of private and state run institutions, while others live alone without adequate support.

Among the major concerns for the elderly are the cost of health care, inflationary movements that have eroded the purchasing power of their pensions and as a corollary, the fact that most pension schemes operated in Jamaica do not have any provisions for increases in the amount paid once the retiree has begun to receive a pension. There are also concerns about the inability to afford transportation costs and utility expenses,

especially for the elderly living in rural areas, poor physical conditions of state run homes and some that are operated privately, and poor housing conditions of some of the elderly living alone. The PATH, National Health Fund (NHF) and the Jamaica Drugs for the Elderly Programme (JADEP), and National Insurance Scheme (NIS) offers useful but still insufficient support.

The National Council for Senior Citizens (NCSC), an agency of the Ministry of Labour and Social Security, is another avenue through which support is provided for senior citizens. The agency bears oversight responsibility for the implementation of the National Policy for Senior Citizens and oversees and supports programmes and activities geared towards fulfilment of the Policy. The NCSC refers senior citizens to existing programmes earlier referenced such as JADEP, NIS and PATH.

Homeless

The 2001 Population census identified 802 persons classified as homeless. Of this number, 402 were living on the streets and the remainder were living in Shelters. During the period November 2003 to February 2004 two organized point-in-time counts of homeless persons on the streets of the corporate area were conducted. The Board of Supervision's (BOS) statistics reveal that on the 31st of March 2005, there were 835 adults experiencing chronic homelessness in Jamaica. More males were impacted (635) than females (248).² The most recent national data on homelessness are preliminary findings from a study evaluating homelessness in Jamaica³ which indicates that there were some 645 persons who were homeless in 2006.

The Board of Supervision has the mandate to provide oversight for homelessness in Jamaica. The Board works with several government and non-government organizations to provide for the needs of the homeless. The Board, through multi-stakeholder collaboration, has drafted a national strategy on homelessness, entitled "Ending Chronic Homelessness in Jamaica – 5 Year Strategic Plan". The strategic plan embodies a holistic

² The Board of Supervision's statistics do not carry data for homeless children and only reflect information garnered from the Inspectors of Poor reports.

³ "An Evaluation of Homelessness in Jamaica" commissioned by the PIOJ – In draft

approach to addressing chronic homelessness which includes providing suitable housing solutions and addressing the factors that contribute to homelessness as well as other related issues.

The Local Authorities are the main implementing entities for Homeless Programmes in their respective parishes. However other government entities such as Bellevue Hospital and non-government bodies such as the Salvation Army provide services to the homeless. The parish-level initiatives to address homelessness include interventions such as care centres, night shelters and feeding programmes. Only seven parishes, Kingston and St. Andrew, Portland, St. James, Westmoreland, Manchester and Clarendon have established programmes to care for the homeless. The continued support of non-governmental organizations, service clubs, community and faith based organizations, and private individuals have been critical to the implementation of the homeless programmes.

The Challenges faced by homeless programmes include the following:

1. Insufficient funding support for the Homelessness Programmes of the Local Authorities. More funds are needed to support existing parish programmes and those in other parishes that have not yet started.
2. Absence of facilities/programmes in some parishes to meet the needs of homeless persons;
3. Lack of information on the services provided by some organizations impedes effective coordination of programmes.
4. Need for current data on homelessness

Deportees and Refugees

A total of 3 234 persons were deported to Jamaica in 2008. Of this number 85.3 per cent (2 759) were males. The largest age cohort (18.4 per cent) of those deported was the 31-35 age-group (approximately 84 per cent males and 16 per cent females). Over 55 per cent of the deportees were in the combined age range of 21 to 40. Just over 40 per cent were returned for having overstayed, illegal entry or illegal re-entry. Over 55 per cent

were deported for criminal offences ranging from money laundering, fraud, possession/peddling or use of illegal drugs to murder. The highest number of deportees came from the United States of America, accounting for 45.6 per cent, followed by the United Kingdom with 25.3 per cent. Approximately 57.0 per cent of persons deported in 2008 were returned to the parishes of Kingston, St. Andrew and St. Catherine (ESSJ 2008).

Some of these deportees have little or no connection with any living relatives in Jamaica, having left the country as infants. As a result, some become vagrants and join the homeless who wander the streets of our urban centres.

There is need for a collaborative strategy to rehabilitate and re-integrate Deportees into the society. In the context of the Social Assistance system, these persons should be assessed and then channelled to the appropriate support systems. This will assist in mitigating various social ills such as homelessness, crime and violence and poverty.

Refugees in this context include both internal and external refugees. That is, persons who have fled their communities due to violence and other interruptions and persons who have abandoned their countries for Jamaica. Both groups have at least temporary survival needs, for which there should be a clear strategy for addressing their needs.

Challenges faced by these vulnerable persons include:

1. Homelessness/Inability to reconnect with family and society
2. Drug Abuse
3. Having a criminal background

Persons Vulnerable to Natural and Man-made Hazards/Disasters

Jamaica has a history of being affected by natural hazards, particularly hurricanes and floods associated with tropical storms. The country has also been affected by major earthquakes although infrequently. Families have suffered losses due to fire. Such

hazards usually lead to interruptions in livelihoods and can lead to reduction in the standard of living.

In August 2007 some 179 552 persons (approximately 6.0 per cent of the population) from 169 communities were directly affected by Hurricane Dean. An estimated 70 000 houses were damaged by the hurricane. The country was further devastated by the impact of tropical storm Gustav in 2008. This storm not only destroyed the homes and livelihood of hundreds of individuals but also wrecked significant sections of the public infrastructure such as the Harbour View Bridge and impacted the livelihood of individuals who commute to Kingston and other areas beyond the Bridge in the course of pursuing their employment.

The Ministry of Labour and Social Security (MLSS), through its Public Assistance Division, is the main government agency responsible for addressing the needs of persons who have been affected by disasters. The Division offers assistance through Rehabilitation, Compassionate and Emergency Grants. Emergency Grants, issued in cases of disaster and dire need, were allocated to 564 persons (58 per cent to females) in 2008.

The Office of Disaster Preparedness and Emergency Management (ODPEM), in collaboration with the MLSS, NGOs and FBOs, responds to the needs of persons affected by disasters. There is however need for a more coordinated and strategic approach to addressing the emergency and longer-term needs of persons affected by disasters.

Challenges include:

1. Use of schools as shelters and subsequent impact on the resumption of school
2. Squatting (locating in physically unsafe areas)

Persons Made Vulnerable as a Result of Chronic Illness and HIV/AIDS

The advent of chronic illnesses and HIV/AIDS are life changing experiences that expose persons to varying levels of vulnerability. HIV/AIDS for example, requires a lifetime

regime of treatment that is expensive and for many, difficult to maintain. In addition, the stigmatization and discrimination that are often experienced by persons living with HIV/AIDS create further vulnerabilities. Such persons are sometimes chased from their communities and are forced to take shelter in charitable institutions. The Government in partnership with the international donor community has concentrated significant resources into supporting programmes for persons living with HIV/AIDS and in public education to prevent the spread of this disease. There has been some measure of success as the number of mother to child transmissions declined in 2007⁴. Nonetheless, in 2007, it was estimated that approximately 6000 persons were living with HIV in Jamaica. Of this number, 3,637 were estimated to have advanced HIV. Sixty per cent of these individuals were on antiretroviral treatment up to the end of 2007.⁵

Other chronic illnesses such as Diabetes can be debilitating and demand a lifetime of self management and medical support. In general, chronic and lifestyle illnesses have become the major causes of ill health in Jamaica.

Persons with Disabilities (PWDs)

In the 2001 Census, it was estimated that there were 163 206 persons with at least one disability living in Jamaica, comprising 6.3 per cent of the population⁶. The gender distribution was virtually 50:50.

Two of the major concerns of PWDs include inadequate training and a lack of employment opportunities. The absence of facilities, such as ramps and hand rails to facilitate access to buildings for them, has contributed to their inability to gain employment. The high cost of appropriate technology and of modifying buildings to support PWDs have contributed to the reluctance of employers to provide opportunities to them. Enforcement of the revised National Building Code, which requires that buildings meet standards that will facilitate access to PWDs, will in the long run remedy

⁴ Economic and Social Survey Jamaica, 2007

⁵ IBID

⁶ The Persons with Disabilities sub-sector Vision 2030 Plan provides further details.

this situation. Other challenges include inadequate data collection mechanisms, gaps in existing data, and an uncoordinated approach to the collection and updating of data on PWDs. Some factors that impose limitations on PWDs include :

1. Inadequate support to institutions such as NGOs that provide developmental support to PWDs
2. Lack of a system for early identification and referral of PWDs
3. No structured support systems and services for many types of disabilities (e.g. in schools)
4. Developmental disabilities occur at different stages in life and some remain undetected and unsupported due to the late stage at which they manifest.

Human Trafficking

Victims

At present, there is no accurate record of the level of human trafficking in Jamaica. However, reports from international organisations and embassies operating in Jamaica suggest that victims of trafficking are mainly women and young girls removed from their places of origin for the purpose of being sexually exploited. These reports indicate that women from the Dominican Republic and Eastern Europe are the main victims of trafficking through Jamaica. There are further indications that some victims are young girls removed from their places of residence in Jamaica to Tourist destinations in the country where they are sexually exploited.

Jamaica's Ranking

The Government of the United States of America (USA) monitors the trafficking of persons globally and rates countries on three tiers (one being the best and three the worst ranking) based on their efforts to stem the flow of trafficking in persons. In 2005, the US government lowered their rating of Jamaica with respect to human trafficking to tier three. This prompted the Jamaican Government (GOJ) to implement measures to reduce the incidence of human trafficking. Shortly after, the US Government improved Jamaica's ranking to tier two. Measures implemented by the GOJ included activities such as public education programmes to build awareness. Up to 2008 the GOJ was not

considered to be fully compliant with the minimum standards for the elimination of trafficking; however, it has been making significant efforts to do so.

Prosecution

There are specific laws in Jamaica against trafficking in children, such as the "Child Care and Protection Act of 2004," but no laws that speak directly to trafficking of adults. Related criminal statutes, however, may be used to prosecute individuals for trafficking, including the "Offenses Against the Person Act," which prohibits certain aspects of trafficking for commercial sexual exploitation. During the reporting period, the government created a police unit, staffed by six officers in the Jamaica Constabulary Force to enforce Jamaica's anti-trafficking and related laws. To date, there have been a number of raids and arrests, but no convictions under the Child Care and Protection Act. There have been some related convictions under other laws, including the Spirit Licensing Act and also some reported immigration code violations. There are at least six cases currently under investigation. The government has also temporarily suspended work permits for foreign exotic dancers, some of whom are victims of trafficking. The Ministry of Labor is currently working on procedures to monitor individuals granted an exotic dancer permit, to ensure they are not being abused. However, despite some progress on law enforcement, official corruption remains endemic. Law enforcement efforts are also hampered by a lack of resources, personnel, and trafficking awareness.

Prevention

UP to 2006, efforts by the GOJ at prevention had been limited to the establishment of the Anti-Trafficking Task Force, a year-long awareness campaign and training sessions as well as sensitivity workshops for police and community representatives. The government was seeking to award a project to an organization to provide a more concrete assessment of the trafficking problem on the island.⁷

⁷ Trafficking in Persons Report released by the Office to Monitor & Combat Trafficking in Persons , June 2006.

3.0: STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS

Table 1: SWOT Analysis

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<p>1.Existence of an Objective Means Test (Beneficiary Identification System)</p> <p>2.Conditional Cash Transfer Programme implemented (Programme of Advancement Through Health and Education-PATH)</p> <p>3.Health benefits for the elderly and persons with chronic illnesses (Jamaica Drugs for the Elderly Programme- JADEP and the National Health Fund-NHF)</p> <p>4.Trained, experienced and committed staff</p> <p>5.Well articulated policies</p> <p>6.Improved referral & appeals system</p>	<p>1.Current BIS under-selects certain vulnerable groups</p> <p>2.Inadequate staffing a. number and capacity b. low classification of social workers</p> <p>3.Centralised rather than localised delivery of services and benefits</p> <p>4.Inadequate financial resources to attain appropriate coverage</p> <p>5. Inadequate social partnerships involving private enterprise, communities, non-governmental organizations etc.</p> <p>6.Lack of an integrated cohesive system</p> <p>7.Delay in enacting social legislation</p>	<p>1.National Assistance Bill</p> <p>2.Reform of Social Safety Net</p> <p>3.Demographic bonus (increasing number of working age individuals and reduced number of dependents)</p>	<p>1.Demographic Transition (leading to aging population)</p> <p>2.Increasing number of vulnerable individuals with chronic illnesses</p> <p>3.Perceived unsustainability of PATH</p> <p>4.Family breakdown</p> <p>5.Urbanisation which weakens community support</p> <p>6.Crime and violence which undermines people’s ability to access services and earn income</p>

4.0: Strategic Vision and Planning Framework for social Welfare and Vulnerable Groups

The Strategic Framework for Social Welfare and Vulnerable Groups (SWVG) inclusive of the Vision, Goals, Outcomes, and Strategies, reflects the contributions of a wide cross section of stakeholders represented on the SWVG Task Force and at stakeholder consultations held at various times during the plan development process. The vision statement is represented below. Followed by the guiding principles around which the sector plan was developed.

Vision Statement

“A social welfare system that is responsive to the needs of the vulnerable population and contributes to maintaining human dignity”

Guiding Principles for Social Welfare and Vulnerable Groups

1. **Objectivity** in the identification of the vulnerable population
2. **Equity** in service delivery
3. **Efficiency** in service delivery
4. **Accessibility** for all qualified
5. **Gender Sensitivity** In delivery and organisation of delivery services

Strategic Approach

The Social Welfare and Vulnerable Groups Strategic plan is built upon three principles. First, it is recognised that despite the best efforts of society, there are some individuals who will not be able to sustain themselves adequately, if at all, without the intervention of others in the society. Secondly, the plan recognises that the state has a central role to play as the ultimate agent responsible for reducing the vulnerability of these individuals. The third principle is that notwithstanding the role of the state, the society must see itself as a partner and families and communities must take responsibility for their vulnerable members.

The plan recognises the different types of vulnerabilities and the need to differentiate between the vulnerable based on considerations such as age, gender and disability. It focuses on improving the system of targeting and identification of those eligible for assistance, increasing the level of assistance provided to them and improving the quality of service delivery. It also makes provision for the design of a system of financing that will ensure the continuity of programmes of support.

Goals and Outcomes

A summary of the Goals and outcomes are presented in Table 2 below.

TABLE 2: Goals and Outcomes

GOALS	OUTCOMES
Goal 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.)	Outcome 1.1: A formal social welfare system which provides coverage for its vulnerable population.
Goal 2: A society that adequately meets the basic needs of vulnerable persons.	Outcome 2.1: A sustainable resource base.
	Outcome 2.2: Adequate social welfare provisions
	Outcome 2.3: A citizenry that demonstrates social responsibility for its vulnerable members
2.4:- Expanded range of programmes to meet various needs of vulnerable groups ⁸ .	Outcome 3.1: An effective, efficient, transparent and objective delivery system for social welfare services and programmes.
Goal 3: A social welfare programme which is delivered in a professional manner, ensuring that clients are valued and treated with dignity	

⁸ Expand programmes to meet needs of those who are not covered under any programme

Sector Indicators and Targets

The proposed indicators and targets for the Social Welfare and Vulnerable Groups Sector Plan over the period 2009 -2030 are presented in Table 3 below.

Table 3: Social Welfare and Vulnerable Groups Plan – Indicators and Targets

Sector Indicators	Baseline	Targets			Comments
	2007 or Most Current	2012	2015	2030	
1. % of poor covered under social welfare programmes					
2. % of benefits going to non-poor					
3. # of social partnerships with the business community					
4. # of complaints on quality of service received					

5. Implementation Framework and Action Plan for the Social Welfare and Vulnerable Groups Plan

Implementation Framework

The implementation of the Social Welfare and Vulnerable Groups Sector Plan is an essential component of the implementation, monitoring and evaluation framework for the Vision 2030 Jamaica – National Development Plan. The Plan is implemented at the sectoral level by ministries, departments and agencies (MDAs) of Government as well as non-state stakeholders including the private sector, NGOs and CBOs. The involvement of stakeholders is fundamental to the successful implementation of the National Development Plan and the Social Welfare and Vulnerable Groups Sector Plan.

Accountability for Implementation and Coordination

The Cabinet, as the principal body with responsibility for policy and the direction of the Government, has ultimate responsibility for implementation of the National Development Plan. Each ministry and agency will be accountable for implementing the National Development Plan (NDP) through

Components of Vision 2030 Jamaica

The Vision 2030 Jamaica National Development Plan has three (3) components:

1. **Integrated National Development Plan:**
The integrated National Development Plan presents the overall plan for Vision 2030 Jamaica, integrating all 31 sector plans into a single comprehensive plan for long-term national development. The integrated National Development Plan presents the National Vision, the four National Goals and fifteen National Outcomes, and the National Strategies required to achieve the national goals and outcomes.
2. **Medium Term Socio-Economic Policy Framework (MTF):**
The Medium Term Socio-Economic Policy Framework (MTF), is a 3-yearly plan which summarizes the national priorities and targets for the country and identifies the key actions to achieve those targets over each 3-year period from FY2009/2010 to FY2029/2030.
3. **Thirty-one (31) Sector Plans:**
At the sectoral level Vision 2030 Jamaica will be implemented through the strategic frameworks and action plans for each sector as contained in the respective sector plans. Vision 2030 Jamaica includes a total of thirty-one (31) sector plans covering the main economic, social, environmental and governance sectors relevant to national development.

various policies, programmes and interventions that are aligned with the strategies and actions of the NDP and the sector plans. A robust results-based monitoring and evaluation system will be established to ensure that goals and outcomes of the Plan are achieved. This system will build on existing national and sectoral monitoring and evaluation frameworks and will be highly participatory.

Resource Allocation for Implementation

Vision 2030 Jamaica places great emphasis on ensuring that resource allocation mechanisms are successfully aligned and integrated with the implementation phase of the National Development Plan and sector plans. The requirements to ensure resource allocation for implementation will include alignment of organizational plans in the public sector, private sector and civil society with the National Development Plan, MTF and sector plans; coherence between the various agency plans with the National Budget; rationalization of the prioritization process for public sector expenditure; and increased coordination between corporate planners, project managers and financial officers across ministries and agencies.

Action Plan

The Action Plan represents the main framework for the implementation of the Social Welfare and Vulnerable Groups Sector Plan for Vision 2030 Jamaica. The tracking of implementation of this Sector Plan will take place through the Action Plan as well as the framework of sector indicators and targets.

The Action Plan which follows, contains the following elements:

- i. Sector Goals
- ii. Sector Outcomes
- iii. Sector Strategies
- iv. Sector Actions
- v. Responsible Agencies
- vi. Timeframe

ACTION PLAN

GOAL 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.)

Outcome 1.1.: A formal welfare system which provides coverage for its vulnerable population.

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
1.1.1 Strengthen the system of identification of beneficiaries of public assistance Programmes	Determine profile of beneficiaries of welfare (<i>each vul. Grp</i>)	Short term (in 6 mnths)	MLSS/PIOJ	Transportation Refreshment Accommodation Venue
	Train service personnel to identify beneficiaries and make referrals	Short Term (1 yr)	MLSS, Local Authorities	Stationery Venue Refreshment Facilitator
	Strengthen the capacity of the main implementing agency (Appropriate technology Staff/training Technical support)	Short –Medium (1-5 yrs.)	MLSS/Min of Finance	Computers Staff/training Technical support
1.1.2. Improve system of selection of beneficiaries (including persons not in households)	Review existing BIS (<i>capture vul.grps</i>) Identify/develop an appropriate BIS	Short Term (1 yr) 1-2 yrs	MLSS PIOJ	Consultant
1.1.3. Increase awareness of the availability and eligibility criteria of social assistance programmes	Undertake public Education/ awareness campaign through various points of contact/media (<i>on programmes and services for vulnerable grps.</i>)	Ongoing	MLSS in collaboration with other agencies e.g. SDC, FBOs, MOHE,	To be determined (TBD)

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
1.1.4 Develop and/or strengthen the database of the vulnerable groups and welfare beneficiaries	Identify vulnerable groups and specific needs	09 - 10	MLSS Local Authorities	TBD
	Develop a national register of persons benefiting from social welfare	09 -12	MLSS Local Authorities	TBD
	Review the effectiveness of Path	09/10	MLSS	TBD

GOAL 2: A Society that adequately meets the basic needs of vulnerable persons

Outcome 2.1.: A Sustainable Resource Base

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
2.1.1. Establish a reliable mechanism for sustained financing of the requisite range of welfare support programmes	Review existing local and external sources of funding re level and sustainability	2012	Ministry of Finance	No additional costs – use internal experts from MOF
	Establish Fund (e.g. Bonds, Lottery, Taxes etc.)	2013		
2.1.4. Foster multi-sector partnerships between state and non-state sectors to address the needs of the poor <i>(also addressed in outcome 2.3)</i>	Establish a forum for engagement of the private sector (examine existing mechanisms and add as appropriate)	2012	MOF, MLSS,	Administrative and meeting costs

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
	Identify a possible framework for providing incentive schemes for the Business Community (examine existing mechanisms and add as appropriate)	2012	MOF, MLSS	TBD
	Negotiate social contract with private sector and trade unions	10/11	Private Sector Umbrella Groups, Trade Unions, Ministry of Finance, MLSS (Labour)	Meeting costs

Outcome 2.2: Adequate Social Welfare Provision

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
2.2.1 Estimate the size and cost of “adequate social welfare” provision.	Cross reference existing databases (SLC, PATH, Children’s Services, Board of Supervision, PIOJ Homeless Survey, MNS, MJ, STATIN FBOs, MOE, SDC, JSIF. NCSC etc.)	One year starting 09/10	PIOJ/implementing agency	Human resources, stationery and administrative and management costs and equipment

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
	Conduct survey of defined populations (SLC, PATH, Children's Services, Board of Supervision, PIOJ Homeless Survey, MNS, MJ, STATIN FBOs, MOE, SDC, JSIF. NCSC etc.)	One year starting 09/10	PIOJ/STATIN but implementation at the Parish level through the local authorities	Design, administration, data entry
	Undertake ongoing review of the Social Safety Net provisions	Starting 2009/10	PIOJ	TBD

Outcome 2.3: A citizenry that demonstrates social responsibility for its vulnerable members.

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
2.3.1. Promote and encourage social partnerships between government and the business community <i>(also addressed in outcome 2.1)</i>	Establish a forum for engagement of the private sector (examine existing mechanisms and add as appropriate)	2009	MOF MLSS	Administrative and meeting costs

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
	Identify a possible framework for providing incentive schemes for the Business Community (examine existing mechanisms and add as appropriate)		MOFP MLSS	TBD
Strengthen the capacity of families to care for their vulnerable members	Develop family policy and programmes to ensure the assumption of responsibilities and the protection of rights	Medium term Starting 2009	MOE ECC	TBD
	Develop a supporting framework, to enable families to provide effective care and protection for their members especially the vulnerable	2009/10	MOE ECC MOHE	TBD
	Support the development (comments), promotion and dissemination of the parenting policy	2009/10	MOE, ECC	TBD
	Establish and Strengthen family support mechanisms in communities	2008/2009	Ministry of Education (National Parenting Support Commission)	TBD

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
	Review existing legislation relating to the family	Starting 2009/10	MOJ MLSS MOHE	TBD
	Enforce the assumption of responsibilities and the protection of rights of all members of the family especially the vulnerable	2009/10 - ongoing	MLSS MOJ MOHE	TBD
	Train parents/care givers (e.g. through the an expanded Early Stimulation Programme)	2009/10 - Ongoing	ECC	TBD
	Expand the Home-help Programme to minimize admission to infirmaries	2010	MLSS	TBD

Outcome 2.4: Expanded range of programmes to meet practical and strategic needs of various vulnerable groups

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
2.4.1. Address the unique needs of specific vulnerable groups	CHILDREN			
	Enforce all legislation relating to care and protection of children and comply with the Convention on the Rights of the Child	2009/10 - Ongoing		TBD

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
	Assess and revise the system of inventory to ensure the adequacy of supplies for assistance in emergencies with sensitivity to differences in age, gender, disability, geography (climate) etc.	2009/10	MLSS	TBD
	Improve the mechanisms for coordinating rehabilitation efforts to ensure greater efficiency and prevent duplication ⁹	2009/10	MLSS ODPEM CDA	TBD
	Establish a pool of funds to enable the provision of regular periodic monetary benefits for children who are not currently covered by any other financing mechanism (welfare recipient)	2009/10	MLSS/MOFPS	TBD
	Ensure food security to enable the provision of adequate nutritional needs of children in schools and institutions by improving and expanding the school feeding	2010/11-onwards	MLSS	TBD

⁹ Ensure the inclusion of psychosocial support for post-traumatic stress affecting children and their families

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
	programme			
	Identify and address barriers that prevent accessibility to services (health, education, housing, safe water)	2010/11	PIOJ	TBD
	Ensure that information and services are available to all sectors of the population – including all types of disability	2011/12 - onwards	MLSS/Local Authorities	TBD
	Provide suitable accommodation, care and protection to children in Institutions(e.g. residential care, mental health facilities, Children’s Homes) according to specific needs	2012 - onwards	CDA/ MLSS/ Local Authorities	TBD
	Ensure the provision of age appropriate education for children in institutional care		CDA/ MLSS/ Local Authorities	TBD

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
	Provide adequate rehabilitation programmes for children in correctional institutions		MOE	TBD
	Provide support to families as an alternative to institutional care (including foster parenting)		CDA/ MLSS/ Local Authorities	TBD
	YOUTH			
	Provide assistance in Emergency for rehabilitation or other needs		Local authorities ODPEM MLSS	TBD
	Regular periodic monetary benefits (welfare recipient)		Local Authorities/MLSS	TBD
	Adequate nutritional provision in schools and institutions		MLSS/MOE	TBD
	Ensure that services are provided and accessible (health, education, housing, safe water)		Local Authorities/MLSS	TBD

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
	Suitable Institutional Care and Care and Protection for children who require this service (e.g. residential care, mental health facilities, Children's Homes, correctional facilities)		CDA/Local Authorities/MLSS	TBD
	Provide half-way houses for youth leaving state institutions		Local Authorities/MLSS/ CDA	TBD
	Provide vulnerable youth with capacity and opportunities to earn a living, (including provision of life-skills and the engagement of private sector in mentorship and apprenticeship)		MLSS	TBD
	Develop programmes for out-of-school youth in the age group 15 -16 who are unable to access existing training and educational programmes that do not cater to that age-group ³		MLSS	TBD

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
THE ELDERLY				
	Provided adequate social assistance for needy elderly		Local Authorities/MLSS/NCSS	TBD
	Enforce Legislations (such as the Maintenance Act) to protect vulnerable elderly (those in need of such e.g. single elderly)		MLSS/NCSS	TBD
	Expand Programmes that Provide stimulation for elderly (e.g. day centers)		MLSS/NCSS	TBD
	Ensure that public transportation is accessible to the elderly (including those in rural areas)		Local Authorities/MLSS/NCSS	TBD
	Improve and expand facilities for the care of the elderly		Local Authorities/MLSS/NCSS	TBD
	Assist vul. Elderly to acquire and/or access appropriate shelter where needed		Local Authorities/MLSS/NCSS	TBD
HOMELESS PERSONS				
	Establish a centralized database in order to identify homeless persons		Local Authorities/MLSS	TBD

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
	Finalize and Implement Comprehensive Homelessness Strategy		Local Authorities/MLSS	TBD
	Develop Policy for the Homeless		Local Authorities/MLSS/	
PERSONS VULNERABLE DUE TO NATURAL DISASTERS				
	Provide Suitable and safe shelters with adequate sanitary facilities (Special arrangements for the homeless ¹⁰)		Local Authorities/MLSS/ ODPEM	TBD
	Provide adequate nutritional and dietary content of meals provided in approved shelters ¹¹		Local Authorities/MLSS/ ODPEM	TBD
	Provide access to Financial assistance and support programmes		Local Authorities/MLSS/ ODPEM	TBD
	Provide access to adequate housing/suitable land, where necessary ¹²		Local Authorities/MLSS/ Ministry of Housing	TBD
	Strengthen legislation for compulsory relocation, where necessary(including sanctions and		Local Authorities/MLSS/ Ministry of Housing	TBD

¹⁰ Transportation to specific shelters offering specialized care, e.g. mental health care

¹¹ Nutritional support for diabetics, pregnant and lactating, hypertensive, children, babies, infants, soft diet

¹² Such as for persons living in disaster prone areas

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
	incentives)			
	Strengthen Community-based Disaster Management framework (especially regarding evacuation)		ODPEM	TBD
	Provision for long-term shelters e.g. NHT provision for retrofitting existing community centre and for new ones to be built to required specifications		Local Authorities/MLSS/ Ministry of Housing	TBD
	Monitor institutions/ facilities to ensure there are disaster plans in place (including evacuation strategies)		Local Authorities/MLSS/ Ministry of Housing Ministry of Health and Environment	TBD
DEPORTEES , PAROLEES, ex- inmates (ref. Correctional Services Sector Plan)				
	Establish halfway houses		MNS/Correctional Services/MLSS	TBD
	Establish office for Resettlement of Deportees and parolees		MNS/Correctional Services/MLSS	TBD

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
	Provide assistance in locating and re-establishing family connections		MNS/Correctional Services/MLSS	TBD
	Establish Liaison between deportees and family connections in countries from which they were deported.		MNS/Correctional Services/MLSS /Ministry of Foreign Affairs	TBD
	Provide access to counselling and self development initiatives (including counselling for drug abusers)		MOH/MLSS	TBD
REFUGEES				
	Establish safe houses		MNS/Correctional Services/MLSS	TBD
	Provide counselling and material assistance until refugee status is determined		Local Authorities/MLSS/ MNS	TBD
	Provide access to Interpretation services at detention facilities		Local Authorities/MLSS/ MNS	TBD
	Provide reception and transit facilities which meet minimum international standards		MNS	TBD

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
VICTIMS OF HUMAN TRAFFICKING (ref National Security and Justice Sector Plans)				
	Provide access to police protection.		MNS	TBD
	Provide access to Social Assistance to provide for basic necessities (e.g. clothes and toiletries)		Local Authorities/MLSS	TBD
	Provide access to a shelter for rehabilitation, protection and counselling		Local Authorities/MLSS	TBD
PERSONS VULNERABLE AS A RESULT OF CHRONIC ILLNESSES AND HIV/AIDS (ref Health Sector Plan)				
	Train community health aids to periodically visit, monitor and provide in-home care for persons with these conditions that are restricted in mobility		MOHE	TBD
	Develop a registry of persons in extreme circumstances and a mechanism for monitoring and quick response		MOHE / Local Authorities/MLSS	TBD
	Strengthen the Ministry of Health and Environment's monitoring and evaluation mechanism.		MOHE / Local Authorities/MLSS	TBD

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
	Establish recuperative care facilities to assist with the management of these conditions.		MOHE / Local Authorities/MLSS	TBD
	Monitor the health condition of these individuals both for those in residential care and those at home (using community health aids) and establish guidelines for appropriate response.		MOHE / Local Authorities/MLSS	TBD
	Develop a mechanism to facilitate access and easy referral for persons with these condition to the Basic social services and other institutions			TBD
PERSONS WITH DISABILITIES				
	Implement Persons with Disabilities (NDP: Vision 2030) Action Plan		MLSS/JCPD	TBD
	Finalize and Pass the National Disabilities Act		MLSS/JCPD/ Legislative Committee	

Goal 3: A social welfare programme which is delivered in a professional manner that maintains people’s sense of dignity and value.

Outcome 3.1

An effective, efficient, transparent and objective delivery system for social welfare services and programmes

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
3.1.1. Strengthen client-oriented institutions	Train and retrain staff (will require training, retraining and reclassification of staff, especially social workers)	Short term and Ongoing	MLSS, Local Authorities and Relevant Agencies	
	Determine strengths and weaknesses of the existing system (1 st)	Short Term	MLSS, Local Authorities and Relevant Agencies	
	Strengthen institutional capacity to allow for integration of all relevant programmes for optimal service delivery.	Short Term and ongoing	MLSS, Local Authorities	
	Develop and implement an integrated system with a central database on all beneficiaries (disaggregated by appropriate categories) and involving automatic referrals to other relevant programmes and databases	By 2009/10	MLSS, Local Authorities in collaboration with MOE, MOH, FBOs CBOs, NGOs etc.)	Development of an operational and training manual and related administrative costs

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
	Design/develop and establish an effective administrative framework for data collection, maintenance, monitoring, reporting/information dissemination	Starting 2009/10 and ongoing	MLSS, Local Authorities	
	Strengthen the capacity of Of main implementing agency (Appropriate technology Staff/training Technical support for managing the database)	Starting 2009/10 and ongoing	MLSS, Local Authorities	
	Strengthen the capacity of other government entities, NGOs and communities to assist the vulnerable population through service delivery:	Starting 2009/10 and ongoing	MLSS, Local Authorities	
	Define roles and operating parameters of each service provider	Short Term	MLSS, Local Authorities	

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
	Provide ongoing training in screening, referrals, and service delivery approaches	Starting 2009/10 and ongoing	MLSS, Local Authorities	
	Establish quality index, and customer service charter accompanied by a system of sanctions	Short term	MLSS, Local Authorities	
3.1.2. Decentralize the delivery mechanism (with social welfare delivered and administered at the local government level)	Establish Access to central database (create MIS linkages)	Medium Term	Local Government Department (OPM) and Authorities, MLSS	
	Build capacity at the local government level including the creation of appropriate institutional structures	Medium Term	Local Government Department (OPM) and Authorities, MLSS, Municipal Services Commission	

SHORT-TERM (1-3 Years) TO MEDIUM-TERM ACTION PLAN

SECTOR OUTCOMES	PRIORITY SECTOR STRATEGIES FOR YEARS 1- 3	KEY ACTIONS FOR YEARS 1- 3	RESPONSIBLE AGENCIES
<p>Outcome 1.1.: A formal welfare system which provides coverage for its vulnerable population.</p>	<p>1. Improve the systems of identification of the vulnerable</p>	<p>Determine profile of beneficiaries of welfare (<i>each vul. Grp</i>)</p> <p>Training service personnel to identify beneficiaries and make referrals</p> <p>Inst. Strengthening Of main implementing agency (Appropriate technology Staff/training Technical support)</p> <p>(Short-medium term)</p>	<p>Main implementing agency/PIOJ</p> <p>The main implementing agency-MLSS</p> <p>Main implementing agency /Min of Finance/PIOJ/ Cabinet Office</p>
	<p>2. Improve system of selection of beneficiaries (including persons not in households)</p>	<p>Review existing BIS (<i>capture vul.grps</i>)</p> <p>Identify/develop an appropriate BIS</p>	<p>MLSS/PIOJ</p>
	<p>3. Increase awareness of the availability and eligibility criteria of social welfare programmes.</p>	<p>Public Education/ awareness campaign through various points of contact/media (<i>on programmes and services for vulnerable grps.</i>)</p>	<p>Main Implementing Agency in collaboration with other agencies e.g. SDC, FBOs, CBOs, NGOs, MOH, MOE</p>

SECTOR OUTCOMES	PRIORITY SECTOR STRATEGIES FOR YEARS 1- 3	KEY ACTIONS FOR YEARS 1- 3	RESPONSIBLE AGENCIES
	<p>4. Develop and or strengthen the database of the vulnerable groups.</p>	<p>Review the databases, data collecting and reporting formats and processes</p> <p>Design a comprehensive database for integrating all other databases</p> <p>Develop common formats for data collection and presentation</p>	<p>MLSS, PIOJ, other service agencies</p>
	<p>5. Estimate the size and cost of “adequate social welfare” provisions (also ongoing review needed)</p>	<p>Review existing local and external sources of funding re level and sustainability</p> <p>Establish Fund (e.g. Bonds, Lottery, Taxes etc.)</p> <p>Negotiate social contract with private sector and trade unions</p> <p>Cross reference existing databases (SLC, PATH, Children’s Services, Board of Supervision, PIOJ Homeless Survey, MNS, MJ, STATIN FBOs, MOE, SDC, JSIF. NCSC etc.)</p> <p>Conduct survey of defined populations (SLC, PATH, Children’s Services, Board of Supervision, PIOJ Homeless Survey, MNS, MJ, STATIN FBOs, MOE, SDC, JSIF. NCSC etc.)</p>	<p>Ministry of Finance/PIOJ/ MLSS</p> <p>Private Sector Umbrella Groups, Trade Unions, Ministry of Finance, MLSS</p> <p>PIOJ/Main implementing agency</p> <p>PIOJ/STATIN/MLSS and Local Authorities</p>

SECTOR OUTCOMES	PRIORITY SECTOR STRATEGIES FOR YEARS 1- 3	KEY ACTIONS FOR YEARS 1- 3	RESPONSIBLE AGENCIES
<p>Outcome 2.4: Expanded range of programmes to meet practical and strategic needs of various vulnerable groups</p>	<p>6. Address the unique needs of specific vulnerable groups</p>	<p><u>CHILDREN</u> Assess and revise the system of inventory to ensure the adequacy of supplies for assistance in emergencies with sensitivity to differences in age, gender, disability, geography (climate) etc.</p> <p>Improve the mechanisms for coordinating rehabilitation efforts to ensure greater efficiency and prevent duplication¹³</p> <p>Ensure food security to enable the provision of adequate nutritional needs of children in schools and institutions by improving and expanding the school feeding programme</p> <p>Provide suitable accommodation, care and protection to children in Institutions(e.g. residential care, mental health facilities, Children’s Homes) according to specific needs</p> <p>Ensure the provision of age appropriate education for children in institutional care</p> <p>Provide support to families as and alternative to institutional care (including foster parenting)</p> <p><u>YOUTH</u> Provide half-way houses for youth leaving state institutions</p> <p>Provide vulnerable youth with capacity and</p>	<p>MLSS</p> <p>MLSS/ODPEM/CDA</p>

¹³ Ensure the inclusion of psychosocial support for post-traumatic stress affecting children and their families

SECTOR OUTCOMES	PRIORITY SECTOR STRATEGIES FOR YEARS 1- 3	KEY ACTIONS FOR YEARS 1- 3	RESPONSIBLE AGENCIES
		<p>opportunities to earn a living, (including provision of life-skills and the engagement of private sector in mentorship and apprenticeship)</p> <p>Develop programmes for out-of-school youth in the age group 15 -16 who are unable to access existing training and educational programmes that do not cater to that age-group</p> <p><u>THE ELDERLY</u> Expand Programmes that Provide stimulation for elderly (e.g. day centers)</p> <p>Ensure that public transportation is accessible to the elderly (including those in rural areas)</p> <p>Improve and expand facilities for the care of the elderly</p> <p>Assist vulnerable Elderly to acquire and/or access appropriate shelter where needed</p> <p><u>HOMELESS PERSONS</u> Establish a centralized database in order to identify homeless persons</p> <p>Finalize and Implement Comprehensive Homelessness Strategy</p> <p><u>PERSONS VULNERABLE TO NATURAL DISASTERS</u> Provide suitable and safe shelters with adequate sanitary facilities</p>	

SECTOR OUTCOMES	PRIORITY SECTOR STRATEGIES FOR YEARS 1- 3	KEY ACTIONS FOR YEARS 1- 3	RESPONSIBLE AGENCIES
		<p>Provide adequate nutritional and dietary content of meals provided in approved shelters¹⁴</p> <p>Strengthen Community-based Disaster Management framework (especially regarding evacuation)</p> <p>Monitor institutions/facilities to ensure there are disaster plans in place (including evacuation strategies)</p> <p><u>DEPORTEES , PAROLEES, EX-INMATES</u> (ref. Correctional Services Sector Plan)</p> <p>Establish halfway houses</p> <p>Establish office for Resettlement of Deportees and parolees</p> <p>Provide assistance in locating and reestablishing family connections</p> <p>Establish Liaison between deportees and family connections in countries from which they were deported.</p> <p>Provide access to counseling and self development initiatives (including counseling for drug abusers)</p>	<p>MNS/Correctional Services/MLSS</p> <p>MNS/Correctional Services/MLSS</p> <p>MNS/Correctional Services/MLSS</p> <p>MNS/Correctional Services/MLSS /Ministry of Foreign Affairs</p> <p>MOH/MLSS</p>

¹⁴ Nutritional support for diabetics, pregnant and lactating, hypertensive, children, babies, infants, soft diet

SECTOR OUTCOMES	PRIORITY SECTOR STRATEGIES FOR YEARS 1- 3	KEY ACTIONS FOR YEARS 1- 3	RESPONSIBLE AGENCIES
		<p><u>VICTIMS OF HUMAN TRAFFICKING</u> (ref National Security and Justice Sector Plans)</p> <p>Provide access to police protection</p> <p>Provide access to Social Assistance to provide for basic necessities (e.g. clothes and toiletries)</p> <p>Provide access to a shelter for rehabilitation, protection and counselling</p> <p>Train community health aids to periodically visit, monitor and provide in-home care for persons with these conditions that are restricted in mobility</p> <p>Develop a mechanism to facilitate access and easy referral for persons with these condition to the Basic social services and other institutions</p> <p><u>PERSONS WITH DISABILITIES</u> (ref. Persons with Disabilities Sub-sector Plan)</p> <p>Implement Persons with Disabilities (NDP: Vision 2030) Action Plan</p> <p>Finalize and Pass the National Disabilities Act</p>	<p>MLSS/JCPD</p> <p>MLSS/JCPD/ Legislative Committee</p>
	<p>7. Strengthen client-oriented institutions</p>	<p>Train and retrain staff (will require training, retraining and reclassification of staff, especially social workers)</p>	<p>MLSS, Local Authorities and Relevant Agencies</p>
		<p>Determine strengths and weaknesses of the existing system (1st)</p>	<p>MLSS, Local Authorities and Relevant Agencies</p>

SECTOR OUTCOMES	PRIORITY SECTOR STRATEGIES FOR YEARS 1- 3	KEY ACTIONS FOR YEARS 1- 3	RESPONSIBLE AGENCIES
		Strengthen institutional capacity to allow for integration of all relevant programmes for optimal service delivery.	MLSS, Local Authorities
		Develop and implement an integrated system with a central database on all beneficiaries (disaggregated by appropriate categories) and involving automatic referrals to other relevant programmes and databases	MLSS, Local Authorities in collaboration with MOE, MOH, FBOs CBOs, NGOs etc.)
		Design/develop and establish an effective administrative framework for data collection, maintenance, monitoring, reporting/information dissemination	MLSS, Local Authorities
		Strengthen the capacity of Of main implementing agency (Appropriate technology Staff/training Technical support for managing the database)	MLSS, Local Authorities
		Strengthen the capacity of other government entities, NGOs and communities to assist the vulnerable population through service delivery:	MLSS, Local Authorities
		Define roles and operating parameters of each service provider	MLSS, Local Authorities
		Provide ongoing training in screening, referrals, and service delivery approaches	MLSS, Local Authorities
		Establish quality index, and customer service charter accompanied by a system of sanctions	MLSS, Local Authorities
	Strengthen family capacity to care for their vulnerable members		

OUTCOMES	PRIORITY SECTOR STRATEGIES FOR YEARS 4 - 6	KEY ACTIONS FOR YEARS 1- 3	RESPONSIBLE AGENCIES
	<ol style="list-style-type: none"> 1. Establish a reliable fund for sustained financing of the requisite range of welfare support programmes 		
	<ol style="list-style-type: none"> 2. Promote and Encourage Social partnerships with the business community and civil society organizations. 		
	<ol style="list-style-type: none"> 3. Decentralize the delivery mechanism 		

6. Monitoring & Evaluation Framework for the Social Welfare and Vulnerable Groups

Monitoring and Evaluation Framework

Institutional Arrangements

A number of institutions and agencies, including the following, will be involved in the monitoring and evaluation framework for the National Development Plan and the Social Welfare and Vulnerable Groups Sector Plan:

1. **Parliament:** The Vision 2030 Jamaica Annual Progress Report, will be presented to the Parliament for deliberations and discussion.
2. The **Economic Development Committee (EDC)** is a committee of Cabinet chaired by the Prime Minister. The EDC will review progress and emerging policy implications on the implementation of Vision 2030 Jamaica and the relevant sector plans.
3. **The National Planning Council (NPC)** is a consultative and advisory body which brings together top decision-makers in the Government, private sector, labour and civil society. It is proposed that the NPC accommodates discussion on the Plan at least once every quarter as a national consultative forum on the implementation of Vision 2030 Jamaica.
4. The **Vision 2030 Jamaica Technical Monitoring Committee (TMC)**, or Steering Committee, is to be chaired by the Office of the Prime Minister and will provide oversight for the technical coordination and monitoring of the Plan and reporting on the progress of implementation.
5. The **Vision 2030 Jamaica Technical Secretariat** to be institutionalized within the PIOJ will play a leading role in coordinating implementation, analyzing social and economic data and information, consolidating sectoral information into

comprehensive reports on Vision 2030 Jamaica's achievements and results, maintaining liaisons with sectoral focal points in MDAs, and supporting the establishment and operation of Thematic Working Groups.

6. **Ministries, Departments and Agencies (MDAs)** represent very important bodies within the implementation, monitoring and evaluation system. They are the Sectoral Focal Points that will provide data/information on a timely basis on the selected sector indicators and action plans, and be responsible for the timely preparation of sector reports that will feed into the Vision 2030 Jamaica Annual Progress Report. For the Social Welfare and Vulnerable Groups Sector Plan, the main MDAs comprising the relevant Sectoral Focal Point will include The Ministry of Labour and Social Security, the Child Development Agency, The National Council for Senior Citizens, The Jamaica Council for persons with Disabilities, the Ministry of Culture Youth and Sports.
7. **Thematic Working Groups** are consultative bodies aimed at providing multi-stakeholder participation in improving the coordination, planning, implementation and monitoring of programmes and projects relevant to the NDP and sector plans, including the Social Welfare and Vulnerable Groups Sector Plan. TWGs will be chaired by Permanent Secretaries or senior Government officials and shall comprise technical representatives of MDAs, National Focal Points, the private sector, Civil Society Organizations and International Development Partners. TWGs will meet a minimum of twice annually.

Indicator Framework and Data Sources

Appropriate indicators are the basic building blocks of monitoring and evaluation systems. A series of results-based monitoring policy matrices will be used to monitor and track progress towards achieving the targets for the NDP and sector plans, including the Social Welfare and Vulnerable Groups Sector Plan. The performance monitoring and evaluation framework will be heavily dependent on line/sector ministries for quality and timely sectoral data and monitoring progress.

The results-based performance matrices at the national and sector levels comprise:

- At the national level, 60 proposed indicators aligned to the 15 National Outcomes
- At the sector level, a range of proposed indicators aligned to the sector goals and outcomes
- Baseline values for 2007 or the most recent past year
- Targets which outline the proposed values for the national and sector indicators for the years 2012, 2015 and 2030
- Data sources which identify the MDAs or institutions that are primarily responsible for the collection of data to measure and report on national and sector indicators
- Sources of targets
- Links to existing local and international monitoring frameworks such as the MDGs

Some gaps still exist within the performance matrix and a process of review to validate the proposed indicators and targets is being undertaken. This process is very technical and time consuming and requires significant cooperation and support from stakeholders and partners. The performance monitoring and evaluation framework will be heavily dependent on ministries for quality and timely sectoral data and monitoring progress. The system will benefit from our existing and relatively large and reliable statistical databases within the Statistical Institute of Jamaica (STATIN) and the PIOJ.

Reporting

The timely preparation and submission of progress reports and other monitoring and evaluation outputs form an integral part of the monitoring process.

The main reports/outputs of the performance monitoring system are listed below.

1. **The Vision 2030 Jamaica Annual Progress Report** will be the main output of the performance monitoring and evaluation system.

2. **The annual sectoral reports** compiled by the Sectoral Focal Points for submission to the Vision 2030 Jamaica Technical Monitoring Committee. These will be integrated into the Annual Progress Report.
3. **Other products** of the performance monitoring system include issues/sector briefs and research reports.

Capacity Development

There is recognition that building and strengthening technical and institutional capacity for the effective implementation, monitoring and evaluation of the NDP and the Social Welfare and Vulnerable Groups Sector Plan is critical for success. This calls for substantial resources, partnership and long-term commitment to training MDA staff. Training needs will have to be identified at all levels of the system; a reorientation of work processes, instruments, procedures and systems development will have to be undertaken; and staffing and institutional arrangements will need to be put in place. Partnership with the Management Institute for National Development (MIND) and other institutions will also be required to provide training in critical areas such as results-based project management and analysis, monitoring and evaluation, and data management to public sector staff and others.

Appendix 1: MONITORING AND EVALUATION FRAMEWORK

Results-Based Monitoring Framework (RBMS) Matrix

Issues from Task Force Report	Comments
<p>Inadequate coverage of the vulnerable</p> <ul style="list-style-type: none"> Current Beneficiary Identification System under-selects some vulnerable persons Absence of a system to proactively identify the vulnerable Size of vulnerable population not known Low awareness of social welfare programmes among the vulnerable Lack of a “vulnerable persons” database Absence of an integrated cohesive system 	
<p>Inadequacy of welfare programmes to meet existing needs</p> <ul style="list-style-type: none"> Inadequate financial resources to attain complete coverage Programmes inadequate to cover vulnerable groups such as: <ul style="list-style-type: none"> those living with HIV/AIDS Youths leaving school and falling outside of PATH Homeless, Elderly and the Disabled Street Children, Persons in state residential places Deportees without local support base Inadequate Capacities of Families to care for their members Lack of a “family policy” to ensure the assumption of responsibilities Weak Social partnerships between government and civil society to treat with the vulnerable 	
<p>Service Delivery</p> <ul style="list-style-type: none"> Service delivery needs to be decentralized Inadequate capacities of all NGOs/CBOs to effect delivery of service. Absence of a mechanism for automatic referrals to various programmes Non-client-oriented service delivery system Staff not trained in client -oriented approach to service delivery Weak institutional capacity of government organizations to allow for Inappropriate legal framework to guide social welfare programmes 	

Issues from Reports	National Goals & Impact Level Indicators Long term. 5-25 years Development Issues	Outcome Statements and Outcome Indicators Intermediate 3-5 years Meso or institutional level of intervention Affected by more than one Activities/projects Implies direction chosen to tackle issues	Strategies
<p>Current Beneficiary Identification System under-selects some vulnerable persons</p> <p>Absence of a system to proactively identify the vulnerable</p> <p>Size of vulnerable population not known</p> <p>Low awareness of social welfare programmes among the vulnerable</p> <p>Lack of a “vulnerable persons” database</p> <p>Absence of an integrated cohesive system of social welfare.</p> <p>Absence of a central database</p>	<p>1.0:- A society in which the entire vulnerable population is identified and included in the social support system (government, private sector, NGOs, FBOs, family support etc.)</p>	<p>1.1:- A formal social welfare system which provides coverage for its vulnerable population.</p> <p>Indicators:</p> <ul style="list-style-type: none"> a) Percentage of poor covered under social welfare programmes. b) Percentage of benefits going to non-poor (leakage) c) Percentage of elderly persons who are poor and covered by social welfare programmes d) Percentage of street children who are poor and covered by social welfare programmes e) Percentage of children in poor households who are covered by social welfare programmes f) Percentage of Persons with Disabilities who are poor and covered by social welfare programmes g) Percentage of homeless persons who are covered by social welfare programmes h) Percentage of youth who were formerly in state institutions for which provisions are made under the social welfare programme i) Percentage of youth from poor 	<p>1.1.1:- Improve the systems of identification of the vulnerable.</p> <p>1.1.2:- Improve system of selection of beneficiaries (including persons not in households</p> <p>1.1.3:- Increase awareness of the availability and eligibility criteria of social welfare programmes.</p> <p>1.1.4:- Develop and or strengthen the database of the vulnerable groups.</p>

		<p>households being assisted by the Welfare to Work Programme or similar programmes</p> <p>j) Percentage of persons, including children, with chronic illnesses (and HIV/AIDS) who are poor and covered by social welfare programmes</p> <p>k) Percentage of persons who are victims of human trafficking referred to relevant agencies</p> <p>l) Percentage of refugees who are referred to relevant agencies</p> <p>m) Percentage of deportees who are referred to relevant agencies</p> <p><i>n)</i> Percentage of vulnerable population that is aware of relevant social welfare programmes</p> <p>o) <i>Regional distribution of social welfare benefits</i></p>	
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Issues from Reports	National Goals & Impact Level Indicators Long term. 5-25 years Development Issues	Outcome Statements and Outcome Indicators Intermediate 3-5 years Meso or institutional level of intervention Affected by more than one Activities/projects Implies direction chosen to tackle issues	Strategies
<p>Inadequate financial resources to attain complete coverage.</p> <p>Weak Social partnerships between government and civil society to treat with the vulnerable.</p> <p>Inadequate Capacities of Families to care for their members.</p> <p>Lack of a “family policy” to ensure the assumption of responsibilities.</p> <p>Programmes inadequate to cover vulnerable groups.</p>	<p>2.0:- A society that adequately meets the basic needs of vulnerable persons.</p>	<p>2.1:-A sustainable resource base.</p> <p>Indicators:</p> <p>a) Percentage of GOJ recurrent budget allocated to social welfare programmes b) Existence of mechanism for collaboration between GOJ welfare system and private welfare systems¹⁵ (e.g.MOU)</p> <p>2.2: Adequacy of social welfare provisions</p> <p>Indicators</p> <p>a) The degree of adequacy¹⁶ of social welfare benefits (cash and in-kind)</p> <p>2.3.-. A citizenry that demonstrates social responsibility for its vulnerable members</p> <p>Indicators:</p>	<p>2.1.1:- Establish a reliable fund for sustained financing of the requisite range of welfare support programmes</p> <p>2.1.2:- Promote and Encourage Social partnerships with the business community and civil society organizations.</p> <p>2.2.1:- Estimate the size and cost of “adequate social welfare” provisions.</p> <p>2.3.1:- Promote and Encourage Social partnerships with the business community, civil society organizations including CBOs</p>

¹⁵ Non-government (private sector, NGOs, CBOs, FBOs and other civil society organizations)

¹⁶ Adequacy should be determined by implementing agencies, based on benefit review mechanism

		introduce new ones)	
Issues from Reports	National Goals & Impact Level Indicators Long term. 5-25 years Development Issues	Outcome Statements and Outcome Indicators Intermediate 3-5 years Meso or institutional level of intervention Affected by more than one Activities/projects Implies direction chosen to tackle issues	Strategies

<p>Service delivery needs to be decentralized</p> <p>Inadequate capacities of all NGOs/CBOs to effect delivery of service.</p> <p>Absence of a mechanism for automatic referrals to various programmes</p> <p>Non-client-oriented service delivery system</p> <p>Staff not trained in client -oriented approach to service delivery</p> <p>Weak institutional capacity of government organizations to allow for</p> <p>Inappropriate legal framework to guide social welfare programmes.</p>	<p>3.0:- A social welfare programme which is delivered in a professional manner, ensuring that clients are valued and treated with dignity</p>	<p>3.1:- An effective, efficient, transparent and objective delivery system for social welfare services and programmes.</p> <p>Indicators:</p> <p>a) Number of complaints on quality of service received</p> <p>b) Percentage of target group to be served over time that is served</p> <p>c) Number of appeals lodged</p> <p>d) Existence of central database</p> <p>c) Promulgation of National Assistance Act</p>	<p>3.1.1:- Strengthen client-oriented institutions with adequately trained staff.</p> <p>3.1.2:- Decentralize the delivery mechanism.</p> <p>3.1.3:- Develop an appropriate legal framework.</p>
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APPENDIX 2

VULNERABLE GROUPS MATRIX

VULNERABLE GROUPS	CATEGORIES OF ASSISTANCE					
	Assistance in Emergency for rehabilitation or other needs	Regular periodic monetary benefits	Housing	Institutional Care and Care and Protection (e.g. residential care, mental health facilities, Children's Homes, correctional facilities.)	Nutrition	Referrals to appropriate agencies
Youth	<ol style="list-style-type: none"> Age and gender and ability specific supplies Suitable and safe accommodation¹⁸ Financial assistance 	Adequacy of benefits and universal coverage of those in need	<ol style="list-style-type: none"> Access to suitable shelter such as for persons leaving institutions and persons who cannot continue to live at home 	<ol style="list-style-type: none"> Shelter from community violence and other external threats Protection from abuse, neglect and abandonment Education and training Psycho-social support Parenting training 	<ol style="list-style-type: none"> Adequate level of provision in schools and institutions Complete and stigma-free coverage of the poor in schools and institutions Adequate nutritional content of meals provided in schools and institutions Nutritional support for pregnant and lactating mothers 	e.g. legal assistance, Psycho-social, other health related assistance, job placement parenting training, job preparedness, mentorship, welfare-to-work, youth-friendly health services
Homeless¹⁹	<ol style="list-style-type: none"> Identify the homeless Need to establish critical care facilities Transportation to specific shelters offering specialized care, e.g. mental 	Access to social assistance and social services	<ol style="list-style-type: none"> Hostels Drop-in centres, half-way homes, night shelters Penny-lodging such as for temporary homeless persons Housing solutions (housing developers including NHT) 	<ol style="list-style-type: none"> Establish a centralized database in order to identify homeless persons Shelter from community violence and other external threats Protection from abuse, neglect and abandonment 		

¹⁸ Threats from inter-community violence

¹⁹ Includes children, temp. homeless, fire and other disaster victims, persons discharged from institutions, refugees

VULNERABLE GROUPS	CATEGORIES OF ASSISTANCE					
	Assistance in Emergency for rehabilitation or other needs	Regular periodic monetary benefits	Housing	Institutional Care and Care and Protection (e.g. residential care, mental health facilities, Children's Homes, correctional facilities,)	Nutrition	Referrals to appropriate agencies
	health care 4. Psychosocial support 5. Clothing, bedding 6. Age, gender and ability specific supplies ²⁰ 7. Suitable and safe accommodation 8. Specially trained shelter management teams		5. Subsidised living facilities	4. Education and training 5. Psycho-social support Rehabilitation, resocialization and reintegration		
Elderly			1. Financing options available to purchase a home.			
Persons vulnerable to natural disaster	1. Age and ability specific supplies ²¹ 2. Suitable and safe accommodation with adequate sanitary facilities 3. Financial assistance 4. Special		1. Access to adequate housing/suitable land, where necessary ²³ 2. Strengthen legislation for compulsory relocation, where necessary (including sanctions and incentives) 3. Strengthen	1. All institutions/facilities should have disaster plans (including evacuation strategies)	1. Adequate level of provision in approved shelters 2. Adequate nutritional and dietary content of meals provided in approved	3. Application to Social Safety Net where necessary 4. Psycho-social support 5. Security

²⁰ e.g. food, clothing, bedding, educational, medical and hygiene etc.

²¹ e.g. food, clothing, bedding, educational, medical and hygiene, sanitary disposables, mobility aids, activity kits etc.

VULNERABLE GROUPS	CATEGORIES OF ASSISTANCE					
	Assistance in Emergency for rehabilitation or other needs	Regular periodic monetary benefits	Housing	Institutional Care and Care and Protection (e.g. residential care, mental health facilities, Children's Homes, correctional facilities,)	Nutrition	Referrals to appropriate agencies
	<p>arrangements for the homeless²²</p> <p>5. Insurance for contributors to NIS</p> <p>6. Ensure disaster plan for approved shelters</p> <p>7. Medical and public health inspection in shelters and institutions on a regular basis</p>		<p>Community-based Disaster Management framework (especially regarding evacuation)</p> <p>4. Provision for long-term shelters e.g. NHT provision for retrofitting existing community centre and for new ones to be built to required specifications.</p>		shelters ²⁴	
Deportees			1. Establish halfway house (s).	<p>1. Establish office for Resettlement of Deportees.</p> <p>2. Assistance in locating and reestablishing family connections</p> <p>3. Liaison between deportees and family connections in countries from which they were deported.</p> <p>4. Drug and Alcohol</p>		

²³ Such as for persons living in disaster prone areas

²² Transportation to specific shelters offering specialized care, e.g. mental health care

²⁴ Nutritional support for diabetics, pregnant and lactating, hypertensive, children, babies, infants, soft diet

VULNERABLE GROUPS	CATEGORIES OF ASSISTANCE					
	Assistance in Emergency for rehabilitation or other needs	Regular periodic monetary benefits	Housing	Institutional Care and Care and Protection (e.g. residential care, mental health facilities, Children's Homes, correctional facilities.)	Nutrition	Referrals to appropriate agencies
				abuse counseling 5. Self esteem and peer development assistance.		
Refugees			1. Establish safe house.	1. Provide counseling and material assistance until refugee status is determined. 2. Interpretation services at detention facilities. 3. Reception and transit facilities which meet minimum international standards.		
Victims of Human Trafficking	Need to have access to police protection.	Immediate monetary benefits for clothes, toiletries	Need to have access to a shelter for rehabilitation, protection and counseling			
Persons made vulnerable as a result of chronic/terminal illnesses Persons living with HIV/AIDS (Cross Cutting)	1. Train community health aids to periodically visit, monitor and provide in home care for persons with these conditions who are unable to move.		1. Develop an effective monitoring mechanism as well as an appropriate alternative for persons with	1. Establish recuperative care facilities to assist with the management of these conditions.	1. Monitor the health condition of these individuals both for those in residential care and those at home (using community health aids) and	1. Develop a mechanism to facilitate access and easy referral for persons with these condition to the Basic social services and other institutions eg HF etc.

VULNERABLE GROUPS	CATEGORIES OF ASSISTANCE					
	Assistance in Emergency for rehabilitation or other needs	Regular periodic monetary benefits	Housing	Institutional Care and Care and Protection (e.g. residential care, mental health facilities, Children's Homes, correctional facilities,)	Nutrition	Referrals to appropriate agencies
	2. Develop a registry of persons in extreme circumstances and a mechanism for monitoring and quick response		these conditions who need it.		establish guidelines for appropriate response.	

	School expenses	Medical expenses
CATEGORIES		
Children	<ol style="list-style-type: none"> 1. Transportation 2. books and learning materials 3. Uniforms 	<ol style="list-style-type: none"> 1. Access to drugs at subsidized rates 2. Coverage of chronic illnesses 3. Coverage of diagnostic tests 4. Access to medical treatment at subsidized rates
Youth	<ol style="list-style-type: none"> 1. books and learning materials up to tertiary level 2. State facilitating access to financing for tuition²⁵ 3. transportation 4. clothing 	<ol style="list-style-type: none"> 1. Access to drugs at subsidized rates 2. Coverage of chronic illnesses 3. Coverage of diagnostic tests 4. Access to medical treatment at subsidized rates
	School expenses	Medical expenses
Homeless		

²⁵ Including Govt. facilitating guarantor for student loans

Elderly	<p>1.Access to literacy training.</p> <p>2.Incentives and flexible systems to encourage them to complete basic and secondary education.</p>	
Persons vulnerable to natural disaster		Access to medication and healthcare
Deportees	<p>1.Vocational Training</p> <p>2.Employment Counseling and training.</p>	
Refugees		
Victims of Human Trafficking		
Persons vulnerable as a result of chronic/terminal illnesses		
Persons living with HIV/AIDS (Cross Cutting)		

APPENDIX 2

LIST OF TASK FORCE MEMBERS

Dr. Heather Ricketts	-	UWI, Mona (Chair)
Ms Marcia Bolt	-	Ministry of Labour and Social Security
Ms Joan Supria	-	Ministry of Labour and Social Security
Ms Valerie Spence	-	Jamaica Council for Persons with Disabilities
Ms Christine Hendricks	-	Jamaica Council for Persons with Disabilities
Mrs. Beverly Edwards	-	National Council for Senior Citizens
Mrs. Dione Jennings	-	Ministry of Local Government and Environment
Dr. Jaslin Salmon	-	International Institute for Social, Political, and Economic Change (IISPEC)
Dr. Christine Powell	-	Tropical Medicine Research Institute (TMRI)
Ms Marcia Faulkner	-	Min. of Finance and Planning
Mrs. Karen Mantock	-	Clarendon Poor Relief Dept. (Deceased)
Mrs. Patricia Anderson	-	Clarendon Poor Relief Dept.
Mrs. Yvonne Mitchell	-	St. Catherine Poor Relief Dept
Ms Alison Anderson	-	Child Development Agency
Ms Mary Dodman	-	National Centre for Youth Development
Ms Juanita Reid	-	Social Development Commission
Reverend Devon Dick	-	Boulevard Baptist Church
Reverend Maitland Evans	-	International University of the Caribbean
Mrs. Carol Anthony	-	Board of Supervision
Mr. Howard Lynch	-	Ministry of Health
Mrs. Mary Clarke	-	Office of the Children's Advocate
Mrs. Jean Bennett	-	St. Andrew Care Centre
Mr. Charles Clayton	-	PIOJ, Sector Specialist
Mrs. Andrea Stewart	-	PIOJ, Recording Secretary
Mrs. Shelly Ann Edwards	-	PIOJ, Technical Secretary

APPENDIX 3

REFERENCES

PIOJ., Economic and Social Survey Jamaica, various years

PIOJ., Jamaica Survey of Living Conditions, various years

Board of Supervision., Ending Chronic Homelessness in Jamaica–5 Year Strategic Plan
(Draft)