

**UNITED NATIONS  
DEVELOPMENT ASSISTANCE FRAMEWORK  
FOR  
THE GOVERNMENT OF JAMAICA  
(2007 – 2011)**

**- FINAL DRAFT -**

**The Government of Jamaica  
And  
The United Nations Country Team  
(UNCT)**

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## Acronyms and Abbreviations

|           |   |
|-----------|---|
| CCA       | Common Country Assessment                                       |
| CGC       | Child Guidance Clinic   |
| CP        | Country Programme   |
| CRC       | Convention on the Rights of the Child                           |
| ECC       | Early Childhood Commission                                      |
| ECD       | Early Childhood Development                                     |
| ESSJ      | Economic and Social Survey                                      |
| EU        | European Union  |
| FAO       | Food and Agricultural Organisation                              |
| GOJ       | Government of Jamaica   |
| GSHD      | Government Supported Housing Development                        |
| HEART/NTA | Human Employment and Resource Training/National Training Agency |
| HFLE      | Health and Family Life Education                                |
| IDPs      | International Development Partner(s)                            |
| JASPEV    | Jamaica Social Policy Evaluation (Project)                      |
| JCF       | Jamaica Constabulary Force                                      |
| JICA      | Japan International Cooperation Agency                          |
| JSLC      | Jamaica Survey of Living Conditions                             |
| M & E     | Monitoring and Evaluation                                       |
| MD        | Millennium Declaration  |
| MDG       | Millennium Development Goals                                    |
| MLSS      | Ministry of Labour and Social Security                          |
| MLGCD     | Ministry of Local Development, Community Development and Sports |
| MNS       | Ministry of National Security                                   |
| MOA       | Ministry of Agriculture   |
| MOEYC     | Ministry of Education, Youth and Culture                        |
| MOFP      | Ministry of Finance and Planning                                |
| MOH       | Ministry of Health  |
| MOJ       | Ministry of Justice   |
| MTSEPF    | Medium Term Socio-Economic Policy Framework (MTF)               |
| NEPA      | National Environmental Planning Agency                          |
| NFAC      | National Framework of Action for Children                       |
| NGO       | Non Governmental Organisation                                   |
| NPA       | National Plan of Action   |
| NSS       | National Security Strategy                                      |
| ODA       | Official Development Assistance                                 |
| ODPEM     | Office of Disaster Preparedness and Management                  |
| PAHO      | Pan American health Organisation                                |
| PIOJ      | Planning Institute of Jamaica                                   |
| PMTCT     | Prevention of Mother to Child Transmission                      |
| RC        | Resident Coordinator  |
| STATIN    | Statistical Institute of Jamaica                                |
| TWG       | Thematic Working Group  |
| UNAIDS    | Joint United Nations Programme on HIV/AIDS                      |
| UNCT      | United Nations Country Team                                     |
| UNDAF     | United Nations Development Assistance Framework                 |
| UNDP      | United Nations Development Programme                            |
| UNEP      | United Nations Environmental Programme                          |
| UNESCO    | United Nations Educational, Scientific, Cultural Organisation   |
| UNFPA     | United Nations Fund for Population Activities                   |
| UNICEF    | United Nations Children's Fund                                  |
| UNIFEM    | United Nations Development Fund for Women                       |
| UNODC     | United Nations Office on Drugs and Crime                        |
| USG       | UNDAF Support Group   |
| UWI       | University of the West Indies                                   |

VGs  
WB

Vulnerable Groups  
World Bank

## Executive Summary

The UNDAF is a key expression of UN Reform at country level and seeks to articulate a coherent, coordinated and collaborative UN System approach to supporting Jamaica's national priorities and to advance the livelihoods of all Jamaicans.

The document is based on the UN Common Country Assessment (CCA) and was borne out of extensive consultations and collaboration among the UN System, the Government of Jamaica (GOJ), civil society and other key partners. Specifically, it outlines the United Nations planned support to the people and Government of Jamaica from 2007-2011 and is intended to act as a roadmap for focused and coordinated development assistance and activities. The UNDAF has placed Jamaica's national priorities as outlined in the Medium Term Socio-Economic Policy Framework (MTF) at its centre and seeks to more strategically position UN development delivery system to better support the country to meet the Millennium Development Goals (MDGs) and other internationally agreed commitments and obligations.

The promotion and protection of human rights is central to the UNDAF and the human rights based approach was therefore utilised in the Common Country Assessment (CCA), the subsequent UNDAF planning processes and will be incorporated in the implementation of the UNDAF. The UNDAF is results based and great focus will be placed on the careful monitoring and evaluation towards the achievement of key results.

The overall objective of the United Nations in Jamaica 2007-2011 is to achieve the balanced and equitable development of Jamaica through the reduction of disparities and vulnerabilities.

Support to national development will be through five thematic areas<sup>1</sup> namely (1) Education (2) HIV/AIDS (3) Environment and Poverty (4) Health (5) Justice, Peace and Security, with the main overriding objectives being:

- Improved access to and quality of education;
- Improved quality of HIV/AIDS prevention and care services;
- Ensuring environmental sustainability, eradication of poverty and increased social inclusion for the poor;
- Prevention and control of morbidity and mortality and improved quality of life for all Jamaicans by 2011;
- Contributing to the creation of a safe and secure Jamaica through the efficient use of resources to effectively enforce law and order, and maintain secure borders; and assisting the process of Justice Sector Reform.

The specific programmes and projects of the UN agencies outlined in their individual country programme documents (CPDs) and Country Assistance Plans are based on the priorities articulated in the UNDAF and are complementary parts of a single UN approach.

Several cross-cutting issues<sup>2</sup> run through the UNDAF including governance, gender, cultural identity, disaster risk reduction, human rights, capacity building, the application of Information, Communication and Technology (ICT) to priority areas of development and the capacity for emergence of a global partnership for development.

The UNDAF is intended to be a dynamic document that may be updated or adjusted at any time during the five-year programme cycle to take into account developments or changes in the Jamaican situation. During the programme cycle of the UNDAF the UN System in Jamaica will seek to forge collaborative initiatives with the Government of Jamaica, International Development Partners (IDPs) and other critical development partners to reduce duplication, promote synergies, increase efficiency and effectiveness of development assistance and foster increased aid coordination.

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<sup>1</sup> The UNDAF cooperation areas are closely related to the priority areas and TGs of the GOJ MTF.

<sup>2</sup> These compared favourably with the issues raised in the MTF as: cross-cutting sector policies to achieve the MDGs, children, youth, gender, disabilities, the elderly, poverty reduction and social safety net, policies related to law, order and crime and governance and the environment.

## **PREAMBLE**

The UN System is committed to supporting the Government of Jamaica (GOJ) to advance the lives and well-being of all citizens through support to national priorities and goals as outlined in the Medium Term Socio-Economic Development Framework (MTF), the Millennium Development Goals and other internationally agreed commitments and obligations.

The overriding mission of the UN is to support the GOJ to protect and promote the rights of people while enlarging opportunities and expanding human security especially for the poor and most vulnerable. We pledge to promote cooperation, coordination and partnership, in the implementation of this United Nations Development Assistance Framework to promote increased synergies and effectiveness in the delivery of development assistance.

The efforts of the UN Agencies, the International Development Partners (IDP's) and other critical development partners such as the World Bank, a specialized agency of the UN, has become a rich source of strategic country frameworks, advice and knowledge such as those existing under the UNDAF. The collection of UN agencies , specialized UN agencies and IDP's, have worked to ensure a much more coordinated approach by the UN system as a whole in its country level development work, through the UNDAF.

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## **1. Introduction**

### **1.1 Purpose of the UNDAF**

The UNDAF is an operational framework that guides the work of all the UN agencies towards a common vision and strategy in support of Jamaica's socio- economic- development priorities. The UNDAF identifies the areas in which the UN System has a comparative advantage and is best poised to make a significant impact during the period 2007-2011. Moreover it reflects MDG linked outcomes within the framework of the human rights based approach to promote an acceptable quality of life for all Jamaicans.

The priorities and expected results of the UNDAF emerge from the Common Country Assessment (CCA) and respond to the needs and priorities of Jamaica as outlined in the Government of Jamaica's Medium Term Socio-Economic Framework (MTF). In so doing, the UN System seeks to put national priorities at the centre of development cooperation and ensure convergence and increased harmonisation of UN programming with national priorities.

The UNDAF advances the UN Reform agenda through the promotion of a collective, coherent and unified UN System response and results in an improvement in the capacity of the UN development delivery system. During the programme cycle of the UNDAF the UN System in Jamaica will seek to forge collaborative initiatives with the Government of Jamaica and International Development Partners (IDPs) and other critical development partners to reduce duplication, promote synergies, increase efficiency and effectiveness of development assistance and foster increased aid coordination.

While UNDAF interventions target the entire country, special emphasis will be placed on select areas and target groups to reduce vulnerability, exclusion and socio-economic disparities and achieve sustainable gains in the areas of development cooperation.

### **1.2 The CCA Process**

The CCA was done between August 2005 and January 2006 and was a truly participatory and inclusive endeavour, incorporating hundreds of stakeholders from every sector and level of society. The CCA sought to provide a diagnosis of the political, economic, social and institutional situation within Jamaica as well as outline strategic areas for UN intervention. The CCA complemented existing country analytical work and had at its core the Medium Term Socio-Economic Policy Framework.

Analysis was conducted through five thematic working groups (TG), which were chaired by high-level government representatives and co-chaired by UN Heads of Agency. The established TGs were (1) Education, (2) HIV/AIDS, (3) Sustainable Development, (4) Health and (5) Justice, Peace and Security. Through structured workshops, members of TGs assessed key development challenges, the capacity of duty bearers and rights-holders to understand and claim their rights and the associated capacity gaps within the context of the state's obligations nationally and under international law.

The CCA was finalised in February 2006 after several rounds of consultation with the Government and key partners from the civil society, international development partners and private sector. The Common Country Assessment (CCA) provided the foundation for the development of the UNDAF; the collective approach and response of the UN System to addressing the identified priority needs of the Jamaican people over the period 2007-2011.

### 1.3 The UNDAF Process

The UN System priorities were decided at the Strategic Planning Retreat (SPR), which was held at the end of January 2006. This workshop was attended by key partners from the Government, civil society, private sector and international development community who had previously participated in the development of the CCA therefore facilitating continuity in the process.

The Retreat resulted in broad agreement on the UNDAF outcomes, and the development of a preliminary draft of the Results Matrix. Five UNDAF TGs were also established namely (1) Education, (2) HIV/AIDS, (3) Environment and Poverty, (4) Health, and (5) Justice, Peace and Security.

A series of working sessions with UN Programme personnel followed the Strategic Planning Retreat (SPR), which aimed to build on the preliminary Results Matrix agreed to in the SPR and to develop the M& E Framework. Final drafts of these matrices were produced and shared with the Government and key partners and their comments and feedback subsequently used to produce a first draft of the UNDAF. Feedback on this UNDAF first draft was solicited from all local partners and the Regional Support Team after which the final UNDAF was prepared and shared with the Government of Jamaica in May 2006.

A number of cross-cutting issues<sup>3</sup> and accompanying policy relationships emerged including governance, gender, cultural identity, Disaster Risk Reduction, Human Rights capacity building, the capacity for Information, Communication and Technology (ICT) to priority areas of development and the capacity for development of a global partnership for development. The UNCT and the UNDAF TGs will ensure that these issues are amply represented in the implementation of the UNDAF.

The development of the UNDAF benefited from the national in-country harmonization initiative and the GOJ's drive to achieve a coherent policy environment and increased aid coordination facilitated through GOJ Medium Term Socio-Economic Policy Framework (MTF). The UN System and other International development partners, present in Jamaica have agreed to shape their support within the MTF.

The MTF has elaborated a set of priorities by Thematic Group,<sup>4</sup> which link closely with the UNDAF TGs. The UN System has made every effort to ensure convergence and increased harmonisation between the UNDAF and national MTF processes in order to reduce duplication. Moreover the timing, duration and structure of the MTF processes have been factored into the development of the UNDAF to allow for the cross- fertilization and increased synergies.

The broad-based consultations and collaboration that characterised the CCA/UNDAF process exposed and included participants in the UN Common Country Programming process thereby promoting ownership and stakeholder 'buy-in' for the process.

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<sup>3</sup> This compared with the issues raised in the MTF as: cross-cutting sector policies to achieve the MDGs, children, youths, gender, disabilities, the elderly, poverty reduction and social safety net, policies related to law, order and crime, and governance and the environment.

<sup>4</sup> –MTF TG include: Macro-Economy, Education, Health, Poverty, Security, Justice and the Environment

## 2. Results

The overall objective of the United Nations in Jamaica 2007-2011 is to achieve the balanced and equitable development of Jamaica through the reduction of disparities and vulnerabilities. Support to national development will be through five thematic areas<sup>5</sup> namely (1) Education (2) HIV/AIDS (3) Environment and Poverty (4) Health (5) Justice, Peace and Security. The priority areas identified emerged from in depth analysis presented in the CCA and were further narrowed during the Strategic Planning Retreat with Government of Jamaica, UN, civil society and other partners. The process of selection of the key priorities used a set of criteria that emphasised the UN System's comparative advantage and sought to identify the most strategic and value-added use of UN resources in support of outlined national priorities. Selection was done within a human rights and gender framework and fits within the national priorities identified by the Government of Jamaica's Medium Term Framework (MTF).

The UNDAF uses the results-based management approach and each UNDAF priority area includes a set of key Country Programme Outcomes (16 in total) and related outputs (47 in total). Outputs elaborate concrete and measurable products to be delivered by specific UN Agencies, often times, working in partnership with other organisations. Measurable progress towards these Country Programme Outcomes is required in order to achieve the overall objectives of the UNDAF.

While the bulk of the UN Agencies resources will be focused on the areas identified, a few of the specialised agencies will be involved in highly specific activities that fall outside the remit of the selected priority areas.

An important element of the cooperation strategy of the UN System will include working closely with development partners to promote aid effectiveness by harmonising and aligning development cooperation. The overall goal is to advance the right of all Jamaicans to good education, health, a peaceful and secure existence, shelter, participation, information and expression, and the overall promotion of a sustainable development through support for the strengthening of national and local capacities, advocacy for legislative and specific sector reforms and general promotion and support for meeting the MDGs.

In all cases, the UNDAF seeks to enhance the capacity of "duty bearers" while empowering "rights holders" to meet their obligations to claim their rights. All programmes, policies, technical assistance are therefore driven by the imperative to further the realisation of fundamental human rights as enunciated in the Universal Declaration of Human Rights and other human rights instruments.

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<sup>5</sup> The UNDAF cooperation areas are closely related to the priority areas and TGs of the GOJ MTF.

## **National Priority # 1: Improved Access to and Quality of Education**

### **UNDAF Outcome 1: By 2011, quality, relevance and equity of all levels of education improved and learning achievements of children increased**

Within the framework of Education for All (EFA) and the Millennium Development Goals (MDGs), the country programme outcomes are:

- i) Readiness of pre-school children for primary education increased through enhanced capacity of government and private sector;
- ii) Primary and secondary school-age children, as well as tertiary education students, have increased access to and equity in respect of quality education;
- iii) Access to out of school youth (especially boys) to lifelong literacy, vocational and skills education and training increased; and
- iv) Pre-school and school-aged children have increased knowledge about human/children's rights and are equipped with HIV/AIDS prevention and conflict resolution skills.

There are thirteen (13) outputs associated with these outcomes.

The emphasis for the Government of Jamaica at the Early Childhood level (0-8 years) is for the progressive realisation of the rights of children through expansion of enrolment and improvement of quality and standards for all early childhood institutions and day care centres. This includes improvements to the quality of teaching, through upgrading of teachers, and the enhancement of the physical environment. As noted in the CCA, some 123,531 students or 96.4 per cent of the population aged 1 – 5 years were enrolled in these institutions. Parenting practices are often detrimental to the optimum development of the child. A 2005 PIOJ study revealed that only one-third of parents told stories, played games, or sang songs to their children. According to official estimates, less than one-third of the children entering grade one were ready for primary level and some 30 per cent of primary school dropouts were illiterate.

While over 98 per cent of the children 6-14 years are enrolled in school (99.9 per cent for boys and 95.7 per cent for girls), the rate plummets to 89 per cent among 15-16 year olds and 47.8 per cent among 17-18 year olds. The survival rates through to Grade 5 have been declining from approximately 96.5 per cent in 1999/2000 to 87.6 per cent in 2001/2002, with survival rates higher for girls than for boys (91.4 per cent and 84.3 per cent respectively). In 2003/04 academic year only 21 per cent of children enrolled at the grade 11 of the secondary schools passed English, with female students outperforming males by far (30 per cent for females, and approximately 13 per cent for males). Daily attendance at school was estimated at only 62 per cent for the children of the poorest quintile, far from the 92.5 per cent national average. About 62 per cent of absences were due to lack of money for transportation, text books, school fees or uniforms.

An Inner-City Schools Initiative Programme was launched in 20 schools at the primary and secondary levels as well as a new E-Learning project, equipping all new high schools with a computer lab. As part of the Modernisation Programme, a pilot phase of the Teacher Performance Evaluation (TPE) was launched.

UN interventions to achieve this UNDAF outcome will be focused on the pre-primary, primary and secondary levels of school-age children and is consistent with government's overall focus for the medium term. UN System intervention is designed to address some of the critical challenges particularly at the Early Childhood Development stage which constitutes the most formative years of child development and lays the basis for a child's development. The importance of a highly structured, comprehensive pre-school programme, particularly for the disadvantaged is of paramount importance as it creates the foundations for greater equity and access to quality education at the later primary and secondary levels. In this regard, focus will be placed on the development of and implementation of the National Policy and Plan of Action of Early Childhood Development as well as the complementary National Policy and Plan of Action on parenting and home-based early stimulation programmes for children in full recognition of the need to strengthen the capacities of duty bearers to meet their obligations. Support will be provided to achieving the objectives of the Early Childhood Development Act, a companion Act to the Early

Childhood Commission Act which will prescribe regulatory powers of the Commission and set standards for Early Childhood institutions and services with respect to increased regulation and supervision of independent schools/day care and enhancement of early stimulation centres. Attention is also given to primary and other school aged children and the need for increasing skills and knowledge, including skills in gender analysis related to violence and HIV/AIDS reduction, to ensure greater equity in planning and programming.

## **National Priority # 2: Improved Quality of HIV/AIDS Prevention and Care**

### **UNDAF outcome 2: By 2011, have a sustained, co-ordinated multi-sectoral national response to ensure universal access**

The country programme outcomes are:

- i) The creation of a supportive and enabling legislative and policy framework, being effectively implemented with a gender differentiated focus;
- ii) The creation of one national monitoring and evaluation system in place by 2008;
- iii) The establishment of one national HIV/AIDS response coordination and management authority to involve all relevant sectors and effectively functioning;
- iv) The reduction of vulnerability by creating increased access to prevention, treatment care and support and impact mitigation services.

There are eight (8) outputs associated with these outcomes. The overarching objective is expressed in terms of improved quality of HIV/AIDS prevention and care services, with a focus on ensuring a sustained, multi-sector national response to ensure universal access to improved services.

Since the first recorded case of HIV/AIDS in 1982, some 22,000 persons have been infected and 3,700<sup>6</sup> have died from HIV/AIDS. Children and young people (0-19 years) have accounted for 9 percent while adolescents and youths 20-29 account for 19 percent reflecting a cumulative total of 28 percent. For infants 1-4 years old, HIV/AIDS is the second leading cause of deaths. An estimated 20,000 children are affected by HIV/AIDS, of whom approximately 5,000 are orphaned. A rapid assessment conducted in 2002 concluded that children affected by HIV/AIDS suffer from poor nutrition, lack of schooling, trauma from witnessing the death of a family member, non-supportive family and community environments. The extremely high levels of stigma and discrimination associated with the disease put children at higher risks of exclusion and marginalisation. With an overall prevalence rate of 1.5 percent in 2004, the increase in that year compared to 2003 was 3.9 percent, with 70 percent of new infections transmitted by heterosexual contact, and only 5 percent involving bisexual contact or men having sex with men (MSM). As the level of incidence is probably under-reported, the exact magnitude of the pandemic may not be accurately known. Adolescent girls 10-19 years are almost three times more likely to become infected with HIV than boys of the same age. This is as a result of several factors, including early sexual initiation, young girls having sexual relations with HIV infected older men, as well as high rates of forced sex and frequent unsafe practices among adolescents. The main drivers of the pandemic are risky sexual behaviour (unprotected sex, transactional sex, multiple sex partners), the poor economic environment as a result of high unemployment (twice as high in women compared to men), a high female dependency ratio alongside the worsening problem of injecting drug users and commercial sex workers (CSMs), the limitations and inadequacies of the Social Services especially in relation to access to speciality care, the inadequate attention given to HIV in the Health and Family Life Education (HFLE) curriculum and socio-cultural factors such as discrimination and stigmatisation about relationships where men have sex with other men, and HIV/AIDS which drive those at risk

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<sup>6</sup> Ministry of Health/CCA

underground. Major challenges faced involve the level of stigma and discrimination which constitute a denial of human rights and an affront to the dignity of those infected or affected by HIV/AIDS and the need for a long term sustainable multi-sectoral response supported by the necessary human and budgetary resources.

Within the framework of the National HIV/AIDS Policy (2005), a National Plan of Action for Orphans and Other Children made vulnerable by HIV/AIDS in Jamaica (2003-2006), a National Policy for HIV/AIDS Management in Schools (2004), a Draft National Workplace Policy on HIV/AIDS, an Anti-Discrimination Act in process of development as well as UN goals and strategies, five priorities were identified: namely,

- Policy, Advocacy, Legal and Human rights matters (*stigma, discrimination, violence against infected persons or persons at risk*);
- integrated and Multi-sectoral Responses (*creation of a strong, multi-sectoral response with human and financial resources*);
- Prevention (*expanding HIV testing as an entry point for treatment and prevention and special focus on at-risk populations, adolescents and youth*);
- Care, Treatment and Support (*expanding ARV therapy especially long term availability of universal access to care*);
- Monitoring, Surveillance and Evaluation (*development of a comprehensive system for monitoring and evaluation*).

Recognising and addressing priorities is a necessary but not a sufficient condition for treating the pandemic. A holistic response is the only guarantee that those infected will be able to live longer, more productive, healthy and happy lives and that effective preventative measures will enable many at risk to be spared from being infected or affected by this disease. Given the interplay of gender and social inequalities, much sexual risk-taking by girls and young women is marked by unequal gender relations and unequal access to resources, assets, income-earning opportunities and social power. Boosting economic opportunities and social power, therefore, constitute a potentially successful and sustainable HIV/AIDS strategy<sup>7</sup>. HIV/AIDS is consequently not only a health problem but also a development problem through its impact on human resources development and Gross Development Product.

The response of the UNDAF will therefore be multi-faceted. One national coordinating response mechanism will be supported to include relevant sectors and a single advocacy strategy formulated to encourage participation rights of vulnerable groups in the national response within the context of 5 year national plan framework developed, monitored and effectively enforced. *Major attention will be placed on reducing vulnerability by increasing access to prevention, treatment care and support.* This is more cost-effective in the long term. Appropriate mitigation measures and services will be supported, including voluntary counselling and testing of vulnerable groups and ensuring that such groups have access to knowledge about their rights and are empowered to report on and challenges stigma and discrimination. Support will also be provided through enabling legislation, including relevant HIV/AIDS legislation, and the contribution to the establishment of an appropriate policy framework developed, monitored and effectively implemented with a gender focus. An overall advocacy strategy with tools informed by national studies will be developed to empower stakeholders and especially vulnerable groups. The establishment of one national M & E system in place and single database within coordination and management body will be aimed at more efficient use of information databases to facilitate better planning and ongoing policy formulation.

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<sup>7</sup> UNAIDS, UNIFEM

### **National Priority # 3: Ensuring Environmental Security, Reduction of Poverty and Increased Social Inclusion for the Poor.**

#### **UNDAF Outcome 3: By 2011 national capacity to ensure equity and equality strengthened, and the population of targeted vulnerable communities enabled to reduce poverty, improve their livelihoods and better manage hazards and the environment**

The country programme outcomes are:

- i) The incidence of poverty and unemployment reduced among the vulnerable groups and selected communities particularly in rural Jamaica;
- ii) National capacity enhanced to reduce the risk of natural and man-made hazards; and
- iii) Integrated land, coastal zones, water and energy management practices improved;

There are eight (8) outputs associated with these outcomes (see Results Matrix: Environment and Poverty).

As noted in the CCA, poverty remains one of the most important factors that contribute to a lack of the enjoyment of basic human rights. Since 1990, statistics have reflected a declining trend in the incidence of poverty especially between 1990 and 1997 but have remained stable since then. The proportion of population on or below the poverty line fell from 28.4 percent in 1990 to 16.9 percent in 2001<sup>8</sup>. The poorest 20 per cent of the population accounts for less than 7 per cent of national consumption while the wealthiest fifth accounts for 46.4 per cent of total consumption. Geographically, the incidence of poverty is higher in rural areas and almost two-thirds of all people who are poor live in rural areas. Addressing rural poverty will contribute to reducing rural to urban migration, thereby alleviating the stress on already inadequate infrastructure in the urban areas. The repayment of the debt consumes over 60 per cent of the national budget. A 2005 Budget Analysis estimates the share of the total budget allocated to children's programmes and services in 2004/2005 below 11 per cent, which represents less than 7 per cent of the GDP. In 2003/04, the bulk of budget allocated to health and education went to recurrent costs with minimal funds available for capital expenditure. Within this broad trend, poverty rates among children continued to increase relative to the general population trend. Close to 45 per cent of Jamaicans who live in poverty are children. This has severe repercussions particularly for children who grow up in home environments that are both physically and emotionally deficient. The fact that two-thirds of poor households are headed by single women also speaks to the needs for programming which is sensitive to special needs.

The Jamaican economy is heavily reliant exploitation of its rich natural base as the critical foundation for economic activities in tourism, mining and agriculture and fishing. Managing the effects of micro and macro on natural resources is essential for minimising negative repercussions on economic and social services and ensuring the attainment of sustainable livelihood. Failure to implement and enforce mandates of the state has resulted in improperly planned urban and rural settlements, including tourism developments, land-based pollution of water, destructive fishing practices, inadequate solid waste management and poor ecosystems. These conditions impact more heavily on those less likely to have the capacity to address their rights – the vulnerable and poor. The effects of natural hazards such as earthquakes, tropical cyclones and high rainfall are exacerbated by anthropogenic factors such as unclear land tenure, poor farming practices and construction activities on steep slopes which increase vulnerability to floods, droughts and landslides.

Consequently, the UNDAF contribution will be geared to reducing the incidence of poverty especially among children and vulnerable groups in rural Jamaica. Emphasis will be placed on increased information sharing and greater availability and use of quality information and statistics to improve policy formulation and programming and to increase the availability and

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<sup>8</sup> Jamaica Survey of Living Conditions (JSLC), 2003

access to social services and sustainable livelihoods for the rural poor, including select urban communities and settlements. UN System initiatives will result in increased capacity of the government and their agencies to efficiently implement policies and programmes in integrated land management, as well as coastal zones, water and energy especially in targeted vulnerable communities. UN System efforts will also be geared to strengthening national policy and programming frameworks that mitigate natural and anthropogenic hazards, including plant and animal diseases as well as building, mobilising and coordinating regional capacity for managing risks related to natural disasters in the region.

**National Priority 4: Prevention and Control of Morbidity and Mortality (MTF) & Improved Quality of Life for all Jamaicans by 2011**

**UNDAF OUTCOME 4: By 2011, National (all levels) capacity strengthened to improve quality of life through promotion of healthy life styles and the delivery of equitable, integrated quality health services**

UNDAF country programme outcomes are:

- i) Family health services strengthened;
- ii) Accurate and timely vital health statistics made available for decision-making;
- iii) Access to better, integrated, quality services improved; and
- iv) Preparedness and an appropriate response to avian influenza pandemic enhanced.

There are seven (7) outputs associated with these outcomes.

A situational assessment of the health sector reveals both positive and negative trends/features. Overall, at the macro level, life expectancy compares favourably with other developing countries at a similar level of development. The total fertility rate is approximately 2.5 children per woman and declining due to improvements in contraceptive prevalence<sup>9</sup>. Important development challenges however have emerged. The population is aging which has important implications on the prevalence of chronic non-communicable diseases (NCDs) which account for some 50 percent of deaths annually. Major contributory lifestyle factors have been identified as causative factors to NCDs including weight problems, sedentary life styles and inadequate diet practices<sup>10</sup>. Other important challenges are accidents and continuing high levels of intentional injuries. The latter is most pronounced among young males where approximately one-third of the deaths in the 10-19 age cohort derives from this cause and have high direct and indirect costs to the health sector. This factor has immense implications for the critical role that violence prevention activities, informed and effective parental care and supervision as well as improved literacy provided by educational institutions and families, can contribute to the building of non-violent communities. Approximately 20 per cent of births are given by adolescents. This is attributable to a number of factors including high rate of forced sex (reported by 20% of girls), low rate of contraceptive use, early sexual initiation, and poor access to information and skills on safe and responsible sex.

Immunization rates have shown decline from the above 90 per cent rates in the mid-90s to the 80-90 per cent range in 2004, which might be accounted for by inaccurate updates of vital statistics. In 2002, stunting, wasting and severe malnutrition was affecting close to 6 per cent, 2.8 per cent, and 0.1 per cent respectively of children under 5 years of age. Only 45 per cent of lactating mothers breastfeed exclusively at six weeks and only about one-third (33.7 per cent) do so for three months.

While national policy objectives have correctly targeted primary health care delivery, there is still the need to make a paradigm shift increasing focus on promotion of healthy lifestyles and wellness rather than focussing on diseases. Over the last 3 years, hospital casualty visits

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<sup>9</sup> Source: PAHO

<sup>10</sup> Jamaica Healthy Lifestyle Survey Report, Wilks *et al*, 2000

have steadily increased and PHC visits showed a downward trend indicating a systematic bypass of Primary Health Care. With respect to child mortality, there is need for wider promotion of safe motherhood through greater dissemination and utilisation of the relevant standards and protocols in maternal and neonatal care and more effective identification and referral of high-risk pregnancies for specialised obstetric care and management of critical causes of maternal deaths – hypertensive disease during pregnancy, embolism, haemorrhage, HIV/AIDS, chronic heart disease, unsafe abortions and sepsis.

Vital health statistics, within the health sector, a critical comparative measure used as an international standard/benchmark, suffer from problems of reliability, timeliness as well as more widespread availability. This leads not only in delays in reliable data provision but also in the lack of data generation to inform proper policy formulation and decision-making. The lack of accurate vital statistics has a clear cut relationship to the broader issue of management of the health services. Inadequate use of evidence based interventions and data for decision-making leads to inefficiencies and a weakening of the management systems. Inadequate human resources, poor inter-sectoral linkages, inadequate enforcement of norms, standards and protocols, are all linked to decreased access to quality services for the majority of Jamaicans. This is further compounded by chronic under-funding of the health system and out-migration of human resources. Inadequate knowledge of their rights as patients, coupled to the lack of patient oriented services, impacts on quality and access to services.

In light of the foregoing, UN intervention will stress the need for a paradigm shift away from curative care to the implementation of a primary health care strategy focussed on **prevention**. This should result in greater efficiency and effectiveness, along with reduction of the high levels of NCDs by a focus on the determining factors. This will contribute to:

- Reducing unacceptable levels of morbidity and mortality and the socio-economic costs associated with violence, thereby freeing resources for preventative care;
- Addressing the impact of HIV/AIDS with its attendant socio-economic as well as psychological consequences.

UN intervention will support the development of an inclusive and coherent health information policy and infrastructure capable of responding to the needs of the health system for reliable, timely and useful data to meaningfully guide policy formulation and decision-making. This will also facilitate proper management of such systems, generation of relevant data, as well as providing greater all-round access to all, patients and caregivers in increasing both access and knowledge of their rights and responsibilities.

For this thematic area, UN System assistance will involve application of initiatives to prevent and control morbidity and mortality and thereby improve the quality of life for all Jamaicans. This will be achieved through the enhancement of national capacities in improving the quality of life through the promotion of Healthy Lifestyles and the delivery of equitable, integrated quality health services. Family health services are to be strengthened, especially as regards the development of a strategic framework for safe motherhood to address HIV, Sexual and Reproductive Health and maternal and prenatal health. Important also is the need for strengthening and implementing the National Healthy Lifestyle Policy, and programmes and increasing the capacity of health workers, the development, revision of relevant health policies, plans, protocols/standards especially those relating to family health, PMTCT, National SRH policy, strengthening of curriculum and national infant feeding policies.

Additionally, the UNDAF will seek to augment the management capacity of public health managers and workers involved in the delivery of these services, support a strong advocacy and communication strategy, strengthen the acquisition and use of quality statistics, by encouraging the adoption by 2007 of the audit recommendations and plans of the Vital Statistics Commission and contribute to ensuring that health statistics are produced in accordance with international standards. Interventions will therefore be geared to support the following:

- Strengthening relevant legislation, regulations and associated enforcement capabilities;
- Encouraging greater coherence and integration of quality assurance services and performance management;
- Support to more effective human resources planning and management; and
- Support for initiatives to increase family, community and other social participation mechanisms in health management delivery.

**National Priority # 5: Contribute to the Creation of a Safe and Secure Jamaica through the Efficient Use of Resources to effectively enforce Law and Order and Maintain Secure Borders; and Justice Sector Reform**

**UNDAF outcome 5: By 2011, increased capacity of government and targeted communities to attain a more peaceful, secure and just society**

The country programme outcomes are:

- i) Improved governance and enhanced sectoral and inter-sectoral response to social injustice, instability and insecurity;
- ii) Awareness of, and respect for the Rule of Law increased amongst decision-makers, institutional providers and communities; and
- iii) A sustained reduction of violence and social injustice in targeted communities.

There are twelve (12) outputs associated with these outcomes (see Results Matrix: Justice, Peace and Security). The overarching objective will be to contribute to the enhanced capacity of government to create a safe and secure Jamaica through efficient use of resources to effectively enforce law and order and maintain secure borders. The objective also speaks to strengthening the capacity of targeted communities, by means of increased awareness of their rights and legal responsibilities, in order to achieve enhanced social justice.

The security situation in Jamaica has worsened significantly in recent years. Although Jamaica is not yet perceived as a crisis country, immediate action is needed to address the levels of insecurity and its underlying causes in order to prevent the current situation from deteriorating further. Despite significant efforts in institutional strengthening and reorganization of the Jamaica Constabulary Force, the number of reported crimes has continued to increase. In 2004, the overall crime rate was estimated at 1,351 per 100,000 of population compared to 1,195 per 100,000 in 2003<sup>11</sup>. In terms of the murder rate alone, a record of 1,669 murders took in 2005. This figure is in line with the existing upward trend in the murder rate over the last two years. The high rate of crime and violence plaguing the Jamaican society has had a devastating impact on children. Of the total number of persons murdered in Jamaica in 2005, 91 were children. Over the past five years, more than 300 children, mostly boys, have been murdered. The number of sexual crimes committed against children continues unabated with more than 700 cases reported in 2005 – all reported victims being girls as sexual crimes against boys usually are not reported. While households report 85 per cent of crime to the police, they report only 20 per cent of rape. The Kingston Metropolitan Area (KMA), including Kingston, St. Andrew and St. Catherine, together with St. James continued to record the majority of murders. Nevertheless, the vulnerability of rural and peri-urban areas to increased crime and violence is a growing concern that is linked closely to rural-to-urban migration, unemployment and patterns of poverty. The United Nations, therefore, sees the importance of integrated approaches to responding to the peace, security and justice sector and the sustainability development sector as this will allow agencies to address the root causes of insecurity as well as the response to the situation.

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<sup>11</sup> CCA, Economic and Social Survey, PIOJ, 2004

Data on children<sup>12</sup>, aged 18 years and under, and youths (19-24 years) as perpetrators of major crime, revealed that some 478 children (27.9 percent of total arrests) and 1,233 youths, the vast majority (approximately 98 percent) being males, were arrested for major crimes. This reflected a marginal decline from the previous year, 2003 – i.e. 1,711 for 2004 compared to 1,742 in 2003. This group, however, accounted for the majority of murders (45.9 percent, shootings 50 percent, rape and carnal abuse 46.5 percent). While the data shows a high and increasing trend in participation of these two groups in serious crimes, the proportion of *youths* has shown a declining trend between 2000 and 2004, ranging from a high of 66.5 percent in 2000 to 47.3 percent in 2004. With respect to major crimes perpetrated against children and youth, some 2,532 (29.4 percent), of which 1,464 or 57.8 percent were females. Of this number, 52.4 percent were children. The number of children as victims has shown a continuous increase since 2001, showing 9.3 percent in 2004 over 2003.

The GOJ is taking increasing steps to address the security situation and a comprehensive and an impressive National Security Strategy (NSS) has been developed by the Ministry of National Security in consultation with other ministries. The NSS acknowledges the multi-faceted nature of the social and developmental issues underlying the current crime and violence situation in the country and seeks to outline a concerted response across sectors and departments. A wide range of government-led crime prevention and management initiatives are underway in different target communities and a new Police Public Complaints Authority has been established. International Development Partners (IDPs) are engaged on security and justice issues as are private sector and civil society organisations. It would seem therefore that the moment is ripe for complementary and joint responses. Some of these have involved the following anti-crime measures: the launch of Operation Kingfish in 2004, the newest initiative in the fight against crime; continued peace making/peace building activities of the Peace Management Initiative, to facilitate mediation and pre-empt and diffuse potential conflict, as well as coordinate community action against violence and restore peace<sup>13</sup>; the Parish Crime Prevention Programme operating in a number of pilot parishes and focusing on improved police/community relations, reducing gun/gang violence, sexual abuse, and increasing public order, the Safe Schools Programme and respect for the rule of law, among others. Efforts to increase coordination to maximise impact are already underway among the different stakeholders as all recognise that a concerted approach would be beneficial. In this regard, the United Nations system has a catalytic role to play in fostering greater coordination.

The fragmentation created by neighbourhood-related violence and conflicts has disrupted the natural radius of local economies and made it difficult for government to provide various services to citizens. In this context, local government in Jamaica has an important potential role in catalysing change in communities and support to strengthen its capacity is needed. Various UN agencies are positioned to assist in this regard through capacity-building support for effective management and monitoring of community development plans that will facilitate enabling peace and reconciliation processes and deliver a broad range of services to target communities. At the community level, the UN System will support increased capacity of community stakeholders to support community policing and protection and strengthen the capacity of community actors, as government as well, to implement the NPA on integrated response to children and violence.

In addition to the security sector and community/local government support, assistance will also be provided to the justice sector with an emphasis on strengthening the protection of particular vulnerable groups through improved education, health and social safety nets. Particular emphasis will be placed on enhancing the rights of vulnerable out-of-school youths and adolescents to be empowered with livelihood skills and improved access to employment opportunities. This will be addressed through restorative justice programmes. Complementary to this, initiatives will involve working with parents and teachers to better equip them with life and conflict resolution skills aimed at strengthening capacity of all

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<sup>12</sup> Ibid

<sup>13</sup> PIOJ/ESSJ data.

stakeholders to sustain peace and reconciliation mechanisms at the societal level. In this, the central focus is to ensure protection of those most vulnerable to crime and violence, and HIV/AIDS while at the same time ensuring as well that gender considerations are applied (women and children) as well.

### 3. Estimated Resources Requirements

The total estimated resources available to achieve the UNDAF outcomes for the period 2007 – 2011 is US\$ 19.817m. The resource commitments of the UN System by Priority Areas are detailed in the table below<sup>14</sup>:

#### UN System Resource Commitments by UNDAF Priorities

(US\$)

| UN Agencies/Funds | Priority 1       | Priority 2       | Priority 3       | Priority 4       | Priority 5       | Total             |
|-------------------|------------------|------------------|------------------|------------------|------------------|-------------------|
| UNDP              | --               | --               | 3,500,000        | --               | 2,350,000        | 5,850,000         |
| UNESCO            | 860,000          | 110,000          | 25,000           | --               | 20,000           | 1,015,000         |
| UNFPA             | --               | 775,000          | 100,000          | 150,000          | 50,000           | 1,075,000         |
| UNICEF            | 3,600,000        | 2,000,000        | 1,000,000        | 2,100,000        | 2,500,000        | 11,200,000        |
| UNIFEM            | 5,000            | 10,000           | 12,000           | --               | --               | 27,000            |
| PAHO/WHO          | --               | --               | 37,000           | 283,000          | --               | 320,000           |
| FAO               | --               | --               | 330,000          | --               | --               | 330,000           |
| <b>Totals</b>     | <b>4,465,000</b> | <b>2,895,000</b> | <b>5,004,000</b> | <b>2,533,000</b> | <b>4,920,000</b> | <b>19,817,000</b> |

\* Estimated resources for UNAIDS and UNEP not included.

UN commitments to date comprise a combination of actual financial resources, contributions in kind and from resource mobilisation and pledges<sup>15</sup>. In addition to providing financial support, the UN System will also provide significant advisory and technical resource assistance to the people and Government of Jamaica.

The estimate of resource allocations by agency is informed by individual specific operational modalities. While the general trend in UN Reform is to move towards greater harmonisation and simplification of the programmatic and operational modalities of UN agencies, currently some variations still exist between and must be considered when analyzing the tentative resources. These variations are elaborated in **Appendix 3** and include different lengths of programming cycle for agencies and differences in the reporting of financial resources.

The complementary financial contribution of the other International Development Partners in Jamaica through loans, grants and other concessionary resources by UNDAF Priority can be found in **Table 4**.

<sup>14</sup> See Table IV for IDP contributions to MTF Priorities and UNDAF outcomes

<sup>15</sup> See Appendix 3

#### **4. Implementation Plan and Organisational Arrangements**

This UNDAF will be implemented through the programmes and projects approved by the UN specialised agencies and the Government of Jamaica. The UNDAF, particularly the Results Matrix, will guide the work of the all the UN Agencies and their respective programmes and projects will be linked directly to the UNDAF outcomes. The Country Assistance Strategy of the World Bank will serve to complement the UNDAF and wherever possible, and the United Nations Country Team (UNCT) will actively seek collaborations with other International development partners in order to strategically contribute to meeting national goals and the MDGs.

Coordination between the UN agency, Government of Jamaica and other critical partners is essential to the effective implementation of the UNDAF. The UNCT will work to ensure the overall coordination and implementation of the UNDAF. Other groups involved in the implementation will include: Steering Committee and 5 UNDAF Theme Groups namely (1) Education, (2) HIV/AIDS, (3) Environment and Poverty, (4) Health, and (5) Justice, Peace and Security.

Specifically the UNCT will be responsible for providing technical guidance for the UNDAF process, to ensure effective coordination among all TG'S and in so doing detect possible complementary actions and act as the taskforces on cross-cutting issues; oversee the general monitoring and evaluation of UNDAF and ensure the continued relevance and effectiveness of the UNDAF.

The Steering Committee will include broad membership comprising senior level officials from the government, private sector, civil society, International Development Partners and the heads of UN Agencies, many of whom were members of the CCA/UNDAF Steering Committee. This body will ensure unity of policy direction at all stages of the implementation process and enrich collaborative efforts with senior national operatives. Meeting at least once a year, this committee will provide broad guidance for the UNDAF and support harmonisation and alignment of the government's strategy with UN assistance to contribute to increased effectiveness of official donor assistance while ensuring national ownership of the process. It will also ensure that the common Monitoring and Evaluation arrangements agreed are followed.

The operational level will comprise membership in the 5 UNDAF Theme Groups and will include relevant UN programme staff with representatives from the government, International Development Partners, private sector and civil society engaged as required. These groups will be responsible for UNDAF implementation in the 5 thematic areas and will seek to ensure results based management of the thematic areas through the effective monitoring of the results outlined in the UNDAF Matrix and on the basis of the M & E Framework also updating these mechanisms as required. TGs will coordinate annual reviews and the final review and oversee and arrange joint field visits and other data gathering activities to analyse UNDAF programmes and projects as required.

Various strategies will be employed to increase performance in implementation of the UNDAF. Firstly, the UNCT will draw on the full gamut of competencies spread across the entire UN System locally and internationally. It will also use resources available in information and communication as well as knowledge networks pulling on global lessons learned and best practices. Every effort will be made to facilitate and promote joint programmes and initiatives and close working relationships will be maintained with the government and civil society at all stages in the programme cycle.

## 5 UNDAF Monitoring and Evaluation Plan

Monitoring and Evaluation is intended to assess progress towards achieving the expected results of the UNDAF as defined in the UNDAF Results Matrix. The UNDAF TGs working under guidance of the UNCT and in collaboration with the Government of Jamaica - PIOJ Secretariat, will have responsibility for M & E activities.

The UNDAF Results Matrix (**Table 1**) describes the expected results of the UN System in Jamaica, the role of partners and the resource mobilization targets. The Monitoring and Evaluation Framework (**Table 2**) outlines indicators, means of verification for each outcome, targets for measuring success and key risks and assumptions. Both the M & E Framework and the Results Matrix will be used in Monitoring and Evaluation Activities. They will be examined each year to assess ongoing relevance to Jamaica's development agenda and allow for appropriate amendments.

In implementing M& E, particular attention will be placed on data and programmes concerned with assessing improved rights and benefits to vulnerable groups. UNDAF M&E activities will be aligned with national M & E processes particularly the activities of the GOJ Medium Term Framework. The UN System will continue to support the development of DevInfo/JamStats as a key Government system for the monitoring of national indicators, UNDAF indicators and MDGs.

**UNDAF Annual Review Meetings:** This will provide a yearly opportunity for UN agencies and national partners to review the contribution of the UN System to the achievement of National goals based on the UNDAF Results Matrix. Moreover it will provide the chance to re-assess the UNDAF to ensure its continued relevance. TG Reviews of progress towards UNDAF outcomes will feed into the Annual Review. Additionally the conclusions and recommendations from the Annual Reviews will be collated into short reports that will provide input into the RC's Annual Report, Agency Annual Work Plans and Final Evaluation. Annual reviews will be scheduled for the last quarter of each year and be harmonised and aligned with the annual reviews of the GOJ Medium Term Framework (MTF).

**UNDAF Final Evaluation:** The UN System along with its partners will conduct an UNDAF Final Evaluation in 2010; the penultimate year of UNDAF cycle. The Evaluation will assess the results of the UNDAF in terms of: **impact, relevance, sustainability, effectiveness and efficiency** as a mechanism aimed at achieving national development goals and strengthening coordination and collaboration among UN agencies. It will also highlight "best practices" to help lay the foundation for the ensuing Common Country Assessment and UNDAF.

### The M & E Programme Cycle Calendar

UNDAF Implementation will be coordinated with the M+E Calendar. This tool is detailed in **Table 3** and shows surveys, studies, assessments, reviews, M & E capacity building activities, evaluation milestones and articulates how and by whom outcome achievements will be measured. In addition it shows complementary partner activities and allows individual agency monitoring systems to trace their contributions as well as that of the UN System to expected CP outcomes.

**Table 1**

**The United Nations Development Assistance Framework (UNDAF) Results Matrices  
For the period 2007 - 2011**

**June 2006**

## Results Matrix: Education

| <b>National Priority 1:</b> <ul style="list-style-type: none"> <li>Improved access to and quality of education</li> </ul>   |           |  |                    |   |
|---|-----------|--|--------------------|---|
| <b>UNDAF Outcome 1:</b> <ul style="list-style-type: none"> <li>By 2011, quality, relevance and equity of all levels of education improved and learning achievements of children increased</li> </ul>  |           |  |                    |   |
| <b>Cross-cutting themes:</b><br><b>Governance, Gender, Cultural Identity, HIV/AIDS, Disaster Risk Reduction, Human Rights capacity building, Jamaica capacity to apply information, communication &amp; technology to priority areas of development, Develop a global partnership for sustainable development</b> |           |  |                    |   |
| Country Outcomes  | Programme | Country Programme Outputs  | Partners           | Resource Mobilization Targets (US\$)  |
| 1.1 Readiness of pre-school children for primary education increased through enhanced capacity of government and private sector   |           | 1.1.1 National Policy and Plan of Action on Early Childhood Development, including inter-sectoral financing and investment strategy, developed and implemented | UNESCO, UNICEF, WB | UNICEF: 800,000<br>UNESCO: 40,000<br>* WB: 15,000,000<br>(for both 1.1.1 & 1.1.4) |
|   |           | 1.1.2 National Policy and Plan of Action on Parenting developed and implemented  | UNICEF             | UNICEF: 500,000   |
|   |           | 1.1.3 Capacity building of ministry officials and education practitioners, based on revised curricula for in-service and pre-service training                  | UNICEF, UNESCO     | UNICEF: 400,000<br>UNESCO: 30,000   |
|   |           | 1.1.4 Management of Early Childhood Development Centres enhanced through mandatory registration and application of national standards                          | UNICEF<br>WB       | UNICEF: 150,000<br>* WB   |
|   |           | 1.1.5 Home-based early stimulation programmes for children and parents sustained and expanded  | UNICEF             | UNICEF: 100,000   |
| * Figures represent Loans to the Government of Jamaica.   |           |  | <b>Sub-total</b>   | <b>17,020,000</b>   |
| <b>1.1</b>  |           |  |                    |   |

|  |  |                  |                                   |
|--|--|------------------|-----------------------------------|
| 1.2 Primary and secondary school age children- as well as tertiary education students- have increased access and equity in respect to quality education. | 1.2.1 MOEY's capacity for decision and policy making, planning, co-ordination and information collection and analysis (qualitative as well as quantitative) enhanced | UNESCO<br>UNICEF | UNICEF: 100,000<br>UNESCO: 80,000 |
|  | 1.2.2 UWI and UTECH capacity for distance learning enhanced through training and the provision of equipment  | UNESCO           | UNESCO: 400,000                   |
|  | 1.2.3 Ongoing ROSE II project supporting the expansion of access at the upper secondary level.   | WB               | * WB : 13,000,000                 |
|  | 1.2.4 Programmes and processes, including teaching methods, improved to allow for quality universal primary and secondary education                                  | UNICEF<br>UNESCO | UNICEF: 250,000<br>UNESCO: 30,000 |
|  | 1.2.5 Early detection, referral and special education of children with disabilities improved   | UNICEF           | UNICEF: 100,000                   |
| <b>* Figures represent Loans to the Government of Jamaica.</b>   |  |                  |                                   |
| <b>Sub-total 1.2</b>   |  |                  | <b>13,960,000</b>                 |

|  |   |                     |  |
|--|---|---------------------|--|
| 1.3 Pre-school and school aged children have increased knowledge about human/children's rights and are equipped with HIV/AIDS prevention and conflict resolution skills  | 1.3.1 Capacity of MOEY professionals and education practitioners to address and deal with human/children's rights, HIV/AIDS and violence against children increased, as well as pre-service and in-service training curricula revised | UNICEF,UNESCO<br>WB | UNICEF: 400,000<br>UNESCO: 150,000<br>* WB |
|  | 1.3.2 Health and Family Life Education curriculum Education curriculum implemented in 50% of early childhood development centre, primary and secondary schools  | UNICEF<br>UNESCO    | UNICEF: 700,000<br>UNESCO: 120,000         |
|  | 1.3.3 Skills in gender analysis and planning of educators and related personnel increased, within violence and HIV/AIDS prevention and responses  | UNIFEM              | UNIFEM: 5,000                              |
|  | 1.3.4 National educational legislation and policies harmonised with the international human rights standards and treaties in reference to violence in schools, including corporal punishment  | UNICEF<br>UNESCO    | UNICEF: 100,000<br>UNESCO: 10,000          |
| <b>*Figures have yet to be determined / represent loans to the Government of Jamaica<br/>Sub-total 1.3</b>   |   |                     | <b>1,485,000</b>                           |
| <b>Total Education</b>   |   |                     | <b>32,465,000</b>                          |
| <b>Coordination Mechanisms and Programme Modalities:</b>   |   |                     |  |
| <ul style="list-style-type: none"> <li>▪ Steering Committee; UNCT with oversight for planning, implementation monitoring and evaluation; TWG with UN membership to include GOJ, NGO, PSO, IDP, and coordination of UNDAF with MTF process</li> </ul> |   |                     |  |

## Results Matrix: HIV/AIDS

| <b>National Priority 2:</b> <ul style="list-style-type: none"> <li>Improved quality of HIV/AIDS prevention and care services</li> </ul>   |  |  |  |  |
|---|--|--|--|--|
| <b>UNDAF Outcome 2:</b> <ul style="list-style-type: none"> <li>By 2011, have a sustained, co-ordinated multi-sectoral national response to ensure universal access (multi-sectors include Ministries of: Health, Labour, Tourism, Education, National Security, Local Government)</li> </ul>                      |  |  |  |  |
| <b>Cross-cutting themes:</b><br><b>Governance, Gender, Cultural Identity, HIV/AIDS, Disaster Risk Reduction, Human Rights capacity building, Jamaica capacity to apply information, communication &amp; technology to priority areas of development, Develop a global partnership for sustainable development</b> |  |  |  |  |
| Country Outcomes  | Programme  | Country Programme Outputs  | Partners   | Resource Mobilization Targets (US\$)   |
| 2.1   | Supportive & enabling legislative & policy framework in place and effectively implemented with a gender differentiated focus | <p>2.1.1 Relevant HIV/AIDS related legislation reviewed /amended/ enacted/ enforced and developed where appropriate</p> <p>2.1.2 Policy framework and 5-year strategic plan and sectoral annual plans developed &amp; implemented</p> <p>2.1.3 Advocacy strategy and tools informed <i>inter-alia</i> by socio-economic and cultural studies developed to empower stakeholders and in particular vulnerable groups</p> <p>2.1.4 One National HIV/AIDS response coordination &amp; management authority comprised of relevant sectors (besides Health) established and effectively functioning, with appropriate advocacy strategy, by 2007</p> | <p>UNICEF<br/>UNAIDS</p> <p>UNICEF<br/>UNFPA<br/>UNAIDS<br/>UNIFEM<br/>UNESCO</p> <p>UNDP<br/>UNESCO<br/>UNFPA<br/>UNAIDS<br/>UNIFEM<br/>WB</p> <p>UNICEF<br/>UNESCO<br/>UNAIDS<br/>UNFPA<br/>WB</p> | <p>UNICEF: 100,000</p> <p>UNICEF: 200,000<br/>UNFPA: 150,000<br/>UNESCO: 30,000<br/>UNIFEM: 5,000</p> <p>UNDP: 320,000<br/>UNESCO: 30,000<br/>UNFPA: 50,000<br/>UNIFEM: 5,000<br/>* WB</p> <p>UNICEF: 150,000<br/>UNESCO: 30,000<br/>UNFPA: 50,000<br/>* WB : 10,600,000<br/>( for both 2.1.4 , 2.3.2 &amp; 4.2.1)</p> |

|  |   |                                  |  |
|--|---|----------------------------------|--|
| <b>*Figures represent loans to the Government of Jamaica/ have yet to be determined</b>  |   |                                  |  |
| <b>Sub-total 2.1</b>   |   |                                  | <b>11,720,000</b>                          |
| 2.2 One National Monitoring and Evaluation System in place by 2008   | 2.2.1 Single database established within the national coordination & management authority at multiple levels  | UNAIDS<br>UNICEF<br>UNFPA        | UNAIDS<br>UNICEF: 150,000<br>UNFPA: 25,000 |
|  | 2.2.2 Trained & equipped personnel in monitoring and evaluation   | UNAIDS<br>UNICEF                 | UNICEF: 200,000                            |
| <b>Sub-total 2.2</b>   |   |                                  | <b>375,000</b>                             |
| 2.3 Reduction of vulnerability by increased access to prevention, treatment care and support and impact mitigation services  | 2.3.1 Increased access to quality HIV/AIDS education, information and prevention skills, as well as quality ARV care, treatment and services including voluntary counselling and testing, in particular for vulnerable groups | UNICEF<br>UNFPA<br>UNAIDS        | UNICEF: 1,000,000<br>UNFPA: 500,000        |
|  | 2.3.2 Vulnerable groups have increased knowledge about their rights and are empowered to consistently challenge and report on stigma and discrimination actions   | UNICEF<br>UNAIDS<br>UNESCO<br>WB | UNICEF: 200,000<br>UNESCO: 20,000<br>* WB  |
| <b>* Figures represent loans to the Government of Jamaica / have yet to be determined</b>  |   |                                  |  |
| <b>Sub-total 2.3</b>   |   |                                  | <b>1,720,000</b>                           |
| <b>Total HIV/AIDS :</b>  |   |                                  | <b>13,815,000</b>                          |
| <b>Coordination Mechanisms and Programme Modalities:</b>   |   |                                  |  |
| <ul style="list-style-type: none"> <li>▪ Steering Committee; UNCT with oversight for planning, implementation monitoring and evaluation; TWG with UN membership to include GOJ, NGO, PSO, IDP, and coordination of UNDAF with MTF process</li> </ul> |   |                                  |  |

## Results Matrix: Environment & Poverty

| <b>National Priority 3:</b> <ul style="list-style-type: none"> <li>Ensuring environmental sustainability</li> <li>Eradication of Poverty and increased social inclusion for the poor</li> </ul>   |  |   |   |   |
|---|--|---|---|---|
| <b>UNDAF Outcome 3:</b> <ul style="list-style-type: none"> <li>By 2011 national capacity to ensure equity and equality strengthened, and the population of targeted vulnerable communities enabled to reduce poverty, improve their livelihoods and better manage hazards and the environment</li> </ul>          |  |   |   |   |
| <b>Cross-cutting themes:</b><br><b>Governance, Gender, Cultural Identity, HIV/AIDS, Disaster Risk Reduction, Human Rights capacity building, Jamaica capacity to apply information, communication &amp; technology to priority areas of development, Develop a global partnership for sustainable development</b> |  |   |   |   |
| Country Outcomes  | Programme  | Country Programme Outputs   | Partners  | Resource Mobilization Targets (US\$)  |
| 3.1   | Reduction in the incidence of poverty and unemployment among vulnerable groups and selected communities, particularly in rural Jamaica | 3.1.1 Integrated social policy and programme framework strengthened to combat exclusion, remove barriers to access and promote social integration;<br><br>3.1.2 Improved information systems through quality, availability, sharing and use of data, information & knowledge to inform policy and programming<br><br>3.1.3 Improved access to social services and sustainable livelihoods | UNIFEM<br>UNDP<br><br>UNDP<br>UNICEF<br>UNESCO<br>WB<br>UNDP<br>UNESCO<br>FAO | UNIFEM: 5,000<br>UNDP: 300,000<br><br>UNDP: 200,000<br>UNICEF: 300,000<br>UNESCO: 5,000<br>* WB : 20,000,000<br>UNDP: 310,000<br>UNESCO: 5,000<br>FAO: 50,000 |
| <b>* Figures represent loans to the Government of Jamaica / have yet to be determined</b>   |  |   |   |   |
| <b>Sub-total 3.1:</b>   |  |   |   | <b>21,175,000</b>   |
| 3.2   | National capacity enhanced to reduce the risk of natural and human-induced hazards   | 3.2.1 Integrated policy and programme framework strengthened and enforced to mitigate and respond to hazards, including plant and animal diseases<br><br>3.2.2 Targeted communities and vulnerable groups   | UNICEF<br>PAHO<br>UNDP<br>FAO<br>UNFPA<br>WB<br><br>UNICEF<br>UNDP            | UNICEF: 200,000<br>PAHO: 13,500<br>UNDP: 260,000<br>FAO: 100,000<br>UNFPA: 50,000<br>* WB: (for both 3.3.1 & 3.3.2.)<br>UNICEF: 500,000<br>UNDP: 450,000      |

|  |   |                               |   |
|--|---|-------------------------------|---|
|  | practicing disaster risk reduction measures and emergency management                  | FAO<br>UNFPA<br>UNIFEM<br>WB  | FAO: 50,000<br>UNFPA: 50,000<br>UNIFEM: 7,000<br>* WB           |
|  | 3.2.3 Sanitation Plan for three areas in Jamaica in partnership with CRDC.            | UNEP                          | UNEP: 25,000  |
| <b>* Figures represent loans to the Government of Jamaica / have yet to be determined</b>  |   |                               |   |
| <b>Sub-total 3.2</b>   |   |                               | <b>1,705,000</b>  |
| 3.3 Integrated land, coastal zones, water and energy management practices improved   | 3.3.1 Institutional capacity strengthened to efficiently implement policies and plans | FAO<br>PAHO<br>UNDP<br>UNESCO | FAO: 30,000<br>PAHO: 23,500<br>UNDP: 1,950,000<br>UNESCO: 5,000 |
|  | 3.3.2 Land, water and sanitation management strengthened in targeted communities      | FAO<br>UNESCO<br>UNDP<br>PAHO | FAO: 100,000<br>UNESCO: 10,000<br>UNDP: 950,000                 |
|  | 3.3.3 Energy efficiency in the public sector increased                                | UNDP                          | UNDP: 1,475,000   |
|  | 3.3.4 Implementation of Sustainable Fishing Practices and Alternative Livelihoods.    | UNEP                          | UNEP: 6,000   |
|  | 3.3.5 Education , Training and Awareness Activities                                   | UNEP                          | UNEP: 55,000  |
| <b>Sub-total 3.3</b>   |   |                               | <b>4,604,500</b>  |
| <b>Total Environment &amp; Poverty</b>   |   |                               | <b>27,484,500</b>   |
| <b>Coordination Mechanisms and Programme Modalities:</b>   |   |                               |   |
| Steering Committee; UNCT with oversight for planning, implementation monitoring and evaluation; TWG with UN membership to include GOJ, NGO, PSO, IDP, and coordination of UNDAF with MTF process |   |                               |   |
| ■  |   |                               |   |

## Results Matrix: Health

| <b>National Priority 4:</b> <ul style="list-style-type: none"> <li>Prevention and control of morbidity and mortality - MTF</li> <li>Improved quality of life for all Jamaicans by 2011</li> </ul>   |           |   |                                       |  |
|---|-----------|---|---------------------------------------|--|
| <b>UNDAF Outcome 4:</b> <ul style="list-style-type: none"> <li>By 2011, National (all levels) capacity strengthened to improve quality of life through promotion of healthy life styles and the delivery of equitable, integrated quality health services</li> </ul>  |           |   |                                       |  |
| <b>Cross-cutting themes:</b><br><b>Governance, Gender, Cultural Identity, HIV/AIDS, Disaster Risk Reduction, Human Rights capacity building, Jamaica capacity to apply information, communication &amp; technology to priority areas of development, Develop a global partnership for sustainable development</b> |           |   |                                       |  |
| Country Outcomes  | Programme | Country Programme Outputs   | Partners                              | Resource Mobilization Targets (US\$)                 |
| 4.1 Family health services strengthened and access to integrated, quality services improved"  |           | 4.1.1 Strategic Framework and protocols for safe motherhood (HIV/AIDS; Sexual and Reproductive Health; Perinatal Health) developed and implemented  | PAHO/WHO<br>UNFPA<br>UNICEF<br>UNAIDS | PAHO/WHO: 20,000<br>UNFPA: 50,000<br>UNICEF: 200,000 |
|   |           | 4.1.2 Management of child health programmes (Accident Prevention, CDD, EPI, detection and treatment of disabilities) strengthened   | PAHO/WHO,<br>UNICEF                   | PAHO/WHO: 10,000<br>UNICEF: 100,000                  |
|   |           | 4.1.3 National Healthy Lifestyle Policy and National Healthy Lifestyle Strategic Plan (2004-2008) enforced through social mobilization, advocacy and capacity building of health workers and early childhood practitioners  | PAHO/WHO<br>UNICEF<br>UNAIDS          | PAHO/WHO: 208,000<br>UNICEF: 250,000                 |
|   |           | 4.1.4 Relevant Health policies, plans and protocols/standards (Family Health Manual, Protocol on PMTCT, National SRH Policy, Community Health Aides Curriculum, National Infant Feeding Policy developed/revised and capacity/skills of public health managers and health workers increased | UNFPA<br>UNICEF<br>PAHO               | UNFPA: 100,000<br>UNICEF: 300,000                    |
|   |           |   | <b>Sub-total 4.1</b>                  | <b>1,238,000</b>                                     |
| 4.2 Accurate and timely vital and health statistics available for decision  |           | 4.2.1 Vital Statistics Commission (VSC). Audit plan/recommendations implemented by end 2007 and vital & health statistics produced in accordance with   | PAHO/WHO<br>UNICEF<br>WB              | PAHO: 45,000<br>UNICEF: 50,000<br>* WB               |

|  |  |                               |                                 |
|--|--|-------------------------------|---------------------------------|
| making   | international standards/requirements on annual basis   |                               |                                 |
| <b>* Figures represent loans to the Government of Jamaica /have yet to be determined</b>   |  |                               |                                 |
| <b>Sub-total 4.2</b>   |  |                               | <b>95,000</b>                   |
| 4.3 Preparedness and response to avian influenza pandemic strengthened   | 4.3.1 Relevant detailed emergency preparedness and response plans, including operational plans developed and implemented                           | PAHO<br>FAO<br>UNICEF<br>UNDP | UNICEF: 50,000<br>UNDP : 50,000 |
|  | 4.3.2. Stakeholders trained in relevant aspects of work plan and in risk communication   | PAHO<br>FAO                   |                                 |
|  | 4.3.3. Laboratory services strengthened to ensure timely response  | PAHO<br>FAO                   |                                 |
|  | 4.3.4. Communication for Behaviour Change and related public education, including I.E.C materials developed and, in case of emergency, implemented | UNICEF                        | UNICEF: 150,000                 |
|  | 4.3.5 All supplies, including medical supplies, procured and pre-positioned in accordance with the respective agencies' Contingency Plans          | UNICEF<br>PAHO<br>FAO         | UNICEF: 1,000,000               |
| <b>Sub-total 4.4</b>   |  |                               | <b>1,250,000</b>                |
| <b>Total- Health</b>   |  |                               | <b>2,583,000</b>                |
| <b>Coordination Mechanisms and Programme Modalities:</b>   |  |                               |                                 |
| <ul style="list-style-type: none"> <li>▪ Steering Committee; UNCT with oversight for planning, implementation monitoring and evaluation; TWG with UN membership to include GOJ, NGO, PSO, IDP, and coordination of UNDAF with MTF process</li> </ul> |  |                               |                                 |

**Results Matrix: Justice, Peace and Security**

| <p><b>National Priority 5:</b></p> <ul style="list-style-type: none"> <li>• <b>Contribute to the creation of a safe and secure Jamaica through the efficient use of resources to effectively enforce law and order, and maintain secure borders</b></li> <li>• <b>Justice Sector Reform</b></li> </ul>                     |                  |   |                          |   |
|--|------------------|---|--------------------------|---|
| <p><b>UNDAF Outcome 5:</b></p> <ul style="list-style-type: none"> <li>• <b>By 2011, increased capacity of government and targeted communities to attain a more peaceful, secure and just society</b></li> </ul>  |                  |   |                          |   |
| <p><b>Cross-cutting themes:</b><br/> <b>Governance, Gender, Cultural Identity, HIV/AIDS, Disaster Risk Reduction, Human Rights capacity building, Jamaica capacity to apply information, communication &amp; technology to priority areas of development, Develop a global partnership for sustainable development</b></p> |                  |   |                          |   |
| <b>Country Outcomes</b>  | <b>Programme</b> | <b>Country Programme Outputs</b>  | <b>Partners</b>          | <b>Resource Mobilization Targets (US\$)</b> |
| 5.1 Improved governance and enhanced inter-sectoral response to social injustice, instability, insecurity  |                  | 5.1.1 Government assisted to meet its international obligations and review its legislation accordingly                          | UNICEF<br>UNDP<br>UNAIDS | UNICEF: 100,000<br>UNDP: 250,000            |
|  |                  | 5.1.2 Enhanced transparency and participation in resource allocation processes for the attainment of national development goals | UNICEF<br>UNDP           | UNICEF: 200,000<br>UNDP: 350,000            |
|  |                  | 5.1.3 Improved capacity of government in programming, planning, implementation and monitoring and evaluation                    | UNICEF<br>UNDP           | UNICEF: 100,000<br>UNDP: 400,000            |
|  |                  |   | <b>Sub-total 5.1</b>     | <b>1,400,000</b>                            |
| 5.2 Awareness of and respect for Rule of Law increased amongst decision-makers, institutional providers and communities  |                  | 5.2.1 Increased awareness of human/children's rights & Rule of Law  | UNDP<br>UNICEF<br>UNAIDS | UNDP: 360,000<br>UNICEF: 200,000            |
|  |                  | 5.2.2 Strengthened capacity of stakeholders to implement the National Plan of Action on Child Justice                           | UNICEF                   | UNICEF: 400,000                             |
|  |                  | 5.2.3 Strengthened capacity to develop and implement restorative justice for adults with emphasis at community level            | UNDP                     | UNDP: 400,000                               |

|  |  |   | <b>Sub-total 5.2</b>   | <b>1,360,000</b> |
|--|--|---|--|------------------|
| 5.3 Sustained reduction of violence and social injustice in targeted communities   | 5.3.1 Strengthened capacity of stakeholders to sustain peace & reconciliation mechanisms   | UNDP<br>UNFPA                                     | UNDP: 340,000  |                  |
|  | 5.3.2 Parents, teachers, children & youth equipped with life skills (conflict resolution/mediation) to avoid resorting to violence   | UNICEF  | UNICEF: 400,000  |                  |
|  | 5.3.3 <sup>16</sup> Vulnerable and out of school adolescents and young people, particularly boys, equipped with Life Long learning, livelihood skills and increased access to work opportunities | UNICEF<br>UNFPA<br>UNDP<br>UNESCO<br>WB<br>UNICEF | UNICEF: 300,000<br>UNFPA: 50,000<br>UNDP: 450,000<br>UNESCO: 20,000<br>* WB: 30,000,000<br>UNICEF: 300,000 |                  |
|  | 5.3.4 Strengthened capacity of community actors to implement the NPA on Integrated Response to Children and Violence   | UNICEF  | UNICEF: 200,000  |                  |
|  | 5.3.5 Strengthened capacity of community stakeholders to support community policing and protection   | UNICEF<br>UNFPA<br>UNDP                           | UNICEF: 500,000<br>UNDP: 260,000   |                  |
|  | 5.3.6 Strengthened protection of particularly vulnerable groups through improved education, health services and social safety nets.  | UNICEF<br>UNFPA<br>UNDP Jamaica                   | UNICEF: 200,000<br>UNDP: 421,000   |                  |
| <b>* Figures represent loans to the Government of Jamaica</b>  |  |   | <b>33,441,000</b>  |                  |
| <b>Sub-total 5.3</b>   |  |   | <b>33,441,000</b>  |                  |
| <b>Total – Justice, Peace and Security</b>   |  |   | <b>36,201,000</b>  |                  |
| <b>Coordination Mechanisms and Programme Modalities:</b>   |  |   |  |                  |
| <ul style="list-style-type: none"> <li>▪ Steering Committee; UNCT with oversight for planning, implementation monitoring and evaluation; TWG with UN membership to include GOJ, NGO, PSO, IDP, and coordination of UNDAF with MTF process</li> </ul> |  |   |  |                  |

<sup>16</sup> See also the Education matrix 1.3.1.

Table 2

**UNITED NATIONS DEVELOPMENT ASSISTANCE FRAMEWORK  
MONITORING AND EVALUATION FRAMEWORK**

**(2007 – 2011)**

**June 2006**

## Education

| UNDAF Outcome 1:<br>By 2011, quality, relevance and equity of all levels of education improved and learning achievements of children increased |  |   |  |  |
|--|--|---|--|--|
| Country Programme Outcomes   | Country Programme Outputs  | Indicators  | Sources of Verification  | Risks/Assumptions  |
| 1.1 Readiness of pre-school children for primary education increased through enhanced capacity of government and private sector                | 1.1.1 National Plan of Action on ECD, including inter-sectoral financing and investment strategy, developed and implemented                    | <ul style="list-style-type: none"> <li>- Status of National Plan and policy</li> <li>- Status of strategy on financing and investment</li> <li>- % of children achieving full mastery in grade 1 readiness test; (% boys &amp; % girls)</li> <li>- Status of development of the new National Readiness Inventory Instrument</li> <li>- # of children achieving full mastery using the new National Readiness Instrument.</li> </ul> | <ul style="list-style-type: none"> <li>- Reports of ECC.</li> <li>- ECD Forum recommendations</li> <li>- Report of MOEY</li> <li>- Results of Grade 1 test/MOEY.</li> </ul>                | - Government and private sector willing and able to commit increased resources to this stage of education. |
|  | 1.1.2 National policy and Plan of Action on Parenting developed and implemented  | <ul style="list-style-type: none"> <li>- Status of implementation of National Policy &amp; Plan of Action;</li> <li>- Number of parents sensitized</li> <li>- Number of parents reporting good practices/positive disciplining of children.</li> </ul>  | <ul style="list-style-type: none"> <li>- Reports of PIOJ, ECC</li> <li>- Reports of MOEY</li> <li>- Baseline study</li> <li>- Regular surveys.</li> </ul>                                  |  |
|  | 1.1.3 Capacity building of ministry officials and education practitioners, based on revised curricula for in-service and pre-service training. | <ul style="list-style-type: none"> <li>- Status of alignment and infusion of teachers' college curricula with the pre-primary to primary school transitions methodology.</li> </ul>   | <ul style="list-style-type: none"> <li>- Reports of MOEY, focusing on quality of teaching</li> <li>- Workshop reports</li> <li>- Pre- and post-participants' evaluation sheets.</li> </ul> |  |
|  | 1.1.4 Management of ECD Centres enhanced through   | <ul style="list-style-type: none"> <li>- Number of EDCs registered;</li> <li>- Status of national standards for</li> </ul>  |  |  |

|   |  |  |   |  |
|---|--|--|---|--|
|   | <p>mandatory registration and application of national standards.</p> <p>1.1.5 Home-based early stimulation programmes for children and parents sustained and expanded.</p>   | <p>ECDCs;</p> <ul style="list-style-type: none"> <li>- Number of ECDCs upgraded to “good” on the basis of assessment.</li> <li>- Existence of strategy for replication and institutionalization;</li> <li>- Status of Roving Caregivers Programme</li> <li>- Number of children participating in the home-based early stimulation programmes</li> <li>- Number of parents participating in the home-based early stimulation programmes.</li> </ul>   | <ul style="list-style-type: none"> <li>- Reports of ECC;</li> <li>- Reports of MOEY, EC Unit.</li> <li>- Reports of MOEY, EC Unit</li> <li>- Reports of ECC</li> <li>- Reports of Rural Family Support Organisation.</li> </ul>   |  |
| <p><b>1.2</b> Primary and secondary school age children- as well as tertiary education students- have increased access to quality education (equity).</p> | <p>1.2.1 MoEYC capacity for decision and policy making, planning, co-ordination and information collection and analysis (qualitative as well as quantitative) enhanced.</p> <p>1.2.2 UWI and UTech capacity for distance learning enhanced through training and the provision of equipment.</p> <p>1.2.3 Programmes and processes, including teaching methods, improved to allow for quality universal primary and</p> | <ul style="list-style-type: none"> <li>- Status of SWAp</li> <li>- Number of MOEYC, STATIN and PIOJ officials trained in programme planning and monitoring;</li> <li>- Number of multi-partner activities implemented;</li> <li>- Status of newly developed distance learning courses;</li> <li>- Status of equipment in place</li> <li>- Number of UWI/UTech staff trained;</li> <li>- Number of students enrolled in distance learning programmes.</li> <li>- Status of programmes focusing on interactive &amp; student centred teaching;</li> <li>- % of students mastering GSAT;</li> </ul> | <ul style="list-style-type: none"> <li>- Reports of MOEY, MOFP and PIOJ;</li> <li>- Training reports;</li> <li>- Programme evaluation reports.</li> <li>- Programme evaluation report;</li> <li>- Report on procured and installed equipment;</li> <li>- Training reports;</li> <li>- University enrolment statistics.</li> <li>- Reports of MOEY, M&amp;E Unit.</li> </ul> | <ul style="list-style-type: none"> <li>- Consensus reached between the government and the opposition which is expected to improve the quality of education, access and equity, remains in tact.</li> <li>- Government can meet the significant costs for capital spending necessary to increase the number of school places, remove the shift system and renovate/build new school places which is inconsistent with the current short to</li> </ul> |

|   |   |   |   |   |
|---|---|---|---|---|
|   | <p>secondary education.</p> <p>1.2.4 Early detection, referral and special education of children with disabilities improved</p>   | <ul style="list-style-type: none"> <li>- Grade 5 survival rate for boys</li> <li>- Grade 11 survival rate for boys</li> <li>- Number of teachers trained</li> <li>- Students' drop out rate</li> <li>- Retention rate;</li> <li>- % of children mastering all components in grade 4 literacy test;</li> <li>- % of children enrolled in upper secondary level (SERPIII).</li> <li>- Status and # of instruments for early detection of all disabilities/challenges</li> <li>- # of teachers, early childhood practitioners and guidance counsellors trained in usage of instruments</li> <li>- # of children referred to special services</li> <li>- # of special education programmes being implemented in schools</li> <li>- Status of Special Education Guideline and Policy document</li> </ul> | <ul style="list-style-type: none"> <li>- Reports of Early Childhood Commission;</li> <li>- Reports of MOEY.</li> </ul>  | <p>medium term financial constraints.</p>   |
| <p>1.3 Pre-school and school aged children have increased knowledge about human/children's rights and are equipped with HIV/AIDS prevention and conflict resolution skills.</p> | <p>1.3.1 Capacity of MoEY professionals and education practitioners to address and deal with human/children's rights, HIV/AIDS and violence against children increased, as well as pre-service and in-service training curricula revised.</p> | <ul style="list-style-type: none"> <li>- Status of HFLE curriculum for pre-school and school levels</li> <li>- Status of pre-service curriculum for teachers and EC practitioners</li> <li>- Number of student teachers trained</li> <li>- Number of teachers trained in HFLE;</li> <li>- % of schools with teachers who have been trained in life-skills based education and who taught it during the last academic year;</li> <li>- Number of students</li> </ul>   | <ul style="list-style-type: none"> <li>- Reports of MOEY</li> <li>- Training workshop reports and evaluation sheets;</li> <li>- Data on violence in schools from MOEY and MNS.</li> </ul> | <ul style="list-style-type: none"> <li>-The government continues to promote and protect the rights of children and ensure their survival, development, education and participation in keeping with the CRC.</li> <li>- Government will continue to strengthen the policy, legislative and institutional environments to achieve this overall</li> </ul> |

|  |   |   |  |  |
|--|---|---|--|--|
|  | <p>1.3.2 Health and Family Life Education curriculum revised to better infuse children's rights, HIV/AIDS prevention and conflict resolution skills, and implemented in 50% of early childhood development centre, primary and secondary schools</p> <p>1.3.3 Skills in gender analysis and planning of educators and key personnel increased within violence and HIV/AIDS prevention and responses</p> <p>1.3.4 National educational legislation and policies harmonised with the international human rights standards and treaties in</p> | <p>knowledgeable in child's rights and HIV/AIDS;</p> <ul style="list-style-type: none"> <li>- Number of students applying conflict resolution skills;</li> <li>- Number of MOEY officials trained to plan for HIV/AIDS response;</li> <li>- Number of MOEYC officials and teachers trained in HR.</li> </ul> <ul style="list-style-type: none"> <li>- Status of HFLE curriculum for pre-school and school levels</li> <li>- % of schools, ECDCs implementing HFLE</li> <li>- % of children knowledgeable of child's rights, HIV/AIDS and conflict resolution</li> </ul> <ul style="list-style-type: none"> <li>- Status of training material</li> <li>- Number of workshops held</li> <li>- Number of educators and key personnel trained</li> <li>- Status of integration of CARICOM manual on teacher training</li> </ul> <ul style="list-style-type: none"> <li>- Number of educational acts and policies reviewed</li> <li>- Number of educational acts and policies harmonised</li> <li>- Data on violence and corporal</li> </ul> | <ul style="list-style-type: none"> <li>- Reports of MOEY</li> <li>- Training workshop reports and evaluation sheets</li> <li>- Data on violence in schools from MOEY and MNS</li> </ul> <ul style="list-style-type: none"> <li>- Reports of MOEY</li> <li>- Training workshop reports and evaluation sheets</li> <li>- Reports of National Bureau of Women's Affairs</li> <li>- Reports from Centre for Gender and Development Studies.</li> </ul> <ul style="list-style-type: none"> <li>- Reports of MOEY</li> <li>- Recommendations of the UN Committee on the Rights of the Child</li> </ul> | <p>goal.</p> <ul style="list-style-type: none"> <li>- Available budgetary resources;</li> </ul> <ul style="list-style-type: none"> <li>- Implementation of the National Framework of Action for Children (NFAC) will be monitored in keeping with the Declaration of the UN Special Session on Children (World fit for Children).</li> <li>- Adequate financial resources are available to ensure the widest public education with respect to the Child Care and Protection Act, the Early Childhood Commission Act, and the Early Childhood Act (in process) to achieve the overall goals anticipated.</li> <li>- Government commits to bringing educational legislation and policies in line with international</li> </ul> |
|--|---|---|--|--|

|  |   |                       |        |  |
|--|---|-----------------------|--------|--|
|  | reference to violence in schools, including corporal punishment | punishment in schools | (2008) | standards affecting violence against the child in the classroom. |
|--|---|-----------------------|--------|--|

## HIV/AIDS

### UNDAF outcome 2:

- **By 2011, have a sustained, co-ordinated multi-sectoral national response to ensure universal access**
- (multi-sectors include Ministries of: Health, Labour, Tourism, Education, National Security, Local Government)

| Country Programme Outcomes  | Country Programme Outputs  | Indicators  | Sources of Verification   | Risks/ Assumptions  |
|---|--|---|---|---|
| 2.1 Supportive & enabling legislative & policy framework in place and effectively implemented | 2.1.1 Relevant HIV/AIDS related legislation reviewed /amended/ enacted/ enforced and developed where appropriate         | <ul style="list-style-type: none"> <li>- Status of HIV/AIDS related and anti-discrimination legislation</li> <li>- Status of implementation of revised or newly developed legislation;</li> <li>- Status of recommendations implemented as per review of legislation</li> <li>- Status of reporting mechanisms</li> </ul>   | <ul style="list-style-type: none"> <li>- Legislation Review report</li> <li>- Reports from CSOs</li> </ul>  | <ul style="list-style-type: none"> <li>- There is adequate capacity to address the legislative drafting needs impacting persons affected and infected by HIV/AIDS.</li> </ul>                   |
|   | 2.1.2 Policy framework and 5-year strategic plan and sectoral annual plans developed & implemented                       | <ul style="list-style-type: none"> <li>- Status of National Strategic Plan</li> <li>- Status of sectoral policies implementation</li> <li>- # and status of sectoral annual plans</li> <li>- # of multi-sectoral interventions</li> <li>- % of formal sector employers sampled with non-discriminatory policies and practices in recruitment, and advancement of employees;</li> <li>- % of large enterprises/companies which have HIV/AIDS workplace policies and programmes.</li> </ul> | <ul style="list-style-type: none"> <li>- Analysis Report on degree of integration of sectoral policies and plans</li> <li>- ILO project reports</li> <li>- Baseline study</li> <li>- Reports of MOL&amp;SS</li> <li>- Reports of the Centre for Gender and Development Studies</li> </ul> | <ul style="list-style-type: none"> <li>- Adequate resources can be sourced to ensure amendment, development of new legislation and enforcement of the required legislative mandates.</li> </ul> |
|   | 2.1.3 Advocacy strategy and tools informed <i>inter-alia</i> by socio-economic and cultural studies developed to empower | <ul style="list-style-type: none"> <li>- # of people 15-49 years with accepting attitudes towards HIV+ people;</li> <li>- # of members of vulnerable groups reached through</li> </ul>  | <ul style="list-style-type: none"> <li>- UN Assessment reports/every two years</li> <li>- NAP reports</li> <li>- National</li> </ul>  | <ul style="list-style-type: none"> <li>- Behaviour change campaign can alter attitudes and behaviour through the design of appropriate</li> </ul>   |

|  |   |  |   |   |
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|  | stakeholders and in particular vulnerable groups  | <p>advocacy activities;</p> <ul style="list-style-type: none"> <li>- Status of socio-economic impact assessments</li> <li>- # of community groups involved in HIV/AIDS activities</li> </ul>   | <p>Knowledge, Attitudes, Practice and Behaviour report;</p> <ul style="list-style-type: none"> <li>- Baseline Study.</li> </ul>   | <p>advocacy strategies and tools influence a change in the public acceptance at the national and community level.</p>   |
| 2.2 One National HIV and AIDS response coordination & management authority and M & E System, inclusive of relevant sectors (bedsides Health) established and effectively functioning by 2007 | <p>2.2.1 National multi-sector Advocacy HIV/AIDS response coordination &amp; management authority effectively implemented;</p> <p>2.2.2 Single database, personnel trained and equipped with M &amp; E skills and advocacy strategy developed;</p> <p>2.2.3 Stakeholders, in particular vulnerable groups, have the capacity to participate in the management of the National response.</p> | <ul style="list-style-type: none"> <li>- Existence of standard national indicators</li> <li>- # of sensitisation meetings held with high-level officials</li> <li>- # of multi-sectoral coordination meetings held</li> <li>- Status of implementation of multi-sectoral annual plans.</li> <li>- Status of mandate of National HIV and AIDS response coordination &amp; management authority</li> <li>- # of stakeholders from different sectors actively participating in defining of the mandate</li> <li>- # and profile of personnel at National HIV and AIDS response coordination &amp; management authority</li> <li>- Amount of national funds disbursed by government and capacity to absorb international funding;</li> </ul> | <ul style="list-style-type: none"> <li>- National Data Base</li> <li>- Progress Reports</li> <li>- Training reports/registers</li> <li>- Equipment registers/acquisitions</li> <li>- Progress Reports;</li> <li>- Human Resources Council (HRC) and Cabinet decision;</li> <li>- Reports of National AIDS Programme</li> <li>- Reports of National Coordination Authority</li> <li>- WB reports</li> <li>- GF reports</li> <li>- GIST reports</li> <li>- Sectoral Budget Reports</li> </ul> | <ul style="list-style-type: none"> <li>- Diverse sectoral groups willing to work together to establish and sustain one national management and coordinating body to ensure greater overall effectiveness</li> </ul> |
| 2.3 Reduction of vulnerability by increased access to prevention, treatment care and support and impact mitigation   | 2.3.1 Increased access to quality HIV/AIDS education, information and prevention skills, as well as quality ARV care, treatment and services including  | <ul style="list-style-type: none"> <li>- % of population most at risk who both correctly identify 2 ways of preventing the sexual transmission of HIV and who reject 3 major misconceptions about HIV transmission;</li> <li>- % of populations most at risk</li> </ul>  | <ul style="list-style-type: none"> <li>- National Knowledge, Attitudes, Practices, Beliefs (KAPB) reports;</li> <li>- Baseline Studies;</li> <li>- Multiple Indicator</li> </ul>  | <ul style="list-style-type: none"> <li>- Government allocates sufficient budgetary resources to guarantee increased accessibility to services for persons</li> </ul>  |

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| services | voluntary counselling and testing, in particular for vulnerable groups | <p>who received HIV testing in last 12 months;</p> <ul style="list-style-type: none"> <li>- % of female and male sex workers reporting the use of condom with their most recent client;</li> <li>- % of young women and men aged 15-24 who both correctly identify 2 ways of preventing the sexual transmission of HIV and who reject 3 major misconceptions about HIV transmission;</li> <li>- % of men engaging in transactional sex that report condom use the last time they had sex with a CSW;</li> <li>- % of people by sex and age group that use condoms every time during intercourse with non-regular partner;</li> <li>- % of young women and men (15-24) who are HIV infected;</li> <li>- % of adults and children with HIV still alive 12 months after initiation of ARV therapy;</li> <li>- % of infants born to HIV infected mothers who are HIV infected;</li> <li>- % of HIV positive pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT;</li> <li>- % of women and men with advanced HIV infection receiving antiretroviral combination therapy;</li> <li>- # of orphans and vulnerable children due to HIV/AIDS accessing services and social safety net provisions;</li> </ul> | <p>Cluster Survey;</p> <ul style="list-style-type: none"> <li>- Second generation surveillance reports.</li> </ul> | infected by HIV/AIDS; |
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|  | <p>2.3.2 Vulnerable groups have increased knowledge about their rights and are empowered to consistently challenge and report on stigma and discrimination actions (so as to ensure appropriate redress).</p> | <ul style="list-style-type: none"> <li>- % of Ante Natal Clinic (ANC) patients counselled and tested for HIV</li> <li>- # of VG representatives equipped with knowledge and skills to combat stigma &amp; discrimination;</li> <li>- # and status of activities addressing stigma and discrimination affecting VGs;</li> <li>- Ratio of current school attendance among orphans to that among non-orphans, aged 10-14;</li> <li>- Number of reported cases of discrimination in educational institutions;</li> <li>- % of people 15-49 years expressing accepting attitudes towards people with HIV/AIDS;</li> </ul> |  | <ul style="list-style-type: none"> <li>- adequate human and budgetary resources are available;</li> <li>- society more accepting of persons infected or affected by HIV/AIDS;</li> <li>- increased knowledge of rights is translated into the will to seek greater enforcement of these rights.</li> </ul> |
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## Environment & Poverty

| <b>UNDAF Outcome 3:<br/>                     By 2011 national capacity to ensure equity and equality strengthened, and the population of targeted vulnerable communities enabled to reduce poverty, improve their livelihoods and better manage hazards and the environment</b> |  |   |  |   |
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| Country Programme Outcomes  | Country Programme Outputs  | Indicators  | Sources of Verification  | Risks/Assumptions   |
| 3.1 Reduction in the incidence of poverty and unemployment among vulnerable groups and selected communities, particularly in rural Jamaica  | 3.1.1 Integrated equitable social policy and programme framework strengthened  | <ul style="list-style-type: none"> <li>- Status of inter-sectoral gender policy</li> <li>- # of communities benefiting from integrated equitable social programmes;</li> <li>- % of population living below the poverty line in rural areas;</li> <li>- % of population living below the poverty line by gender;</li> <li>- Level of unemployment in rural areas.</li> </ul>  | <ul style="list-style-type: none"> <li>- JASPEV reports</li> <li>- MTF Medium Term framework</li> <li>- National Poverty Eradication Programme (NPEP) reports</li> <li>- STATIN Reports</li> <li>- JSLC Reports</li> <li>- SDC Reports.</li> </ul> | - Government is committed to maintain/promote macro-economic stability and growth to achieve unemployment reduction targets.  |
|   | 3.1.2 Improved information systems through quality, availability, sharing and use of data, information & knowledge to inform policy and programming; | <ul style="list-style-type: none"> <li>- # of database and information communication networks established;</li> <li>- # of policies and programmes informed by data;</li> <li>- # of line ministries and other relevant stakeholders trained in use of JamStats</li> <li>- Status of JamStats database</li> <li>- # of organizations/agencies using JamStats database</li> <li>- Status of mechanisms established by the Cabinet and PIOJ to ensure that available data informs policy and programming</li> <li>- Status of Policy on National Statistics;</li> <li>- Status of the UWI Documentation Centre's</li> </ul> | Training reports<br>JamStats Reports<br>STATIN/PIOJ reports on use of JamStats<br><br>Cabinet & PIOJ Reports<br>STATIN reports<br>UWI's reports  | - Government has adequate budgetary resources to make a significant reduction in unemployment and to address the needs of the most vulnerable groups, including women and children 0-18 years.<br><br>- Adequate government resources, capacity and will exist to carry out <i>benefits incidence analyses</i> in respect of vulnerable groups. |

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|   | 3.1.3 Improved access to social services and sustainable livelihoods   | <p>database</p> <ul style="list-style-type: none"> <li>- # of community members trained in income generation activities;</li> <li>- % of community members involved in income generating enterprise;</li> <li>- % increase in the number of people accessing social service provisions</li> <li>- % increase in the number of people aware of social services accessibility and eligibility criteria.</li> </ul>  | ESSJ Programme and project reports<br>Department of Culture's reports on cultural industries   |   |
| 3.2 National capacity enhanced to reduce the risk of natural and human made hazards | 3.2.1 Integrated policy and programme framework strengthened to mitigate and respond to hazards, including plant and animal diseases | <ul style="list-style-type: none"> <li>- Status of implementation of child-friendly guidelines for emergency preparedness and response;</li> <li>- # of partners trained in the child-friendly approach to disaster-preparedness</li> <li>- # of community members and teachers trained in child-friendly approaches to emergency preparedness and response;</li> <li>- # of shelters that meet international standards including those set for children</li> <li>- # of schools with emergency based response plans</li> </ul> | <ul style="list-style-type: none"> <li>- Child-friendly disaster response assessment reports of Ministry of Education, Youth and Culture (MOEYC). ODPEM Reports.</li> <li>- ODPEM, Ministry of Land and Environment (MLE) Reports.</li> <li>- ODPEM Reports.</li> <li>- MOH Reports;</li> <li>-MOA Reports.</li> </ul> | <ul style="list-style-type: none"> <li>- Government has enhanced capacity and political will to enforce regulations.</li> <li>- Government programme to establish hazard mitigation unit is implemented and programme sustained to produce anticipated outcomes.</li> </ul> |

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|  | 3.2.2 Targeted communities and vulnerable groups practicing disaster risk reduction measures and emergency management  | <ul style="list-style-type: none"> <li>- Status of agencies' hazard maps and plans</li> <li>- # of hazard maps developed with UN support;</li> <li>- # of reported cases of plant and animal borne diseases.</li> <li>- # of communities and vulnerable groups trained and implementing emergency plans</li> <li>- Status of joint programme between Bureau of Women's Affairs and ODPEM;</li> <li>- # of emergency response plans developed</li> <li>- # of shelters that make provision for persons with disabilities</li> <li>- # of emergency response plans that take into consideration the needs of persons living with disabilities</li> <li>- Status of implementation of emergency response plans in the event of an emergency.</li> </ul> | - ODPEM/UNIFEM reports   |  |
| 3.3 Integrated land, coastal zones, water and energy management practices improved | <p>3.3.1 Institutional capacity strengthened to efficiently implement policies and plans</p> <p>3.3.2 Land, water and sanitation management strengthened in targeted communities</p> | <ul style="list-style-type: none"> <li>- # of training courses on technical and policy matters provided to stakeholders</li> <li>- % of policies and plans being implemented effectively</li> <li>- Status of compliance with legislation</li> <li>- # of water management projects implemented</li> <li>- % of communities with adequate faecal disposal facilities</li> </ul>  | <ul style="list-style-type: none"> <li>- Baseline</li> <li>- Training reports</li> <li>- Evaluation sheets</li> <li>- Baseline</li> <li>- JSLC reports</li> <li>- NEPA and Forrest Department reports</li> <li>- NEPA's and</li> </ul> | <ul style="list-style-type: none"> <li>- Availability of government resources – technical and financial.</li> <li>- Availability of government resources – technical and financial.</li> </ul> |

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|  | <p>3.3.3 Energy efficiency in the public sector increased</p> | <ul style="list-style-type: none"> <li>- # of land management plans implemented</li> <li>- % increase of watershed</li> <br/> <li>- communities with active conservation measures</li> <li>- Status of implementation of Coastal Zone Policy</li> <li>- Quality of coral reefs in selected areas;</li> <li>- # of reported cases of water-borne infections especially in children under 5 years.</li> <br/> <li>- Status of implementation of National Energy Policy;</li> <li>- # of stakeholders involved in policy development and implementation;</li> <li>- % of government institutions implementing effective environmental management systems;</li> <li>- # of financial incentives for energy efficiency implemented</li> <li>- Percentage increase in government institutions with implemented plans;</li> <li>- Percentage of Hospitals/ Hospital beds with an EMS implemented;</li> <li>- Increased percentage use of renewable energy in selected PS institutions;</li> <li>- Number of GSHD using energy efficiency measures;</li> </ul> | <p>National Water Commission's Water quality measurements reports</p> <ul style="list-style-type: none"> <li>- NEPA's reports on quality of coral reefs in selected areas</li> <br/> <li>- OPM and ministry reports</li> <li>- Project reports</li> <li>- MOH and MOEYC reports</li> </ul> | <ul style="list-style-type: none"> <li>- - Review of energy policy is completed and provisions relating to conservation and efficiency in energy use are vigorously pursued.</li> <br/> <li>- Energy efficiency unit, established in the Petroleum Corporation of Jamaica (PCJ) progressively extends work within the public sector and fund is created with adequate revolving resources to implement programme.</li> </ul> |
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## Health

### UNDAF OUTCOME 4:

**By 2011, National (all levels) capacity strengthened to improve quality of life through promotion of healthy life styles and the delivery of equitable, integrated quality health services**

| Country Programme Outcomes  | Outputs   | Indicators  | Sources of Verification   | Risks/ Assumptions |
|---|---|---|---|--------------------|
| 4.1 Family health services strengthened and access to integrated, quality services improved | 4.1.1 Strategic Framework and protocols for safe motherhood (HIV/AIDS; Sexual and Reproductive Health; Perinatal Health) developed and implemented; | <ul style="list-style-type: none"> <li>- Obstetric Protocol</li> <li>- Number of active safe motherhood committees at the regional and national level</li> <li>- Number of high risk clinics</li> <li>- Percentage of mothers attending anti-natal clinics in the first trimester</li> <li>- Perinatal mortality rate</li> <li>- Maternal mortality rate;</li> <li>- % of HIV positive pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT</li> <li>- Baseline on HIV/AIDS</li> <li>- Adolescent fertility rate</li> </ul> | <ul style="list-style-type: none"> <li>- Annual Family Health Reports;</li> <li>- Monthly Clinical Summary Reports;</li> </ul>  |                    |
|   | 4.1.2 Management of child health programmes (Accident Prevention, CDD, EPI, detection and treatment of disabilities) strengthened                   | <ul style="list-style-type: none"> <li>- Immunization Coverage</li> <li>- Number of cases of Gastroenteritis</li> <li>- Incidence of Injuries under 5</li> <li>- Status of protocols for detection and treatment of disabilities</li> </ul>   | <ul style="list-style-type: none"> <li>- MOH Family Health Report;</li> <li>- MOH Epidemiology Report;</li> <li>- MOH;</li> <li>- Injury Surveillance Report;</li> <li>- MOH Reports</li> </ul> |                    |
|   | 4.1.3 National Healthy Lifestyle Policy and National Healthy Lifestyle Strategic Plan (2004 - 2008)   | <ul style="list-style-type: none"> <li>- Status of Policy;</li> <li>- Number of persons trained to impart new knowledge and skills;</li> <li>- Number of Health Workers</li> </ul>  |   |                    |

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|  | <p>enforced through social mobilization, advocacy and capacity building of health workers and social mobilization and advocacy</p> <p>4.1.4 Relevant Health policies, plans and protocols/standards (Family Health Manual, Protocol on PMTCT, National SRH Policy, Community Health Aides Curriculum, National Infant Feeding Policy developed/revised and capacity/skills of public health managers and health workers increased</p> | <p>trained in the implementation of the National Healthy Lifestyle Policy;</p> <ul style="list-style-type: none"> <li>- Number of health workers applying integrated National Healthy Lifestyles principles;</li> <li>- Number of beneficiaries practicing appropriate sexual behaviour;</li> <li>- Status of Healthy Schools programme, including promotion of practices recognising the rights of the child.</li> </ul> <p>Status of Family Health Manual</p> <ul style="list-style-type: none"> <li>- Status of Community Health Aide Curriculum;</li> <li>- Number of practitioners and other stakeholders trained (doctors, midwives, public health staff, police, coroners, civil registry staff, MOH representatives);</li> </ul> | <p>MOH Reports<br/>MOH Reports /Consultant Reports<br/>MOH Reports/Training Reports<br/>MOH Reports/Training Reports</p> | <ul style="list-style-type: none"> <li>- Government is committed to implement the programme and budgetary resources, including IDP resources are available.</li> <li>- Improved vital and health statistics will lead to better ranking in terms of international status.</li> <li>- Government budgetary resources are available and focussed media campaign will change the behaviour of the population.</li> </ul> |
| <p><b>4.2</b> Accurate, timely and vital health statistics available for</p> | <p>4.2.1 Vital Statistics Commission(VSC) audit recommendations/plan</p>  | <ul style="list-style-type: none"> <li>- Status of Vital Statistics</li> <li>- Status of Health Statistics</li> <li>- Status of technological/electronic</li> </ul>  | <p>STATIN Reports<br/>MOH Reports</p>  | <ul style="list-style-type: none"> <li>- Accurate, vital timely statistics will be applied to inform policy formulation and</li> </ul>  |

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| decision making   | implemented by end 2007 and vital & health statistics produced in accordance with international standards/req'ts on an annual basis;   | system;<br>- Number of legislative changes, together with other changes (data capture, process forms etc) enacted/made.   |  | appropriate health response.<br><br>- Adequate budgetary and other resources of IDP available for plan implementation.  |
| <b>4.3</b> Preparedness and response to avian influenza pandemic strengthened | <p>4.3.1 Relevant detailed emergency preparedness and response plans, including operational plans developed and implemented</p> <p>4.3.2. Stakeholders trained in relevant aspects of work plan and in risk communication</p> <p>4.3.3. Laboratory services strengthened to ensure timely response</p> <p>4.3.4. Communication for Behaviour Change and related public education, including I.E.C materials developed and, in case of emergency, implemented</p> <p>4.3.5 All supplies, including medical supplies, procured and pre positioned in</p> | <p>- One national emergency preparedness plan developed, including operational logistics for roll-out in the event of emergency;</p> <p>- Number of health and agricultural workers trained in relevant aspects of work plan and in risk communication;</p> <p>- Status of laboratory services/number of laboratories suitably equipped;</p> <p>- Status of the communication strategy/campaign;</p> <p>- Number of people exposed to the campaign</p> <p>- Status/availability of medical and other supplies</p> | <p>MOH, MOA joint operational plan with contingency matrix</p> <p>Ministries' reports</p> <p>MOH, MOA reports</p> <p>Ministries' reports;<br/>Media reports;</p> <p>MOH, MOA inventory records</p> | <p>Pandemic is taken seriously by government and private sector;</p> <p>Available budgetary resources and personnel required to Implement emergency plan;</p> <p>Available budgetary and financial resources</p> <p>Available budgetary and financial resources;</p> <p>Available budgetary and financial resources</p> |

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|  | accordance with the respective agencies' Contingency Plans |  |  |  |
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## Justice, Peace and Security

| UNDAF outcome 5:<br>By 2011, increased capacity of government and targeted communities to attain a more peaceful, secure and just society |   |  |   |   |
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| Country Programme Outcomes  | Country Programme Outputs   | Indicators   | Sources of Verification   | Risks/Assumptions   |
| 5.1 Improved governance and enhanced sectoral and inter-sectoral response to social injustice, instability, insecurity                    | 5.1.1 Government assisted to meet its international obligations and review its legislation accordingly                          | <ul style="list-style-type: none"> <li>- # of international conventions ratified;</li> <li>- # of laws developed or revised to support international obligations on security and justice;</li> <li>- Status of Crime Bill;</li> </ul>  | <ul style="list-style-type: none"> <li>- Legislative Review;</li> <li>- PIOJ reports;</li> <li>- MOJ reports;</li> <li>- MNS reports;</li> <li>- Firearm Amendment Bill;</li> <li>- Proceeds of Crime Bill;</li> <li>- Human Trafficking Policy;</li> <li>- PIOJ reports;</li> <li>- MOFP reports.</li> </ul> | <ul style="list-style-type: none"> <li>-- Government is committed to develop, implement and enforce legislation relating to international obligations.</li> <li>- Adequate legislative drafting capacity exists in government;</li> </ul> |
|   | 5.1.2 Enhanced transparency and participation in resource allocation processes for the attainment of national development goals | <ul style="list-style-type: none"> <li>- Existence of defined process for stakeholder participation in the allocation of MNS' and MOJ's budgetary resources;</li> <li>- # of stakeholders participating in budgeting process;</li> <li>- % of budget allocated to related MTF priorities;</li> </ul> | <ul style="list-style-type: none"> <li>Budget analysis</li> <li>Project Report</li> </ul>   | <ul style="list-style-type: none"> <li>- - communities perception that their participation will result in actual changes;</li> <li>- communities perception that their participation will result in actual changes;</li> </ul>            |
|   | 5.1.3 Improved capacity of government in programming, planning, implementation and monitoring and evaluation.                   | <ul style="list-style-type: none"> <li>- % of personnel trained in programme planning / proportion of staff with training in programme planning;</li> <li>- Status of data system and M&amp;E Framework for the MOJ and MNS;</li> </ul>  | <ul style="list-style-type: none"> <li>- Ministry Report;</li> <li>- Review of data system;</li> </ul>  | <ul style="list-style-type: none"> <li>- Government budgetary requirements are available.</li> <li>- Government budgetary requirements are</li> </ul>   |

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|   |   | <ul style="list-style-type: none"> <li>- Status of data system/base and implementation of M&amp;E Framework of the National Plan of Action on Integrated Response to Children and Violence;</li> <li>- Establishment and functioning of the NSS Implementation Unit;</li> <li>- Implementation of new crime fighting measures;</li> <li>- % Reduction in the rate of major crimes.</li> </ul>  | <ul style="list-style-type: none"> <li>- PIOJ Report/review of data system/base;</li> <li>- NSS Implementation Unit reports;</li> <li>- MNS reports</li> <li>- TWG/MNS reports.</li> </ul>  | available.   |
| 5.2 Awareness of and respect for Rule of Law increased amongst decision-makers, institutional providers and communities | 5.2.1 Increased awareness of human/children's rights & Rule of Law.                                   | <ul style="list-style-type: none"> <li>- % of children and adolescents aware of their rights;</li> <li>- # of human rights violation complaints against agents of state;</li> <li>- % of adults aware of human rights;</li> <li>- # of pieces of legislation developed to support the rights of citizens;</li> <li>- Development of a policy framework for protection of ports and borders;</li> <li>- # of persons in target communities having an improved understanding, knowledge and attitude concerning human rights and the rule of law;</li> </ul> | <ul style="list-style-type: none"> <li>- Baseline Study/Survey;</li> <li>- Reports of HR Groups;</li> <li>- JCF Reports Hansard Records</li> <li>- JCF reports;</li> <li>- MOJ reports;</li> <li>- Port Security Bill;</li> <li>- Completed study in years 1 and 3 of UNDP JSPD programme;</li> <li>- Sample surveys, focus groups, KAP study.</li> </ul> | <ul style="list-style-type: none"> <li>- Judges and other legal practitioners recognise the importance of such training.</li> <li>- NGOs actively participate in the programme.</li> </ul> |
|   | 5.2.2 Strengthened capacity of stakeholders to implement the National Plan of Action on Child Justice | <ul style="list-style-type: none"> <li>- Status of implementation of the Child Justice NPA;</li> <li>- # of NPA targets met;</li> <li>- % in youth offending;</li> <li>- % of recidivism;</li> </ul>   | <ul style="list-style-type: none"> <li>- MOJ reports on NPA</li> <li>- Review of the NPA Evaluation Report;</li> <li>- JCF Reports;</li> <li>- Correctional Services</li> </ul>   | <ul style="list-style-type: none"> <li>- Government is committed to enforcement of the relevant provisions and political will exists.</li> </ul>   |

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|  | 5.2.3 Strengthened capacity to develop and implement restorative justice for adults with emphasis at community level   | <ul style="list-style-type: none"> <li>- % in the incidence of school related violence.</li> <li>- # of persons trained in restorative justice techniques/strategies;</li> <li>- # of restorative justice interventions implemented;</li> <li>- Restorative Justice Policy;</li> <li>- # of communities utilizing Restorative Justice mechanisms</li> </ul>   | <ul style="list-style-type: none"> <li>Report;</li> <li>- MOEY Reports</li> <li>- DRF;</li> <li>- Project Report;</li> <li>- Project Report</li> <li>- MOJ reports on Restorative Justice plan.</li> </ul>  | Government commitment and available budgetary resources.  |
| 5.3 Sustained reduction of violence and social injustice in targeted communities | <p>5.3.1 Strengthened capacity of stakeholders to sustain peace &amp; reconciliation mechanisms</p> <p>5.3.2 Parents, teachers, children &amp; youth equipped with life skills (conflict resolution/mediation) to avoid return to violence</p> | <ul style="list-style-type: none"> <li>- Status on the expansion of a participatory framework at the local and national levels;</li> <li>- Number of Parish Development Committees and communities with Transformation Plans;</li> <li>- Number of community animators trained in dialogue processes;</li> <li>- Domestic violence as proportion of motives for murder;</li> <li>- % of violence related injuries (VRI) caused by an acquaintance;</li> <li>- No. of inter-community violent conflicts resolved</li> <li>- % of the student population provided with conflict resolution classes;</li> <li>- No. of incidences of violence by school;</li> <li>- VRI by community;</li> <li>- Number and location of</li> </ul> | <ul style="list-style-type: none"> <li>- MLGCDS reports;</li> <li>- MOJ Reports</li> <li>- SDC reports.</li> <li>- MNS Reports</li> <li>- JCF Reports</li> <li>- JISS</li> <li>- PMI</li> <li>- MOEYC Report</li> <li>- MOJ reports;</li> <li>- JISS</li> <li>- MNS reports.</li> <li>- Study and Project reports.</li> </ul> | <ul style="list-style-type: none"> <li>- Communities and other stakeholders willing to work together.</li> <li>- Available budgetary resources</li> <li>- Available training capacity and budgetary resources exist.</li> </ul> |

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|  | <p>5.3.3 Vulnerable and out of school adolescents and young people equipped with livelihood skills and increased access to work opportunities</p> <p>5.3.4 Strengthened capacity of community actors to implement the NPA on Integrated Response to Children and Violence</p> | <p>parents and teachers reached.</p> <ul style="list-style-type: none"> <li>- Number of youth trained in entrepreneurial skills;</li> <li>- Number of new micro-enterprise initiatives established</li> <li>- Number of youth transition/rehabilitation programmes linked to the National Youth Service, HEART Trust/NTA, micro-enterprise funding entities;</li> <li>- Number of micro-credit loans accessed by trainees;</li> <li>- Unemployment among out of school youth (in selected communities);</li> <li>- Status of Implementation of NPA;</li> <li>- Number of CGC professionals sensitized to the contents of the NPA on Integrated Response to Children and Violence;</li> <li>- No. of communities aware of and supported in implementing components of the NPA;</li> <li>- Number and types of violence prevention activities by the CGC with parents and families at the community level;</li> <li>- No. and types of materials related to the NPA disseminated at the community level</li> </ul> | <ul style="list-style-type: none"> <li>- Partnerships established with micro-credit entities;</li> <li>- Reports from micro-enterprise lending agencies;</li> <li>- NYS reports;</li> <li>- HEART Trust/NTA reports;</li> </ul> <p>STATIN / Project Reports;</p> <p>WB Reports.</p> <ul style="list-style-type: none"> <li>- MNS reports on NPA.</li> </ul> | <ul style="list-style-type: none"> <li>- There is continuous commitment to upgrading/acquisition of skills by out of school youths, adults and mandated 3% payroll levy remains protected from the constraints of the public sector budget.</li> <li>- Collaborative approach, including involvement of NGOs ensures wider coverage.</li> <li>- Communities interested and willing to facilitate interventions.</li> </ul> |
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|  | <p>5.3.5 Strengthened capacity of community stakeholders to support community policing and protection</p> <p>5.3.6 Strengthened protection of particularly vulnerable groups through improved education, health services and social safety nets.</p> | <ul style="list-style-type: none"> <li>- Reduction in the rate of major crimes;</li> <li>- Number of community safety and security groups established by the Community Security Initiatives and linked to the police;</li> <li>- No. of communities trained or sensitized in community policing;</li> <li>- No. of communities with active community policing initiatives.</li> </ul> <p>Ratio of participation in health, education and social safety net provisions (for e.g. orphaned to non-orphaned school attendance; poor to non-poor school attendance, and; person with disability as per cent of SSN beneficiaries)</p> | <ul style="list-style-type: none"> <li>- JCF reports;</li> <li>- MNS reports.</li> <li>- Project reports</li> <li>- JCF / Ministry report</li> <li>- Reports from responsible ministries</li> </ul> | <p>- JCF/MNS has adequate human resources to target critical areas and communities willing to facilitate interventions.</p> <p>-</p> |
|--|--|---|---|--|

**Table 3**

**UNITED NATIONS DEVELOPMENT ASSISTANCE FRAMEWORK  
MONITORING AND EVALUATION PROGRAMME CYCLE CALENDAR  
(2007 – 2011)**

**June 2006**

|  | Activity  | 2007   | 2008   | 2009   | 2010  | 2011   |
|--|---|--|--|--|---|--|
|  | <p><b>Surveys/Studies</b></p> <ul style="list-style-type: none"> <li>▪ Priority 1:<br/>-</li> <li>▪ Priority 2:</li> <li>▪ Priority 3:</li> <li>▪ Priority 4:</li> <li>▪ Priority 5:</li> </ul> | <ul style="list-style-type: none"> <li>- Energy End Use Survey – <b>UNDP support;</b></li> <li>- Assessment of Sustainable Land Management Practices to Address LD –UNDP support;</li> <li>- National Communications for UNFCCC, CBD &amp; CCD – UNDP &amp; UNEP support.</li> </ul> | <ul style="list-style-type: none"> <li>- National Communications for UNFCCC, CBD &amp; CCD – UNDP &amp; UNEP support;</li> <li>- Communities' Fear of Crime Surveys</li> </ul> | <ul style="list-style-type: none"> <li>- Small Arms Reduction Baseline Study;</li> <li>- Awareness of Human Rights Survey;</li> <li>- Communities Fear of Crime Surveys</li> </ul> | <ul style="list-style-type: none"> <li>- Small Arms Reduction Survey;</li> <li>- Communities Fear of Crime Surveys</li> </ul> | <ul style="list-style-type: none"> <li>- Energy End Use Survey;</li> <li>- National Communications for UNFCCC, CBD &amp; CCD: UNDP &amp; UNEP supported</li> <li>- Awareness of Human Rights Survey;</li> <li>- Small Arms Reduction Survey;</li> <li>- Communities Fear of Crime Surveys</li> </ul> |

|           |                                    |  |   |   |   |   |
|-----------|------------------------------------|--|---|---|---|---|
|           | <b>Monitoring Systems</b>          | <ul style="list-style-type: none"> <li>- IDP Working Group on S&amp;J;</li> <li>- GOJ- PIOJ Thematic Working Groups on S&amp;J and MTF;</li> <li>- NSS Implementation Unit Reports;</li> <li>- MNS/JCF/DCS Reports and Crime Statistics;</li> <li>- MOJ Reports;</li> <li>- STATIN: Statistical Institute of Jamaica ;</li> <li>- Donor Reports</li> </ul> | Quarterly and Annual Reports by agency and National Counterparts;<br><br>As per 2007  | Quarterly and Annual Reports by agency and National Counterparts;<br><br>As per 2007  | Quarterly and Annual Reports by agency and National Counterparts;<br><br>As per 2007  | Quarterly and Annual Reports by agency and National Counterparts;<br><br>As per 2007  |
|           | <b>Evaluations</b>                 | <ul style="list-style-type: none"> <li>- GEF SGP Annual evaluation of Programme</li> </ul>   | <ul style="list-style-type: none"> <li>- GEF SGP Annual evaluation of Programme;</li> <li>- Biennial review of GEF SGP Programme –UNDP</li> </ul>     | <ul style="list-style-type: none"> <li>- GEF SGP Annual evaluation of Programme;</li> <li>- Effects of Crime on Economy Evaluation;</li> </ul>  | <ul style="list-style-type: none"> <li>- GEF SGP Annual evaluation of Programme;</li> <li>- Biennial review of GEF SGP Programme –UNDP</li> </ul> | <ul style="list-style-type: none"> <li>- Effects of Crime on Economy Evaluation;</li> <li>- Small Arms Reduction Evaluation;</li> </ul>       |
|           | <b>Reviews</b>                     | <ul style="list-style-type: none"> <li>- Annual work plan review by TGs;</li> <li>- Annual UNDAF Reviews</li> <li>- NSS Implementation Annual Review.;</li> <li>- Country Programme Review and Audit report.</li> <li>- UNDP Quarterly Reviews</li> </ul>  | <ul style="list-style-type: none"> <li>- Annual work plan review by TGs;</li> <li>- Annual UNDAF Reviews</li> <li>- UNDP Quarterly Reviews</li> </ul> | <ul style="list-style-type: none"> <li>- Annual work plan review by TGs;</li> <li>- Annual UNDAF Reviews</li> <li>- UNICEF Mid Term Review</li> <li>- UNDP Quarterly Reviews</li> </ul> | <ul style="list-style-type: none"> <li>- Annual work plan review by TGs;</li> <li>- UNDP Quarterly Reviews</li> </ul>                             | <ul style="list-style-type: none"> <li>- End of Cycle Country Programme Reviews (EXCOM Agencies)</li> <li>- UNDP Quarterly Reviews</li> </ul> |
| Plan ning | <b>UNDAF Evaluation Milestones</b> |  |   | ;   | - UNDAF Final Evaluation  |   |

|  |                                    |  |  |  |  |  |
|--|------------------------------------|--|--|--|--|--|
|  | <b>M &amp; E Capacity Building</b> | <ul style="list-style-type: none"> <li>- Support to National Environment Action Plan / National Disaster management systems – ODPEM;</li> <li>- Support to PIOJ;</li> <li>- Support to mainstreaming Disaster Risk Reduction;</li> </ul> | <ul style="list-style-type: none"> <li>- Support to National Environment Action Plan / National Disaster management systems – ODPEM;</li> <li>- Support to PIOJ;</li> <li>- Support to mainstreaming Disaster Risk Reduction;</li> </ul> | <ul style="list-style-type: none"> <li>- Support to National Environment Action Plan / National Disaster management systems – ODPEM;</li> <li>- Support to PIOJ;</li> <li>- Support to mainstreaming Disaster Risk Reduction;</li> </ul> | <ul style="list-style-type: none"> <li>- Support to National Environment Action Plan / National Disaster management systems – ODPEM;</li> <li>- Support to PIOJ;</li> <li>- Support to mainstreaming Disaster Risk Reduction;</li> </ul> | <ul style="list-style-type: none"> <li>- Support to National Environment Action Plan / National Disaster management systems – ODPEM;</li> <li>- Support to PIOJ;</li> <li>- Support to mainstreaming Disaster Risk Reduction;</li> </ul> |
|  | <b>Use of Information</b>          | <p>Annual Work plan preparation</p> <p>Dissemination of Reports produced from Reviews to key development partners</p> <p>Development of RC Report</p>  |  |  | CCA/UNDAF Preparation in 2011-2015   |  |
|  | <b>Partner Activity</b>            | MTF Annual Reviews   | MTF Annual Reviews   | MTF Annual Reviews   |  |  |

**Table 4****OTHER INTERNATIONAL DEVELOPMENT PARTNERS CONTRIBUTION TO MTF PRIORITIES AND UNDAF OUTCOMES**

| <b>UNDAF RESULT MATRIX &amp; OUTCOME/OUTPUT No.</b> | <b>WORLD BANK US\$</b> | <b>DFID UK£</b> | <b>EU EUR</b> | <b>JICA US\$</b>  |
|---|------------------------|-----------------|---------------|-------------------|
| <b>1. Education</b>                                 |                        |                 |               |                   |
| Outputs # 1.1.1 – 1.1.5                             | 15,000,000             | Regional funds  | --            | --                |
| Output # 1.2.2                                      | --                     |                 | 2,600,000     | --                |
| Output # 1.3.2                                      | --                     |                 | --            | 202,450 (in kind) |
| <b>2. HIV/AIDS</b>                                  |                        |                 |               |                   |
| Output # 2.4.1 – 2.4.2                              | --                     | Regional Funds  | 750,000       | --                |
| Outcomes # 2.3 & 2.4                                | 10,600,000             |                 | --            | --                |
| <b>3. Environment and Poverty</b>                   |                        |                 |               |                   |
| Outcome # 3.1                                       | --                     | 1,050,000       | 6,000,000     | --                |
| Outcome #3.2  | --                     | 1,050,000       | 13,200,000    | --                |
| <b>4. Health</b>                                    |                        |                 |               |                   |
| Outcome #4.1  | 10,600,000             | --              | --            | --                |
| <b>5. Justice, Peace and Security</b>               |                        |                 |               |                   |
| Outcomes 5.1 – 5.3                                  | 30,000,000             | 1,225,000       | 3,340,000     | --                |
|   |                        |                 |               |                   |

## **APPENDICES**

**Jamaica's Progress towards Attainment of the Millennium Development Goals, 2004  
(Report prepared for PIOJ)**

Jamaica is on track or has achieved most of the goals. In terms of the successes, the following are of particular note:

- Jamaica has virtually nobody living on US\$1.00 per day or less and the poverty line was equivalent to US\$2.00 per day in 2002;
- Jamaica has achieved very high rates of primary education enrolment, with 95.6 per cent being achieved in 1990 and 96.2 per cent in 2001;
- Girls' enrolment rates as a ratio to boys are very high: at primary school level they were 0.99 in 1990, and 0.96 in 2001 and at the secondary level there were more girls than boys: the ratio was 1.07 in 1990 and 1.03 in 2001;
- Jamaica has eliminated indigenous malaria;
- Life expectancy is high for a lower-middle income country at over 70 years;
- Routine immunization rates are very high at 85-95 per cent in 2002;
- The percentage of the population with piped water rose from 61.2 per cent in 1990 to 70.9 per cent in 2001; clean potable water is available for a high proportion of the population;
- Jamaica has improved access to telephones very substantially: access has risen from 4.46 per 100 in 1990 to 46.88 per 100 in 2001, largely as a result of competition and high investment in the cell-phone market.

Inadequate progress in the following areas is of concern:

- Child mortality fell only marginally from 28.5 per thousand in 1993 to 26.6 per thousand in 2000;
- Similarly, the maternal mortality rate has only fallen from 119.7 to 106.2 per 100,000;
- HIV/AIDS cases are rising rapidly (70 cases reported in 1990; 6,401 in 2002);

It is appropriate to note that *child mortality* was already relatively low by international standards, and achieving the two-thirds reduction envisaged by the MDGs is probably not realistic, when compared to other countries where a high proportion of child mortality is attributable to avoidable causes such as diarrhoea and malaria. The *maternal mortality* rates are higher than would be expected, because some 95 per cent of births are already attended by skilled birth attendants (a key determinant of maternal mortality). The *HIV/AIDS* increase is a major concern: the large tourism sector and prevailing patterns of sexual behaviour impose risk factors which impact on HIV/AIDS infection rates.

### Priorities Identified at the CCA Stage

Arising from the participatory process involving government, civil society, and UNCT counterparts, an impressive array of strategic objectives and priorities emerged in respect of the thematic areas.

For education,

- This involved: the low performance of students in the primary and secondary system;
- Early Childhood Development.

HIV/AIDS:

- A long term sustainable, multi-sector response mechanism aimed at addressing stigma, discrimination against affected and infected persons, development of an effective prevention strategy, access to and utilization of Anti-Retroviral Drugs and the development of a comprehensive system for monitoring and evaluation.

Sustainable Development ( including Poverty, Environment and Energy)

- Cultural industries, urban poverty and unemployment, rural poverty and unemployment, integrated land and marine environment, youth at risk and community development.

Health:

- Improved health for the individual and the entire population.

Justice, Peace and Security:

- Violence prevention and reduction, parenting, a comprehensive youth development policy, promotion of human/child rights and training for all, enhancing the Court System, strengthening poverty reduction efforts and enhancing community capacity.

The particular /specific areas within the areas of thematic focus were subsequently prioritized/selected by the UNCT in consultation with participants from all representative groups involved.

### Programming Cycle and Resource Mobilisation Issues

The estimate of resource allocations by agency is informed by a number of considerations peculiar to the particular operational modalities of the several agencies and funds. While there is the intention to move towards greater harmonisation and alignment in the manner in which they operate, significant differences still exist between and among the various funds and programmes.

A number of programmes operate on the basis of 5-year cycles. These include the United Nations Population Fund (UNFPA), the United Nations Development Programme (UNDP) and the United Nations Children Fund (UNICEF). For these, the programme cycles are harmonised. The next programming cycle commences in 2007, the start of the UNDAF cycle. Resource allocation by UNFPA is based on the elaboration of a programme for the entire Caribbean with annual allocations to Jamaica, as indeed all countries, made up of resources in cash as well as in kind. Actual allocations are also influenced by actual programme funds from third party funding sources/fundraising as well as regular resources from headquarters. Resource allocations from UNICEF are fully costed in both cash and kind, including administrative/project related staff costs, and comprise resources dedicated to a Jamaica-specific programme unlike UNFPA which is regionally based and allocations are dealt with accordingly. Similarly for UNICEF, actual cash contributions to the Jamaican programme are dependent on the receipt of funds from donor sources for both projects and programmes. Like UNICEF, FAO resource commitments are subject to fundraising and availability of special purpose contributions. While the UNDP operates regionally within a number of countries/areas within the Caribbean, there is however a dedicated allocation to the Jamaican programme. For all these reasons, it is consequently difficult to estimate long in advance the precise level of resource allocation especially as we move away from the current period and the break-out between actual cash contributions and the level of in-kind contributions

A number of other entities operate on the basis of 2-year cycles and these are also compounded by considerations of cash and kind and whether the programmes are regional or Jamaica-specific. UNESCO as a fund programme operates on the basis of a regional programme over 2 years. The current cycle (2006-2007) comprises resources allocated in kind on an equitable basis across countries (advisors, assignment of consultants on various country boards), together with cash funding disbursed from a centralised pool of resources from headquarters with allocations varying from sector to sector. As part of the strategy to think longer term, the programme beyond 2007 is being planned in terms of a longer period – 2008 – 2013, a five year cycle with a view to greater harmonisation. UNIFEM and PAHO similarly operate on the basis of a regional programme, strictly on the basis of in kind resource allocations, over two years. UNAIDS and PAHO/WHO have regional programmes and commitments comprise both technical assistance administrative costs.

Because of the varying mandates under which the several funds and programmes operate, it is still difficult to enter into joint programming at this time. While all are committed to moving towards that ideal, the benefits of joint programming and the application of consistent terminology, even in the matter of what is commonly understood by all has not yet been realised. The effect is that the extent to which government can realistically project for actual cash resources on the basis of UN resource allocations cannot now be realised.