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SOCIO-ECONOMIC IMPACT ASSESSMENT OF COVID-19 AND POLICY OPTIONS IN JAMAICA



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ACRONYMS

BEST Cash:	Business Employee Support and Transfer of Cash
BOP:	Balance of Payments
CAPE:	Caribbean Advanced Proficiency Examination
CaPRI:	Caribbean Policy Research Institute
CARE:	COVID Allocation of Resources for Employees
CARICOM:	Caribbean Community and Common Market
CARPIN:	Caribbean Poison Information Network
CAPE:	Caribbean Advanced Proficiency Examination
CCT:	Conditional Cash Transfer
COVAX:	COVID-19 Vaccine Global Access
COVID-19:	Coronavirus
CPFSA:	Child Protection and Family Services Agency
CSEC:	Caribbean Secondary Education Certificate
CRP:	Community Renewal Programme
CSJP:	Citizen Security and Justice Programme
CVSS:	Council of Voluntary Social Services
DCS:	The Department of Correctional Services
DRMA:	Disaster Risk Management Act
EPOC:	Economic Programme Oversight Committee
ENDS:	The E-commerce National Delivery Solution
EFF:	Extended Fund Facility
FAO:	Food and Agriculture Organization
FY:	Fiscal Year
GDP:	Gross Domestic Product
GOJ:	Government of Jamaica
GPS:	Global Position Signal

HEART/NSTA:	The Human Employment and Resource Training Trust/National Training Agency
HIMIC:	Highly Indebted Middle Income Countries
HIV/AIDS:	Human immunodeficiency viruses/
IDB:	Inter-American Development Bank
IHR:	International Health Regulations
IDPs:	International Development Partners
IRFPP	Interim Report of the Fiscal Policy Paper
ILO:	International Labour Organization
IMF:	International Monetary Fund
IPC:	Infection Prevention and Control
Ja-CIRT:	Jamaica Cyber Incident Response Team
JADEP:	Jamaica Drugs for the Elderly Programme
JCF:	Jamaica Constabulary Force
JCPD:	Jamaica Council for Persons with Disabilities
JCW+:	Jamaica Community of Positive Women
JDF:	Jamaica Defence Force
JFB:	Jamaica Fire Brigade
JIC:	Jamaica Industrial Classification
JISCO:	Jiuquan Iron and Steel Company
JPS:	Jamaica Public Service
JHTA:	Jamaica Hotel & Tourist Association
JIS:	Jamaica Information Service
JMEA:	Jamaica Manufacturers & Exporters Association
JSLC:	Jamaica Survey of Living Conditions
JUTC:	The Jamaica Urban Transit Company
KMA:	The Kingston Metropolitan Area
LFS:	Labour Force Survey
LMS:	Learning Management System

MICAF:	Ministry of Industry, Commerce, Agriculture and Fisheries
MLGCD:	Ministry of Local Government and Community Development
MOEYI:	Ministry of Education, Youth and Information
MOF:	Ministry of Finance and the Public Service
MOHW:	Ministry of Health and Wellness
MOT:	Ministry of Tourism
MOU:	Memorandum of Understanding
MNS:	Ministry of National Security
MSME:	Micro, small and medium enterprises
MTF:	Medium Term Socioeconomic Framework
MPI:	Multidimensional Poverty Index
MVI:	Multidimensional Vulnerability Index
NCD:	Non-communicable Disease
NDC:	Nationally Determined Contribution
NEET:	Not in Employment, Education or Training
NEPA:	The National Environment and Planning Agency
NGO:	Non-Governmental Organization
NHF:	National Health Fund
NHT:	National Housing Trust
NIDS:	National Identification System
NIS:	National Insurance Scheme
OECD:	Organization for Economic Co-operation and Development
OPHI:	Poverty and Human Development Initiative
PAHO:	The Pan American Health Organization
PATH:	Programme of Advancement through Health and Education
PBCJ:	Public Broadcasting Corporation of Jamaica
PICA:	Passport, Immigration & Citizenship Agency
PIOJ:	The Planning Institute of Jamaica

PPE:	Personal protective equipment
PWC:	PricewaterhouseCoopers
PWD:	Persons with Disabilities
RADA:	The Rural Agricultural Development Authority
REDI:	The Rural Economic Development Initiative
RHA:	Regional Health Authority
RJR:	Real Jamaican Radio
RRF:	Rapid Response Facility
SALISES:	Sir Arthur Lewis Institute of Social and Economic Studies
SAWP:	Seasonal Agricultural Worker Program
SBA:	School Based Assessment
SEIA:	Socio-Economic Impact Assessment
SET Cash:	Supporting Employees with Transfer of Cash
SIDS:	Small Island Developing States
SDG:	Sustainable Development Goals
SLA:	Service Level Agreement
SOE:	State of Public Emergency
STATIN:	Statistical Institute of Jamaica
TLN:	Tourism Linkages Network
TPDCo:	Tourism Product Development Company
TRN:	Tax Payer Registration Number
UHWI:	University Hospital of the West Indies
UKAID:	UK Aid Direct
UNDP:	United Nations Development Programme
UNDP RBLAC:	Regional Bureau for Latin America and the Caribbean
UNDESA:	United Nations Department of Economic and Social Affairs
UNICEF:	United Nations Children’s Emergency Fund
UNWFP:	United Nations World Food Programme

USDA ERS:

U.S. Department of Agriculture Economic Research Service

UWI:

The University of the West Indies

VNR:

Voluntary National Review

WFP:

World Food Programme

WHO:

World Health Organization

ZOSO:

Zone of Special Operations

EXECUTIVE SUMMARY



Executive Summary

Introduction

1. This UNDP 2021 assessment of the socioeconomic impact of the pandemic in Jamaica is timely as Jamaica experiences a third wave of COVID-19 and the health and financial sectors are stretched beyond capacity. Using secondary sources and most importantly, data from 3,194 respondents interviewed for the UNDP/SALISES/CaPRI 2021 Socioeconomic Impact Assessment (SEIA) survey during the period February 24 to April 13, 2021, the study found that the Jamaican government and citizens need to be commended for their resilience and efforts at coping with the negative impact of the pandemic. However, the study revealed that urgent action is needed if the gains achieved in the fulfilment of the UN2030 Agenda and Vision 2030 Jamaica are not to be lost, irretrievably.
2. Given the very large sample of respondents, this is the first comprehensive assessment that provides a definitive record of the impact and coping measures utilised in the management of the COVID-19 pandemic in Jamaica. This is the first systematic identification of the vulnerable segments of the society who have been negatively impacted by the pandemic. This in-depth analysis is new and valuable as it presents policy options that can be used to reduce the impact of this and similar crises in the future. The discussion of the continued efforts to maintain fiscal responsibility/management and the country's capacity to cope with the pandemic is important as it sets the stage for implementing the policy recommendations in each of the areas assessed in this report. At the programmatic level, this report identifies critical opportunities that can be leveraged by the UNDP in support of the Government of Jamaica (GOJ) in its bid to cauterise the possible declines and in partnership to minimize the impact of pandemic.
3. This is also the first study for Jamaica that uses a Multidimensional Vulnerability Index (MVI) as a complement to the results and analyses from the survey and secondary sources. The MVI assesses the layers associated with the vulnerability uncovered in the survey results and is based on three pillars of vulnerability: incidence, intensity and the dimensional composition. The *incidence* pillar represents the proportion of persons within the given population that is vulnerable and faces multiple deprivations; whilst *intensity* is the average proportion of the

deprivations experienced by those who are vulnerable. In this SEIA, the MVI – calculated as the product of the *incidence* and *intensity* – is comprised of three *dimensions* reflecting the impact of COVID-19 as examined in the SEIA survey: (a) health and hygiene; (b) nutrition; and, (c) livelihood and living standards. The results show:

a. Overall Vulnerability

- i. The overall level of vulnerability experienced by respondents as a result of the COVID-19 health crisis is very high.
- ii. More than two thirds of respondents are vulnerable to at least four deprivations
- iii. These vulnerable respondents are deprived on average in 4.6 of the 12 (38%) indicators considered for the index
- iv. Respondents who are vulnerable experience 25% of all the potential deprivations they could experience
- v. For the Health dimension, the deprivation experienced by the highest percentage of vulnerable respondents was mental health, with 57% expressing to have felt more depressed, worried, anxious or stressed as a result of the COVID-19 pandemic.
- vi. Regarding livelihood and living standards, the two main deprivations experienced by vulnerable respondents were in social protection and assistance.

b. MVI by socio-demographics

- i. The most vulnerable parish is Saint Mary, closely followed by Manchester and St. Ann. On the other hand, the parishes with fewer vulnerable respondents are St. Thomas, Trelawny and Westmoreland. If we contrast these results with the ones obtained by OPHI (2020) for the MPI, we can see that the parishes with the highest levels of multidimensional poverty are different from the ones that are the most vulnerable to the effects of the COVID-19 crisis according to the results obtained from this survey. This may be relatively advantageous for the Jamaica's recovery process, as it would be harder for the poorest segments of the population to recover if they also were the most vulnerable.
- ii. The main differences between St. Mary and Trelawny are in access to health centres, income, food quality and social protection. There is 1.6 times more

incidence of deprivations both in access to health centres as well as in income for vulnerable population in St. Mary compared to vulnerable population in Trelawny. In terms of food quality, the difference is of more than 1.5 times, and 1.3 times in terms of social protection.

- iii. 70% of individuals in urban areas are vulnerable, while only 63% of those in the rural areas were. This finding may be a result of the fact that some of the effects of the pandemic and measures to address are more impactful to the urban lifestyle.
- iv. Female respondents are slightly more vulnerable in terms of incidence, and overall MVI score however there is no significant inequality in the distribution of vulnerability regarding the gender of the respondents as the differences are driven by their population share.
- v. Older respondents are the least vulnerable by all accounts. In terms of incidence, 42% of individuals aged 60 years and older are vulnerable mainly due to the population shares
- vi. The MVI scores and incidence of vulnerability by levels of household income. Interestingly, it is not the individuals with the lowest household income (less than \$50,000) that have the highest level of vulnerability, but rather those with the second to highest level (\$20,000 to \$29,999).
- vii. Similar to what was evidenced above in the individual analysis of the distribution by residence area, there are higher incidence and MVI scores in the urban areas whilst it is lower for rural areas for both male and female population. There is a significantly higher vulnerability for females, but only in urban areas.

c. *Decomposition of MVI by socio-demographic characteristics*

- i. The main difference in terms of the contributions of each indicator to the MVI for every age group is on food quality, which contributes of 14% to the MVI for the 18-29 age group, but only 9% for both the 30-59 and 60+ age groups. This result is not surprising as young people tend to consume more fast-food than older people.

- ii. The results disaggregated by gender, confirm that the differences are small for most indicators. The biggest difference is in employment. Compared to 7% of male respondents, female unemployment due to COVID-19 has contributed 10% of the vulnerabilities.
 - iii. The rural area is less vulnerable to poor food quality, with food quality contribution to 9% of vulnerability in rural areas as compared to 16% in urban areas and 12% in main cities.
4. **This study has underscored the importance of data to inform policy.** A key recommendation is the development of a Data Hub and Policy Lab platform, which would: (i) house the findings and data from this and other related studies; (ii) facilitate the monitoring and evaluation of the programmes implemented to reduce vulnerability; (iii) integrate with the platforms monitoring progress in the fulfilment of the UN2030 Agenda and Vision 2030 Jamaica; and, (iv) be available to all ministries, departments and agencies (MDAs) and development partners to inform their policy development and implementation processes. This would provide a concrete basis on which to advance *SDG-17: Strengthen the means of implementation and revitalize the global partnership for sustainable development*.

IMPACT AND POLICY OPTIONS

5. The *novel coronavirus 2019* (COVID-19) pandemic has disrupted all social and economic processes and has had ongoing social and economic effects globally, regionally and nationally. Today, (October 20, 2021), in Jamaica, there are 87,723 reported cases and 2,129 deaths. All regulations and protocols that have been put in place by the Government of Jamaica (GOJ) in relation to the response to the COVID-19 pandemic are contained in orders under the Disaster Risk Management Act (DRMA). The recommended health protocols include the wearing of masks in public spaces, frequent hand washing, use of sanitizers, physical distancing of six feet and limited numbers for gatherings in public spaces. Other health protocols included working remotely, remote teaching, national curfews and lock-downs in communities where there have been surges in the number of reported cases. With the development of the Resilient Corridor aligned to the Jamaica COVID-19 Application (JamCOVID) which facilitates global

positioning signal (GPS) tracking of visitors in quarantine or who are required to stay in place, the borders reopened on June 15, 2020. These measures will be referenced as Infection Prevention and Control (IPC) measures throughout this report. Since then, the GOJ has intensified measures in response to the second wave (between January and April 2021) and the third wave (beginning end-July 2021).

6. ***Economic Context and Impact*** Jamaica has had little capacity to withstand economic shocks since the turn of the 21st century with the banking crisis of 1996 that led to the onset of high public debt, widespread unemployment, and fiscal deficits. Exacerbated by the global financial crisis of 2008, the Jamaican economy continued to be submerged in high and unsustainable debt levels, which constrained the GOJ's fiscal space. This explains the economic stagnation between 2000 and 2012. In an effort to resurrect the economy, Jamaica entered an International Monetary Fund (IMF) structural reform programme in the 2012/13 fiscal year using the Extended Fund Facility (EFF) modality. As a result of the EFF, gradual improvements were observed in the fiscal and economic performance of the country as evidenced by: reduction in the debt to Gross Domestic Product (GDP) ratio, lower interest payments as a percentage of revenue, and, positive annual economic growth. This bolstered the country's capacity to withstand shocks, especially those which were to come from the COVID-19 pandemic.
7. Despite this improved macroeconomic position from a decade or two prior, the pandemic required expansionary fiscal policy to support both the depressed economy as well as the increased demand for social services. To accommodate this, some capital expenditure was reallocated and other non-essential line items diverted to accommodate the J\$25billion fiscal stimulus – the COVID-19 Allocation of Resources for Employees (CARE) programme – during fiscal year (FY) 2020/21. The fiscal rules designed to put Jamaica's debt-to-GDP below 60 percent by FY 2025/26 have been suspended and the target date pushed back to FY2027/28. As a measure of the decline in economic output due to the impact of COVID-19 at the macro-level, the debt-to-GDP outturn for FY2020/21 has increased to 110% with no increase in the numerator – the debt – therefore reflecting the sharp falloff in the denominator – GDP. To shore up the reserves at its disposal, the GOJ successfully obtained US\$520 million from the

IMF under its Rapid Response Facility (RRF) that was expanded to provide support to countries that did not require programmatic support during the crisis.

8. Expectations that the Jamaican economy would have been affected from both the “demand side” and the “supply side” have materialised. On the demand side, both people’s reluctance to venture out given the unknown nature of the location of the virus and the various limitations on movement and gatherings under the IPC measures, have reduced demand in some sectors. Further, a significant number of households have had their incomes decimated and, as a result, consumers’ spending power has been reduced. On the supply side, some industries were ordered to close completely, others closed due their incompatibility with gathering limits, and, still others do not lend themselves to working from home. The impact of these were reflected in lower-than-budgeted tax revenues and overall government recurrent expenditure during FY2020/21.

9. The **UNDP/SALISES/CaPRI 2021 SEIA** highlighted the extent of the negative impact on businesses in Jamaica, which include:
 - a. The majority of businesses, 45.63 percent, indicated that they experienced lower sales and the pandemic brought on logistic issues, as 23.14 percent indicated that their supplies were disrupted.
 - b. Regardless of location, the majority of business owners - 64.5 percent – reported that COVID-19 resulted in a reduction in their gross revenues. Businesses in rural areas reported the largest declines in revenue. The fallout in revenues can be explained by a myriad of factors, having to do with demand and supply issues. For example, business owners attributed the fallouts to both difficulties in customer access to their products (55 percent of the total) and loss of demand due to mobility restrictions (45 percent of the total).
 - c. When asked how many months their business could keep operating given the crippling impact of the crisis, 21.29 per cent indicated that their operations would only last one month, even if they were given credit. More than 50 percent of businesses in the survey reported that their businesses would not survive more than 6 months if the situation remained the same.

10. This study found that the following groups in the labour market were most affected by the negative impacts of the pandemic:

- a. Those employed in accommodation, transportation, entertainment, and recreation.
- b. The most affected occupational group is “elementary occupations”, consisting of the least skilled segment of the labour force and therefore the lowest earners.
- c. Women, especially female-headed households and those living on or below the poverty line, are experiencing even higher levels of vulnerability as are the youth who tend to be in low-paying, contractual employment.

11. **Policy Options for the Economic Sector** Based on the analysis of both the primary and secondary data, the following policy options are proposed:

- ***Strengthen fiscal capacity to supplement domestic resources:*** This policy option requires renewed efforts to supplement the domestic resources available to the GOJ. Using SDG 17 - *Strengthen the means of implementation and revitalize the global partnership for sustainable development* this an opportunity for the UNDP to drive the technical analysis of the issues raised by highly indebted middle income countries (HIMIC), such as Jamaica, across all IDPs with the goal of creating special windows of support backed by philanthropic and other forms of non-debt or concessional flows that can be used to facilitate the urgent development needs with a focus on inclusivity and accessibility. Special explorations can be made through this effort to support the GOJ and MOHW in identifying financing opportunities that are accessible by HIMICs and/or SIDS that are available for the development and transformation of the health sector.
- ***Combat emerging inequalities:*** With a spotlight on Goal 10 by supporting the government in ensuring that employment and contractual opportunities emanating from the SERVE programme are taken up by women and youth which are the two vulnerable groups most negatively impacted from an income/employment perspective by the pandemic. UNDP is very active programmatically with these two groups and can therefore support the GOJ in leveraging these networks to increase their inclusion into the economic recovery efforts.

- ***Targeted inclusive small business support:*** For entrepreneurs, expanded access to small business grants and online training in entrepreneurship, transitioning to online and the integration of e-commerce support, and, support in the preparation of business proposals and other critical business advisory services. The UNDP can provide institutional strengthening and support and targeted small grants – perhaps to those in the blue, green and orange sectors of the economy – to entrepreneurial efforts spearheaded by women, youth and residents in rural areas.
- ***Increasing inclusive growth prospects*** are heavily predicated on continued adherence to the IPC measures as well as rapid scaling of the vaccination campaigns to reduce the strain on the health sector. Economic activity is negatively impacted by the increased curfew hours in response to the current third wave of infections. Any support that can be provided to simplify and improve the effectiveness of the messaging, logistics and guidance to the private sector by the UN system would substantively advance the safe return to economic activity and therefore increase the likelihood of sustained economic growth.
- ***Expanding access to investment flows*** In order to support the GOJ’s need to increase investment flows to development projects, the UNDP can also continue to engage the government to develop an Investor Map that would provide a catalogue of catalytic investment opportunities. This map would be available to a wide range of potential investors and thereby provide a filip to the growth agenda. This should be integrated into the anticipated leadership of the UNDP in the digital transformation landscape utilising the Digital Readiness Assessment as a potential entrypoint.

12. ***Health Sector Assessment*** The pandemic has exacerbated the longstanding challenges in the nation’s health sector: (i) inadequate level of financial resources; (ii) emigration of skilled medical practitioners; (iii) the inadequate equipment; and, (iv) the poor maintenance of the physical plant at health facilities, all of which have combined to negatively impact the quality of care in all areas of the health sector. Prior to COVID-19, Jamaica was undergoing a demographic and epidemiological transition resulting in an ageing population and increasing

prevalence of lifestyle related non-communicable diseases (NCDs) and efforts were being made to alter the focus of interventions to the prevention and care needs of this emerging health profile. The focus on the prevention and treatment of COVID-19 has reduced focus on other illnesses. For example, persons with HIV/AIDs face heightened vulnerability during the pandemic. Individuals, particularly women have reduced access to HIV treatment and health personnel. Women with HIV/AIDS living in poverty have increased difficulty as they try to fend for themselves and their families. Already stigmatized because of their health condition, they face barriers to employment and increased deterioration in mental health and support systems. Given the focus on COVID-19, public prevention health campaigns have been curtailed and there is reduced access to sexual and reproductive health services.

The COVID-19 pandemic has further stretched the overworked health care staff at all levels. The health system is under immense pressure to treat both COVID-19 and other patients; as of August 19, 2021, all major hospitals were at over 100% occupancy.

13. The Ministry of Health has implemented several strategies in response to the pandemic:-
 - a. The provision of J\$775 million for the immediate response;
 - b. Infrastructure upgrade of more than J\$89 million, including equipping hospitals with an additional 63 intensive care and high dependency units, and additional beds;
 - c. The provision of more than J\$1.7 billion for medical equipment, such as personal protective equipment and COVID-19 test kits; and
 - d. The procurement of more than \$500 million in prescription drugs through the National Health Fund, to ensure the effective treatment of the symptoms of persons with COVID-19
 - e. One field hospital donated by the United States Government was erected at the National Chest Hospital
 - f. The GOJ vaccination strategy allocated J\$3 billion to acquire from the COVID-19 Vaccine Global Access (COVAX) Facility. The State is seeking to procure 3.5 million doses of vaccines which will be used to vaccinate 65% of the population.

14. The UNDP/SALISES/CaPRI SEIA highlighted the following findings that have consequences for the health sector:

- a. ***Non-adherence to IPC measures:*** 25 percent of all respondents revealed that they did not wear a mask all the time. Using hand sanitizers and washing hands were done all the time or most of the time by most of the respondents (92.5 per cent and 94.8 per cent, respectively). Sanitization of touched surfaces was performed by 31.3 per cent of respondents either rarely or never.
- b. ***Vaccine hesitancy/resistance:*** Only 33.9 per cent of the respondents confirmed that they are willing to be vaccinated despite the fact that 77.4 per cent of them revealed that they were concerned or very concerned about getting infected with COVID-19.
- c. ***Deterioration of Mental health:*** Of all the respondents interviewed, 73.1 per cent were more worried; 53.2 per cent were more depressed and 47.0 per cent less happy.

15. ***Policy Options for the Health Sector:*** In order to accelerate the fulfilment of SDG 3: *Good Health and Wellbeing* in the context of this pandemic:

- a. ***Improve quality of healthcare:*** The UNDP can continue to advocate across its networks for increased donations of equipment, pharmaceuticals and personal protective gears for healthcare institutions in collaboration with the NHF and CHASE Fund.
- b. ***Increased access to good quality healthcare:***
 - i. The UNDP can explore across the UN system the extent to which it can provide options to the GOJ that would facilitate access to affordable, accurate testing for the wider population – particularly for workers that require multiple testing to maintain their employment status.
 - ii. In addition, the UNDP can assist in the procurement of vehicles with the necessary cold-chain storage capacity that can support continuous mobile vaccination programmes at the community level.
 - iii. As part of its interventions in the digital landscape, the UNDP can undertake an assessment of the systems need to support the implementation of telemedicine services in both the private and public healthcare systems to promote more inclusive and lower-cost access to healthcare particularly in rural communities.

iv. Increased access to free psycho-social support for health workers, teachers, children, and the public which could be supported through a digital and/or telemedicine approach.

c. **Increased public education:** In order to reduce burden on healthcare system from positive cases, the UNDP can provide communication/messaging and technical support to dispel the myths and underscore the benefits of vaccination under the “**Get back to life; Get vaccinated**” campaign.

16. **Education:** There is growing evidence that *SDG 4: Quality Education* will not be fulfilled by 2030 if urgent action is not implemented. The impact on the education sector is typically examined in the section on children and youth but given the importance of the sector, it is given its own examination. Both the primary and secondary data revealed these major concerns for the Education Sector:-

- Loss of learning is immeasurable
- Loss of earnings expected over the long term
- Inequalities intensified: inequity in participation in learning
- Deepening of digital divide with resultant social inequalities
- Socialization deficit for children and youth
- Sport and physical exercise stalled with implications for health status including mental health and obesity
- Loss of protection from home and community based violence
- Increased food insecurity
- Very stressed education system and educators

All of these have grim implications for child development and ultimately the violation of the rights of children and youth.

17. The **UNDP/SALISES/CaPRI 2021 SEIA** revealed that only 15 per cent of all classes were held remotely with no connectivity problem. The issue of low or limited connectivity has implications for the future of sustained learning as a new academic year is on the horizon. It is clear that during this third wave and perhaps post-pandemic, the education sector will need to continue with a blended approach to learning. As a result, it is essential that the connectivity

issues be resolved by the internet providers. This limited connectivity threatens to widen inequality over the long term and deepen the digital divide.

18. ***Policy Options for the Education Sector:*** If SDG 4 is to be fulfilled, access to good quality education using digital has to be enhanced and expanded nationwide. This is critical to ensure that no youth or adult learner will be left behind in the fulfilment of the UN2030 Agenda. The policy options for achieving inclusive education include the following:

- a. ***Improved access to digitally delivered educational content:*** The UNDP can provide technical and advisory support to ensure that the devices meet the appropriate specifications for use throughout various educational levels. This can be done in partnership with the Ministry of Education, Youth and Information (MOEYI) and the various e-learning initiatives and where possible the UNDP through its international network can facilitate the provision of devices for learners in all age cohorts.
- b. ***Transformation of the quality of online teaching and learning:*** The UNDP can support the MOEYI to revitalize the capacity and ability of teachers and lecturers at the post-secondary level to redesign and deliver high-quality lessons using digital tools and platforms. This would be delivered through increased training using a demonstration approach for these educators for improvement in teaching and lifelong learning using open access online and digital tools and platforms.
- c. ***Enhancement of learning platforms and material:*** The UNDP can conduct a needs assessment at the post-secondary level using feedback from students and lecturers to ascertain the aspects of the online platforms that need to be enhanced or redesigned. This would then lead to the identification of strategies to make these online learning platforms better able to meet the needs of students with different learning styles and teachers with diverse pedagogical approaches.
- d. ***Expanded access for inclusive and integrated education:*** There is a need to increase support for persons with disabilities and the enhancement and redesign of the platforms to accommodate persons with different types of impairments and abilities.
- e. ***Increased targeting for those most likely to be left behind:*** Given the digital divide in many marginalized and remote communities, opportunities exist to localize educational opportunities at the community and home levels by empowering and training

community leaders, retired teachers and graduates to support the education of students living in these deprived areas.

19. ***State Capacity to Provide a Safety Net*** Both the primary and secondary data analyses reveal that if urgent attention is not paid to the most vulnerable in the society, they will be left behind in the fulfilment of the UN2030 Agenda. The impact of the pandemic has been so tremendous that it has put severe strain on the state's social protection (SP) system. Given the loss of jobs and *ad hoc* income earning opportunities through informal activity as well as illness, many more persons will be in need of SP.
20. The state's main SP responses included: Cash transfers (conditional (CCT) and unconditional); One-off payments; In-kind Transfers, the provision of physical shelters and, increased nutritional and psychosocial support. To cushion the negative impact of the pandemic, the GOJ implemented a J\$10-billion (US\$696,866) CARE Programme. In 2021, a CCT was offered to seniors who have been vaccinated through the government's blitz events. These offerings complement the existing SP systems that include the State's main social protection programme, the Programme of Advancement through Health and Education (PATH), which is a CCT programme targeting poor families. There are currently approximately 320,000 beneficiaries on the programme. Approximately 50 per cent of the PATH beneficiaries are aged 6-17 years. This is in keeping with the profile of the poor in Jamaica where 1 in 5 children live in poverty. The Elderly form the second largest group of beneficiaries. With the 527,669 individuals living in poverty and 136,702 experiencing food insecurity viz the 320,000 beneficiaries on PATH, the State's main social protection programme is not targeting all the vulnerable in Jamaica, even if we were to include the food insecure in the "poor" category. Coverage was inadequate prior to COVID-19 and with the expected increases in poverty and food insecurity, the numbers are expected to increase.
21. The **UNDP/SALISES/CaPRI 2021 SEIA** revealed that 43.0 per cent of the respondents were beneficiaries of a State's social protection programme to cushion the impact of COVID-19. Of those who received benefits from the State, the majority received a compassionate grant (60.0 per cent). The study also reported that 55.7 per cent of the PATH beneficiaries stated that they

did not know how to apply for assistance if they needed it. The three main sources for non-State support to alleviate the impact of COVID-19 were: - Family/friends/neighbours from abroad (13.5 per cent), Church (8.1 per cent) and Family/friends/neighbours in Jamaica (8.1 per cent).

22. The **UNDP/SALISES/CaPRI 2021 SEIA** found that the six main types of support that respondents requested to help alleviate the impact of the pandemic included: - money (76.1 per cent), food (49.9 per cent), masks and sanitizers (41.8 per cent), health insurance (28.1 per cent) and internet access/assistance with technology (26.8 per cent) and educational resources (23.7 per cent).

23. ***Policy Options for Social Protection in Jamaica:*** The demand for social protection has increased, exponentially, both in terms of the number of potential beneficiaries as well as the depth of the need and consequently, the required benefits to meet the needs have to be reviewed. Some main policy options include:-

- a) **Advocacy and Financial Support** where possible to increase coverage of the poor and vulnerable in society
- b) **Increased financial support:** The UNDP can provide technical assistance to the MOF to earmark funds or reserves that could be made available in the event of future crises. These funds would be quickly mobilized and channeled to SP immediately in response to a crisis. These funds could also be used to support an increased number of compassionate grants (stimulus packages) and the UNDP can also advocate the international community for debt relief and increased financial aid as part of the HIMIC initiative referenced above.
- c) **Reduction of Food Insecurity:** The UNDP can support the efforts of the Ministry of Agriculture and Fisheries (MOAF) to facilitate increased regular access to food through the provision of meal vouchers and/or food packages.
- d) **Increased access to Masks and Sanitizers:** The UNDP can provide grants to small businesses that make masks and sanitizers to support nationwide distribution of these items especially at public events including vaccination blitzes, community clinics and entertainment events.

- e) **Increased support for public education** to increase awareness of social protection programmes in order to ensure that existing and potential beneficiaries are always able to access benefits for which they are eligible. The UNDP can provide technical and advisory support in this regard.
 - f) **Proactive, mobile registration and engagement** of vulnerable groups to ensure that the GOJ can automatically identify and support each group in a more targeted and seamless manner. The UNDP has a range of tools that can be readily deployed to support these initiatives.
24. **National Security Risk:** Jamaica has had a long-standing reputation of being in the top five most violent countries in the world. Violent crimes remain the most stubborn non-economic development challenge faced by Jamaica since its independence. The impact of the pandemic on national security was observed in the form of: (i) increased incidences of cyber crime, (ii) non-compliance with IPC measures under the DRMA, (iii) increased cases of domestic violence, (iv) increased murders, and, (v) increased circulation of fake news that weakened the response by citizens to various policy initiatives.
25. The nation's security has been one of the key areas of focus in managing the pandemic. This has involved a range of aspects including monitoring border control and travel restrictions at ports of entry, community policing and interactions, cybersecurity for government systems, citizens and organizations, promotion of safe use of e-commerce systems, and prevention and investigation of incidents of crime and violence.
26. Respondents to the **UNDP/SALISES/CaPRI 2021 SEIA** indicated that 35.8 percent are using online payment options more frequently. This finding has implications for the potential for increased cybersecurity crimes. It is interesting to note that in response to questions on current and future use of online payment options, 36 percent of respondents revealed no interest in the use of online payments options. This may be related to the awareness, accessibility and availability of the online payments options, as well as low trust in the security and reliability of the transaction process. Respondents may also not have access to active bank accounts and/or be eligible for credit cards to facilitate these types of transactions.

27. ***Policy Options for improved National Security:*** In order to support the fulfilment of SDG 16 Peace, Justice and Strong Institutions, a key recommendation from UNDP/SALISES/CaPRI 2021 SEIA Survey, was that citizens associate the curfews in addition to the community patrols as effective crime-fighting mechanisms and they support their continuation even post-COVID-19. The same perspective was given in relation to the ZOSOs and SOEs. Respondents also suggested the expansion of job opportunities that can be taken-up by at-risk and unattached youth and an expanded focus on teaching values in schools.
28. ***Environmental Assessment:*** Jamaica is blessed with one of the most beautiful, diverse natural environments with a wide range of flora and fauna that contribute to a rich biodiversity. Nevertheless, the prevalence of natural hazards and the human practices over the past decades have contributed to negative impacts on the health of the natural environment, the impact of future natural hazards on livelihoods, and the extent to which Jamaica's largely coastal city centres can contend with the impacts of climate change as they unfold. Vision 2030 Jamaica's fourth national goal is to ensure that *Jamaica has a healthy natural environment* given that this is a precondition for sustainable development and human survival on this SID.
29. Impacts on the environment have varied during the COVID-19 pandemic. Reduced movement in some spaces has provided the opportunity for restoration and reduced pollution. For example, restrictions and containment measures may limit the on-site recreational activity at national parks, beaches and forests, while providing the opportunity for regeneration of the environment. During lockdown periods, there have been comments on the apparent improvements in air quality, cooler temperatures, increased rainfall and associated flora and fauna. The increased usage of disposable supplies, including masks, on the other hand, has however been a source of concern from an environmental perspective. There has been the concern that budgetary allocations previously earmarked for climate change adaptation and environmental needs, may have been redeployed towards the management of the COVID-19 pandemic.
30. Given the increased use of chemicals for cleaning and sanitizing household, business and public spaces during COVID-19, the Caribbean Poison Information Network (CARPIN) has cautioned the public on the methods of utilization and risks associated with increased exposure

to these chemicals. The Ministry of Health and Wellness has also issued environmental health guidelines for the cleaning and sanitization of public spaces (Ministry of Health and Wellness 2020). There has also been recognition of the need to prepare additional shelters for adverse weather events during the pandemic, given the carrying capacity of existing shelters and the need for physical distancing and sanitation measures.

31. More than 70 percent of the respondents to the **UNDP/SALISES/CaPRI 2021 SEIA** Survey have indicated use of either disposable and/or reusable cloth masks. Of the 1,771 respondents who indicated that they are employed, approximately 28 percent indicated that their organizations have been encouraging the separation of plastics for recycling. While another 27 percent indicated they did not know whether their organization encouraged this practice, 45 percent indicated that their organization did not actively encourage it. When asked for mechanisms that would support respondents and their households in reducing the impact of COVID-19, 16.7 percent indicated that regular garbage collection services would be helpful. In the open-ended responses related to recommendations for environmental sustainability for the future, several respondents pointed to the need for improved waste management and garbage collection arrangements.

32. ***Policy Options in the Environmental Sector*** to support the fulfilment of SDG 11 *Sustainable Cities and Communities* and SDG13 *Climate Action* include a need for increased environmental education and conservation practices and the promotion of container gardening for food security and as an environmental best practice. In this regard, the UNDP should include an expansion in its environment project portfolio with an increased focus on youth. Further support of community-based initiatives can facilitate water harvesting, composting and practices that can promote the wellbeing of citizens and the environment can also be provided by UNDP. A key area in this regard is the continued focus on providing potable running water. Another key area for policy consideration is the possible continued use of the options of work such as flexi-hours/home/remote/teleworking as a pollution and traffic management strategy.

33. ***COVID-19 and Agriculture*** The agriculture industry in Jamaica accounts for 7.1 percent of the total value added in Jamaica. The link between agriculture, food poverty, food security and the health and wellbeing of Jamaica's citizens cannot be overemphasized. During this period, the crisis being faced by the farmers and livestock growers was widely publicized as they had no links to end-consumer markets and were faced with the need to slaughter or dump millions of dollars worth of output. COVID-19 also had an impact on the participation of Jamaicans in the Seasonal Agricultural Workers Programme (SAWP) overseas. Considerations were discussed among stakeholders in relation to health and safety protocols, issues re liabilities, with some workers deciding to remain in Jamaica, and others opting to participate.
34. Some of the initiatives implemented by the GOJ to cushion the negative impact of COVID-19 on the agriculture sector include:
- Farmers have been exempted from curfews to allow continued attention to agricultural activities during those times
 - Additional injection of JMD \$1 billion (USD 6.85 million) into Productivity Incentive Programme pre-existing under the Ministry of Industry, Commerce, Agriculture and Fisheries to assist small farmers and fisherfolk during the crisis. The sum is also to be used (June 2020) to fund climate smart production practices and technologies, while in July 2020 JMD \$240 million (USD 1.64 million) stimulus package was approved to purchase excess fruits and vegetables from farmers.
 - December 2020: Eighty-three fishers operating at four fishing beaches in St. Catherine received vouchers valued at JMD \$30,000 (USD \$198) each to purchase gear and equipment. The fishers are the first recipients under the coronavirus (COVID-19) incentive programme, which will benefit stakeholders in the sector who have been negatively impacted by the pandemic. (ILO, 2021)
 - January 2021: Several agriculture and tourism enterprises in the parishes of St. Ann and Trelawny benefited from a donation of coronavirus (COVID-19) resilient supplies (sanitation items and PPE) under the COVID-19 Resilience and Capacity Building sub-project of the Rural Economic Development Initiative, Phase II (REDI II) implemented by Jamaica Social Investment Fund (JSIF).

- February 2021: the Government continued supporting farmers by purchasing excess agricultural produce through the “Buy-Back Programme.” (ILO, 2021)

35. For this **UNDP/SALISES/CaPRI 2021 SEIA** study 49.9 percent of survey respondents indicated that they needed more food, when asked about support that would be needed to help to reduce the impact of the pandemic. It is interesting to note that 34.4 percent of respondents indicated ‘not applicable’ for the question on growing fruits and vegetables at home. Respondents have reported access to food as a challenge being experienced during the pandemic, confirming expectations and the previous indications.

36. ***Policy Options for the Agricultural Sector*** The sustained growth of the agricultural sector is key to the reduction in food insecurity and the fulfilment of SDG 2: *The eradication of hunger*. Policy options for the Agricultural sector which UNDP can play important roles include:-

- Promotion of farming at home, backyard gardening / farming
- Promotion of “eat what you grow, grow what you eat”
- Continuation of farmers’ markets
- Promotion of climate smart agriculture
- Provision of grants for farmers to acquire resources and develop their production, distribution, storage and processing mechanisms
- Increased integration of technology in agriculture
- Increased the sanitization practices
- Facilitation of increased collaboration between the agriculture and health sectors
- Improvement of data collection and mapping of resources
- Increased provision of irrigation water supply

CONCLUSION

This SEIA provides new insights and innovations in terms of policy options open to the UNDP as it moves to implement its new country programme. These are critical if the developmental gains towards UN Agenda 2030 and Vision 2030 Jamaica are not to be lost. The UNDP has to leverage and reenergise itself as a coordinating entity across development partners and with the GOJ consistent with the thrust of *SDG 17 Strengthen the means of implementation and revitalize the global partnership for sustainable development* to reduce inequalities and ensure that no segments of the Jamaican society are left behind, thereby achieving the targets set under UN Agenda 2030 and Vision 2030 Jamaica.



1

INTRODUCTION



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SIR ARTHUR LEWIS
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I. INTRODUCTION

The COVID-19 pandemic has caused significant social and economic disruption to all societies around the world. Globally, many countries have implemented a raft of measures to stem the spread of the virus with serious consequences for households and communities, worldwide. These measures, however, as critical and important as they may be have crippled many communities and highlighted the deficiencies in government business processes, weakness in social security, and provided more stark insight into the depth of the precariousness of lives and livelihoods for the majority of the world's populations. As a result of these intertwined impacts, there is widespread concern about the intensified and emergent vulnerabilities across all countries and the capacity of governments, civil society and the international community have been tested. A quest to identify and support the most vulnerable groups in the populations was rapidly embarked upon as a pre-requisite to ensure a sustainable path out of the crisis. The United Nations (UN)'s Framework for the Immediate Socio-Economic Response to the COVID 19 Crisis warns that:

“The COVID-19 pandemic is far more than a health crisis: it is affecting societies and economies at their core.”¹

There are already indications that gains made in the attainment of the Sustainable Development Goals (the Goals) of the United Nations 2030 Agenda will be lost. Millions are at risk of being left behind in the fulfilment of this Agenda. Sumner et al. (2020) have estimated that global poverty will increase for the first time since 1990. If they are correct, COVID poses a real threat to the commitment to end poverty by 2030.

Given the depth of the fallout from the crisis, here is an urgent need to conduct assessments of the impacts of the COVID-19 crisis on societies, economies with extensive emphasis on identifying new and emerging vulnerable groups or vulnerabilities and how exactly they are being impacted. These assessments will inform the policy process and assist in the development of strategies by governments and all key stakeholders to reduce the impact of the

¹ <https://www.undp.org/content/undp/en/home/coronavirus/socio-economic-impact-of-COVID-19.html> Retrieved December 20, 2020

pandemic. These responses when implemented should enable sustainable recovery and ensure that no one is left behind.

The Sir Arthur Lewis Institute of Social and Economic Studies (SALISES) and the Caribbean Policy Research Institute (CAPRI), University of the West Indies, Mona Campus were commissioned by the United Nations Development Programme (UNDP), Jamaica to conduct a Socioeconomic Impact Assessment of COVID-19 and Policy Options in Jamaica.

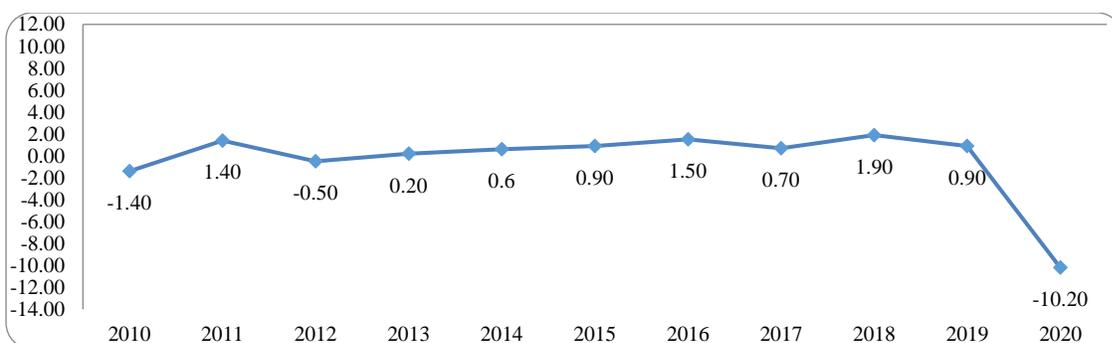
The study involved an analysis of primary and secondary data. Primary data were collected through a survey of 3194 respondents. The secondary data analysis utilized a number of findings and resources related to other recent studies exploring the effects of the pandemic in addition to a wide range of contextual and background information on the Jamaican society and economy.

1.1 SOCIOECONOMIC CONTEXT

“The hit to the revenues in FY 2020/21 is estimated at an unprecedented decline of 11.3%” (Minister of Finance 2021).

Jamaica, a small island developing state (SID) is extremely susceptible to economic shocks and natural hazards. The main sources of foreign exchange are tourism, remittances and alumina exports (Ministry of Finance 2020b). The Jamaica’s economy, has been negatively significantly impacted by the COVID-19 pandemic and is expected to decline by 10.3 per cent (Figure A)

Figure A: The Jamaican Economy - Real GDP Growth (2010-2020)



Sources: Statistical Institute of Jamaica (STATIN), Bank of Jamaica (BOJ) and Planning Institute of Jamaica (PIOJ).

With a Human Development Index of 0.734 for 2019, Jamaica is ranked among the “high human development” category (Table A) Life expectancy is 74.37 years (World Bank 2021). Primary school enrolment is 99.4 (STATIN 2021).

Table A: Socioeconomic data

Indicator	Indicator Year	Data
Population ^P	2019	2,726,000 ^a
% of population living in the urban areas	2019	54.0 ^a
% of population aged 0-14 years	2019	21.1 ^a
% of population aged 60 and over	2019	13.27 ^a
Overall GDP Growth % for last 5 years (per cent)	2019 2018 2017 2016 2015	0.9 ^a 1.9 ^a 0.7 ^a 1.5 ^a 0.9 ^a
Debt to GDP ratio for the last 5 years (per cent)	2019 2018 2017 2016 2015	94.3 ^a 96.1 ^b 103.3 ^b 122.6 ^b 126.2 ^b
Life expectancy Rate, at birth	2019	74.5 ^c
HDI Rank	2019	101 ^c
HDI Value	2019	0.734 ^c
Total unemployment rate (per cent)	2019	7.7 ^a
Male (per cent)	2019	5.8 ^a
Female (per cent)	2019	9.9 ^a
Youth unemployment rate (per cent)	2019 (October)	21.1 ^e
Youth unemployment rate (per cent)	2020 (October)	28.3 ^e
Homicide rate	2020 2019	46.5 per 100,000 people ^d 49 per 100,000 people ^a
Poverty rate (per cent)	2017	19.3 ^e
Gini coefficient	2017	0.3748 ^e
Food poverty (per cent)	2017	5.2 ^a
Primary school enrollment ^E	2015	99.4 ^a
Lower secondary school enrollment ^E	2015	96.7 ^a
Upper secondary school enrollment	2015	89.3

Notes:

- a- Data are from Economic and Social Survey Jamaica 2019 (July 2020), Planning Institute of Jamaica (PIOJ). This is the latest available publication of the document.
- b- Data are from Economic and Social Survey Jamaica for 2018, 2017, 2016 and 2015. Planning Institute of Jamaica (PIOJ).
- c- Data are from Human Development Report 2020, United Nations Development Programme,
- d- Data are from InSight Crime’s 2020 Homicide Round-Up Report (January 2020) and Jamaica Constabulary Force Crime Statistics.
- E- Estimated
- e- Jamaica Survey of Living Conditions (JSLC), 2017, Planning Institute of Jamaica (PIOJ), Statistical Institute of Jamaica (STATIN). This is the latest available publication of the document.
- P- Provisional

The proportion of persons aged 0-29 years form 48 per cent of the population (**Table B**). Individuals aged 60 years and over make up 14 per cent of the Jamaican population

Table B: Composition of the population

Population	Number	% of population
0-17	701,382	26%
18-29	604,706	22%
30-59	1,048,651	38%
60+	379,355	14%
Total	2,734,094	100%

Source: Statistical Institute of Jamaica (2021)²

In spite of this categorization of high human development, Jamaica is struggling with high levels of public debt, low growth and significant exposure to external shocks, all of which combine to make fiscal sustainability difficult and the development of a deeper social safety net challenging. Poverty rates have fluctuated since 2010 from 17.6%, 24.6% in 2013 and 19.3% in 2017 (PIOJ 2017). Poverty in 2018 is recorded at 12.6 percent and represents the lowest poverty rate since 2008³. Inequality remains high and the country’s Gini coefficient increased to 0.3748 in 2017 from 0.3518 in 2016 (PIOJ 2017). Jamaica has a major crime problem and with a rate of 46.5 per 100,000, the country tops the on Latin America and the Caribbean Region. Youth unemployment in October 2019 (21.1 per cent) and 28.3 in October 2020 (Statistical Institute of Jamaica 2021).

Pre-COVID-19, Jamaica was facing several economic and social challenges. The pandemic has worsened Jamaica’s vulnerability and gains achieved are at risk of being lost. The following sections examine the impact of the pandemic in Jamaica. Recovery from the pandemic will involve effective targeting of the most vulnerable in the society. SDG 17 which calls for partnership for the successful implementation of the SDGs becomes of paramount importance if we are to ensure that large proportions of the population do are not “left behind” in the fulfillment of the UN2030 Agenda.

² https://statainja.gov.jm/Demo_SocialStats/PopulationStats.aspx Retrieved, March 2, 2021

³ <https://jis.gov.jm/poverty-rate-fell-by-40-per-cent-in-2018/> Retrieved 01 July 2021

I.2 THE COVID-19 PANDEMIC IN JAMAICA

The first case of a COVID-19 infected person in Jamaica was a Jamaican female residing in the United Kingdom who arrived on March 4, 2020 to attend a funeral. By March 13, there were 6 confirmed cases and on the same day the Prime Minister (PM) declared an island-wide emergency under the the Disaster Risk Management (Enforcement Measures) (No. 2) Order, 2020. Borders were closed on March 21, 2020. On June 1, 2020 the borders re-opened for repatriated nationals on June 15, 2020 for all international travellers. All regulations and protocols put out by the government in relation to the response to the COVID-19 pandemic are contained in orders under the Disaster Risk Management Act. Health protocols enforced include: working remotely, remote teaching and learning, lock-downs, curfews, wearing of masks, use of sanitizers in public spaces, physical distancing of six feet and limited numbers for gatherings in public spaces. The pandemic and the implementation of measures to contain the spread of the virus have resulted in significant disruptions in the daily lives of the Jamaican people. While all social groups have been affected, the impact has been more severe for those in the lower economic brackets.

Today, (October 20, 2021), there are approximately 242,616,147 reported cases of COVID-19, and 4,932,956 deaths, worldwide (**Table C**). In Jamaica, there are 87,723 reported cases and 2,129 deaths.

Table C: COVID-19 Cases, worldwide and in Jamaica

Number		
	Worldwide ⁴	Jamaica ⁵
Total population	7.8 billion	2.9 million
Number of cases	242,616,147	87,723
Number of deaths	4,932,956	2,129
Number of recovered cases	219,877,626	55,946
Number of active cases	17,805,565	29,717

Source: Worldometer (2021) <https://www.worldometers.info/coronavirus/#countries> Retrieved October 20, 2021

⁴ <https://www.worldometers.info/coronavirus/>

⁵ <https://www.worldometers.info/coronavirus/#countries>



As we complete this report, the Jamaican Government has extended access to all persons 12 years and older as the GOJ received 208,000 doses of the Pfizer vaccine. The Pfizer vaccine is being earmarked for those 12 years and older to support the planned return to face-to-face school in the new school year. The COVID-19 continues to pose a threat to all Jamaicans vaccinated and unvaccinated and the GOJ continues to reinforce the mask, hand-washing and physical distancing dimensions of the IPC measures.

2

METHODOLOGY



SIR ARTHUR LEWIS
INSTITUTE OF
SOCIAL AND
ECONOMIC
STUDIES



CARIBBEAN
POLICY
RESEARCH
INSTITUTE

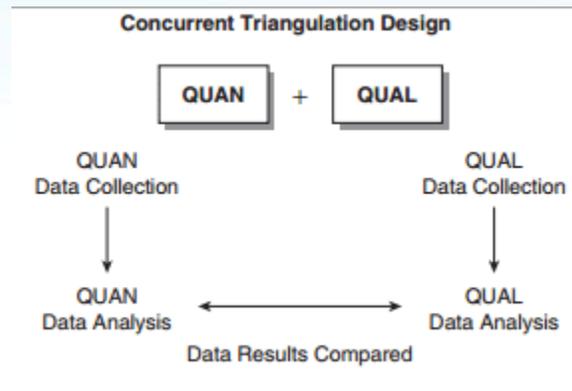
METHODOLOGY

The Sir Arthur Lewis Institute of Social and Economic Studies (SALISES) and the Caribbean Policy Research Institute (CAPRI), University of the West Indies, Mona Campus were commissioned by the United Nations Development Programme (UNDP), Jamaica to conduct a Socioeconomic Impact Assessment of COVID-19 (hereafter UNDP/SALISES/CaPRI 2021 SEIA) and Policy Options in Jamaica. The study involved an analysis of primary and secondary data. Primary data were collected through a survey of 3194 respondents. The secondary data analysis utilized a number of findings and resources related to other recent studies exploring the effects of the pandemic in addition to a wide range of contextual and background information on the Jamaican society and economy. The methodology is guided by the objectives of this socioeconomic impact assessment to provide information that will facilitate and enhance decision-making processes which seek to mitigate and minimize the effects of COVID-19 on society.

The pandemic has also highlighted the continued need for data collection to inform responses, while limiting many of the traditional options available to collect data. ILO (2020a) highlights the socio-economic impact of the crisis and lockdowns, the increased demand for related information, and the impact on data collection approaches which evolve based on the existing situation. The methodology takes this into account, and primarily focused on methods of collecting information remotely (ILO 2020b). The study also reviewed and included methods and analysis to support socio-economic impact assessments related to COVID-19.

The assessment was conducted using a mixed methods approach – a concurrent triangulation design (Cresswell 2008) depicted in Figure B which combines qualitative and quantitative techniques in the collection and analysis of primary and secondary data, comparing and integrating the findings.

Figure B: Concurrent Triangulation Mixed Methods Design



Source: Cresswell et al., 2008, p.181

The methods and sources of data were guided by the key areas of focus and questions outlined in the Terms of Reference. For each component of the TOR, a desk review was conducted of available qualitative and quantitative data. Content analysis of this data supported and informed the design of the quantitative survey.

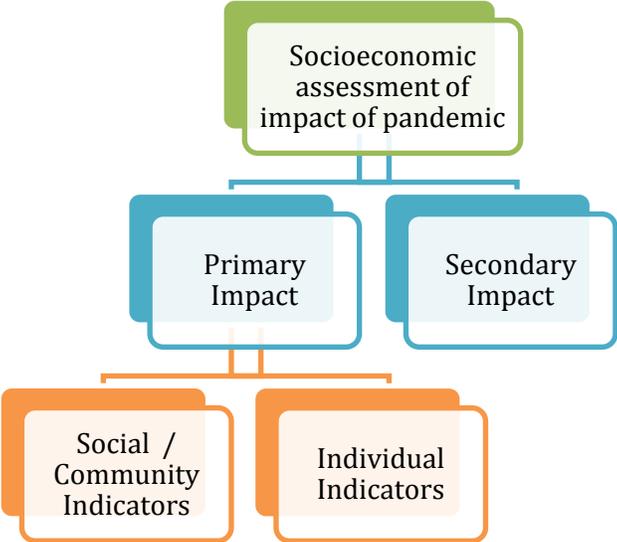
The sample design for the quantitative survey was guided by the focus on inclusion of the experiences of vulnerable groups in the study. These groups included recipients of PATH benefits, persons with disabilities, CARE programme recipients, residents of communities which have been part of the Community Renewal Programme, elderly and rural householders. We are grateful for the support of the Ministry of Labour and Social Security (MLSS) PATH Unit, who provided contact information for 600 PATH recipients, and to the Jamaica Council for Persons with Disabilities who provided contact information for some persons associated with the JCPD. Survey data was collected by telephone, online and through limited face-to-face interviews in communities across Jamaica. The survey was conducted by Bluedot Insights during the period February 24 to April 13 2021 in three survey modes.

The online component of the study was conducted by Computer Assisted Web Interviewing (CAWI) via Bluedot Comuna, with a stratified sample of the Jamaican public, aged eighteen (18) and over being surveyed via Computer Assisted Personal Interviews (CAPI). Pre-arranged lists sourced from relevant NGOs, and an offline respondent panel were provided to supplement the sample of vulnerable groups (PATH Beneficiaries, Persons with Disabilities, among others) to be contacted and interviewed with the assistance of a computer or tablet (CATI).

Upon concluding data collection for all modes, the total sample size was 3,194 completed responses, with an overall response rate of 68%. There were a total of 1,404 online surveys, with a response rate of 56%. The telephone component comprised 784 interviews, and a completion rate of 72%. The field component contributed 1,006 interviews, completed at a rate of 90%. The difference in rates of completion between the CATI and CAPI methods can be correlated with a higher incidence of PATH beneficiaries in-person, versus remotely on the phone. We are grateful for the participation of the respondents and sharing of experiences for this study.

The analytical framework is diagrammed in **Figure C**. The integrated findings and resulting recommendations are discussed within each component of the TOR in this report.

Figure C: - Analytical Framework



Finally, a multidimensional vulnerability index was calculated using the responses to the survey by the UNDP Surge Hub Crisis Bureau in order to estimate the depth and breadth of multiple deprivations and therefore the intensity of vulnerabilities associated with COVID-19 in Jamaica.

2.1 BRIEF DESCRIPTION OF THE SAMPLE

Table D provides some of the basic characteristics of the sample of 3194 respondents who were surveyed in the UNDP/SALISES/CaPRI 2021 SEIA. Generally, the profile of these respondents is similar to the profile of the respondents in the Jamaica Survey of Living Conditions (JSLC).

Table D: Basic Characteristics of sample

Characteristic		Frequency	%
Age Distribution	18-29	1514	47.44
	30-59	1363	42.69
	60 and over	316	9.90
Sex	Male	1096	34.31
	Female	2098	65.69
Parish	Kingston & St. Andrew	885	26.66
	Portland	65	1.96
	St. Thomas	70	2.11
	St. Catherine	643	19.37
	St. Mary	90	2.71
	St. Ann	211	6.36
	Manchester	217	6.54
	Clarendon	221	6.66
	Hanover	73	2.20
	Westmoreland	395	11.90
	St. James	235	7.08
	Trelawny	84	2.53
	St. Elizabeth	131	3.95
	Self-Description Of Community	City/Urban	1052
Parish Capital or Major Town		512	15.25
Rural		1794	53.42
Total		3194	100

MACRO-LEVEL IMPACTS



3

FISCAL IMPACT

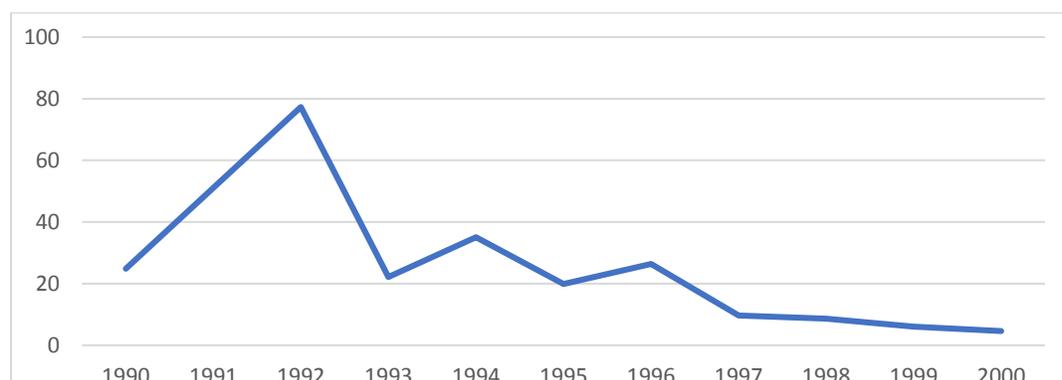
Fiscally, Jamaica was fortunate that the COVID-19 pandemic happened when it did. At any other time in the previous quarter century, the government’s finances would not have had the capacity to cope. When the COVID-19 pandemic was first detected in Jamaica in March 2020, the Jamaican economy was still beset by high though declining debt, weak though positive economic growth, poor infrastructure, deep poverty, and structural weaknesses in the economy such as low levels of economic diversification. Nonetheless, it represented the best possible time in terms of its fiscal capacity to cope with a crisis like this. At any other time in the previous quarter century, the capacity of the government to cope with this crisis would have been poorer, and its consequences correspondingly worse.

Macroeconomic Context

3.1 Entering in the 21st Century

The economy entered the new century on the tail end of a severe domestic banking crisis. As illustrated in Figure 3.1.1, high inflation rates characterised the early 1990s. This quickly eroded the purchasing power of debts (referred to as low “real interest rates”) and consequently, encouraged borrowing to acquire real estate and other low productivity “real” assets. Coupled with structural weaknesses, opportunities for productive investments were minimal. Even the banks themselves took advantage of the peculiar environment of weak investment opportunities and high inflation to put direct investments in real assets on their balance sheets.

Figure 3.1.1: Inflation Rates



Source: International Monetary Fund (imf.org)

However, a turnaround in monetary policy in the first half of the decade ushered in a rapid reduction in the rate of inflation. While it is easy to service high-interest loans when inflation is

high because revenues also rise with inflation, in the presence of suddenly low inflation, servicing high-interest loans became burdensome. In this way, the commercial banks ended up with mounting bad debts. Also, with so much of the banks' own assets tethered to direct investments – whose values were collapsing – they could not liquidate sufficiently to compensate for poorly performing loans.

The government chose to recapitalise the banks by taking over their bad debts at face value, allowing the banks to quickly return to solvency and thus, bolstering the financial sector to protect the rest of the economy from massive disintermediation – the loss of liquidity and lending. The total intervention cost J\$107 billion or some 37 percent of GDP. Consequently, the public debt, which stood at about 70 percent of GDP before the advent of the banking crisis, grew to 98 percent by 2001. The government was submerged in debt with a debilitating banking sector.

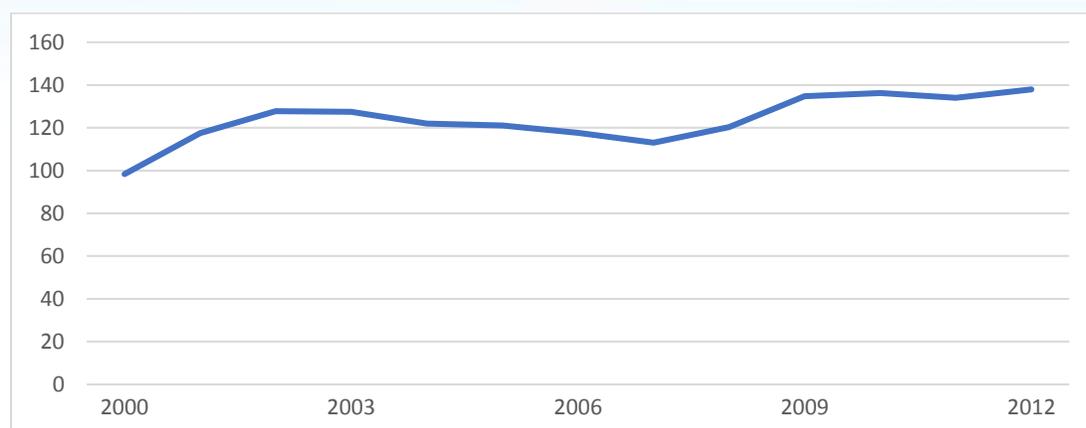
As for the banking sector, the crisis left the sector weakened and more importantly, afraid to lend. An underlying factor for the weakening was because there was capital flight within the Jamaican banking system (Tenant and Kirton 2006). Depositors had shifted their savings from indigenous banks to the local affiliate's units of international banks, such as Scotia, which were seen as more sound. Additionally, banks had become cautious. Even after recapitalization, the loan officers were spooked by the experience of the banking crisis.

Subsequently, potential investors were worried about fiscal fragility due to the high public debt. Since having high public debt leaves the economy, already vulnerable, even more susceptible to economic shocks, potential investors become discouraged. The domestic debt-to-GDP rose from 27 percent for the 1995/96 period to 55 percent in 2000/01. The steady rise which resulted in the more than doubling of the domestic debt-to-GDP gave sufficient reason to investors be circumspect, due to a probable result of repeated insolvency. Given that when the government defaults on loans, this leads to the banks becoming insolvent, once there is high debt, the whole economy become precarious and there inhospitable to investment.

3.2 Stagnation, 2000–2012

Despite experiencing high levels of indebtedness, there were no evident efforts to contain it as the new century unfolded (**Figure 3.2.1**). The public debt continued to rise and reached 140 percent of GDP by 2012.

Figure 3.2.1: Public Debt (percentage of GDP)



Source: World Bank (2020)⁶

On average, between 2000 and 2012 public debt was about 120 percent of GDP. This level of government debt constrains fiscal space – the ability to exercise discretion over expenditure on infrastructure, public goods, and social services. Public capital expenditure was below the level consistent with the needs of a growing economy. Similarly, the allocation to provision of public services was diminished. This implies that government debt didn't only “crowd out” private investment but also reduced its capacity to pay for its public services. The government accumulated massive debts to the Jamaica Public Service (JPS). These accrued primarily from streetlights. Since the power company had no financial incentive to maintain streetlights that would result only in unpaid power consumption, the streets were gradually going dark. This demonstrates that public services suffered because of the high level of public indebtedness. Similar tales unfolded for other public services as well.

The economic malaise in Jamaica was compounded by the advent of the global financial crisis that began in 2008. The origin was the collapse in the value of, and market for, mortgage-backed securities in the United States. This threatened the stability of the global financial system, as many financial institutions in the developed world were holding derivatives of these securities in their

⁶ <https://data.worldbank.org/indicator/GC.DOD.TOTL.GD.ZS?locations=JM> Retrieved, August 3,2021

portfolios, and it exhausted liquidity. Consequently, by 2009, the Jamaican economy contracted, though less so in comparison to other Caribbean countries.⁷

3.3 Economic Reform, 2013 – 2020

The year 2013 has turned out to be a pivotal year, occasioned by the signing of the first of two successive agreements with the International Monetary Fund (IMF) with both agreements centred on an aggressive programme of fiscal consolidation. Jamaica's history with economic reform programmes and with Fund agreements gave no reason to believe that this particular occasion would be auspicious. The country has a sorry history of agreements that it failed to complete. Jamaica's first agreement with the IMF occurred in 1977 with a two-year, Stand-by Agreement (SBA), which was prematurely terminated by the country's failure to meet an early conditionality of the programme. Jamaica went on to a series of failed IMF programmes, up to and including an SBA in 2010 – an economic reform programme supported by a US\$1.3 billion loan.

In the first of the two most recent agreements – a four-year Extended Fund Facility (EFF), in which a US\$932 million loan was approved in 2013 – the primary objective was to reduce the debt in order to create fiscal sustainability. The fulcrum of the programme was fiscal management based on the realization that the enormous public debt was the most pressing constraint. The reforms included the introduction of a fiscal rule, rationalization of the tax system, establishment of inflation targeting as the monetary policy anchor, and improved regulation of securities dealers. In addition, the reform programme aimed to render assistance to the financial institutions who were part of debt exchange at the time. To that end, a Financial Sector Support Fund was established as a contingency for financial institutions weakened by the reduced returns on their domestic securities portfolio.

A second and also successfully implemented IMF programme immediately followed. In 2016, with a loan support of US\$1.7 billion and a 3-year duration, a precautionary SBA was used as insurance

⁷ Throughout 2009, the major industrial countries continued to be adversely affected by the economic shocks triggered by the global financial crisis in 2008. However, the Jamaican economy exhibited considerable resilience, as the decline in economic activity and the resultant increase in unemployment were less pronounced than for other countries in the Caribbean region. BOJ. http://boj.org.jm/uploads/pdf/finstab/finstab_2009.pdf

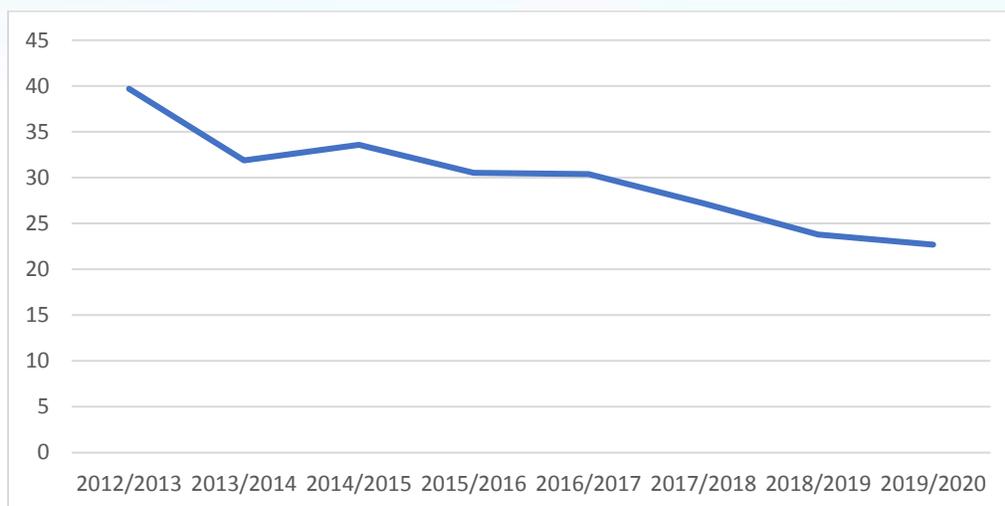
to mitigate against balance of payment needs in the event of an economic shock. The difficult reforms and strict fiscal discipline of the programme significantly aided in keeping the Fiscal Responsibility Law's target for debt reduction for 2026 on track, by which the debt was programmed to be down to 60 percent of GDP. (The government has since, because of the COVID-19 pandemic, evoked an emergency provision to push the target date back by two years.) That programme successfully concluded in 2019.

The fulcrum of the programmes was fiscal consolidation, centred on a high, 7.5 percent target for the primary fiscal balance (the fiscal balance without debt service expenditure), and later reduced to 7 percent. After running an overall fiscal deficit of greater than 5 percent of GDP for the dozen years up 2012, the government achieved close to a balanced budget in all of the subsequent years. It was a dramatic achievement of fiscal consolidation, due to a debt restructuring, transfers within the public sector, reduction of tax waivers, and some tax increases.

Given that the unsuccessful SBA in 2010 included a debt restructuring, an agreement on a second restructuring was deemed necessary – the so-called National Debt Exchange – and made to be a requirement for the signing of the new agreement in 2013. The cooperation of the local bondholders was achieved by offering them oversight of the implementation of the economic reform programme. The Economic Programme Oversight Committee (EPOC) – made up of public and financial sector membership – was established to monitor progress on reform implementation. Critically, they communicated directly with the general public on progress, which provided a degree of confidence in a climate in which there was a lack of trust in the government, derived from the previous decades of unsuccessful reform programmes. So successful was the role of EPOC deemed to be that the Government of Jamaica signed an MOU to extend the life of EPOC beyond the completion of the IMF programmes it was established to monitor.

With the successful fiscal consolidation, debt management benefitted from a mutual-reinforcing spiral of falling debt levels and interest rates on that debt. Accordingly, the cost of debt servicing steadily fell (**Figure 3.3.1**). The relative cost of debt servicing nearly halved over the period of the two programmes.

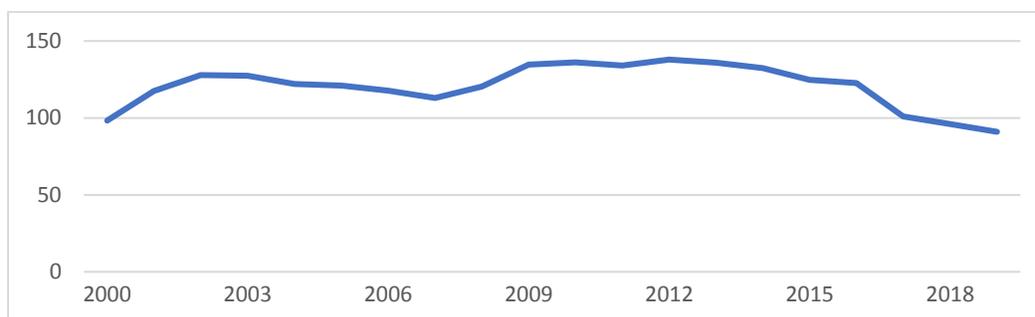
Figure 3.3.1: Interest Payments (percentage of tax revenue)



Source: Ministry of Finance and the Public Service website: <https://mof.gov.jm/documents/documents-publications/document-centre/category/285-2020.html>(retrieved November 2020)

As a result of the diligently applied economic reforms, the economy showed faint but indisputable signs of improvement in some of the macroeconomic indicators. In accordance with the primary programme objective, public debt trended downward at an impressive rate, dropping more than 40 percentage points over the duration of the two programmes, to reach below a hundred percent by 2019 (**Figure 3.3.2**).

Figure 3.3.2: Public Debt (percentage of GDP)

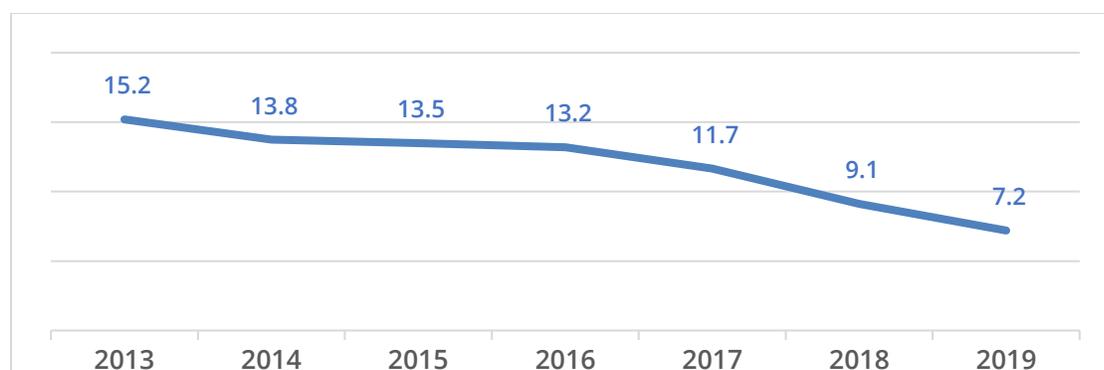


Source: World Bank (2020)⁸

⁸ <https://data.worldbank.org/indicator/GC.DOD.TOTL.GD.ZS?locations=JM> ,Retrieved on August 3,2021

The improvement in the economy was also reflected in increases in employment. The employed labour force expanded by some 10 percent, supporting a sharp reduction in the unemployment rate. That rate, over 15 percent at the start of the first programme, was down to 7.2 percent at the end of the second (**Figure 3.3.3**).

Figure 3.3.3: Unemployment Rate



Source: *Statistical Institute of Jamaica (2020)*⁹

The stock market index grew six-fold over the period of economic reform and became celebrated as the world's best performing bourse for four consecutive years.¹⁰ This reflected not only the achievements of the two programmes but also, since stock values are forward-looking, the growing sense of optimism about the country's economic prospects.

3.4 Conclusion

Jamaica's fiscal accounts had little capacity to withstand economic shocks after the turn of the 21st century with the banking crisis of 1996 that led to the onset of high public debt and persistent fiscal deficits. Exacerbated by the global financial crisis of 2008, the government continued to be submerged in high and unsustainable debt levels, which constrained the government's fiscal room. Had a pandemic swept the country under those fiscal circumstances, the government would have been in no position absorb the revenue reduction, make the required public health expenditures, and provide compensatory stimulus cash. The consequences would have been dire.

⁹ <https://statinja.gov.jm/LabourForce/NewLFS.aspx> Retrieved November 2020

¹⁰ In 2018 the Jamaican nation's main index rose 29 percent in U.S. dollar terms, the most among 94 national benchmarks tracked by Bloomberg. Bloomberg. <https://www.bloomberg.com/news/features/2019-01-18/the-jamaican-stock-exchange-is-the-world-s-best-performing-market>

In contrast, the result of seven years of fiscal consolidation was a reduction in the debt to GDP ratio, lower interest payments as a percentage of revenue, a contingency fund, and a stronger revenue base. This bolstered the government's capacity to withstand shocks, especially that which was to come from the COVID-19 pandemic.

3.5 Fiscal Policy Analysis

As noted in **Section 3.1**, Jamaica's fiscal policy position has been restructured and reoriented as a result of the successful implementation of the 2013 EFF and the subsequent precautionary SBA in 2016 during which Jamaica did not drawdown on the funds allocated. The current fiscal policy stance seeks primarily to maintain fiscal sustainability in efforts to keep debt on a downward trajectory. The Fiscal Responsibility Framework (FRF) was enacted in February 2010 aimed at enhancing fiscal discipline. The rules were revised in 2014 with the incorporation of a Debt to GDP target of 60 percent by 2025/26. The fiscal accounts for the 2019/20 financial year were prepared against the backdrop of mostly upside risks due to the stabilization of the macroeconomic indicators notwithstanding the potential increase in oil prices and possible weak external demand for goods and services. Debt was on a firm downward trajectory and the primary surplus was expected to be around 7 percent of GDP. Central government was also expected to deliver a surplus. Tax revenues were strong continuing the trend of the previous three fiscal years and the constraints on expenditures through the major structural changes in the administration of fiscal affairs and improved treasury management across all of government. Ultimately, the fiscal responsibility attested to by the Minister of Finance prescribes that no revenue or expenditure method that could present a risk to the achievement of the macroeconomic targets can be undertaken without the implementation of offsets to make the change have a neutral impact.

During the last quarter of the 2019/20 fiscal year (FY), the Government of Jamaica (GOJ) anticipated that these important results achieved through significant challenges would have translated to a marked increase in economic growth. According to the Fiscal Policy Paper (FPP) for FY2020/21 (Ministry of Finance 2020a), an acceleration of economic activity was expected and was to be generated by almost all industries. In comparison to the 0.6 percent growth in real GDP for 2019/20, the outturn for 2020/21 was estimated at 1.9 percent and was expected to be sustained for the following three FYs despite the usual risks in the environment. Arising from this

expected growth, tax revenues were expected to be buoyant and on-target. When coupled with the commitment to contain expenditures, the conduct of fiscal policy was anticipated to further strengthen the macroeconomic environment and expand the ability of the GOJ to expand its provision of public goods and services to its citizens. This was actually possible during FY2019/20 when revenues outperformed target and were utilised to support Ministries, Departments and Agencies (MDA's) requiring additional funds as well as the reallocation of resources that could not be expended in the FY.

Another outcome of the economic reform programmes since 2010 is the increased level of fiscal resilience associated with the management of the public resources both on the taxation and expenditure side of the fiscal accounts. The aforementioned primary surplus that has been 7.0 percent of GDP since FY2013/14 and the achievement of the debt-to-GDP targets up to FY2019/20. For FY2020/21, the GOJ targeted a primary surplus of 6.5 percent of GDP through to the medium term and a debt-to-GDP ratio of 60 percent or lower by FY2025/26. In order to support this, the GOJ committed to continuing reform efforts geared at increasing the simplicity, equity and efficiency of the tax system with the expectation that this would simultaneously ensure that the revenues would be sufficient for the conduct of government activities and support economic growth and development through a competitive private sector.

The key areas of focus for the 2020/21 FY were to achieve the targets identified under the fiscal rules and reductions in the debt stock and debt service cost in order to provide more fiscal space to support both growth and the social safety net. However, due to the anticipated impact of the COVID-19 pandemic, increased non-debt expenditures were observed in all major categories: Compensation of Employees comprising 42 percent of non-debt expenditure was increased by 4.3 percent and Recurrent Programmes another 44 percent of non-debt expenditure was increased by 4.7 percent. Capital expenditure increased by three percent of which 67 percent was financed by GOJ, 27 percent from loans and six percent from grants. Notably, there was an increase in the allocation for social programmes: PATH was increased by J\$318mn and an additional J\$1500mn of social spending was included in the recurrent programmes of the budget. In addition, Jamaica's request for emergency funding of US\$520 million from IMF was approved on May 15, 2020 through the IMF's Rapid Financing Instrument (RFI). This emergency funding will provide balance of payment support whilst the government responds to the pandemic by boosting health spending

and alleviate any economic impact of the pandemic, support employment and the most vulnerable segments of the population.

Having been dated 11 February 2020, the FPP would not have been able to contend with the potential impact of the impact of COVID-19 on the Jamaican economy and society. Certainly, this would have been so even if it had been tabled a month later as the potential impact of the COVID-19 pandemic was entirely unknown at that point and is still being painted in developing countries as vaccine administration has not been seamless due to supply and demand issues. The Interim Report of the Fiscal Policy Paper (IRFPP) for FY2020/21 dated 6 October 2020 acknowledged the deleterious impact of the COVID-19 pandemic on the macroeconomy as well as on the fiscal trajectory forecasted in the February edition. In the place of a one point nine percent rate of positive real GDP growth, the economy was now being projected to decline by 5.1 percent (Ministry of Finance 2020b). Revenue from taxes and grants were expected to decline and register J\$81bn less than originally programmed. The IRFPP noted that given the differences between the planned forecasts and the actual, the planned primary surplus of five point four percent (5.4%) would be reduced to three point five percent (3.5%) of GDP and that the target of a debt-to-GDP ratio of 60 percent would have to be delayed as the government responded to the demands of the crisis. The Financial Administration and Audit was amended to accommodate these changes, effectively suspending the fiscal rules as permitted in law in response to shocks, crises or disasters. The IRFPP indicated the delay of the achievement of the 60 percent target for the debt-to-GDP indicator to FY2027/28 whilst reiterating its commitment to being fiscally disciplined and prudent whilst advancing the agenda for economic reform.

Table E: Components of Government

Measures	Target Group	Benefit Amount
TAX MEASURES		J\$15,000Mn
Reduction in General Consumption Tax	All products taxed with GCT	Reduction from 16.5% to 15% (Estimated to be approximately J\$14,000Mn)
Tax Credit for cash-flow support	Micro, Small and Medium Enterprises	Estimated J\$1bn
A reduction in regulatory fees to incentivise agricultural production	Coconut, coffee, cocoa and spice farmers	Not estimates
ECONOMIC STIMULUS MEASURES		J\$10,000Mn
COVID-19 Allocation of Resources for Employees (CARE)		
SET Cash	Registered workers laid off after March 10th, 2020, with less than J\$1.5 mn yearly salary	Cash transfer of J\$ 9000 per fortnight until June

Measures	Target Group	Benefit Amount
BEST Cash	Registered workers in Tourism, with less than J\$1.5 mn yearly salary	Cash transfer of J\$ 9000 per fortnight until June
COVID-19 General Grants	a) Registered barbers, hairdressers, beauty therapists, cosmetologists, market vendors, taxi and bus operators; b) Registered bar and night club operators; c) Registered craft vendors, JUTA, MAXI, and JCAL operators	a) onetime amount of J\$25,000 b) onetime amount of J\$40,000 c) onetime amount of J\$40,000
COVID-19 Compassionate Grants	Anyone in need not formally employed	A one-time grant of \$10,000
COVID-19 Path Grants	Persons enrolled in PATH	One additional PATH payment between April and June (50% increase)
COVID-19 Small Business Grants	Registered small businesses with sales of J\$50 million or less with registered employees	One-time grant of J\$100,000
COVID-19 Tourism Grants	Registered businesses operating in the tourism sector (hotels, attractions, and tours)	A one-off grant from a pool of J\$1.2 billion allocated
COVID-19 Student Loan Relief	All loans from the Student Loan Bureau (SLB).	Deferral of loan and interest payments until July 2020
Other COVID -19 Support Programmes	a) Assistance to small farmers b) Homeless assistance c) Constituency Development Fund	a) J\$200 mn allocated b) J\$150 mn allocated c) J\$189 mn allocated
OTHER MEASURES		
National Housing Trust	a) Mortgagors who are laid off b) Mortgagors that contribute to NHF	a) moratorium on all loan payments of three months b) reduction in interest rates on new loans by 1 percent c) reduction in all existing loans by 0.5 percent
Source: Adapted from Mera (2020)		

As expected, the allocation to the Ministry of Health and Wellness (MOHW) was increased to accommodate the critical expenditures to create wards for persons who are hospitalised due to COVID-19, procurement of palliatives and personal protective equipment (PPE). The original allocation of J\$2.1bn made in March 2020 was increased by J\$6.0bn. In addition, the COVID-19 Allocation of Resources for Employees (CARE) programme launched by the government on April 9, 2020 was designed as the immediate, short-term response to the most vulnerable groups at the onset of the COVID-19 pandemic. Compassionate grants were provided to any person identifying as being in need as well as a wide range of groups immediately impacted by the implementation of the IPC measures including those who were unemployed or informally employed; laid off or

terminated due to COVID-19 (the Supporting Employees with the Transfer of Cash (SET Cash)); tourism entities that retained employees (Business Employee Support and Transfer of Cash (BEST Cash)); the self-employed with disrupted earnings; and, small businesses. Additional payments were also approved for PATH beneficiaries during this period.

The programme was expanded in August to support parents and children who benefit from the PATH or Poor Relief programmes in their back to school preparations. It was designed after the budget for FY 2020/21 was developed and put through the parliamentary approval process, and was implemented early in the crisis when the authorities were still trying to establish parameters of the likely impact. The benefits from the programme took the form of: Compassionate Grant (one-time payment of \$10,000), General Grant (one-time payment of \$25,000), SET Cash (fortnightly payment of \$9,000 for a 3 month period), BEST cash (fortnightly payment of \$9,000 to tourism sector workers for a 3 month period), tourism grant of \$100 million for small and medium tourism enterprises, PATH \$6.9 billion cash grant (additional and equal payment between April – June 2020), small business grant (one-time payment of \$100,000) , student loan relief (deferral of student loan principal and interest payments owed to the Student Loan Bureau for 3 months) along with other support programmes.

At the macro-level, the IRFPP estimates that the fiscal space provided by the GOJ was expanded by J\$16.6bn financed with some support from donors but largely from the buffers accumulated by the government during FY2018/19 and 2019/20. The economy was expected to contract by 11.6 percent for the FY, with overall taxation and expenditures lower than previous years though generally in line with projections.

3.6 The Fiscal Consequences of the Pandemic

The pandemic required a massive divergence from the medium-term fiscal programme on both the expenditure and revenue sides of the budget. On revenue, the IPC measures depressed the economy and resulted in a loss of tax revenue. On the expenditure side, there was increased spending on public health, medical treatment, medical equipment, staff training, and virus testing capacity, along with the fiscal cost of relief and stimulus packages. In order to finance the sudden fiscal need, the government of Jamaica reallocated funding from capital projects and less urgent programs towards spending priorities and cash buffers. The GOJ provided a \$25 billion fiscal

stimulus. A previously announced but nonetheless timely tax cut resulted in a potential revenue loss of \$14 billion but also helped to boost consumer spending. There was spending on of approximately 0.5 percent of GDP to support the COVID-19 Allocation of Resources for Employees (CARE) programme. The SET Cash and BEST Cash components of CARE were renewed between April and June 2021 with a budget of J\$3bn. Existing applicants were automatically qualified for a payment of J\$18,000 per month for June to August if they remained eligible. Overall, there were 40,000 and 15,000 beneficiaries under SET Cash and BEST Cash, respectively.

The fiscal demands of the pandemic have been sufficiently large that the trajectory of debt reduction towards achieving a target debt level of 60 percent of GDP by 2026 has been disrupted. The debt reduction programme was on track for public debt to fall to 90 percent of GDP by the end of the current fiscal year but the need for financing will add some 15 percentage points to the debt figure. This occasioned the utilisation of the *force majeure* provision of the Fiscal Responsibility Law. Therefore the original target date has now, with proper parliamentary approval as prescribed by the FRF, been revised to two years later given the adverse economic and fiscal impact of the pandemic. The law provides for the suspension of the fiscal rule under certain conditions such as a period of public disaster, severe economic contraction, public emergency, financial sector crisis, or health and other disasters. The COVID-19 crisis and its economic fallout checks most of those boxes.

In the end, the revenue shortfalls during FY2020/21 amounted to J\$78bn or three percent of GDP (Ministry of Finance 2020c). Nevertheless, the GOJ, faced with the task of reviving economic activity, bolstered by the recent availability of an effective vaccine, and the pending receipt of a dividend from the Bank of Jamaica as it settled outstanding profits prior to its transition to being an independent central bank, implemented a J\$60bn Social and Economic Recovery and Vaccine (SERVE) Programme with the following components:

- JMD 10.5 billion for the Ministry of Health:
- JMD 6 billion for vaccines (Estimated to be enough to vaccinate 2 million Jamaicans, though this result is notably dependent on supply and the unit cost of vaccines)
- JMD 1 billion for PPE

- JMD 1 billion for drugs and reagents
- JMD 2 billion for regional health authorities
- JMD 0.5 billion for additional COVID-19 expenditures
- JMD 31.1 billion for infrastructure, including:
 - JMD 17.7 billion South Coast Highway
 - JMD 8 billion special public investment infrastructure programme
 - JMD 3.7 billion in secondary road repairs
 - JMD 1.2 billion for Montego Bay Bypass
 - JMD 0.5 billion for police headquarters in Westmoreland
 - JMD 5 billion in targeted financing for businesses affected by the pandemic
 - JMD 1.7 billion for rural farm roads and productivity incentives to boost agriculture
 - JMD 1.8 billion to expand Wi-Fi and broadband, especially in rural areas.
 - JMD 8.1 billion in targeted support to vulnerable
 - JMD 0.7 billion for UDC to complete construction of close Harbour beach park
 - JMD 0.8 billion to other MDAs

The budget explicitly identifies the intent to stimulate the economy and address the impacts of COVID directly. These are the major policy goals now/in the short term as represented by an annual budget. The fiscal authorities are predicating the budget on the expectation that there will be a maximum of five quarters of decline and a return to positive growth by the April to June quarter of 2021 however this is heavily dependent on the evolution of the virus, the need for more economic support and any other material risks. The downside risks at this point are heavily weighted towards this not materializing. Again, the details of the planned expenditure for the other sectoral presentations are yet to be made and could provide further impetus at the sectoral level.

Priorities for recovery

1. Adequate provision for enough vaccines for herd immunity and associated costs
2. Increased social support to assist vulnerable
3. Finance provision of public goods
4. Finance infrastructure programme that can boost economic activity
5. Support to small business
6. Maintain macroeconomic stability

In terms of validity, the fiscal assumptions appear to be reasonable but are highly dependent on the state of the global environment in terms of posture towards Jamaica as well as the local recovery. There is not much expectation in terms of regional or global impetus to growth except maybe some reopening of tourism later in the year – the budget is likely to assume a decent summer tourism season driven by visits from persons in the diaspora as well as a strong winter tourism season driven by the uptake of the vaccine in source markets that demand travel.

As far as climate related shocks, the most foreseeable shock would be in the form of a hurricane. A National Disaster Risk Financing Policy has been developed with the support of the World Bank which should be tabled during this fiscal year. In addition, a National Disaster Fund is capitalised to the tune of J\$512m at December 31, 2020 with an additional J\$4,504m available through a Contingencies Fund. The government may access US\$285m from a Contingent Line of Credit if Jamaica is affected by a disaster of a specified magnitude. It has also renewed its policy with the Caribbean Catastrophe Risk Insurance Facility Segregated Portfolio Company which pays out in the event of a tropical cyclone, earthquake and excess rainfall. The last payout from this was received in end 2020 as a result of intense rainfall to the tune of US\$3.5m.

Overall, the government is of the view that the currently available instruments are sufficient for disasters of medium and low severity based on an analysis of the financing gaps for each emergency loss conducted by the World Bank. At the higher end, the analysis indicated a financing gap of US\$159m for which the WB is developing a catastrophe bond which has been delayed since April 2020 in the context of the crisis (pg. 105 – 107 Fiscal Policy Paper 2021/22). These allocations will be helpful in the context of the hurricane season which Jamaica is currently

experiencing with the recent passage of Tropical Storm Elsa which impacted several parishes on the eastern end of the island.

3.3 Conclusion and Policy Recommendations

In relation to its intention to maintain macroeconomic stability there are indications that this can be maintained based on the presented projections for the medium term in the accompanying documents to the Budget. From the 2021/22 Fiscal Policy Paper (pp. 44) the forecasts presented reflect a declining trajectory for expenditures through its plan to reduce above-the-line expenditures from the budgeted 31% of GDP in FY21/22 to 29.2% by FY24/25. By which time, revenues would hopefully have regained the average 16 percent decline experienced in 2020 in comparison to the 2019 collections. This would be dependent on the materialisation of the forecasted growth rate of 5.4% for the fiscal year. Re employment, the construction activities are expected to provide some hope in this regard in addition to the sporadic needs of the health sector to facilitate the vaccination programme in a short time. The Bank of Jamaica remains committed to maintaining the 4 to 6 per cent inflation range – as it moves to the independence framework the adherence to the achievement of the target is expected. It will continue to do so using its inflation targeting operating modality.

In relation to growth, it is difficult to say that the targeted growth rate will be achieved overall because this will depend on what happens in sectors that declined significantly during 2020 – tourism, manufacture, transport, other services etc. Tourism in particular took a major hit due to the general uncertainty in source markets and border closures globally reflected in the declines in F/ex referenced earlier. The extent to which vaccination programmes globally will automatically translate into a return to travel, a return to travel in Jamaica and the occupancy levels of the past remains to be seen. Jamaica's vaccination programme is not mandatory and there is the perception that the antivax feelings are widespread despite the apparent take-up and interest in the very early days of the vaccination programme. The non-mandatory nature of the vaccine may have implications for the ability of schools and places of work to return to their normal course of

operation as anticipated dependent on the degree of the antivax sentiment or the general fear of the virus.

In terms of the SERVE programme, the impact of the construction efforts will be a function of the management of the project and how quickly employment can in fact be mobilised. The extent to which the programme will help support the most vulnerable across the island will depend on the extent to which the project managers explicitly attempt to do so and are capable of managing a large number of possibly unskilled or low skilled labour force that are most in need of earning opportunities. If this is achieved, then the programme does have the possibility of providing a more consistent flow of payments to these groups than could be achieved under the CARE-type programme whilst improving the capital stock of the country and thereby generating both short and long-term benefits. The changes to the fiscal allocations have been significant in the face of the massive adjustments and obligations forced up the government. Considering the economic and fiscal history of the country over the last several decades, it is no small achievement that the government had put itself in a position to withstand the greatest fiscal shock of the last hundred years.

The experience of the pandemic in the context of the last decade of Jamaica's fiscal and economic history has revealed a lesson that should be carried forward. In a country with economic and natural vulnerabilities, fiscal resilience is the difference between a merely difficult time and economic catastrophe. The government must continue to invest in the fiscal responsibility on which it has embarked. The elements of this include adhering to a primary fiscal balance consistent with continued public debt reduction and the contributing to its fiscal contingency fund. Whilst there is no clear or specific mention of the SDGs, it must be noted that each capital expenditure item specifies which Vision 2030 Jamaica National Goal and National Outcome it is aligned to. The 2018 VNR for Jamaica regarding the SDGs indicates that there is a 90% alignment between Vision 2030 Jamaica and the SDGs. Data challenges will remain the primary source of frustration in being able to measure Jamaica's progress towards the goals. The impact of the pandemic will frustrate Jamaica's efforts to fulfill the Sustainable Development Goals and achieve its own goals as expressed in Vision 2030 Jamaica – the country's first long-term national development plan launched in 2009. The IRFPP provided an estimated cost of COVID-19 on central government at a total of J\$120bn accounting for both lost revenue and new expenditure line items (Ministry of

Finance 2020b). The results from this SEIA – detailed in the upcoming sections of this report – indicate that several groups are being left behind and the livelihoods of many decimated or at the very least threatened. Urgent attention is needed to safeguard the gains made in the past decades and make progress to attain the goals under Vision 2030 and the UN 2030 Agenda.

Effective targeting of the most vulnerable in the society is urgently needed. These groups include: children, women, youth, persons living in poverty or at risk of falling into poverty, persons working informally, the elderly and persons with disabilities. Whilst efforts at strengthening targeting through measures such as the National Identification System (NIDS) have the potential to enhance the government's ability to identify persons and to better integrate across the disparate databases in government and the private sector, the rollout has been delayed and the methodology has been amended to one of voluntary registration. This is likely to result in inadequate coverage of the system and the exclusion of the very persons the system is intended to reach and support in terms of providing a formal, single means of identification. One recommendation in this regard is the development of an integrated communication/behaviour change campaign and advocacy programme to support the efforts of the GOJ to obtain a higher enrolment than is likely to occur under a voluntary programme.

The attainment of Sustainable Development Goal (SDG) 17: *Strengthen the means of implementation and revitalize the global partnership for sustainable development*, must take center-stage as it is only through partnership that the negative impact of the pandemic can be reduced and managed. Assistance from the international community, bilaterals and multilaterals is often given based on the World Bank based income classification, and since many SIDS are middle-income countries they are therefore not eligible for official development assistance and have difficulties obtaining concessional aid (Cheney 2021). The economic and social challenges faced by middle income countries like Jamaica are typically similar to those faced by countries in the lower income category and, additionally, the ability to address these challenges are complicated by their already high debt-to-GDP ratios. Fiscal space is very tight and significant improvements in all development areas will require a surfeit of sustained high levels of external financing over several years. The recommendation in this area is that in addition to continued technical support, that the International Development Partners (IDPs) – perhaps led by the UNDP as the *de facto* convener of IDPs in Jamaica – advance the issues of highly indebted middle income countries

(HIMIC) at the international level with the intention of creating special windows of support backed by philanthropic and other forms of non-debt or concessional flows that can be used to facilitate the urgent development needs with a focus on inclusivity and accessibility.

The pandemic also presents an opportune moment to re-focus on SDG-10 which calls for reduced inequalities and immediately address the systemic and structural impediments to the fulfilment of sustainable development for all. In this regard, an intentional effort has to be made within government to ensure that the components of the SERVE engage as many youth and women as is possible to provide earning and potential learning opportunities for these groups who have been heavily impacted by job losses during the pandemic. Economic activity is negatively impacted by the increased curfew hours and no movement days in response to the current third wave of infections. Any support that can be provided to simplify and improve the effectiveness of the messaging, logistics and guidance to the private sector by the UN system would substantively advance the safe return to economic activity and therefore increase the likelihood of sustained economic growth.

Finally, continued support should be provided to the GOJ in its efforts to modernize and digitalise the Jamaican economy. Various IDPs are engaged in different aspects of this effort and therefore there is a need for an integrated assessment of the landscape to ensure that the critical pillars of a digital society are adequately developed and leveraged and are mindful of the principles of inclusion. The UNDP has an opportunity to engage the GOJ and the IDPs involved to support the completion of a Digital Readiness Assessment and the coordination of the various digitalization efforts. In order to support the GOJ's need to increase investment flows to development projects, the UNDP can also continue to engage the government to develop an Investor Map that would provide a catalogue of catalytic investment opportunities. This map would be available to a wide range of potential investors and thereby provide a filip to the growth agenda.

4

The Health System



*“The COVID-19 pandemic generated both a health crisis and an economic crisis during the current financial year 2020/21. The pandemic has impaired the health of thousands of Jamaicans, strained the health systems and led to the reduction of economic activity across Jamaica including the virtual shutdown of the tourism sector for much of the year.”*¹¹

This section examines the GOJs containment efforts to reduce the spread of the virus. Data from the UNDP/SALISES/CaPRI 2021 SEIA are also analysed to determine the level of adherence to the containment measures imposed by the Ministry of Health. The details of the government’s vaccination plan and the challenges facing the Ministry of Health are also discussed and the section ends with some proposals for improvement in the State’s response to the pandemic in relation to the health sector. We begin with an examination of the health sector in Jamaica by examining the structure of the health system and the general health status of Jamaicans.

4.1 Context

At the national level, the health sector is guided by several policy and strategic level documents beginning with Vision 2030 Jamaica and the associated Medium Term Socioeconomic Policy Frameworks (MTF) both of which have been assessed as being aligned to the SDGs in the country’s Voluntary National Review (VNR) completed in 2018. The sectoral goal expressed in the Vision 2030 Jamaica Health Sector Plan is *A Healthy and Stable Population* and is aligned with the national *Goal 1: Jamaicans are empowered to achieve their fullest potential*. These strategic frameworks are distilled and operationalized in the form of Ministry level Strategic Business Plans. The Ministry has service level agreements (SLA) with its Regional Health Authorities (RHA) who provide local level administrative and governance oversight of the health institutions in their geographical domain.

The Vision 2030 Jamaica Health Sector Plan provides an assessment of the health sector in the form of a Strengths, Weaknesses, Opportunities and Threat (SWOT) Analysis as at 2009 (Planning Institute of Jamaica 2009). The SWOT was performed along five main lines: (1) service delivery,

¹¹ <https://jis.gov.jm/speeches/statement-on-budget-for-fiscal-year-2021-22-by-hon-nigel-clarke-dphil-mp-minister-of-finance-and-the-public-service/> Retrieved February 22, 2021

(2) health care delivery system, (3) legislative environment, (4) health status, and, (5) healthy behaviour. In the area of service delivery the weaknesses were led by the issue of chronic shortage of nurses and other professionals followed by weak management systems and practices; underfunding of the health services; inadequate use of information technology, and, inadequate physical conditions in health facilities round out the top five weaknesses identified. In terms of health care delivery, the weaknesses highlighted include: (1) inadequate reflection of demographic and epidemiological changes in the emphasis of the work of the sector; (2) elderly men are at a disadvantage; (3) Gender issues were not reflected in the reform of the health sector; (4) policy implementation lagging; and, (5) women experience ill-treatment at facilities and rural women are disadvantaged.

The Sector Plan highlighted the concerns that with respect to health status, there was a threat that: the gains made in life expectancy could be lost despite the advantage gained by females in this area along with schooling; women tend to be ill for longer periods and they tended to have more co-morbidities; for men there was inadequate focus on the reproductive health needs of men who are reluctant to access health services; and the health needs of persons with disabilities (PWDs) were noted as being ignored. The issue of chronic diseases among the poor and the lack of equity in the system were raised as weaknesses in the area of healthy behaviour. Jamaica is also an active participant in and signatory to all International Health Regulations (IHRs), UN Declarations and Conventions such as those associated with chronic diseases and is committed to the global efforts relating to the AIDS epidemic.

Table 4.1.1 provided some health sector performance indicators. Based on the Human Development Index (HDI) measure, Jamaica ranks **above average** in terms of life expectancy which is currently at **Table 4.1.1**. Hypertension, Cancers and Diabetes remain major health concerns.

Table 4.1.1 Health Sector Performance Indicators 2011 - 2020

	YEAR									
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Infant Mortality Rate (per 1000 live births)	16.7	16.7	16.7	16.7	16.7	15.5	15.5	15.5	13.9	n/a
Percentage Bed Occupancy (%)	61.9	67.8	72.8	73.9	74.7	71.8	66.1	76.5	n/a	70.2
Immunization (National Average)										
- DPT, OPV, BCG (0-11 months)	93.9	89.7	90.6	91.1	94.0	97.0	93.0	96.0	95.0	n/a
- MMR (12 -23 months)	86.5	80.0	94.0	92	83.0	91.0	95.0	89.0	92.5	n/a
Life Expectancy at birth (years)	72.7	72.7	73.1	74.1	74.1	74.1	74.3	74.3	74.2	74.2
Maternal Mortality (per 100,000)	94.4	94.4	94.4	94.4	87.1	87.1	87.1	87.1	87.1	87.1
HIV infections % (MDG)	0.06	0.05	0.04	0.04	1.6	1.7	1.8	1.5	1.4	1.6
Malaria and TB (Per 100,000) MDG	4.6	4.0	4.2	3.7	4.5	4.4	5.2	3.5	3.2	n/a
Hypertension %		11.6	11.7	12.1	13.0	13.0	13.2	12.7		
Cancers %						19.3	0.6			
Diabetes %		5.0	4.8	4.6	4.7	5.0	5.8	5.2	6.3	6.7
Psychiatric disorders		0.7	0.8	0.8	0.7		1.6			
Mean Bed Complement					4,865				4,865	
Average Length of Stay (days)					6.1	5.8	5.9	6.1		
Source: Planning Institute of Jamaica (2015, 2019, 2020) Economic and Social Survey of Jamaica, STATIN, JSLC										

Despite the fact that Jamaica did not achieve all the health-related targets under the Millennium Development Goals – such as those related to maternal and infant mortality rates – the country did achieve reductions in these rates and activity participated in the Programme for the Reduction of Maternal and Child Mortality (PROMAC).

Over the past decade, the Ministry of Health and Wellness (MOHW) the transition in the leading causes of death from infectious diseases to chronic non-communicable diseases (NCDs) such as hypertension, injuries, and mental illness. Nevertheless, Jamaica was faced with the advent of two novel vector-borne infectious diseases in the past decade – the Chikungunya Virus (Chik V) in 2014 and the Zika virus in 2016. The transmission mechanism was through the *Aedes aegypti* or *Aedes Albopictus* mosquito vectors that are endemic in Jamaica. There is no robust dataset available to estimate the spread of either of these viruses throughout the population, both of these mosquitoes are also associated with the local transmission of dengue. Medical information seems to suggest that persons who contract either would suffer from complications if they suffered from an NCD prior to becoming infected. The control of their spread was under the purview largely of the Vector Control Unit of the Ministry of Health and individuals were encouraged to utilise safe, approved insect repellent and wear light-coloured long-sleeve clothing to avoid being bitten by potentially infected mosquitoes. Zika was of particular concern to pregnant women as the transmission of Zika to the unborn child was thought to result in birth defects such as microcephaly and severe fetal brain defects and neurodevelopmental abnormalities. Zika is also transmissible through unprotected sexual intercourse.

Socioeconomic indicators have been linked with the health status at the individual level following on the understanding that there are determinants or conditions that predispose persons to poor health. These include: income, social support, their employment status and the terms and conditions of their service, gender, availability of health services, and, the cultural, physical and social environment. Interventions in this sector therefore needs to be cognizant and responsive to these factors. The Jamaica Survey of Living Conditions (JSLC) provides evidence for the reasons why Jamaicans have not sought medical care.

In recognition of the specific needs of the population, particularly persons with NCDs and other critical health concerns such as lupus, the GOJ created special funds to assist these vulnerable

groups. The National Health Fund (NHF) was established in 2003 as an agency of the Ministry of Health and was created by the National Health Fund Act of Parliament to extend financial assistance to those who are unable to afford healthcare. It provides access to medication in both the private and public pharmacy system through the discount-granting NHF card, the Jamaica Drug for the Elderly Programme (JADEP) Card, and/or the GOJ Health Card. The NHF card covers 800 prescription medications whilst the JADEP provides 72 drugs free to those 60 years and older suffering from a specified list of chronic illnesses. In the public health system, the NHF provides in and out patient pharmacy services at both the customer-facing and back end of the system in 118 locations islandwide through the Drug Serv option. Health institutions can also benefit from NHF grants to improve their delivery of health care and the NHF provides focused support for health promotion programmes that are geared at preventing, reducing and managing both communicable and non-communicable diseases. The NHF obtains revenue from a combination of special taxes: (a) 20 percent of the Special Consumption Tax (SCT) levied on tobacco products; 5 percent of the total SCT collected by the GOJ, and, (c) 5% of the NIS contributions. Central Government provides an allocation to the NHF to support their administrative functions required to support these activities.

Since 2003, pensioners receiving NIS benefits are also supported automatically with comprehensive medical coverage through the National Insurance Gold (NI Gold) Plan. Benefits are replenished at the start of the FY on April 1 and include: doctor visits, medication, diagnostic tests, dental and optical coverage, surgery, and hospital stays. The plan is currently implemented by Sagicor Jamaica. The other component of the provision of health care for the vulnerable groups who may be unable to pay for medical care at the point of use is the abolition of user fees in 2008. Remaining challenges in the health sector are:

- Emigration of professionals due to more attractive remuneration and conditions of service
- Some training available only overseas
- Staff allocation inadequate
- RHA not all fully staffed

Vision 2030 Jamaica Health Sector Plan notes that in order to: fully staff the RHAs an additional J\$1.156bn would be needed for critical staff; renovate and improve existing health facilities and effect repairs from hurricane would be another J\$2.3bn; procure the required equipment for health facilities the budget required was J\$684m; procure drugs and medical supplies the estimate was J\$1.7bn. Following the review of a comprehensive situational analysis of the health system, a ten-year strategic plan – *Vision for Health 2030* – was developed by the MOHW to guide the operations of the ministry for the period 2019 to 2030.

4.2 Implementation of IPC measures

The Ministry of Health (MOHW) played a pivotal role in the Jamaica's response to the COVID-19 pandemic. The first objectives were isolation of the sick and the stoppage of the spread of infection. Given the context of Jamaica's health system in terms of the challenges in the area of service delivery, health care delivery and health status, concerns were heightened when the details of how the COVID-19 disease impacted the human body were revealed. Given the increasing prevalence of NCDs in Jamaica, concerns were heightened for this segment of the vulnerable population. In addition to this, were the concerns for the elderly who were more likely than any other group to experience deeper illnesses due to COVID-19. Patients suffering from autoimmune diseases such as lupus were also prioritized in the discussions and were particularly cautioned against contracting COVID-19. Doctors were advised to support these patients with extended prescriptions to reduce their need to leave home to access medical care for routine care.

In March 2020, the MOH began preparation for an isolation ward at the University Hospital of the West Indies (UHWI). The MOHW also advised the public of the necessary containment measures to reduce the spread of the virus. These measures included: physical distancing (6 feet apart), the wearing of masks, use of sanitizers and thermometers in all public places work from home orders, remote education, curfews, closure of bars, night clubs and all entertainment venues and crowd gatherings of no more than 20 people (Davidson 2020).

Health protocols included contact tracing and quarantining. When the number of cases spiked, entire communities were quarantined. One such spike occurred when a Business Process

Outsourcing (BPO) firm failed to implement the health protocols which resulted in a cluster of 227 cases (Cross 2020).

Jamaica's borders were closed on March 21, 2020 and reopened for controlled repatriation of nationals and international travelers on June 15, 2020. Persons entering had to register their intent to travel via the Jamaica COVID-19 application (JamCOVID) and this app was used to monitor their movements from the location provided upon landing to ensure quarantine/isolation/stay-in-place requirements were being adhered to. After successfully containing the spread of the virus, there have been several spikes. Many of the IPC measures remain in place with some adjustments. As of June 15, 2020 the hours are as follows:-

“For weekdays (Monday to Friday) the curfew will be 9 p.m. to 5 a.m. the following morning ending at 5 a.m. on July 1, 2021. For weekends, the curfew will begin at 8 p.m. on Saturdays and at 2 p.m. on Sundays and end at 5 a.m. the following morning” (Prime Minister Andrew Holness' Twitter Page).

The Minister of Health outlined some of the strategies were implemented in response to the pandemic:-¹²

- The provision of some \$775 million in financial support to our health authorities to help meet the needs associated with the response efforts;
- Infrastructure upgrade to the tune of more than \$89 million, including equipping hospitals with an additional 63 intensive care and high dependency units;
- The provision of medical equipment, such as personal protective gear and COVID-19 test kits, to the tune of more than \$1.7 billion; and
- The procurement of more than \$500 million in prescription drugs through the National Health Fund, to ensure the effective treatment of the symptoms of persons with COVID-19
- To meet the rising need for beds, more beds dedicated to COVID-19 patients have been provided at St. Joseph's hospital (36 beds).
- Field hospital donated by the United States Government erected at the National Chest Hospital

¹² https://jis.gov.jm/media/2020/07/HMHW-Sectoral-Presentation_7-July-2020_FINAL.pdf Accessed

Challenges were experienced with the IPC measures in the initial months as Jamaicans struggled to compress all their activities relating to collecting remittances or accessing cash from ATMs and then navigating to various business places to procure groceries and other necessities for daily life. Businesses also had to adjust opening hours and control the number of persons allowed inside in order to adhere to the physical distancing measures established by the authorities. This resulted in long lines and significantly extended wait times and frustration in most parish capitals. Where there were lockdowns and quarantines/isolations in communities, traffic congestion was notable as the security forces supported the enforcement of the measures designed to stop the spread of COVID-19.

There is a strong view that the special curfew for public holidays was relaxed too quickly for the two public holidays in early August 2020. This was done to support the entertainment and culture sub-sectors and the small business activity associated with it. The reopening of the sector was announced on July 15, 2020 and were to come into effect July 21, 2020 with the understanding that the IPC measures relating to mask wearing and physical distancing had to be adhered to in order for the reopening to be maintained. One thousand youth were to be trained to support the enforcement efforts relating to the reopening. The sector was initially allowed to host small outdoor events – with permits – with a maximum of 250 patrons and 30 personnel but this was reduced to 200 patrons and 30 personnel by August 11, 2020. During the event, announcements were to be made every fifteen minutes to remind patrons of the need to wear their masks unless they were drinking or eating. After the adjustments to the number of patrons were implemented, the sector was again closed as the Ministry of Local Government reported that in the first week there were 1,700 events held without the requisite permits.

The campaign activities in the days before the General Elections similarly increased exposure and decreased social distancing. As Election Day approached and cases surged, with growing public criticism, the Government and Opposition parties began to pull back on these activities, but the damage had been done. By mid-August 2020 cases began to surge. The day after the September 3, 2020 election it was announced that Jamaica was in community transmission. Cultural practices involving closely packed buses, emotional fun-filled activities. Street parties and celebrations on Nomination and Election Days, also served as potential catalysts for a new wave of COVID-19 cases.

On December 21, 2020, the Government imposed a ban on travellers from the United Kingdom given the news of the emergence of a new and more infectious variant of COVID-19 which is said to be 70 per cent more infectious.¹³ Between late February 2021 and early March 2021, the pandemic was threatening to overwhelm the health system in Jamaica right on the eve of the arrival of the first set of vaccines. The occupancy rate of all beds currently assigned to COVID-19 cases exceeded 100 per cent in many of the hospitals. The health system had lost over 70 nurses since the pandemic began. Health workers were under pressure to meet the needs of an increasing number of COVID-19 patients and many doctors participated in various programmes across all media outlets to reiterate the need to adhere to the restrictions, take precautions and stay COVID-19 free as far as is possible.

Despite this the spike continued and there was also an associated heavy demand for oxygen in the health system and the system was under significant threat of collapse due to the pressure from the high utilization rates and the GOJ responded with significantly increased IPC measures. In an effort to stem the escalation of cases and the derivative number of required hospitalization, the Prime Minister, Minister of Health and top health personnel held a press conference on February 28, 2021 and new containment measures were effected that would continue until March 22, 2021. These include:

1. Work from home for non-essential public sector workers from Thursday, March 4, 2021
2. Only students who have to sit national and regional exams will be allowed to attend face-to-face classes in schools
3. No funerals or burials
4. All beaches closed
5. Churches are to host all services online
6. Gatherings limited to a maximum of 10 persons
7. Curfews from 8 pm to 5 am
8. Lockdowns over three consecutive weekends including the Easter weekend with mandatory work closures on the Friday to allow workers to purchase necessities

¹³ <https://www.nbcnews.com/news/world/britain-cut-canada-others-new-covid-strain-spreads-n1251884>
Retrieved

4.3 The Vaccination Plan

With the development of a range of vaccines, the Government of Jamaica laid out a vaccination strategy which costs about J\$3 billion to acquire from the COVID-19 Vaccine Global Access (COVAX) Facility (Loop Jamaica 2021). The State is seeking to procure 3.5 million doses of vaccines which will be used to vaccinate 65% of the population. The first shipment of 50,000 doses arrived March, 2021. By April, additional doses will be acquired, which will pave way for the vaccination of those in their 60's and other remaining groups within the 'Phase One Priority' (Jamaica Gleaner 2021).

There is a vaccine distribution plan with 75 identified locations and a priority for the COVID-19 vaccination. This process is slated to commence as soon the vaccines arrive into the country. The targeted group of persons within the 'Phase One Priority' include:

- Health Care Workers
- Government Officials
- The Elderly 60 years and over
- Jamaica Defence Force
- Jamaica Constabulary Force
- Jamaica Fire Brigade
- Passport and Immigration Agency r Persons who work in Early Childhood, Primary and Secondary Education Institutions

The targeted group of persons within the 'Phase Two Priority' (essential for economic activity) include:

- Other public sector workers
- Hotel workers
- Transport sector
- Manufacturing sector
- Banking sector
- Agricultural sector

The full initial vaccination plan is presented below.

Table 4.3.1: The phases in the Vaccination¹⁴

PHASE 1	CATEGORIES	Population	Vulnerable Group
	Gov. Off	5,599	
	HCW	15,987	
	Elderly	174,987	
	JDF	10,046	
	JFB	4,000	
	JCF	15,021	
	SCHOOLS	11,832	
	DCS	9,667	
	PICA	650	
TOTAL PHASE 1	247,789		

PHASE 2	Other Pub Sec Workers	71,500	Essential to Economic Activity
	Hotel Workers	175,500	
	Transportation Sector	56,550	
	Manufacturing Sector	82,550	
	Banking Sector	56,550	
	Agricultural Sector	67,250	
	TOTAL PHASE 2	509,900	

PHASE 3	General Population 1	74,000	General Public
	General Population 2	126,500	
	General Population 3	156,500	
	General Population 4	228,000	
	General Population 5	71,500	
	General Population 6	126,500	
	General Population 7	126,500	
	General Population 8	209,000	
TOTAL PHASE 3	1,118,500		

65% of the Population Vaccinated by

March 31, 2022

¹⁴ <https://www.moh.gov.jm/wp-content/uploads/2021/03/MOHW-Interim-Vaccination-Implementation-Plan-02.03.2021-Final.pdf> Retrieved on May 3, 2021

In response to the availability and logistics of vaccines and the challenges presented with the various waves and vaccine hesitancy and anti-vax sentiments, the vaccination plan has been adapted and more flexible to reflect availability and in response to the indications of vaccination readiness from the population. The receipt of Pfizer branded vaccines has opened vaccination to secondary school aged students above 12 years of age and the MOHW has also expanded locations through which vaccinations can be accessed.

4.4 Findings from the UNDP/SALISES/CAPRI SEIA

Analysis of the primary data collected by the UNDP/SALISES/CAPRI SEIA reveal that there is generally a high adherence to the containment measures mandated by the State. Among respondents, the wearing of a mask received the highest level of compliance with 75 per cent of all respondents stating that they wore a mask all the time (**Table 4.4.1**). Most individuals obeyed curfews all or most of the time with only 4.6 per cent not obeying the curfews. This latter group would consist of essential service workers who are allowed free movement during curfews.

Table 4.4.1: Level of adherence to the State's Containment Measures

	Containment measure			
Frequency	Wearing a Mask	Keeping Physical Distance	Stay at home	Obey Curfew
All the time	75.0	42.9	17.6	72.4
Most of the time	21.1	50.9	71.2	23.0
Rarely	3.4	6.0	11.2	3.3
Never	0.22	0.72	0.5	1.3
Total (N=3194)				

Source: UNDP/SALISES/CAPRI 2021 SEIA

As expected, the respondents aged 60 years and older had the highest compliance for the mandate to “stay home” (Table 4.4.2). The table indicates that 93.4% of the elderly reported staying home either most or all of the time. For the 30 to 59 age group this number fell to 86.5 percent and for the 18 to 29 age group even further to 88.8 percent. This is reflective of the likely need of younger persons to go out to work or to access internet for work and to obtain groceries and other supplies.

Table 4.4.2: Level of adherence to “staying at home” order by age

Frequency	18-29 years	30-59 years	60 years and older	Total
All the time	17.1 %	14.2 %	30.1%	17.2%
Most of the time	71.7 %	72.3%	63.3%	71.2%
Rarely	10.6 %	13.3%	6.3%	11.2%
Never	0.6 %	0.4%	0.3%	0.5%
Total	100 %	100.0%	100.0%	100.0%

UNDP/SALISES/CAPRI 2021 SEIA

The parishes with the highest proportions of persons who obeyed the curfew orders, all the time are: Manchester (81.5 per cent), Clarendon (80.9 per cent) and Trelawny (80.2 per cent). The parish with the lowest compliance to the curfew order was Hanover (58.2 per cent) (Table 4.4.3). However, the parish has one of the smallest number of recorded cases.

Table 4.4.3: Parishes and adherence to Curfew

	All the time	Most of the time	Rarely	Never	Number of COVID-19 cases by parish
Kingston and St. Andrew	72.2	23.3	3.5	1.0	13043
Portland	70.8	21.5	6.2	1.5	2753
St. Thomas	77.6	19.4	1.5	1.5	1779
St. Catherine	70.9	22.1	4.1	2.9	9021
St. Mary	77.0	17.2	2.3	3.4	1439
St. Ann	69.1	27.1	2.8	1.1	2925
Manchester	81.5	15.3	2.6	0.5	2753
Clarendon	80.9	14.7	3.4	1.0	2516
Hanover	58.2	41.8	0.0	0.0	1227
Westmoreland	62.8	32.6	4.1	0.5	1898
St. James	75.1	24.0	0.4	0.4	4369
Trelawny	80.2	17.3	2.5	0.0	1583
St. Elizabeth	78.7	15.6	4.9	0.8	1830
Total	72.4	23.0	3.3	1.3	47130

UNDP/SALISES/CAPRI 2021 SEIA

Table 4.4.4 provides some more details on the adherence to health protocols. Using hand sanitizers and washing hands were done all the time or most of the time by most of the respondents (92.5 per cent and 94.8 per cent, respectively). Sanitization of touched surfaces was not as frequently done with 31.3 per cent of respondents either rarely or never carrying out this health measure.

Table 4.4.4: Level of adherence to the health protocols

Frequency	Containment measure		
	Use hand sanitizers	Wash hands	Sanitize touched surfaces in your home
All the time	50.4	50.5	22.7
Most of the time	42.1	44.3	45.9
Rarely	6.8	4.9	27.3
Never	0.7	0.16	4.0
Total (N=3194)			

UNDP/SALISES/CAPRI 2021 SEIA

Only 15 per cent of the respondents lived in communities where there was a complete lockdown. While the State is to be commended for the implementation of their health containment and treatment plans, there remains a high level of vaccination hesitancy with only 33.9 per cent of all the respondents stating that they would definitely take the vaccine. 14.2 per cent of the respondents had been tested for COVID-19 (**Table 4.4.5**).

Table 4.4.5: Level of Testing and Vaccination Hesitancy

	Tested (yes)	Will you take a vaccine?		
		Yes	No	Not sure
Kingston and St. Andrew	16.6	33.5	28.7	37.8
Portland	16.9	32.3	35.4	32.3
St. Thomas	14.9	40.3	22.4	37.3
St. Catherine	13.0	26.1	28.5	45.5
St. Mary	9.2	31.0	27.6	41.1
St. Ann	17.1	39.2	25.4	35.4
Manchester	7.9	41.8	21.7	36.5
Clarendon	7.4	36.8	23.5	39.7
Hanover	16.4	34.3	17.9	47.8
Westmoreland	18.8	38.3	29.3	32.3
St. James	16.3	42.1	18.0	39.9
Trelawny	8.6	21.0	29.6	49.4
St. Elizabeth	8.2	30.3	33.6	36.1
Total (N=3169)	14.2	33.9	27.0	39.2

UNDP/SALISES/CAPRI 2021 SEIA

Although vaccination hesitancy is high, the concern levels about the possibility of getting infected with COVID-19 is also high with 77.4 percent of the respondents were either very concerned or concerned about being infected with the virus (**Table 4.4.6**).

Table 4.4.6. Level of concerned about the possibility of getting infected with COVID-19

	Frequency	Percent
Very concerned	1819	57.0
Concerned	652	20.4
A little concerned	513	16.1
Not concerned	210	6.6
N=3194		

UNDP/SALISES/CAPRI 2021 SEIA

In conclusion, the data from secondary sources and the UNDP/SALISES/CAPRI 2021 SEIA reveal that there are several challenges facing the health system in Jamaica. These include:

1. Overworked health workers
2. Mass recruitment of local nurses by USA and UK
3. Burden on the health infrastructure; dwindling availability of beds
4. Ensuring equitable distribution of vaccines
5. High levels of vaccine hesitancy

As the State tries to implement its vaccination plan, we need to ensure that all vulnerable groups are targeted. The persons with disabilities are already noting that there was no special arrangement for them to receive the vaccine.¹⁵ Public education on the individual and societal benefits of vaccination must be intensified. Teachers must be encouraged to take the vaccine as far as is medically possible in order that the schools can be re-opened safely. The more persons who are vaccinated, the more quickly the country's economy can recover. Policy responses must include increase in human and financial resources to ensure sustained recovery from the pandemic.

¹⁵ Senator Floyd Morris, at an online presentation on April 29, 2021 for Faculty of Social Sciences 60th anniversary celebrations.

4.5 Policy Recommendations

The MOHW has generally implemented successful IPC measures in Jamaica. Whilst some would argue that the measures have been implemented in a mostly reactive manner, the reality faced by the GOJ literally requires a balance of lives and livelihoods given the high level of economic and social informality, the predominance of in-person services in the composition of economic activity and the fact that the social safety net does not necessarily reach all vulnerable groups and persons living in poverty. In the Stakeholder Validation and Dissemination Workshop for the SEIA Study, a number of policy recommendations were also proposed for the short, medium and long term. These are included in the policy options outlined below.

Policy Options for the Health Sector: In order to accelerate the fulfilment of SDG 3: *Good Health and Wellbeing* in the context of this pandemic:

4.1 ***Improve quality of healthcare:*** The UNDP can continue to advocate across its networks for increased donations of equipment, pharmaceuticals and personal protective gears for healthcare institutions in collaboration with the NHF and CHASE Fund.

4.2 ***Increased access to good quality healthcare:***

4.2.1 The UNDP can explore across the UN system the extent to which it can provide options to the GOJ that would facilitate access to affordable, accurate testing for the wider population – particularly for workers that require multiple testing to maintain their employment status.

4.2.2 In addition, the UNDP can assist in the procurement of vehicles with the necessary cold-chain storage capacity that can support continuous mobile vaccination programmes at the community level.

4.2.3 As part of its interventions in the digital landscape, the UNDP can undertake an assessment of the systems need to support the implementation of telemedicine services in both the private and public healthcare systems to promote more inclusive and lower-cost access to healthcare particularly in rural communities.

- 4.2.4 Increased access to free psycho-social support for health workers, teachers, children, and the public which could be supported through a digital and/or telemedicine approach.
- 4.3 **Increased public education:** In order to reduce burden on healthcare system from positive cases, the UNDP can provide communication/messaging and technical support to dispel the myths and underscore the benefits of vaccination under the “*Get back to life; Get vaccinated*” campaign.
- 4.4 **Further assessment of the recruitment and retention of medical personnel:** In the short term, the improved provision of and access to quality healthcare will also require the increased recruitment and retention of medical personnel, supported by adequate resources. This would also be supported by increased training and creation of additional posts through a comprehensive assessment of human resources in health.
- 4.5 **Needs Assessment for Local Logistics and Supply Chain Management:** In the medium term, resources and interventions to enhance supply chain flows should be further explored. For example, local manufacturing of PPEs should be supported. Explore the options for regional production of vaccines.
- 4.6 **Examine the risk factors for Non-Communicable Diseases:** For the long term, assess and address NCDs, and enhance the provision of resources for healthy lifestyles, including green spaces.
- 4.7 The following event was highlighted by UNECLAC participant:
<https://www.cepal.org/en/events/seminar-non-communicable-diseases-and-their-impact-sustainable-development-caribbean>

5

The Education System





“Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.

Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendships among all nations, racial or religious groups.”

Universal Declaration of Human Rights, Article 26.

Access to good quality education is a human right and imperative to the fulfillment of **SDG 4**:

“Ensure Inclusive and equitable quality education and promote lifelong learning for all.”

This section examines the impact of the pandemic on the education system in Jamaica. More details on the impact on children and youth are provided in Section 12 in the discussion of the pandemic on vulnerable groups. In those sections, data from the UNDP/SALISES/CAPRI 2021 survey are examined. However, given the importance of education, it was essential to summarize some of the main impacts and the implications for policy formulation and implementation.

5.1 The Educational System in Jamaica¹⁶

“Every child can learn ... Every child must learn”

The Ministry of Education provides formal public education in Jamaica. There is a limited number of private schools. The formal education system in Jamaica consists of early childhood, primary, secondary and tertiary levels. Children aged 3 to 5 years, attend early childhood institutions while those aged 6 to 12 years, primary school level. The Secondary level education ranges from grades 7 to 12. At grade 11, the students sit the Caribbean Secondary School Examinations (CSEC). Post-secondary education students, sit the Caribbean Advanced Proficiency (CAPE) examinations.

¹⁶ Most of the information here is taken from the Ministry of Education, Jamaica website (<http://www.moe.gov.jm/node/16>). Retrieved march 26, 2012

There is a limited number of special education available for students aged 4 to 18 years who have mental, physical and intellectual disabilities.

The vision of the education sector in Jamaica was well articulated in the Jamaica Vision 2030 document (Education Draft Sector Plan): ¹⁷

“Well - resourced, internationally recognized, values-based system that develops critical thinking, life-long learners who are productive and successful and can effectively contribute to an improved quality of life at the personal, national and global

The same report highlighted some deficiencies in the education system:¹⁸

1. Insufficient access to quality facilities particularly at the pre-primary, primary and secondary levels;
2. Inadequacy of space particularly at the upper secondary and more so, tertiary levels
3. Performance targets, set in the Ministry, are not sufficiently cascaded throughout the system which results in little or no accountability for performance at the various levels;
4. Inadequate number of university trained teachers for all levels;
5. Inadequate number of trained teachers at the pre-primary level;
6. Negligible use of educational technology at all levels;
7. use of teacher-centred teaching methods at the early levels;
8. The inability of some parents to afford the fees charged under the Cost Sharing scheme, despite the “no child should be left behind” policy
9. Inadequate facilities to accommodate students with special needs (e.g. physically and mentally challenged students as well as the gifted);
10. Inadequate involvement of parents in the education of their children;
11. The under-performance of boys compared to girls at all levels of the school system;
12. Anti-social behaviour and increased violence in schools; and • inadequate managerial training among school leaders.

It is expected that these deficiencies will be exacerbated during the pandemic.

¹⁷ https://planipolis.iiep.unesco.org/sites/default/files/ressources/jamaica_vision_2030_education_sector_plan.pdf

¹⁸ https://planipolis.iiep.unesco.org/sites/default/files/ressources/jamaica_vision_2030_education_sector_plan.pdf
Retrieved August 6, 2021

5.2 Impact of COVID-19 on the Education System

According to UNESCO, **inclusive education** is:

“a process of addressing and responding to the diversity of needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion from education and from within education.”¹⁹

A year ago, the COVID-19 pandemic brought face to face learning to an abrupt halt. UNESCO data reveals that at the peak of the pandemic: over 1.6 billion learners in more than 190 countries were out of school.²⁰ UNESCO notes that currently half of the world’s student population (more than 800 million learners) is still affected by full or partial school closures. In 29 countries, schools remain fully closed.²¹

Prior to COVID-19, there was evidence that there were inequities in the education system in Jamaica and inclusive education was not a reality for several groups of children including children with disabilities. The pandemic has deepened these inequities and retarded progress in the fulfilment of SDG 4.

The **UNDP/SALISES/CAPRI 2021 SEIA** revealed that only 15 per cent of all classes were held remotely with no connectivity problem. The issue of low or limited connectivity has implications for the future of sustained learning as a new academic year is on the horizon. It is clear that during this third wave and perhaps post-pandemic, the education sector will need to continue with a blended approach to learning. As a result, it is essential that the connectivity issues be resolved by the internet providers. This limited connectivity threatens to widen inequality over the long term and deepen the digital divide.

¹⁹ <http://www.unesco.org/new/en/custom-search>

²⁰ <https://en.unesco.org/covid19/educationresponse>

²¹ <https://en.unesco.org/covid19/educationresponse>

While **Section 12** will examine more in-depth the impact of school closure on children and youth. We summarize some of the findings here:-

1. Increased inequity in participation in learning:-Exacerbated the systemic inequalities as poorer households have less access to online platforms to continue their learning.
2. Food insecurity was also increased as children who would normally have access to food schooling programmes.
3. Increased mental and emotional challenges for teachers, students and school employees
4. Increased exposure to violence for children and women as they were not locked in with their abusers
5. Increased stress for parents, especially women who have to work from home and also complete their household chores.

5.3 Social Policy Responses²²

One of the first responses to the pandemic was school closure. During school closure, educational institutions operated through three main media (Williams 2020a): -

1. **Online classes** for those with devices and internet, the only medium that facilitated student interaction with teachers. The Ministry implemented a cloud based Learning Management System (LMS) managed by Google to ensure there are no capacity issues. Workshops were held for teachers to introduce them to the platform and also train them in remote teaching.
2. **Lessons through audio-visual media e.g.** TV, cable and radio. The Public Broadcasting Corporation (PBCJ) provided televised classes from early childhood programmes starting in the early morning through to primary grades, followed by secondary grades ending at 5.30 pm. Schedules were published in daily newspapers and emailed to principals, teachers and students.

²² Some of the information here taken from: Henry-Lee, Aldrie and Jenny Jones Jamaica's Social Policy Response to Covid-19: Societal Inequalities Laid Bare CRC 1342 Covid-19 Social Policy Response Series, 32 Bremen: CRC 1342, 2021

- 3. Provision of learning kits:** These included text books and worksheets. Parents would pick these up from the school. These were particularly beneficial to students living in deep rural communities who had limited access to internet and/or electricity. The completed worksheets were dropped off, graded by teachers and returned to the students. Wherever possible, teachers communicated with parents via telephone, email, WhatsApp groups or text messaging.

To reduce the impact of lack of access to electronic devices for learning, the Ministry of Education began a distribution programme, nationwide. A total of 18,000 tablets and 12,000 desk top computers were distributed by the Ministry of Education to teachers and students, mainly at the primary level, at the early stages of the pandemic (Patterson 2020). The Ministry of Education has committed to the provision of 40,000 additional tablets/laptops to the poorest students in the upper primary grades 4, 5 and 6, while public secondary schools have been provided with the funding to procure laptops for students in grades 10-13 who are beneficiaries of PATH. The distribution of these devices started October 4, 2020. Through the same programme, a further 21,000 tablets have also been distributed to teachers (Dawkins 2020). The Ministry received commitment from six major corporate companies when the “One Laptop or Tablet per Child” Initiative was launched on October 29, 2020.

However, the Ministry of Education was faced with a new challenge. There was now an insufficient supply of tablets and laptops leading to price gouging, with price increases up to 60% (Robinson 2020). Given the large number of students in need of devices, not all students have received their devices. In 2021, The Ministry of Education, Youth & Information also launched a “Own Your Own Device Incentive Programme’ and issued over 24000 vouchers to help parents buy their children, a device. Each voucher is worth J\$20,000. The Ministry has stopped the progress to assess its implementation to-date. The programme will be re-opened once the assessment is completed.

Cognizant of the negative impact of the pandemic on mental health, in early October the MOE implemented a psychosocial programme to help students, staff and parents cope with the mental health challenges caused by the policies implemented to control the spread of the *2019 novel coronavirus* across the population. In collaboration with UNICEF, a Jamaican bank and an NGO and the National Parenting Support Commission supported the provision of 35 psychosocial helplines for parents across all six education regions through the efforts of (Smith 2020c).

On an online a forum with Principals held on Monday, June 14, 2021 by the Kiwanis Club of Stony Hill, the principals revealed some creative strategies to support the vulnerable children in their communities. These included: -

1. Allowing small groups of children to come to the school as they do not have any connectivity at home.
2. Visiting children in the homes on weekdays and weekends to review work with them and provide them with new materials.
3. Providing breakfast at school for hungry children in the community.

Another principal in an impoverished community has been working with non-governmental organizations to provided bags of food items to the parents who have lost their jobs. Others delivered worksheets directly to students, collected and graded them and then followed-up with support during the period.

Policy Options for the Education Sector: If SDG 4 is to be fulfilled, access to good quality education using digital has to be enhanced and expanded nationwide. This is critical to ensure that no youth or adult learner will be left behind in the fulfilment of the UN2030 Agenda. The policy options for achieving inclusive education include the following:

- 4.8 ***Improved access to digitally delivered educational content:*** The UNDP can provide technical and advisory support to ensure that the devices meet the appropriate specifications for use throughout various educational levels. This can be done in partnership with the Ministry of Education, Youth and Information (MOEYI) and the various e-learning initiatives and where possible the UNDP through its international network can facilitate the provision of devices for learners in all age cohorts.
- 4.9 ***Transformation of the quality of online teaching and learning:*** The UNDP can support the MOEYI to revitalize the capacity and ability of teachers and lecturers at the post-secondary level to redesign and deliver high-quality lessons using digital tools and platforms. This would be delivered through increased training using a demonstration approach for these educators for improvement in teaching and lifelong learning using open access online and digital tools and platforms.

- 4.10 ***Enhancement of learning platforms and material:*** The UNDP can conduct a needs assessment at the post-secondary level using feedback from students and lecturers to ascertain the aspects of the online platforms that need to be enhanced or redesigned. This would then lead to the identification of strategies to make these online learning platforms better able to meet the needs of students with different learning styles and teachers with diverse pedagogical approaches.
- 4.11 ***Expanded access for inclusive and integrated education:*** There is a need to increase support for persons with disabilities and the enhancement and redesign of the platforms to accommodate persons with different types of impairments and abilities.
- 4.12 ***Increased targeting for those most likely to be left behind:*** Given the digital divide in many marginalized and remote communities, opportunities exist to localize educational opportunities at the community and home levels by empowering and training community leaders, retired teachers and graduates to support the education of students living in these deprived areas.

At the Dissemination of Findings Workshop held on November 3, 2021 the following recommendations were put forward by the participants for the Education Sector:-

Short term (2021-2022)

1. Locate the students who have been disengaged
2. Provide a general assessment of students at all levels
3. Provide capacity building for current and incoming teachers
4. Provide integration of free online teaching resources into the education system
5. Expand access to telecommunication networks

Medium Term (2023-2026)

1. Provide community initiative to reach disengaged students
2. Ensure safety on the online educational platforms
3. Provide training for students on how to recognise unsafe practices online
4. Provide digital literacy programmes
5. Strengthen telecommunication networks

Long Term (2027-2030)

1. Disaster Risk Management Plan for the Education Sector
2. Remove inequalities in education
3. Restructuring infrastructure to accommodate special needs students
4. Increasing the capacity of classrooms to accommodate the needs of students
5. Specialization of Teachers

6

Social Protection Systems



6.1 Introduction

This section examines the provision of social protection prior to and during the pandemic. First, we examine the findings from the desk review of previous research on the impact of COVID-19 and other relevant documents. An analysis of the data collected from the UNDP/SALISES/CAPRI 2021 SEIA follows and the section concludes with some proposals for the improved protection of the poor and the vulnerable in Jamaica.

6.2 A Desk Review of Social Protection in Jamaica

The provision of social protection in Jamaica is guided by the State's comprehensive Social Protection Strategy. Developed in 2014, the Strategy is closely aligned with The Vision 2030 Jamaica – National Development Plan which was launched in 2009. The Strategy is predicated on a Rights Based Approach and is designed to counter the impact of the various risks that threaten wellbeing whilst altering the biases that tended to jeopardize particular groups to economic risk and make them vulnerable.

The National Development Plan places a significant focus on social protection under Goal 1 with the ultimate aim of empowering all Jamaicans to realize their fullest potential (Planning Institute of Jamaica 2009). The guiding principles for the implementation of social protection are: personal responsibility, inclusiveness, equity and smart programming (Planning Institute of Jamaica 2014). Specifically the Strategy attempts to address the seven critical issues identified with the system: (1) persistent poverty that was typically the domain of rural areas but has become increasingly prevalent in urban areas; (2) poor educational outcomes leading to poor employment prospects; (3) inadequate social security coverage to protect against the risks faced by the poor and that are heightened by living in a SIDS; (4) too many children not receiving adequate care or having their needs met by parents; (5) inadequately available shelter and social infrastructure for families with low income; (6) inadequate protection vulnerable and disadvantaged groups in the society; and, (7) weak capacity within the relevant institutions to deliver effective social protection interventions. Despite these challenges, the State remains committed to reducing poverty and inequality and providing a wider range of interventions to support low income households. The State remains committed to the fulfilment of the UN's 2030 Agenda whose number one SDG is the eradication of poverty, everywhere.

Operationally, the State's main social protection programme is the Programme of Advancement through Health and Education (PATH) programme. Three programmes were consolidated into PATH: - Food Stamp, Old Age and Incapacity Allowance, and Outdoor Poor Relief (Innerarity and Risdén 2010). This was done to improve efficiency, reduce administrative costs and coverage of vulnerable groups. PATH is financed by loans from the International Bank for Reconstruction and Development and the Inter-American Development Bank (IDB) (Ministry of Labour and Social Security 2021). It is a conditional cash transfer (CCT) programme targeting poor families, by providing cash transfers with conditionalities that require beneficiaries to maintain their children's attendance at school and health centers in an effort to ensure the development of their human capital. There are currently approximately 320,000 beneficiaries on the programme. According to the Ministry of Labour and Social Security (2021), beneficiaries of PATH include: -

- Children: from birth to the completion of secondary school.
- Secondary school students with matriculation exam fees.
- University students previously on PATH may be eligible for bursaries.
- Pregnant and lactating women: members of the family who are pregnant or who have not passed 6 months since the birth of the last child.
- Elderly: 60 years and older.
- Persons with Disabilities: family members who have been certified by a doctor or by the Jamaica Council for Persons with Disabilities as having a permanent disability.
- Adult Poor: the head of a family consisting only of persons who are over the age of 18 but under 60 years may be selected to receive a benefit (Ministry of Labour and Social Security 2021).

Table 6.2.1 provides a breakdown of the categories of PATH beneficiaries. Approximately 50 per cent of the PATH beneficiaries are aged 6-17 years. This is in keeping with the profile of the poor in Jamaica where 1 in 5 children live in poverty. The Elderly form the second largest group of beneficiaries.

Table 6.2.1: Categories of PATH Beneficiaries

	Number	%
Health (0-under 6 years)	37,011	11.6
Education (6-17 years)	161,857	50.9
Elderly	81,703	25.7
Disability	14,888	4.7
Pregnant/Lactating	824	.3
Adult poor	12,025	3.8
Poor Relief/PAD	9,994	3.0
Total	318,302	100

PAD: Public Assistance Division

Source: Planning Institute of Jamaica, Economic and Social Survey of Jamaica (2019)

Table 6.2.1 indicates that adults receive very little support from PATH arguably because it is expected that able-bodied adults ought to be able to work to support themselves. Of course, the experience of the majority of the poor negates this or shows that even with work, many adults are unable to provide for their needs adequately. Various studies have been done to explore the potential of unemployment insurance and unemployment assistance that are geared to supporting previously employed adults who become unemployed due to no fault of their own. For those who are unemployed, the MLSS has developed the Steps-to-Work programme in 2008 to support interventions that assist working-age members of poor families to seek and retain employment. There are four categories of support:

1. Entrepreneurship Training and Micro-Finance that provides grants of up to \$100,000
2. Job-readiness training, placement referrals and paid training on the job for qualified secondary and tertiary training
3. Technical/vocational training and certification opportunities
4. Second Chance Education Initiative that provides monetary support for tuition and examination costs for participants for up to five (5) CSEC subjects and up to NCT/TVET Level II certification in a vocational skill

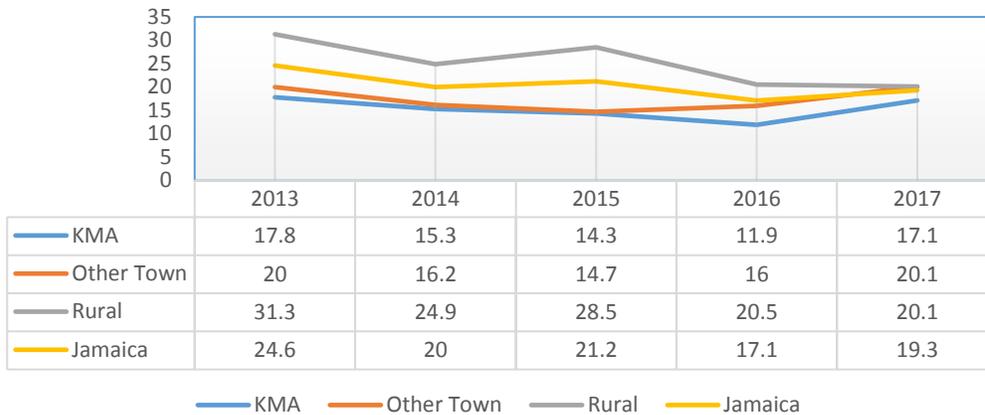
Figure 6.2.1 provides data on poverty rates in Jamaica. As mentioned in the Introduction, poverty rates have fluctuated through the years. The rural areas record the highest proportion of persons in poverty. Based on STATIN's 2019 population figures of 2,734,034 and 2017's national poverty rate of 19.3 per cent in 2017, there are approximately 527,669 living on or below the poverty line in Jamaica. While the poverty rate has reduced to 12.9 in 2018, those who have escaped poverty in 2018 remain vulnerable. Based on the criteria for accessing the State's main Social Protection programme PATH, they should all be beneficiaries of the programme. However, based on **Table 6.2.1**, with just under 350,000 beneficiaries on PATH, prior to COVID-19, not all persons living in poverty were beneficiaries of the State's main Social Protection programme.

Several evaluations of the PATH programme have been conducted, for example, Levy and Ohls (2010 p.1) found that: -

“PATH was generally implemented as intended; exhibited better targeting to the poor than other similar social assistance programmes in Jamaica; and had positive and statistically significant impacts on school attendance and number of preventive health care visits for children. We find no evidence, however, that PATH was able to affect longer-term outcomes such as marks, grade progression, or health care status.”

Increased financial and human resources are needed to provide social protection to all families living below the poverty line and those who are “near poor” and move in and out of poverty (transient poor).

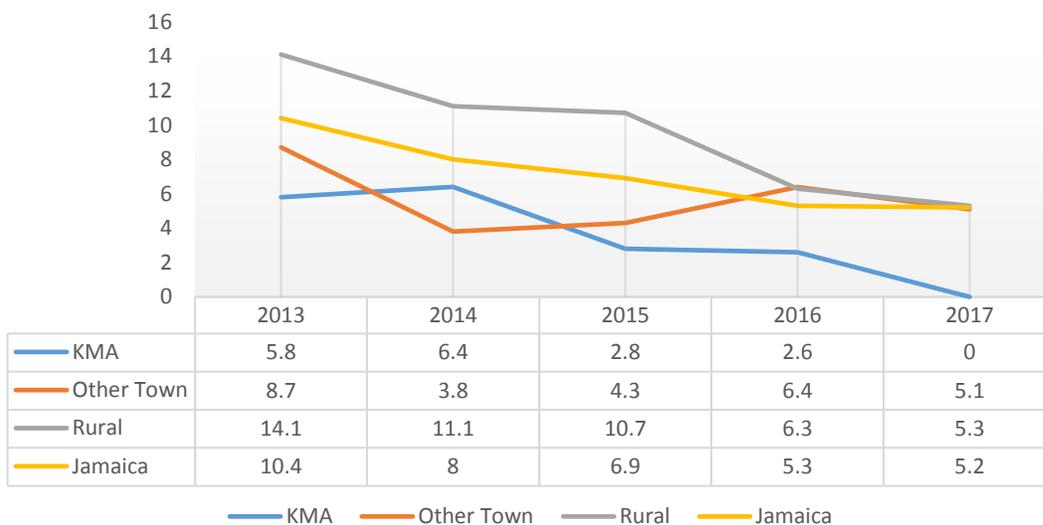
**Figure 6.2.1:
Prevalence of Poverty in Jamaica, 2013-2017
(per cent)**



Source: PIOJ/Statin 2019 (JSLC 2017, 212)

Approximately, 5.2 per cent of the Jamaican population are not meeting their nutritional needs (Figure 6.2.2). In absolute numbers, there are approximately 136,702 persons experiencing food insecurity.

**FIGURE 6.2.2 PREVALENCE OF FOOD POVERTY IN JAMAICA,
2013-2017 (PER CENT)**



Source: PIOJ/Statin 2019 (JSLC 2017, 212)

With the 527,669 individuals living in poverty and 136,702 experiencing food insecurity viz the 320,000 beneficiaries on PATH, the State's main social protection programme is not targeting all the vulnerable in Jamaica, even if we were to include the food insecure in the "poor" category. Coverage was inadequate prior to COVID-19 and with the expected increases in poverty and food insecurity as a result of the impact of COVID-19 pandemic on the agriculture sector and on individual income. The sector is expected to experience losses of at least \$30 billion to the sector due to the COVID 19 pandemic. The demand for social protection has increased, exponentially, both in terms of the number of potential beneficiaries as well as the depth of the need and consequently, the required benefit to meet the needs has to be reviewed.

Beyond the PATH benefit, the GOJ has also mandated the National Housing Trust (NHT) to provide a heavy emphasis on the development of housing solutions targeted to the lower end of the market. As part of this initiative, the Inner-City Housing Project (IHP) was designed to encourage the development of sustainable communities by empowering residents to be able to manage their communities once developed/redeveloped. They will need to take on the responsibility of paying mortgage and maintaining the property. In order to support this transition, the programme required beneficiaries to begin to saving into a specified account as a precondition for becoming a home owner. Training was also provided to increase their employability or improve their entrepreneurial abilities and emphasis was also placed on the development of their softer skills such as conflict resolution, leadership training and sport and cultural development.

In terms of the provision of market-based solutions, the NHT has committed to providing 20,000 housing solutions by March 2023 using a mix of approaches including incentives to get private developers to deliver units that will be sold to purchasers for less than J\$10mn. Supporting the efforts of the NHT is the work of the Jamaica Social Investment Fund (JSIF) which was established to make investments in community development. Under the Integrated Community Development Project funded by the GOJ, the JSIF has been improving access to basic urban infrastructure and social services to improve community safety in the most vulnerable and volatile communities. Similar to the approach taken by the NHT, this programme integrates the infrastructure development – primary school, road and storm water drain rehabilitation, zinc fence removal, improved solid waste management – with training, skill development, peace building and other human capital development activities for longer term transformation.

In the area of social pensions, a recent study by CaPRI concluded that NIS pensioners are actually among the richest Jamaicans since more than 80 percent of the poorest Jamaicans receive no pension. The NHF and JaDEP programmes were also assessed as not being sufficiently pro-poor – only 48 percent of the number of Jamaicans suffering from chronic illnesses benefit from the Fund and 90 percent of the beneficiaries are not living below the poverty line. These three programmes are likely to be engaged by the same persons who are aware of them and the benefits available, have the necessary identification and literacy to apply for them, have jobs that can support the contributions required for NIS payments; and, are disciplined enough to make them manually if not supported by their employment or if they are self-employed. The report suggested the replacement of the existing Poor Relief Act with a more comprehensive social protection legislation and that a combination of dividends from the NHT and NHF along with reduced tax exemptions which benefit the rich be used to finance the changes necessary to finance a system that addresses the needs of more of the poor.

The problem of targeting, identification and formalization of larger portions of the population to support automatic qualification for social protection and employment/retraining/upskilling in the event of a crisis or non-self-induced job losses are critical for the improved performance of the social protection system in Jamaica. Whilst a social pension was launched in 2021 to support those 75 years and older who are not receiving an NIS pension, and the conditions for qualifying for a PATH benefit are currently being reviewed, there is a need for a review of the modality of government operations especially in relation to the manual and user-driven approach to accessing social protection options. The voluntary nature of NIDS and the low civil registration rates among the poor and vulnerable will mean that in order to increase enrolment each entity will have to expend significant amount of efforts individually that will be repetitive and tiresome for the potential beneficiaries especially if in the end they do not receive a benefit.

6.3. Social Protection Response to COVID-19 by the State

Prior to the first COVID-19 case, several steps were taken by the Government in anticipation of the imminent arrival of the virus. On March 5, 2020, the members of the National Disaster Risk Management Council, chaired by the Prime Minister met to discuss Jamaica's preparation for the pandemic. The MOHW outlined various risk-scenarios and mitigation plans. The Ministry of Finance (MOF) committed budgetary allocations to implement those plans. Given the level of the

country's preparedness, the WHO Director, Dr Tedros Adhanom Ghebreyesus commended the Jamaican Government's solid leadership via Twitter on March 17 (Davidson 2020).

One of the first responses to the pandemic was school closure. During school closure, educational institutions operated through three main media (Williams 2020a): -

Online classes for those with devices and internet, the only medium that facilitated student interaction with teachers. The Ministry implemented a cloud based Learning Management System (LMS) managed by Google to ensure there are no capacity issues. Workshops were held for teachers to introduce them to the platform and also train them in remote teaching.

Lessons through audio-visual media e.g. TV, cable and radio. The Public Broadcasting Corporation (PBCJ) provided televised classes from early childhood programmes starting in the early morning through to primary grades, followed by secondary grades ending at 5.30 pm. Schedules were published in daily newspapers and emailed to principals, teachers and students.

Provision of learning kits: These included text books and worksheets. Parents would pick these up from the school. These were particularly beneficial to students living in deep rural communities who had limited access to internet and/or electricity. The completed worksheets were dropped off, graded by teachers and returned to the students. Wherever possible, teachers communicated with parents via telephone, email, WhatsApp groups or text messaging.

During an online a forum with Principals held on Monday, June 14, 2021 by the Kiwanis Club of Stony Hill, the principals revealed some creative strategies to support the vulnerable children in their communities. These included: -

- Allowing small groups of children to come to the school as they do not have any connectivity at home.
- Visiting children in the homes on weekdays and weekends to review work with them and provide them with new materials.
- Providing breakfast at school for hungry children in the community.

Another principal in an impoverished community has been working with non-governmental organizations to provide bags of food items to the parents who have lost their jobs. Others delivered worksheets directly to students, collected and graded them and then followed-up with support during the period.

To reduce the impact of lack of access to electronic devices for learning, the Ministry of Education began a distribution programme, nationwide. A total of 18,000 tablets and 12,000 desk top computers were distributed by the Ministry of Education to teachers and students, mainly at the primary level, at the early stages of the pandemic (Patterson 2020c). The Ministry of Education has committed to the provision of 40,000 additional tablets/laptops to the poorest students in the upper primary grades 4, 5 and 6, while public secondary schools have been provided with the funding to procure laptops for students in grades 10-13 who are beneficiaries of PATH. The distribution of these devices started October 4, 2020. Through the same programme, a further 21,000 tablets have also been distributed to teachers (Dawkins 2020). The Ministry received commitment from six major corporate companies when the “One Laptop or Tablet per Child” Initiative was launched on October 29, 2020. However, the Ministry of Education was faced with a new challenge. There was now an insufficient supply of tablets and laptops leading to price gouging, with price increases up to 60% (Robinson 2020). Given the large number of students in need of devices, not all students have received their devices. In 2021, The Ministry of Education, Youth & Information also launched a “Own Your Own Device Incentive Programme” and issued over 24,000 vouchers to help parents buy their children, a device. Each voucher is worth J\$20,000. The Ministry has stopped the progress to assess its implementation to-date. The programme will be re-opened once the assessment is completed.

Cognizant of the negative impact of the pandemic on mental health, in early October the MOE implemented a psychosocial programme to help students, staff and parents cope with the mental health challenges caused by the policies implemented to control the spread of the *2019 novel coronavirus* across the population. In collaboration with UNICEF, a Jamaican bank and an NGO and the National Parenting Support Commission supported the provision of 35 psychosocial helplines for parents across all six education regions through the efforts of (Smith 2020c).

The second response to cushion the negative impact of the pandemic, was the implementation of a J\$10-billion (US\$696,866) CARE Programme, designed to reduce the adverse economic impact of the COVID-19 pandemic on resident Jamaicans and small businesses.²³ Individuals who were not formally employed or unemployed received a one-time cash grant of J\$10,000 (US\$69.69). Payments started on May 7, 2020. A total of 401,314 individuals applied for the Compassionate Grant, of which approximately 378,919 were deemed eligible as 22,395 were ineligible having received a recent salary.²⁴

Other components of the Jamaican Government's CARE Programme included:²⁵

1. Tourism Grant, for businesses operating in the tourism sector, inclusive of hotels, attractions and tours which are registered with the Tourism Product Development Company (TPDCo);
2. Small Business Grants for businesses in the MSME sector with sales of \$50 million or less;
3. Business Employee Support and Transfer of Cash (BEST Cash), to provide temporary cash transfers to businesses in targeted sectors based on the number of workers they keep employed;
4. A General Grant, which is aimed at supporting persons, who operate businesses registered either with a Municipal Authority, the Transport Authority or the Tourism Product Development Company (TPDCo); including barbers, hairdressers and taxi-drivers.
5. Supporting Employees with Transfer of Cash (SET Cash) – temporary cash transfer to individuals where it can be verified that they have lost their employment since March 10 (the date of the first COVID case in Jamaica);
6. Path Grant, through which beneficiaries received an additional PATH payment between April and June, 2020.

The level of access to these opportunities by the various groups will be assessed in subsequent sub-sections.

²³ <https://jis.gov.jm/features/compassionate-grant-recipients-grateful-for-government-support/> Retrieved October 11, 2020

²⁴ Ibid

²⁵ Ibid

6.3.1 Children & Youth

PATH beneficiaries were the first to receive targeted increased assistance since the pandemic. The State's social policy responses paid special attention to children who received benefits under the PATH programme. Since they could not receive their meals due to school closure, parents were given monthly cash payments to prepare breakfast and lunch for their children while schools remain closed. This initiative benefited 100,000 students on the PATH feeding programme at a cost of \$232 million.²⁶ Acknowledging the disruption to their education and the need to maintain access to their online classes, the Government committed to providing laptops to children receiving PATH benefits. However, the issue of poor connectivity, persists. For example, internet problems in St. Mary and St. Thomas persist and some teachers and children are calling for face-to-face classes.²⁷

During a pandemic, children in State care become even more isolated than their counterparts. The Child Protection and Family Services Agency (CPFSA) provides care and protection for 4000 children (more than 2000 of which are in residential child care facilities and the remainder are in family-based care programmes, such as foster care, supervision order, and family reintegration). The CPFSA, has oversight of 54 child care facilities, including transitional living complexes, places of safety and children's homes.²⁸ As part of their COVID-19 response, they limited access to the wards in their care and all visits were subject to comprehensive reviews. At the tertiary levels, each institution implemented a range of measures to support students in the learn-from-home modality. Most had access to online learning management systems and options for online delivery of lecturers, tutorials and other forms of web-conferencing tools that were rapidly deployed in all courses. Other institutions deployed devices in some cases with preloaded material for students without devices or broadband access.

The Government has also recognized the need to provide psychosocial support to the children in State care to help them cope with their increased isolation. Thirty social workers from the CPFSA were trained to provide psychosocial support to more than 6,500 at-risk children who are wards of

²⁶ <https://moey.gov.jm/parents-path-students-be-given-cash-prepare-breakfast-and-lunch> Retrieved October 10, 2020.

²⁷ Prime Time News on TVJ, 7 pm, October 10, 2020

²⁸ <https://moey.gov.jm/cpfsa-activates-COVID-19-response-plan> Retrieved October 11, 2020

the State. The training took place between June 5 and September 25, 2020 and included a month-long practicum in October.²⁹

6.3.2 The Elderly (60 years and older)

In March 2020, the Ministry of Local Government and Community Development (MLGCD), and the Social Development Commissions activated the RONA Helpline Senior Care Response initiative.³⁰ The initiative was designed to aid senior citizens aged 70 years and over who are in critical need.³¹ Some 16 contact points were established to support the elderly. The elderly were also recipients of the compassionate and PATH grants. They were the first focus of the vaccination programmes. Several non-governmental organizations provided support to this vulnerable group e.g. food baskets and help with the filling of prescriptions. A year later in March 2021, persons over 60 years of age who were vaccinated and not receiving a formal income were also eligible to receive a grant of J\$10,000 under the Conditional Cash Transfer for the Vaccinated (CCTV) once their vaccination status is confirmed by the MOHW³². Payments would be made through a valid, active bank account in the same name of the vaccinated person or through a recognized remittance company or through a duly authorized third party.

6.3.3 Persons with Disabilities

As of July 2020, persons with disabilities (PWDs), aged 18-65 years who were unemployed or not formally employed and who are registered with the Jamaica Council for Persons with Disabilities (JCPD) from 1973 to March 31, 2020 could apply for the one-off temporary grant under the GOJ CARE Programme (J\$10,000).³³ Since the onset of the pandemic, the Government has provided sign language services during regular press briefings on COVID-19.

²⁹ <https://jis.gov.jm/social-workers-being-trained-to-provide-psychosocial-support-to-at-risk-children/> Retrieved October 10, 2020.

³⁰ <https://jis.gov.jm/sdc-continues-to-assist-the-elderly/> Retrieved October 12, 2020

³¹ Ibid

³² <https://jamaica-gleaner.com/article/lead-stories/20210310/vaccine-tease> and <https://jis.gov.jm/media/2021/06/Statement-on-CCTV-SET-and-BEST-Cash-HMFPS-Nigel-Clarke-June-8-2021-1.pdf>

³³ <https://jis.gov.jm/persons-with-disabilities-18-to-65-years-to-get-grant-through-care-programme/> Retrieved October 10, 2020.



The World Bank³⁴ estimates that there are 200,000 PWDs in Jamaica. Despite the GOJ's financial grants of about J\$40 million for PWDs under the CARE programme and the availability of private sector sponsored financial aid, there are still reports that this support inadvertently tended to exclude most PWDs. According to the chairman of 'Combined Disabilities Association Limited,' persons must be registered with the JCPD in order to access CARE grants; however, the registration requires medical certification of the applicant's respective disability from a professional health practitioner. He noted that this is not always possible due the physical and financial barriers faced by the disabled persons.³⁵ In addition, there are cultural views and treatment of PWDs that militate against their registration or inclusion in official statistics. Some families keep their relatives with disabilities, hidden out of shame and stigma.

Officials state that to access a CARE grant one requires a tax registration number and one of the options to access the grant is through a direct deposit to a bank account. PWDs who do not have any means to earn an income or do not meet these requirements are negatively impacted. Therefore, there is a clear need for the development of an adequate system that will identify and serve the most vulnerable set of persons with disabilities in a manner that reduces the burden on caregivers to have to seek verification of disability from various sources. Registration for a taxpayer registration number (TRN), the national insurance scheme (NIS) and other non-revenue generating means of identification need to be done automatically at birth where the disability can be identified. In other cases, follow-up can be done at the community clinic level and should incorporate mobile and extension service rather than centered on attendance at clinic. There is also a need for an increased advocacy on behalf of PWDs in Jamaica. Whilst the government does not wish to be seen as encouraging or ignoring its own systems, it may need to re-consider the mandatory registration of applicants for the required civil registration simultaneous with the provision of whatever support it is offering. Understandably, this will require reengineering of public sector operations.

³⁴ <https://www.worldbank.org/en/news/feature/2016/04/18/acting-on-disability-discrimination-jamaica> Retrieved June 1, 2021

³⁵ <https://ltccovid.org/wp-content/uploads/2020/05/The-COVID-19-Long-Term-Care-situation-in-Jamaica-25-May-2020-1.pdf>. Retrieved December 20, 2020

6.3.4 Protection of the homeless

There are an estimated 2,000 homeless people in Jamaica, 700 of them are located in Greater Kingston³⁶. Since the pandemic, the State has opened several drop-in facilities in Trelawny, Ocho Rios, St. Ann; Port Maria in St. Mary; Lucea, Hanover, and Black River, St. Elizabeth.³⁷ The Government has also provided an additional 100-bed shelter for the homeless persons in the capital city, Kingston. The MLGCD supplied the additional beds in light of the implementation of curfews and to secure shelter for the homeless population in Kingston.³⁸ The MLGCD also established a new shelter in Kingston. The shelter is administered through the Poor Relief Departments and accommodates up to 75 persons on a nightly basis. Temporary shelters were also established in Linstead, Old Harbour and Spanish Town, St. Catherine.

In addition to physical shelters, the State sought to meet the nutritional needs of the most vulnerable in the society. Since the onset of the coronavirus (COVID-19) pandemic, the Government has also provided more than 30,000 meals per day for poor and vulnerable persons in communities island-wide.³⁹ The meals are delivered to the poor at drop-in centres and other facilities across the country. The Poor Relief Department during a 17-week period, provided over 11,000 care packages, 69,000 breakfasts and over 100,000 lunches to the homeless.⁴⁰ In St. James (a major tourism parish) The St. James Poor Relief Department also provided care packages for the poor. The poor-relief officers visited the homes of the parish's 1,418 registered poor, distributing care packages containing essential food and personal care items and dietary supplements.

³⁶ <https://jamaica-gleaner.com/article/lead-stories/20210126/homeless-horror-streets-filled-trembling-four-chopped-death-kingston>

³⁷ <https://jis.gov.jm/govt-providing-over-30000-meals-per-day-for-vulnerable-persons/> Retrieved October 11, 2020

³⁸ <https://jis.gov.jm/additional-100-bed-shelter-provided-for-kingstons-homeless-citizens/> Retrieved October

³⁹ <https://jis.gov.jm/govt-providing-over-30000-meals-per-day-for-vulnerable-persons/> Retrieved October 11, 2020

⁴⁰ http://www.jamaicaobserver.com/latestnews/More_than_160,000_meals_served_to_the_homeless_?profile=0 Retrieved October 11, 2020

6.4: Findings from the UNDP/SALISES/CaPRI SEIA 2021 Survey

6.4.1: National Context

This section analyses primary data collected for the UNDP/SALISES/CaPRI 2021 SEIA survey. **Table 6.4.1.1** provides data on the types of social interventions received by respondents to cushion the impact of COVID-19. Some 43.0 per cent of the respondents were beneficiaries of a State's social protection programme to cushion the impact of COVID-19. Of those who received benefits from the State, the majority received a compassionate grant (60.0 per cent). They received a one-time grant of J\$10,000 (US\$69.69) paid to their bank account or to a remittance company of their choice.

Table 6.4.1.1: Distribution of State's Social Protection programmes in Response to COVID-19 (percent)

	Frequency	%
SET Cash Best	103	6.3
COVID-19 General Grants	128	7.8
COVID-19 Compassionate Grants	987	60.1
COVID-19 PATH grants	327	20.1
COVID-19 Small business Grants	5	0.3
COVID-19 Tourism Grants	10	0.6
COVID-19 Student Loan Relief	55	3.3
Other benefit	11	0.7
N=1626		

Source: UNDP/SALISES/CAPRI 2021 SEIA

The three main sources for non-State support to alleviate the impact of COVID-19 were: - Family/friends/neighbours from abroad (13.5 per cent), Church (8.1 per cent) and Family/friends/neighbours in Jamaica (8.1 per cent) (**Table 6.4.1.2**).

Table 6.4.1.2: Sources of non-State Social Protection Programmes in Response to COVID-19 (All Respondents)

	Frequency	%
Community Organizations	89	2.6
Church	280	8.1
Family/Friends/ Neighbours in Jamaica	284	8.1
Family/friends/neighbours from abroad	469	13.5
Workplace	113	3.3
No	2239	64.4
N=3196		

Source: UNDP/SALISES/CAPRI 2021 SEIA

*** Multiple Responses accepted

The six main types of support that respondents requested to help alleviate the impact of the pandemic included: - money (76.1 per cent), food (49.9 per cent), masks and sanitizers (41.8 per cent), health insurance (28.1 per cent) and internet access/assistance with technology (26.8 per cent) and educational resources (23.7 per cent.) (Table 6.4.1.3).

Table 6.4.1.3: Support requested by respondents to cushion impact of the pandemic

	Frequency	%
Money	2430	<u>76.1</u>
Education Resources	759	23.8
Clothes	289	9.0
Food	1595	<u>49.9</u>
Medical Care/Medication Supplies	758	23.7
Babysitting/caregiving/housekeeping	222	7.0
Health insurance	897	28.1
Internet access/assistance with technology	857	26.8
Improved water supply	588	18.4
Transportation	526	16.5
Masks & sanitizers	1335	<u>41.8</u>

	Frequency	%
Garbage Collection	534	16.7
Other support	59	7.3
N=3194		

Source: Source: UNDP/SALISES/CAPRI 2021 SEIA

*** Multiple Responses accepted

These requests for money, food and masks is consistent for all groups and must be made priorities in the implementation of policies to reduce the impact of the pandemic.

6.4.2 PATH Beneficiaries

This section focuses on the beneficiaries of the State’s main social protection programme – PATH. Of all the respondents interviewed, 5.9 per cent of them were on the PATH programme. The JSLC 2017 reports that 36.5 percent of all respondents are on PATH. Despite the non-representative nature of the sample, salient points and policy recommendations will still be useful. The two main COVID-19 relief benefits accessed by PATH beneficiaries were the COVID-19 PATH grants (53.1 per cent) and COVID-19 Compassionate grants (33.4 per cent) (**Table 6.4.2.1**). Persons enrolled in PATH were scheduled to receive two (2) equal payments in the period April –June 2020 instead of the usual single benefit. The PATH COVID-19 Grant added another payment of equal size increasing the total number of payments received in the April – June 2020 period to three (3). Since it was an automatic payment, it is not clear why only 56.4 per cent of all PATH beneficiaries in the **UNDP/SALISES/CAPRI 2021 SEIA** reported accessing this benefit when asked if they knew how to apply for government’s assistance (if needed), 55.7 per cent of the PATH beneficiaries stated that they did not. (**Table 6.4.2.1**).

Table 6.4.2.1: Distribution of State's Social Protection Programmes in Response to COVID-19 (PATH Beneficiaries, Only)

	Frequency	%
SET Cash Best	14	2.4
COVID-19 General Grants	24	4.1
COVID-19 Compassionate Grants	194	33.4
COVID-19 PATH grants	308	53.1
COVID-19 Small Business Grants	1	.2
COVID-19 Tourism Grants	1	.2
COVID-19 Student Loan Relief	9	1.6
Other benefit	3	.5
N=580		

Source: UNDP/SALISES/CAPRI 2021 SEIA

PATH beneficiaries also received support from non-State sources to cushion the impact of COVID-19. Of all PATH beneficiaries, 47.6 per cent of them received assistance from a non-State sources. The main non-Government support was from the church (21.9 per cent), family family/friends/neighbours from abroad with 18.8 per cent of all PATH beneficiaries, receiving this benefit. Other main sources included: Family/friends/neighbours in Jamaica (15.9 per cent) (Table 6.4.2.2). Other sources included community organizations (6.4 per cent) and work place (2.9 per cent).

Table 6.4.2.2: Distribution of Non-State Social Protection Assistance in Response to COVID-19 (PATH Beneficiaries, only)

	Frequency	%
Community Organizations	37	6.4
Church	127	<u>21.9</u>
Family/Friends/ Neighbours in Jamaica	92	<u>15.9</u>
Family/friends/neighbours from abroad	109	<u>18.8</u>
Workplace	17	2.9
None	304	52.4
N=580		

Source: UNDP/SALISES/CAPRI 2021 SEIA

The six main types of support that PATH beneficiaries would need to help cushion the negative impact of the pandemic are: money (80 per cent), food (59.1 per cent), masks and sanitizers (41.2 per cent) and internet access/assistance with technology (32.8 per cent), educational resources (29.3 per cent), medical care/medication and supplies (28.1 per cent) (See **Table 6.4.2.3**).

Table 6.4.2.3: Support Requested by PATH Beneficiaries to Cushion Impact of the Pandemic

	Frequency	%
Money	464	<u>80</u>
Education Resources	170	29.3
Clothes	87	15.0
Food	343	<u>59.1</u>
Medical Care/Medication Supplies	163	28.1
Babysitting/caregiving/housekeeping	37	6.4
Health insurance	161	27.8
Internet access/assistance with technology	190	<u>32.8</u>
Improved water supply	113	19.5
Transportation	88	15.2
Masks & sanitizers	239	<u>41.2</u>
Garbage Collection	78	13.4
Other support	14	2.8
N=580		

Source: UNDP/SALISES/CAPRI 2021 SEIA

*** Multiple Responses accepted

Of all the PATH beneficiaries, only 34.7 per cent of them indicated that they would take the COVID-19 vaccine (**Table 6.4.2.4**). Another 40 percent were not sure if they would take the vaccine when available. This is consistent with the general anti-vaccine sentiments across the population as only 33.9 per cent revealed that they would take the vaccine.

Table 6.4.2.4: Responses by PATH Beneficiaries to the question: Would you take the vaccine when it becomes available?

Response	Frequencies	Percentage
Yes	201	34.7
No	147	25.3
Not sure	232	40.0
Total	580	100

Source: UNDP/SALISES/CAPRI 2021 SEIA

The PATH Beneficiaries, like the other vulnerable groups under discussion have highlighted money, food, masks and sanitizers as their major needs.

6.4.3 Persons with Disabilities

As noted in **Section 6.3.3**, PWDs form a very vulnerable group in the society. They need targeted social protection to reduce the negative impact on them. Of all the respondents, 11.3 per cent of them, reported having a disability. Of all the persons reporting a disability, 66.1 per cent were females and 33.9 per cent were males. Only 40 per cent were beneficiaries of the State’s main social protection programme, PATH.

Of all the persons with disabilities, only 50.2 per cent of them accessed a social protection programme to cushion the impact of the pandemic. The main programme accessed was the ‘compassionate grant’ that was accessed by 36.2 per cent of all persons with disabilities (**Table 6.4.3.1**). Of all persons with disabilities, only 22.5 per cent of them received a PATH grant to alleviate the negative impact of the pandemic. This is low as persons with disabilities have a high incidence of poverty (UNICEF 2018). The problems facing persons with disabilities when they attempt to access these social protection programmes as highlighted in **Section 6.3.3**, is related to the requirement to provide medical verification of their disability and the inability of many persons with disabilities to afford to pay for a doctor’s visit and the various forms of registration required.

Table 6.4.3.1: Distribution of the State's Social Protection Programmes in Response to COVID-19

	Frequency	%
SET Cash Best	41	2.1
COVID-19 General Grants	4	2.1
COVID-19 Compassionate Grants	61	32.3
COVID-19 PATH grants	49	25.9
COVID-19 Small Business Grants	-	-
COVID-19 Tourism Grants	-	-
COVID-19 Student Loan Relief	2	1.2
Other benefit	1	.5
N=189		

Source: UNDP/SALISES/CAPRI 2021 SEIA

The main sources of non-State support for persons with disabilities came from family/friends/neighbours outside of Jamaica with 21.8 per cent of all persons with disabilities receiving support from that source (**Table 6.4.3.2**). The church was the second main source (21.0 per cent), followed by family/friends/neighbours in Jamaica (15.9 per cent).

Table 6.4.3.2: Distribution of non-State social protection assistance in Response to COVID-19 (Persons with Disabilities, only)

	Frequency	%
Community Organizations	27	10.0
Church	57	21.0
Family/Friends/ Neighbours in Jamaica	43	15.9
Family/friends/neighbours from abroad	59	21.8
Workplace	6	2.8
None	79	
N=271		

Source: UNDP/SALISES/CAPRI 2021 SEIA

The six main types of support that persons with disabilities would need to help cushion the negative impact of the pandemic are: money (84.7 per cent), food (59.3 per cent), masks and sanitizers (45. per cent), medical care/medication and supplies (42.3 per cent), health insurance (32.2 per cent) and internet access/assistance with technology (24.9 per cent). This is similar to the needs identified by the PATH beneficiaries.

Table 6.4.3.3: Support Requested by Persons with Disabilities to Cushion Impact of the Pandemic

	Frequency	%
Money	160	<u>84.7</u>
Education Resources	30	15.9
Clothes	33	17.5
Food	112	<u>59.3</u>
Medical Care/Medication Supplies	80	42.3
Babysitting/caregiving/housekeeping	17	9.0
Health insurance	61	32.2
Internet access/assistance with technology	47	<u>24.9</u>
Improved water supply	40	21.2
Transportation	37	19.6
Masks & sanitizers	85	<u>45.0</u>
Garbage Collection	37	37
Other support	5	2.6
N=189		

Source: UNDP/SALISES/CAPRI 2021 SEIA

*** Multiple Responses accepted

When asked if they would receive the vaccine when it became available, 35.4 per cent of all persons with disabilities said yes; 28.0 per cent said no and another 36.5 per cent said that they were not sure (**Table 6.4.3.4**). That positive response was higher than the national rate which was 33.9 per cent for all respondents who said “yes” they would take the vaccine when it became available.

Table 6.4.3.4: Responses by Persons with disabilities to the question: Would you take the vaccine when it becomes available?

Response	Frequencies	Percentage
Yes	67	35.4
No	53	28.0
Not sure	69	36.5
Total	189	

Source: UNDP/SALISES/CAPRI 2021 SEIA

6.4.4. The Elderly

The elderly aged 60 years and older constituted 9.9 per cent of all respondents. The main social protection programmes accessed by the elderly were: COVID-19 compassionate grants and COVID-19 PATH grants with 32.3 per cent and 22.5 per cent of the elderly accessing these programmes, respectively (**Table 6.4.4.1**)

Table 6.4.4.1: Distribution of the State's Social Protection Programmes in Response to COVID-19 (The Elderly Aged 60 years and Over, only)

	Frequency	%
SET Cash Best	1	.3
COVID-19 General Grants	5	1.6
COVID-19 Compassionate Grants	102	32.3
COVID-19 PATH grants	71	22.5
COVID-19 Small Business Grants	2	.6
COVID-19 Tourism Grants	-	-
COVID-19 Student Loan Relief	-	-
Other benefit	1	.3
N=189		

Source: UNDP/SALISES/CAPRI 2021 SEIA

In relation to non-state support, the elderly received strong support from family/friends/neighbours from abroad (24.7 per cent) and Jamaica (20.9 per cent).

Table 6.4.4.2: Distribution of Non-State Social Protection Assistance in Response to COVID-19 (The Elderly Aged 60 Years and Over Only)

	Frequency	%
Church	58	18.4
Family/Friends/ Neighbours in Jamaica	66	20.9
Family/friends/neighbours from abroad	78	24.7
Workplace	2	.6
N=316		

Source: UNDP/SALISES/CAPRI 2021 SEIA

The main types of support that the elderly are money (71.8 per cent); food (39.9 per cent); medical care/medication supplies (31.3 per cent); masks and sanitizers (26.6 per cent) and health insurance (20.9 per cent) (Table 6.4.4.3).

Table 6.4.4.3: Types of Support Requested By Persons Aged 60 Years and Over to Cushion Impact of the Pandemic

	Frequency	%
Money	227	<u>71.8</u>
Education Resources	28	8.9
Clothes	20	6.8
Food	126	<u>39.9</u>
Medical Care/Medication Supplies	99	<u>31.3</u>
Babysitting/caregiving/housekeeping	16	5.1
Health insurance	66	20.9
Internet access/assistance with technology	52	16.5
Improved water supply	40	12.7
Transportation	36	11.4
Masks & sanitizers	84	<u>26.6</u>
Garbage Collection	42	13.3
Other support	7	2.2
N=189		

Source: UNDP/SALISES/CAPRI 2021 SEIA

*** Multiple Responses accepted

Of all the elderly, 48.1 per cent of the respondents were willing to take the vaccine which is higher than the national rate of 33.9 per cent (Table 6.4.4.4).

Table 6.4.4.4: Distribution of responses by the elderly to the question: Would you take the vaccine when it becomes available?

Response	Frequencies	Percentage
Yes	152	48.1
No	80	25.3
Not sure	84	26.6
Total	316	

Source: UNDP/SALISES/CAPRI 2021 SEIA

6.5 Policy Recommendations

The pandemic has had a deleterious impact on households in Jamaica. One year after the pandemic, the findings from the UNDP/SALISES/CAPRI 2021 SEIA survey have highlighted some grave vulnerabilities among critical segments of the population. Respondents among the groups represented in the survey all indicated that their top four needs are: *money, food, masks and sanitisers, and internet and device access*. There is urgent need for an increased number of compassionate grants as the majority of all respondents (76 per cent) said that they needed more financial support, urgently.

Policy Options for Social Protection in Jamaica: The demand for social protection has increased, exponentially, both in terms of the number of potential beneficiaries as well as the depth of the need and consequently, the required benefits to meet the needs have to be reviewed. Some main policy options include:-

- g) **Advocacy and Financial Support** where possible to increase coverage of the poor and vulnerable in society
- h) **Increased financial support:** The UNDP can provide technical assistance to the MOF to earmark funds or reserves that could be made available in the event of future crises. These funds would be quickly mobilized and channeled to SP immediately in response to a crisis. These funds could also be used to support an increased number of compassionate grants

(stimulus packages) and the UNDP can also advocate the international community for debt relief and increased financial aid as part of the HIMIC initiative referenced above.

- i) **Reduction of Food Insecurity:** The UNDP can support the efforts of the Ministry of Agriculture and Fisheries (MOAF) to facilitate increased regular access to food through the provision of meal vouchers and/or food packages.
- j) **Increased access to Masks and Sanitizers:** The UNDP can provide grants to small businesses that make masks and sanitizers to support nationwide distribution of these items especially at public events including vaccination blitzes, community clinics and entertainment events.
- k) **Increased support for public education** to increase awareness of social protection programmes in order to ensure that existing and potential beneficiaries are always able to access benefits for which they are eligible. The UNDP can provide technical and advisory support in this regard.

At the Dissemination of Findings Workshop held on November 3, 2021 the following recommendations were put forward by the participants for improved social protection in Jamaica:

Short - Term (2021-2022)

- Improving of online registers of recipients of social protection programmes
- Expansion of media and other communication modalities for information sharing.
- Increased access to food packages to the needy/ vulnerable groups.
- Extension of additional CASH transfer support to the needy/ vulnerable groups.

Medium - Term (2023-2026)

- The use of multi-sectoral approaches to identify and provide services to vulnerable populations.
- To encourage structured and coordinated community responses to the vulnerable groups.
- Greater formalization and registration of livelihood.

Long - Term (2027-2030)

- Collective social protection options being widely available.
- Increased awareness of vulnerability faced by children (e.g. gender based violence).
- Development and implementation of unemployment insurance by the government for workers.
- Strategic plan for food storage and ultimate distribution during crises.

7

National Security Risks



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7.1 Introduction

This section explores the national security risks emanating from COVID-19, looking at: (i) the effects of the crisis; (ii) implications for mitigating potential new and longstanding risks (iii) plans and recommendations for strengthening national security. **Section 7.2** provides an overview from the desk review, and **Section 7.3** explores the findings from the UNDP/SALISES/CAPRI 2021 SEIA Survey.

A key recommendation, which would provide socio-economic support while mitigating security risks, is the provision of public transportation, on a structured schedule during curfew hours, for essential workers such as practical nurses and caregivers who are not affiliated with organizations that provide staff transportation. Some essential workers and supporting organizations have indicated that at times they may be left stranded due to the non-availability of public transport options during the curfew. Limited chartered services are available which may be expensive, particularly with the recently announced increase in fares. As indicated in the data presented in Section 3, respondents in the UNDP/SALISES/CAPRI 2021 SEIA Survey also indicated the provision of transportation as one of the supporting measures that would assist in mitigating the impact of the pandemic.

7.2 National Security Context

Prior to the arrival of the pandemic, Jamaica faced a number of longstanding national security risks, characterized by internal and external threats related to physical and cyber-security challenges. For many years, the issue of prevention of violent crimes has been one of the most intractable developmental challenges faced by Jamaica. Several of the internal and external threats, such as the trade of guns for cash, drugs or food, robbery of businesses and citizens, and praedial larceny, further exacerbate the potential risks within the national security context.

Table 7.2.1 Selected Crime Indicators: 2011 - 2019

	YEAR								
	2011	2012	2013	2014	2015	2016	2017	2018	2019
Overall crime rate (per 100,000)	932	1639	1311	1065	848	733	675	599	626
Category 1 Crime Rate (per 100,000)	403	396	351	321	275	234	242	208	221
Murder Rate (per 100,000)	42	40	44	37	44	49	60	47	49
Source: Planning Institute of Jamaica (2015 and 2020) Economic and Social Survey of Jamaica									

The selected crime indicators as presented in **Table 7.2.1** above reflect the level of Category 1 crime and murder rates that characterize the Jamaican society. Whilst the overall crime rates fluctuate on an annual basis the murder rate is on average 45 per hundred thousand of the population between 2011 and 2019. Category 1 crimes – defined by the JCF as Serious and Violent Crimes to include Murder, Shooting, Rape, Robbery and Break-in – though lower towards the end of the period, has increased since 2018 and the average is just under 300 at 294 per hundred thousand.

Violent crimes inevitably present a burden for the national health infrastructure with admissions for gunshot wounds and other injuries. Similar to other social indicators, there are geographical hotspots for murder and shooting during any period of analysis and continued reflection as a hotspot typically warrants an adjustment in the policing strategy ranging from a change of the command staffing in the particular police division to the declaration of a Zone of Special Operation (ZOSO) or a State of Emergency (SOE) in special areas. The JCF has adopted a policy strategy based on community policing and the implementation and support for social interventions for at-risk individuals.

The Violence Interruption Programme continued to be implemented in more than 50 communities using a wide range of activities to identify persons at risk of perpetuating the violent tendencies in the community (Planning Institute of Jamaica 2020). They were then engaged in sessions designed to modify their behaviour based on reasoning, therapy and life skills training. Some persons

benefitted from continued monitoring and others were being supported for academic advancement. Aligned with this effort is a programme aimed at the rehabilitation and reintegration of Involuntary Returned Migrants (IRM) into the Jamaican society through a series of actions both administratively to capture them in databases and to improve their ability to operate in the Jamaican society by connecting them with business development services and social services as needed.

Trafficking in persons is another critical area of concern in terms of national security that has received attention from the GOJ and support from the IDPs (particularly the bilaterals) given the international nature of this phenomenon. Missing persons' reports continue to be filed with children accounting for nearly 75% of those who are missing. Of the total missing persons, 65.4% were females whilst among missing children 77.1% were females. The profile of missing persons reveals that there are hotspot parishes from which persons tend to go missing.

COVID-19 Implications for National Security

As the myriad effects of the pandemic have been experienced throughout the society, there have also been implications for national security. The nation's security has been one of the key areas considered in managing the pandemic. This has involved a range of aspects including monitoring border control and travel restrictions at ports of entry, community policing and interactions, cybersecurity for government systems, citizens and organizations, promotion of safe use of e-commerce systems, and prevention and investigation of incidents of crime and violence.

The process of responding to the challenges presented by COVID-19 has highlighted the multiple and intersecting factors and stakeholders involved in managing the effects of the pandemic. At a JCF Virtual Press Conference in June 2020, the Commissioner and Deputy Commissioner of Police highlighted the additional demands and also the additional opportunities presented by COVID-19. The JCF noted its efforts to balance a focus on tackling crime with engaging citizens and continuing community support initiatives to promote public order and safety. The JCF has been involved in partnerships with civil society and the private sector in the distribution of care packages to the most vulnerable, and supporting the provision of educational resources for remote learning in under-served communities (Jamaica Constabulary Force 2020). The logistics of

distribution of care packages through the PSOJ/CVSS initiative was supported by data modeling from the Mona GeoInformatics Institute at the University of the West Indies on vulnerable communities, poverty, unemployment and crime (CVSS 2020).

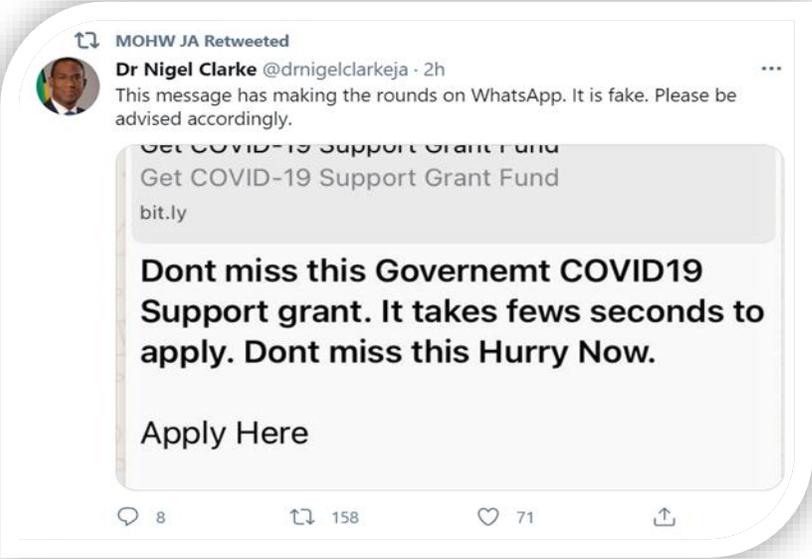
The DRMA provides the guidelines for the enforcement of restrictions and rules during the pandemic. The Ministry of National Security (MNS) and the Ministry of Justice (MOJ) were tasked with implementing a ticketing system for persons who breach the DRMA and COVID-19 restrictions. Combined approaches have also been used to enforce COVID-19 restrictions and tackle crime hotspots (Jamaica Observer 2021). The Commissioner has also reported a reduction in crime during the recently implemented weekend lockdowns, while commenting on the use of lockdowns as a tool for crime control (Jamaica Information Service 2021). Through an analysis of JCF statistics, Crawford, Parchment and Robinson (2021) indicate that there has been a decrease in most types of crime, although the decrease is not statistically significant. In some communities, increased incidents of crime have been observed due to economic and social stresses related to the pandemic (Cross 2021). The Economist (2021) has cautioned that the implications of COVID-19 may result in increased crime due to economic challenges, following the initial period of decreased levels of crime. A key element in balancing lives and livelihoods and mitigating risks is ensuring that resources and supplies continue to be available to meet the need for basic necessities to avert any potential unrest.

An example of the national security implications related to border control and cybersecurity had been seen in the recent discovery of the exposure of a large set of personal data from an online app, JamCOVID, which is used to assess and monitor the profile and COVID-19 test status of travelers to Jamaica (Whittaker 2021, TechCrunch 2021). The data collected included copies of passport information, travelers' signatures, COVID-19 status information and quarantine location and verification videos. The view has also been expressed that the breach with the JamCOVID app may also have implications in citizens' views of signing up for the National Identification System (NIDS) (Loop Jamaica 2021). The Digicel COVID-19 Business Survey also indicated cybersecurity as a key issue and noted that even in times of crisis hackers would look for vulnerabilities. The Financial Services Commission is recommending that computer-related fraud be included in the Cybercrimes Act, given the increasing range of criminal activities that take place online (Jamaica Gleaner 2021).

The increased promotion and use of online platforms for business, educational and social activities, has highlighted the importance of cybersecurity awareness, strategies and continuous assessment of risk. Recently, a pilot programme was implemented for the E-commerce National Delivery System (ENDS), an e-commerce app to facilitate the purchase and delivery of food, grocery and medication during curfews and lockdowns. This platform responds to calls from MSMEs to be able to continue to serve the public during curfew hours, and has encouraged small businesses to engage in online transactions.

With a range of demographics, spanning new users to expert users, utilizing various platforms and websites, there may be increased vulnerabilities associated with the protection, storage and access to individual and national data. The Jamaica Cyber Incident Response Team (Ja-CIRT) has cautioned citizens to be aware of the potential risks online (Jamaica Information Service 2021). During the pandemic, as seen in **Figure 7.2.1**, Ministries have had to counteract fake news on social media encouraging persons to click to apply for grant support to mitigate the impact of COVID-19. Separately, there are national security and health concerns in relation to the potential procurement of fake vaccines and fake vaccination cards.

Figure 7.2.1 Tweet Cautioning Persons Re Misinformation



Source: Ministry of Health and Wellness Twitter feed, 2021

The increased use of online platforms and the need for Internet access and electricity to support this access also has implications for potential increased theft of utilities as depicted in this editorial cartoon in **Figure 7.2.2**.

Figure 7.2.2 Editorial Cartoon Depicting Potential Unauthorized Access to Electricity to Support Online Access



Source: Jamaica Observer (2021)

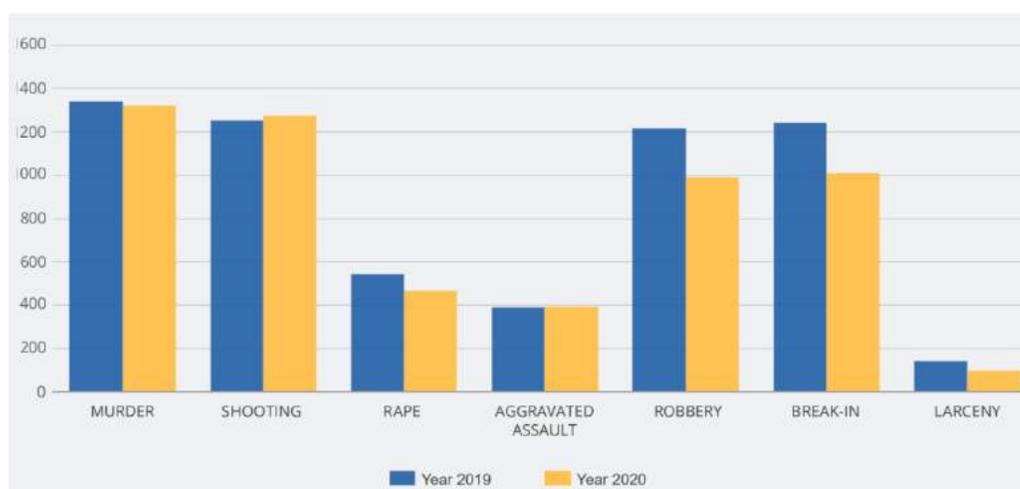
The MNS has continued to be involved in key decisions relating to national border control measures, management of travel restrictions (Loop Jamaica 2021), and facilitation of access to services during curfews. Ongoing international interest in the implications of COVID-19 for national security in the Caribbean is seen in advisories and reports from overseas organizations, for example noting that the pandemic has influenced changes in the operations of criminal networks in the Caribbean (Overseas Security Advisory Council 2021). The Jamaican Diaspora has expressed continued interest in working towards fighting crime in Jamaica. A Diaspora initiative with the US Government ‘Plan Secure Jamaica’ will be reprioritizing focus areas after being on hold during the pandemic (South Florida Caribbean News 2021).

A key collaboration with UNICEF has also assisted the MNS in mitigating the effects of the pandemic within juvenile correctional institutions. UNICEF has provided J\$1.92 million of technological support to facilitate virtual engagement (virtual classrooms, court hearings, family days and psychological / psychosocial support) across 4 Juvenile Correctional Centres in Jamaica (UNICEF 2021). Implications for national security also include monitoring a range of types of

violent and criminal activities, in physical and virtual spaces, and mitigating the potential impact that the pandemic may have in increasing incidences of these activities.

A recently published CAPRI/UKAID Study on the *Impact of the Pandemic on Domestic and Community Violence* draws on data over various periods in 2020 looking at violence related injuries in 47 of the poorest and most violent communities in Jamaica. The data analysed also included interviews with community contacts in late 2020. The study noted that the pandemic's effects on violence have been varied. **Figure 7.2.3** depicts the total number of category one crimes in 2019 and 2020.

Figure 7.2.3 Total Number of Category One Crimes



Sources: CAPRI/UKAID, 2021; Jamaica Constabulary Force, Statistics and Information Management Unit

There have been some increases in domestic abuse, unfortunately possibly as a result of increased stress levels due to increasing unemployment and further limited resources. There had been some decrease in community violence and crimes, notably in the initial pandemic phase, possibly reflecting the effects of the curfews and stay at home orders. In some rural communities, there were indications that violence remained at the same reduced levels as in the initial pandemic phase, while in other communities, violence increased during the pandemic (CAPRI / UKAID 2021). In October 2020, during the pandemic, the MNS established a Citizen Security Secretariat, funded by the GOJ, European Union and IDB, with the aim of putting in place “the necessary institutional

arrangements to ensure a sustainable, whole-of-Government approach to the social investment and social transformation component of crime fighting.” (Loop Jamaica 2021).

7.3 UNDP/SALISES/CAPRI Jamaica 2021 SEIA Survey

Respondents to the UNDP/SALISES/CAPRI 2021 SEIA Survey expressed their views about the implications of COVID-19 for national security. There were concerns that the loss of some forms of income for some persons, including jobs and remittances, presents risks of involvement in crime to meet the needs. It was also felt that with increasing stress levels, persons are more at risk of behavioural issues which may lead to criminal activities. In the questions related to the challenges associated with COVID-19, some respondents felt that there had been a reduction in crime during times of curfew restrictions. Others noted increasing crime figures. Given the increasing shift to online transactions and the related interest in increased cybersecurity, it is interesting to note that in response to questions on current and future use of online payment options, a number of respondents indicated that this option was not applicable. This may be related to the awareness, accessibility and availability of the options, as well as trust in the security and reliability of the transaction process. **Table 7.3.1** depicts the feedback to these questions.

Table 7.3.1 Use of Online Payment Options during COVID-19 and Intended Future Use Post-Pandemic

Use of Online Payment Options	Percentage of Respondents (N = 3,194)	
	Current Usage	Intended Future Use
Less usage	3.4	5.6
Same usage	24.5	43.4
More usage	35.8	12.9
Not applicable	36.4	38.0
Total	100.0	100.0

UNDP/SALISES/CAPRI 2021 Jamaica SEIA

An examination of the responses by parish (**Table 7.3.2**) shows a larger proportion of respondents in rural parishes indicating ‘Not applicable’. The larger proportions of increased usage of online payment options were seen in parishes with larger urban populations. This is an area that may benefit from further initiatives to support availability and awareness of options for online transactions.

Table 7.3.2: Use of Online Payment Options during COVID-19 by Parish

Parish	Percentage of Respondents (N = 3,156)				Number of Respondents
	Decreased	No change	Increased	Not applicable	
Kingston and St. Andrew	4.5	27.6	49.1	18.8	863
Portland	3.1	27.7	16.9	52.3	65
St. Thomas	0.0	25.4	19.4	55.2	67
St. Catherine	1.6	25.1	47.2	26.1	629
St. Mary	5.7	17.2	26.4	50.6	87
St. Ann	5.5	23.8	29.8	40.9	181
Manchester	1.6	15.3	27.5	55.6	189
Clarendon	1.5	20.1	26.5	52.0	204
Hanover	13.4	26.9	23.9	35.8	67
Westmoreland	3.3	20.7	11.4	54.7	368
St. James	2.1	28.3	40.3	29.2	233
Trelawny	7.4	19.8	23.5	49.4	81
St. Elizabeth	2.4	27.0	18.0	52.5	122
Total	3.4	24.3	35.5	36.8	3156

UNDP/SALISES/CAPRI 2021 SEIA

Policy Options for improved National Security: In order to support the fulfilment of SDG 16 *Peace, Justice and Strong Institutions*, a key recommendation from **UNDP/SALISES/CaPRI 2021 SEIA** Survey, was that citizens associate the curfews in addition to the community patrols as effective crime-fighting mechanisms and they support their continuation even post-COVID-19. The same perspective was given in relation to the ZOSOs and SOEs. Respondents also suggested the expansion of job opportunities that can be taken-up by at-risk and unattached youth and an expanded focus on teaching values in schools.

8

COVID-19 and the Environment



This section explores the impact of COVID-19 on the environment, looking at: (i) the effects on conservation practices and advocacy during the pandemic; (ii) observations of behavioural changes at the individual, household, firm and societal levels; and, (iii) plans and recommendations for a renewed focus on the environment and building resilience. **Section 8.2** provides an overview from the desk review, and **Section 8.3** explores the findings from the UNDP/SALISES/CAPRI 2021 SEIA Survey.

8.1 CONTEXT

Jamaica is blessed with one of the most beautiful, diverse natural environments with a wide range of flora and fauna that contribute to a rich biodiversity. Nevertheless, the prevalence of natural hazards and the human practices over the past decades have contributed to negative impacts on the health of the natural environment, the impact of future natural hazards on livelihoods, and the extent to which Jamaica's largely coastal city centres can contend with the impacts of climate change as they unfold. Vision 2030 Jamaica's fourth national goal is to ensure that *Jamaica has a healthy natural environment* given that this is a precondition for sustainable development and human survival on this SID. Almost all economic activity – tourism, mining, agriculture and fishing – in Jamaica depends heavily on the natural resource base of the country. Among the challenges jeopardizing the natural environment are: squatting, rapid urbanisation, inadequate solid, liquid and hazardous waste management systems. Jamaica has also lost forest cover and there have been increased incidence of fires (Planning Institute of Jamaica 2009).

The 2020 Environmental Performance Index (EPI) ranks Jamaica at 66 of 180 countries (Yale University 2020). For Environmental Health Jamaica's rank is 83 comprised of 73 for Air Quality; 86 for Sanitation and Drinking Water; 89 for Heavy Metals/Lead Exposure; and, 85 for Waste Management/Controlled Solid Waste. On Ecosystem Vitality, the rank was lower at 65. This was due to a ranking of 101 on Biodiversity Habitat; 87 of Ecosystem Services 131 on Fisheries; 37 on Climate Change; 60 on Pollution Emissions; Agriculture 147 and Water Resources 91.

In recognition of the critical nature of climate change and the likely deleterious impacts that it can wreak on the Jamaican society, the GOJ has established a dedicated focus area of a Government ministry. This has facilitated the creation of a focal point at the Cabinet level for CC issues as well as an avenue for consistent government financial flows to address the provision of public goods in

this regard. During 2019, the focus was on the increased provisioning for disaster risk financing in a bid to improve Jamaica's preparation for and resilience to the impact of the natural hazards to which it is predisposed by virtue of being a Caribbean SID. This was secured by the initiation of the Contingent Credit Facility, increases in the Contingencies Fund to J\$10.0bn and the infusion of US\$14.8m in grant from the World Bank. Rainwater harvesting systems were commissioned in five parishes, risk profiles were prepared along with adaptation plans for 15 communities. Water flow management was improved through the implementation of micro-check dams. In order to mitigate the potential impact of CC, reforestation efforts were completed on 109 hectares of land.

8.2 COVID-19 Implications for the Environment

Impacts on the environment have varied during the COVID-19 pandemic. Reduced movement in some spaces has provided the opportunity for restoration and reduced pollution. For example, restrictions and containment measures may limit the on-site recreational activity at national parks, beaches and forests, while providing the opportunity for regeneration of the environment. During lockdown periods, there have been comments on the apparent improvements in air quality, cooler temperatures, increased rainfall and associated flora and fauna. The increased usage of disposable supplies, including masks, on the other hand, has however been a source of concern from an environmental perspective.

In addition, there has been the concern that budgetary allocations previously earmarked for climate change adaptation and environmental needs, may have been redeployed towards the management of the COVID-19 pandemic. The Government has noted key initiatives that are in the planning or implementation phases, including building solar power capacity, introducing electric vehicles and the supporting infrastructure, reducing emissions and restoring mangroves (Chappell 2020). Environmental NGOs have expressed concerns about the related actions to mobilize work on these initiatives (Chappell 2020). They have also indicated concerns about reduction in funding sources, and have noted their resilience in continuing their work and exploring other sources of support (The Gleaner 2020a).

Further, environmentalists have highlighted the increased importance of environmental awareness and conservation in society, in order to build resilience and better prepare to combat future challenges (Edwards 2020). This has also been highlighted in relation to environmental considerations in the design and approval of initiatives that are expected to assist in rebuilding the economy post-COVID. For example, there have been concerns related to the removal of mangroves and coral during the construction of hotels on the north coast (Chappell, 2021). The need to further integrate sustainable development and environmental conservation practices in key sectors including tourism has been highlighted.

Given the increased use of chemicals for cleaning and sanitizing household, business and public spaces during COVID-19, the Caribbean Poison Information Network (CARPIN) has cautioned the public on the methods of utilization and need to be aware of risks of increased exposure for individual and environmental health (Jamaica Information Service 2021). The Ministry of Health and Wellness has also issued environmental health guidelines for the cleaning and sanitization of public spaces (Ministry of Health and Wellness 2020).

It had been noted that a July 2020 revision to Jamaica's energy policy, seeks to position Jamaica to lessen climate change impacts while recovering from the COVID-19 pandemic. The new change focused on the farming and forestry sectors, with the aim of reducing greenhouse gas emissions by up to 28.5 percent over the next decade (Neufville 2020). The targeted reductions are in the areas of water and energy use, land use and food production. It has been recently reported that Jamaica has further enhanced its nationally determined contribution, setting a target of 60 percent reduction in greenhouse gas emissions by 2030 (Jamaica Information Service 2021).

Plans are also being embarked on to introduce electric vehicles to the Jamaican market. The Jamaica Public Service (JPS) has installed the first public electric vehicle charging station in St Ann. Through partnerships with the JPS, IDB, Ministry of Transport and the Jamaica Urban Transit Company (JUTC), there are plans to introduce a battery electric bus pilot. It is envisaged that the introduction of electric vehicles to public and private fleets would contribute to savings, and facilitate the development of an ecosystem including employment opportunities for the maintenance of the vehicles (JPS 2021, Smart Energy International 2021).

International, regional and local climate change stakeholders have highlighted the potential for job opportunities related to new technologies and climate innovations, while recovering from the pandemic and building resilience (Neufville 2020). The Ministry of Finance and the Public Service indicates that “the international community, inclusive of the UNDP in Jamaica; the United Nations Framework Convention on Climate Change; and, the leadership of the last two Climate Change Conferences have welcomed Jamaica’s commitment to an updated NDC” (Jamaica Information Service 2020). While stakeholders recognize Jamaica’s updated submission of Nationally Determined Contributions (NDCs) for the Paris Climate Accord, some NGOs and researchers are indicating that more action needs to be taken to work towards the proposed targets and achieving the related Sustainable Development Goals (Chappell 2020). Earlier, stakeholders had highlighted the importance of the inclusion of environmental plans in the recovery process (Guterrez; The Gleaner 2020b).

There has also been recognition of the need to prepare additional shelters for adverse weather events during the pandemic (Jamaica Observer 2020), given the carrying capacity of existing shelters and the need for physical distancing and sanitation measures, particularly in shelters and during emergency preparedness and management activities. It was noted that Jamaica had been preparing with credit and insurance to mitigate risks, as well as funds from the national budget, however there were risks that the latter form of emergency funds would need to be utilized for COVID-19 management (Hares 2020) and possibly for the 2021 recovery efforts.

Jamaica’s environmental NGOs and civil society organizations continued to focus on advocacy related to the environment, such as protected areas, through virtual townhall discussions. Organizations also noted adjustments in arrangements related to physical group environmental activities. For example, the Jamaica Environment Trust noted that small groups, observing COVID-19 safety protocols, took part in International Coastal Cleanup 2020 in December 2020, following an earlier postponement (**Figure 8.2.1**)

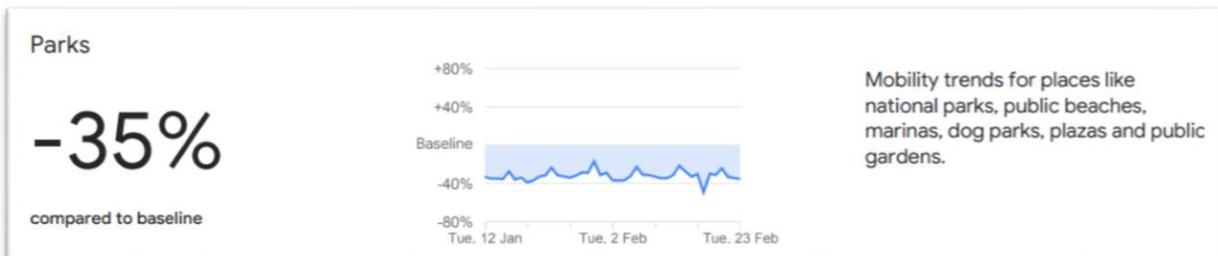
Figure 8.2.1 Observation of International Coastal Cleanup, Jamaica, December 2020



Source: Jamaica Environment Trust (2020) ⁴¹

UNEP’s Caribbean Sub-Regional Office and its International Environmental Technology Centre have been working with the Government of Jamaica and the National Environment & Planning Agency (NEPA) on a Plastic Waste Minimization Project. This project has continued during the pandemic, assisting communities with reducing and managing plastic waste, and supporting creative recycling and upcycling initiatives (UNEP 2021). The effects of curfews and lockdowns on the usage of green spaces can be seen through a view of the trends surrounding the use of public access parks in Jamaica provided by Google Mobility Maps (2021) in **Figure 8.2.2** below.

Figure 8.2.2 Google Mobility Trends for Parks, Jamaica, January – February 2021

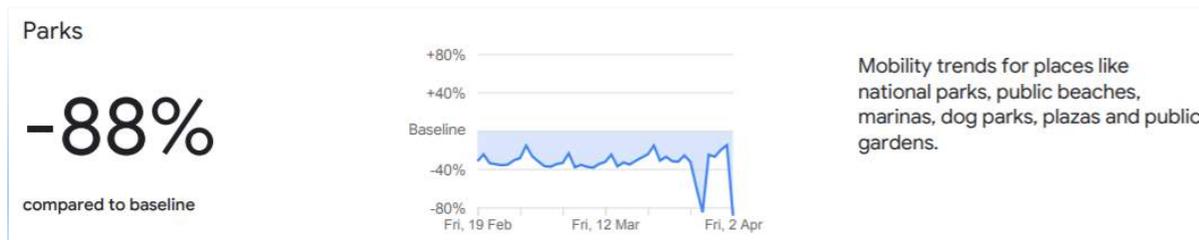


Source: Google (2021)

⁴¹ <https://twitter.com/jamentrust/status/1337854210788954114>

The further reduction in usage of open spaces due to the lockdown leading up to and for the Easter period (end March to early April, 2021) is reflected in the Google Mobility Trends in **Figure 8.2.3** below.

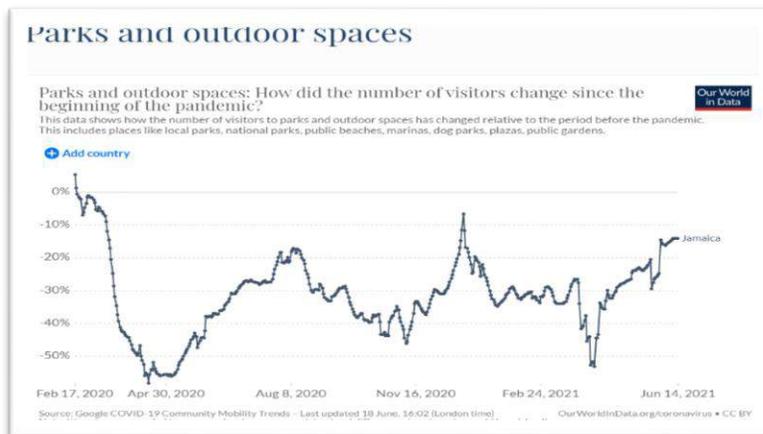
Figure 8.2.3 Google Mobility Trends for Parks, Jamaica, April 2 2021



Source: (Google 2021)

An overall view of the mobility trends for parks throughout the pandemic is depicted in **Figure 8.2.4**.

Figure 8.2.4 Google Mobility Trends for Parks, Jamaica, February 2020 – June 2021



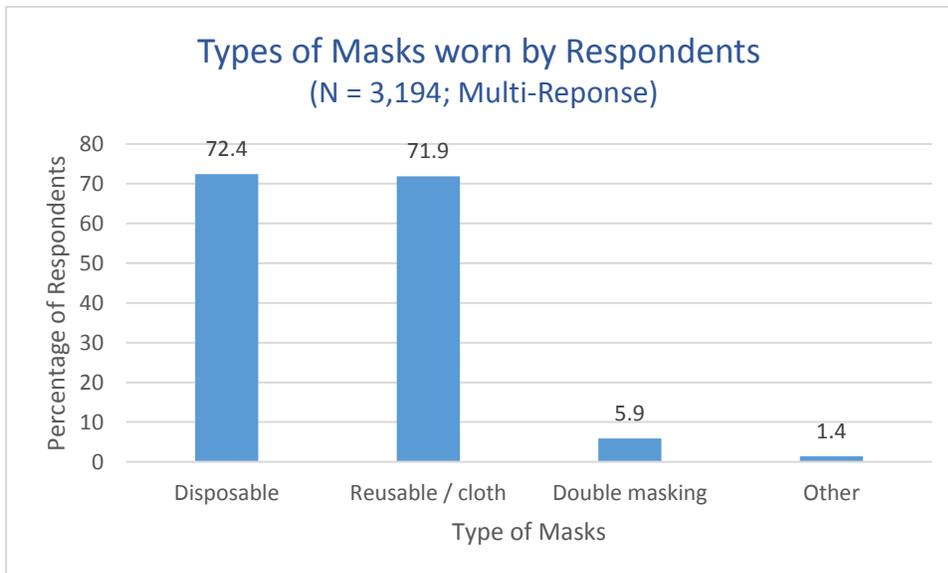
Source: Our World in Data (2021)

While reduced recreational and tourist activity has provided the opportunity for some environmental restoration and conservation, stakeholders have also highlighted the reduced funding and employment opportunities for the future, and the difficulties that may face national and public spaces in re-opening (Serju 2020).

8.3 UNDP / SALISES / CAPRI Jamaica 2021 SEIA Survey

Concerns have been expressed about the increased usage and the resultant management of waste related to single-use, disposable items such as masks (Corbin (UNEP); Webber (UWI), as cited in (The Gleaner 2020). Respondents to the UNDP / SALISES / CAPRI SEIA 2021 Survey have indicated the following usage of masks in **Figure 8.3.1**. Respondents indicating ‘Other’ included the use of bandanas, handkerchiefs and towels, face shields and medical-grade masks.

Figure 8.3.1 Types of Face Masks Utilized



Source: UNDP / SALISES / CAPRI SEIA 2021

In responding to the survey question on whether there has been any change during the pandemic in relation to their individual recycling practices related to plastic bottles, the following responses in **Table 8.3.1** were indicated.

Table 8.3.1 Recycling of Plastic Bottles during COVID-19

Current Recycling Practice	Number of Respondents	Percentage of Respondents
Recycling decreased	183	5.8
No change in recycling practices	1,272	39.8
Recycling increased	327	10.2
Not applicable / Have not been recycling	1,412	44.2
Total	3,194	100.0

Source: UNDP / SALISES / CAPRI SEIA 2021

Of note is the 44.2% of respondents who indicate that they had not been in the practice of recycling.

Of the 1,771 respondents who indicated that they are employed, approximately 28% indicated that their organizations have been encouraging the separation of plastics for recycling. While another 27% indicated they did not know whether their organization encouraged this practice, 45% indicated that their organization did not actively encourage it. Of the respondents who indicated that they are business owners (292 respondents), approximately 38% indicated that the business practices recycling. Approximately 55% of respondents indicated that the business did not, while approximately 8% indicated they were not sure.

When asked for mechanisms that would support respondents and their households in reducing the impact of COVID-19, 16.7% indicated that regular garbage collection services would be helpful. In the open-ended responses related to recommendations for environmental sustainability for the future, several respondents pointed to the need for improved waste management and garbage collection arrangements.

There has also been greater use of utilities at home, given more persons have been staying at home for school, work, and observing general COVID-19 safety protocols. The charging of devices that support work from home and learn from home tasks might result in increased electricity usage, as well as the more continuous utilization of televisions for those utilizing the televised learning sessions, fans and other cooling devices; and other household appliances such as washing machines and microwaves. The responses are outlined in **Table 8.3.2**.

Table 8.3.2 Use of Utilities during COVID-19

Current Practices re Use of Utilities	Percentage of Respondents (N = 3,194)	
	Water	Electricity
Use of utility decreased	3.2	3.6
No change in use of utility	28.7	24.5
Use of utility increased	67.2	70.5

Source: UNDP / SALISES / CAPRI SEIA 2021

When asked how the removal of COVID-19 restrictions may affect how respondents practice environmental conservation, responses were provided as indicated in **Table 8.3.3** below.

Table 8.3.3 Planned Frequency of Practicing Environmental Conservation Post-COVID

Planned Frequency of Practicing Environmental Conservation	Number of Respondents	Percentage of Respondents
Less	309	9.7
Same	1,436	45.0
More	602	18.8
None / Not applicable	847	26.5
Total	3,194	100.0

Source: UNDP / SALISES / CAPRI SEIA 2021

Policy Options in the Environmental Sector to support the fulfilment of SDG 11 *Sustainable Cities and Communities* and SDG13 *Climate Action* include a need for increased environmental education and conservation practices and the promotion of container gardening for food security and as an environmental best practice. This was also supported in the Stakeholder Validation and Dissemination Workshop for the SEIA Study, with a number of policy recommendations proposed for the short, medium and long term. These are included in the policy options outlined below.

The UNDP should include an expansion in its environment project portfolio with an increased focus on youth. Further support of community-based initiatives can facilitate water harvesting, composting and practices that can promote the wellbeing of citizens and the environment can also be provided by UNDP. A key area in this regard is the continued focus on providing potable running water. The UNDP can also provide advocacy and technical support/advice to support the

efforts of the GOJ to improve waste management, separation of recyclables and garbage collection at home/source and to expand tree planting activities. Environmental education and conservation practices are needed. Intersectoral synergies, such as the promotion of container gardening for food security and as an environmental best practice, can provide benefits to the society. Further support of community-based initiatives can facilitate water harvesting, composting and practices that can promote the wellbeing of citizens and the environment.

Another key area for policy consideration is the possible continued use of the options of work from home/remote/teleworking as a deliberate traffic and pollution management strategy. Given the advance of the vaccination programme, chances are that the restrictions on movement and eventually gathering will be lifted as vaccine supplies accumulate. This will invoke a return to heavier traffic flows with the usual peak times surrounding school drop-offs and pick-ups as well as for homeward journeys. In this regard and when added to the induced impact of global fossil fuel use that drives the climate change impacts facing SIDS, Jamaica would benefit from a review of the mechanisms currently in place that deter consumer, firm and even government disincentives to install and heavily utilise alternative sources of energy that are cleaner and renewable as part of the adaptation efforts.

To support further development of initiatives to strengthen climate action, it is proposed that there is additional focus on strengthening climate and health friendly building codes and standards, developing and implementing secured, sustainable environment and climate funding, development of a tax scheme to incentivize and discourage practices for environmental protection, design and develop restoration sites for critical ecological habitats, relocate communities which are vulnerable due to environmental hazards to safe areas, strengthen policies for adequate and functional open areas and green spaces, and implement policies for an efficient transport system, conducive to multi-modality options to promote energy usage. Given the many IDPs in this space, the UNDP can support the Government as a coordinating entity that helps to synthesise the lessons learnt from the various initiatives implemented and to present a credible roadmap on the realistic pathway towards a truly renewable energy fueled society and economy in Jamaica.

9

COVID 19 and Agriculture



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9.1 Introduction

This section explores the impact of COVID-19 on agriculture with a focus on: (i) the effects on food security and agricultural production and livelihoods during the pandemic; (ii) adaptations and coping mechanisms in the agricultural sector and among consumers; and, (iii) plans and recommendations going forward for areas including farming, agro-processing and distribution. **Section 9.2** provides an overview from the desk review, and **Section 9.3** explores the findings from the UNDP/SALISES/CAPRI Jamaica 2021 SEIA Survey. Key recommendations include extended support to small farmers to enable ongoing participation in the linkages and collaborations that have been established, water and sanitation for a range of farming, fishing and market-related activities, and the promotion of container gardening for householders.

9.2 Context

Jamaica's agriculture can likely be described as the economic sector that has been the most impacted from adverse weather events and other shocks such as invasive species to various crops. From droughts to tropical storms and depressions and hurricanes, crop and livestock producers have at various times experienced significant if not total losses and therefore the contribution to GDP in any quarter or year is highly risk or state dependent on the volatility of the weather. Despite the availability of tried and tested forms of protected agriculture, there are structural considerations not limited to the availability of financing to support this investment. The link between agriculture, food poverty, food security and the health and wellbeing of Jamaica's citizens cannot be overemphasized.

The impact of economic policy changes have also manifested on the sector. Changes in international preferential treatment of agricultural produce from Jamaica has had significant impact on the livelihoods in many communities associated with sugar and banana production. Further measures are needed to support transformative education and training opportunities for children in these communities and upskilling and reskilling for older labourers and farmhands to enhance the ability of households to transition into other activities in the agriculture value-chain. During this period in the 1990s and 2000s structural challenges such as the low security of land tenure among very small farmers and low access to finance would have also made these transitions

appear virtually insurmountable. Some persons transitioned to the Seasonal Agricultural Workers Programme (SAWP), popularly known as the Farm Work programme.

The GOJ through the Ministry of Agriculture has attempted to transform the sector through various initiatives including: modernization of the Ministry, expanded extension services through the Rural Agricultural Development Authority (RADA), support from IDPs such as the IDB and FAO, and provision of credit lines through the People's Cooperative Bank and other approved financial institutions. In addition, in an effort to increase the extent to which the sector benefits from the growth of and economic activity in the tourism industry, the MOA has engaged with the Ministry of Tourism (MOT) through the Tourism Linkages Network (TLN) to develop contractual arrangements with between the hotels and the farmers. Beyond the steady income stream to farmers, the benefits of this include the ability to scale production thereby reducing unit costs and also the logistics support provided by the hotel restaurant staff.

9.3 COVID-19 Implications for Agriculture

As noted in Section 9.2, there have been ongoing efforts in the agricultural sector to increase production for local and overseas consumption, supported by initiatives and campaigns centering on 'Eat what you grow; Grow what you eat'. There has also been a focus on supporting mechanisms related to increased irrigation, identification and management of opportunities within the distribution and agro-processing chains, and partnerships and linkages between the agricultural and tourism sectors. The impact of COVID-19 on the agricultural sector has re-emphasized the importance of food security, particularly given the varied availability of local and overseas supplies during the period. The sector experienced an initial panic and distribution/storage crisis as hotels closed and contract farmers had produce with no readily available outlets. During this period, the crisis being faced by the farmers and livestock growers was widely publicized as there was limited access to end-consumer markets and they were faced with the need to dispose of substantial amounts of output.

COVID-19 also had an impact on the participation of Jamaicans in the SAWP overseas. Considerations were discussed among stakeholders in relation to health and safety protocols, issues re liabilities, with some workers deciding to remain in Jamaica, and others opting to participate. This had labour market and employment implications. There were also calls for the increased participation of women in the programme, highlighting ongoing discussions in relation to gender equity in the programme (Jamaica Information Service 2020a).

An overview of data from studies conducted during the pandemic is presented by Ewing-Chow (2021). In the article it is noted that “The United States Department of Agriculture Economic Research Service (USDA ERS) International Food Security Assessment, 2020–2030: COVID-19 Update and Impacts on Food Insecurity report released in January 2021 reveals that 12.8 per cent of the Jamaican population is currently food insecure, equating to some 400,000 people”. The review notes the related findings of the World Food Programme (WFP) COVID-19 Food Security & Livelihoods Impact Survey, Food and Agriculture Organization (FAO) Survey and the CARDI Survey, which indicate challenges some persons faced in accessing food, either due to financial or availability and accessibility issues.

Highlighting the role of agriculture in mitigating food insecurity, the Ministry of Industry, Commerce, Agriculture and Fisheries (MICAFA) Buy Back Programme was discussed, enabling a 2.5% growth in the sector, while supporting several parts of the agricultural value chain. This programme was among initiatives including farmers’ markets, food packages for vulnerable groups, and encouraging the use of online platforms to support the identification of availability and facilitate purchase of agricultural produce. This was especially needed due to suspended supplies to hotels due to closures as a result of travel restrictions and reduction in visitors (Myers 2021). The impact of vegetable prices on the country’s inflation rate is also noted. STATIN indicated that the inflation rate increased to 1.3 percent during December 2020, due to increases in vegetable prices, reflected in a 2.5 percent increase in the Consumer Price Index for vegetables, particularly cabbage, carrots, tomatoes and sweet pepper (Loop Jamaica 2021). The price increases were attributed to the effects of the pandemic and weather events during the preceding period. Lower vegetable prices in January 2021 influenced the reduction in the inflation rate to -1.6 percent (Loop Jamaica 2021).

Farmers have also been exempted from curfews to allow continued attention to agricultural activities during those times. It has been reported though that farmers who may have been tending ‘illegal’ plots of marijuana may have not had access to their fields during curfew hours. This combined with weather events – both flooding and drought periods during the pandemic – may have affected marijuana production for recreational purposes, outside of the formal medical marijuana industry (Associated Press 2021). Although curfews are in place, farmers have also noted that they still experience praedial larceny, which is even more challenging to recover from during the pandemic due to the already limited availability of resources for producers and consumers of agricultural produce (Scott 2021).

The ILO (2020) notes that Jamaica was one of two Caribbean countries that offered sector-specific tax relief (waiver, deferral or reduction of payments) to the agricultural sector. In a review of country policy responses, ILO (2021) has indicated the following agriculture-related initiatives for Jamaica:

- “Reduction in regulatory fees for coconut, coffee, cocoa and spice farmers to incentivize greater production
- JMD \$240 million stimulus for agriculture including islandwide distribution of agricultural inputs, provision of irrigation and other infrastructure, and drought mitigation
- Additional injection of JMD \$1 billion (USD 6.85 million) into Productivity Incentive Programme pre-existing under the Ministry of Industry, Commerce, Agriculture and Fisheries to assist small farmers and fisherfolk during the crisis. The sum is also to be used (June 2020) to fund climate smart production practices and technologies, while in July 2020 JMD \$240 million (USD 1.64 million) stimulus package was approved to purchase excess fruits and vegetables from farmers.
- Agriculture (Fisheries) – Portion of national budget allocation (JMD 67 million/ USD 472,000) to Ministry of Agriculture to be used to provide direct financial support and production incentives (financing for inputs) to fisherfolk programme to be rolled out.
- Agriculture (Crops) – JMD 50 million (USD 352,000) to be used for production incentives for farmers including funding of inputs, technical assistance, water and irrigation systems, drought mitigation and climate management support. A backyard gardening programme also to be launched.

- December 2020 Fisheries: Eighty-three fishers operating at four fishing beaches in St. Catherine received vouchers valued at JMD \$30,000 (USD \$198) each to purchase gear and equipment. The fishers are the first recipients under the coronavirus (COVID-19) incentive programme, which will benefit stakeholders in the sector who have been negatively impacted by the pandemic.
- January 2021. Tourism & Agriculture: Several agriculture and tourism enterprises in the parishes of St. Ann and Trelawny benefited from a donation of coronavirus (COVID-19) resilient supplies (sanitation items and PPE) under the COVID-19 Resilience and Capacity Building sub-project of the Rural Economic Development Initiative, Phase II (REDI II) implemented by Jamaica Social Investment Fund (JSIF).
- February 2021. Agriculture- the Government will continue supporting farmers by purchasing excess agricultural produce, through the Buy-Back Programme.” (ILO, 2021)

The ILO has also funded a project to formalise operators in the Jamaican agriculture and fisheries sectors. The implementation of the pilot project will focus on 70 farmers and 30 fisherfolk registered with RADA.

The CARICOM/WFP/FAO Surveys noted changes in the availability of fresh food items between April 2020 and February 2021 (**Figure 9.3.1** depicts the changes in availability.). The sample included 34% of respondents being involved in food production activities, 19% for own consumption and 12% for sale and own consumption.

In particular, there was a decrease in availability as respondents noted an increase in prices.

Figure 9.3.1 Availability of Fresh Foods



Source: Compiled from data from the CARICOM/WFP/FAO Food Security and Livelihoods Surveys, 2020 and 2021

STATIN’s (2020) survey on the impact of COVID-19 on the Jamaican labour market notes that 19.2% of respondents indicated that their main source of income was family farming, livestock or fishing. This proportion increased to 34.3% among respondents in the rural areas. The study notes that 106,300 households who indicated these activities as their main source of income, experienced a reduction in income. The Government has announced capacity building programmes and an insurance programme to assist in safeguarding livelihoods within the agricultural sector.

9.4 UNDP/SALISES/CAPRI 2021 SEIA Survey

For this UNDP/SALISES/CAPRI 2021 SEIA study, survey respondents have reported access to food as a challenge being experienced during the pandemic, confirming expectations and the previous indications. Further, when asked about support that would be needed to help to reduce the impact of the pandemic for the respondent’s household, 49.9% of the sample responded that food would be useful assistance.

Responses from survey participants about consumption of fruits and vegetables, and growing fruits and vegetables at home during the pandemic are shown in **Table 9.3.1** and **9.3.2** respectively. It is interesting to note that 34.4% of respondents indicated ‘not applicable’ for the question on growing fruits and vegetables at home. This may be an area for further implementation of initiatives related to backyard and container gardening.

Table 9.4.1 Consumption of Fruits and Vegetables during COVID-19

Current Consumption	Number of Respondents	Percentage of Respondents
Decreased	312	9.8
No change	1,422	44.5
Increased	1,412	44.2
Not applicable	48	1.5
Total	3,194	100.0

Source: UNDP/SALISES/CAPRI 2021 SEIA

Table 9.4.2 Growing Fruits and Vegetables at Home during COVID-19

Growing Fruits and Vegetables	Number of Respondents	Percentage of Respondents
Decreased	158	4.9
No change	1,096	34.3
Increased	841	26.3
Not applicable	1,099	34.4
Total	3,194	100.0

Source: UNDP/SALISES/CAPRI 2021 SEIA

Policy Options for the Agricultural Sector The sustained growth of the agricultural sector is key to the reduction in food insecurity and the fulfilment of SDG 2: *The eradication of hunger*. Policy options for the Agricultural sector which UNDP can play important roles include:-

- Promotion of farming at home, backyard gardening / farming
- Promotion of “eat what you grow, grow what you eat”
- Continuation of farmers’ markets
- Promotion of climate smart agriculture
- Provision of grants for farmers to acquire resources and develop their production, distribution, storage and processing mechanisms
- Increased integration of technology in agriculture
- Increased the sanitization practices
- Facilitation of increased collaboration between the agriculture and health sectors
- Improvement of data collection and mapping of resources
- Increased provision of irrigation water supply

There is also some alignment with a number of recommendations related to agriculture and agro-processing, outlined by the Rebuild Jamaica – COVID-19 Economic Recovery Task Force, which can assist in guiding plans for further development and support of the sector. The recommendations focus on the areas of an assessment of opportunities for particular crops, inputs such as water and irrigation, and land use, support for outputs such as storage, distribution and agro-processing, and prevention of praedial larceny.

MICRO-LEVEL IMPACT

10

The Vulnerability of Small Island Developing States



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10.1 Introduction

The very definition of vulnerability suggests a propensity to slip into, or further into, poverty in the face of contingent events. Existing vulnerabilities of SIDS are escalating the effects of the COVID-19 pandemic - the worst pandemic in over 100 years with far-reaching socio-economic consequences globally. The International Monetary Fund (2020) indicated that countries who had strong health systems and strong currency reserves were better equipped to handle the crisis (Refer to **Section 4** for an assessment of Jamaica's health system). SIDS are amongst the most vulnerable countries. The dire effects of the pandemic on SIDS reflects several of their characteristics which predisposes them to significant fluctuations in economic performance and social stability. Despite their varying socio-economic backgrounds, they are small, remote, have little economic diversity, and are vulnerable to economic and environmental shocks (UN 2006). Moreover, SIDS were already facing a crisis prior to the current one, which is climate change.

Climate change has been labelled as the biggest threat which modern humans have ever faced (UN 2021). While this is a global issue, SIDS have the most to lose as their economic activities, such as tourism, agriculture and fishing, and the location of its main cities and critical economic infrastructure are closely tied to the environment and, in particular, the coastal environment. Also, climate change affects a myriad of other areas, as it poses a threat to food security, poverty reduction, and health and wellbeing (Perez, Escamilla 2017). Moreover, climate change has been associated with the increased intensity and frequency of natural disasters in the SIDS which has ultimately had an adverse impact on their debt. Quak (2019) highlighted that debt-to-GDP ratio among SIDS' increases significantly in the aftermath of a natural disaster. Despite their fragilities which are acknowledged in all global fora, funding to address this existential threat though increased recently, remains an unresolved and threatening issue to all SIDS. Assistance from the international community, bilaterals and multilaterals is often given based on the World Bank based income classification, and since many SIDS are middle-income countries they are therefore not eligible for concessional aid (Cheney 2021).

The current pandemic has had a wide range of socio-economic impacts on most SIDS. Their existing vulnerabilities put them in a difficult position to face the COVID-19 pandemic and its ripple effects on socio-economic welfare. Firstly, the economic impact has been devastating in

SIDS due to their openness and dependence on external markets. Economically, SIDS are dealing with a falloff in revenues from tourism, which is a major foreign exchange earner for many, and the measures which have been utilized to curb the spread of the virus has also disrupted domestic business activities (FAO 2020). Furthermore, larger islands like Jamaica that are considered high value export economies are facing a downfall in their export markets in terms of demand and prices. Also, the pandemic is likely to lead a fiscal crisis in SIDS and so exacerbated existing debt. The fall off of revenue is push many towards a solvency crisis. Moreover, COVID-19 is threatening food security in some SIDS. Half of SIDS import more than 80 percent of their food (FAO 2020). Reductions in foreign exchange earnings, disruptions in supply chains, as well reductions in the income of individuals, have created a demand and supply issue surrounding the importing of food.

Undoubtedly, SIDS such as Jamaica will require significant levels of international assistance in order to combat the effects of the pandemic, as they lack the resources to handle it themselves. The pandemic has compounded existing fiscal issues in the SIDS. Firstly, the pandemic has led to reduction in revenues, and will impact their fiscal capacity to respond the crisis. Therefore, many SIDS will require assistance from the international community to get back on their feet. However, the assistance they have been given is limited. According to a report issued by United Nations (2020) only 4 percent of the COVID-19 funding by the international community for developing countries was geared towards SIDS. There will therefore need to be innovative approaches, likely leveraging the United Nations' machinery to engage the international community in this regard such as that recommended in **Section 3** for HIMICs like Jamaica.

Jamaica, the canonical SIDS, faces the same vulnerabilities and challenges discussed above. The Jamaican economy has been susceptible to several economic and environmental shocks over the years, all of which have had an adverse impact on its economy. Historically in Jamaica, these shocks have included economic events such as world oil price shocks, global contractions in major industries, and natural events such as floods and droughts. These shocks have decimated segments of the agricultural sector (**Refer to Section 9**) and destroyed public and private infrastructure. However, the impacts of past shocks pale in comparison to the current experiences of the population in the context of the COVID-19 pandemic. A pandemic is not one of the events in our

collective historical memories, and therefore the government and wider society was ill-equipped and ill-prepared to cope with the impact of and policy prescriptions required to navigate the crisis.

10.2 Vulnerability within the Jamaican Population

Whilst, the pandemic affected all groups of the Jamaican population, there were certain segments which had pre-existing issues which made them vulnerable, and thus resulted in the pandemic having a significant negative effect on their livelihoods and overall well-being. Among the working age population, informal workers, women and the youth, are critical groups that are facing the sharpest end of this pandemic.

Firstly, informal workers are among the most vulnerable across all developing economies and, as a result of the COVID-19 pandemic, are experiencing exacerbated challenges. Informal workers account for 60 percent of the workforce in Jamaica (Inter-American Development Bank 2006), while UNDP (2020) indicates that they generate approximately 40 percent of GDP. Prior the pandemic, informal workers were already disadvantaged. Firstly, the World Bank (2019) indicated that they earned on average approximately 19 percent less than their formally employed counterparts. Furthermore, they tend to have little to no savings and limited social protection from unemployment or health risks, which made the probability of them falling into poverty under normal circumstances very high. The impact of the COVID-19 pandemic in Jamaica will increase the vulnerability of this segment of the labour force.

Informal workers livelihoods were severely affected as the Government of Jamaica (GOJ) implemented the IPC measures. These measures, although effective in slowing the transmission of the COVID-19 virus, were equally effective in inhibiting the transmission of people and goods necessary for the functioning of the economy. Informal workers who are employed in service industries are facing extraordinary challenges as their mode of work is more likely to be contact-intensive and therefore requires face-to-face presence. Informal workers typically provide in personal services, wholesale and retail trading, transport services, construction, craft vending have been impacted by the pandemic. However, the impact on informal workers in construction is not as significant because the sector was granted an exemption early in the crisis on April 28, 2020 to movement restrictions during curfew hours as long as it was related to the performance of duties

on a construction site⁴², the requirements to wear a mask, practice physical distancing and stay at home if they are ill were still in force for these workers.

Workers linked to the hospitality and entertainments were affected by the effective closure of hotels, restaurants and the country's borders. These have then negatively impacted craft vendors, street vendors, attractions targeting cruise passengers and transportation workers. With the closure of schools, there have been adverse impacts on school vendors, ancillary and auxiliary staff and those who sell wares and fruits along formerly busy commuting arteries.

Younger workers are a vulnerable labour market segment. UNDESA (2020) indicated that youth were more likely to fall into poverty amidst the current crisis. Prior to the current crisis, younger workers already had lower incomes and less secure job tenure, meaning they were more likely to be terminated during this crisis. Twelve-point-eight (12.8) percent of young cohorts, those between the ages of 15 and 24, live in poverty compared to the 6.3 percent of workers over the age of 24 globally (UN 2020). Even in cases where they were employed, they still were prone to poverty due to the quality of their jobs. Employment trends globally for youth in 2020, estimated that 30 percent of youth workers are in extreme or moderate poverty despite being employed, and three-quarters of young workers are informally employed (ILO 2020). There has been a switch towards remote work in order to curb the spread of the virus. Whilst the younger generation tends to be more technologically savvy and are therefore, more adaptable to the current remote working environment, they are still at a disadvantage as it is the older persons who occupy executive positions that are amenable to remote execution.

Concerns have been expressed that the adverse impacts of the pandemic on the younger cohorts will worsen youth disillusionment. Prior to the pandemic youth disillusionment was on the rise. There has been a continuous decline in youth engagement in the labour market because of structural barriers. About one-fifth of youth globally are not in employment, education or training (NEET), among which young women form a majority (ILO 2020). That share is consistent with the data for Jamaica.² Young workers continue to experience high rates poverty and are continuously exposed to more informal and thereby less secure forms of employment,

⁴² <https://jis.gov.jm/construction-industry-exempted/>

Furthermore, younger cohorts were seen as less appealing to employers as it would take more money and time to train new hires with no experience.

Being unemployed for even a short period of time between the ages of 18 and 20 can have a long-lasting effect on lifetime employment prospects. Earnings later in life reflect the accumulation of experience and savings when young since both of those compound. A period of unemployment means that when a person returns to employment, instead of having his new experiential learning build upon what he would have learned had he been employed continuously, instead it starts atop the atrophied state of when they became unemployed some time before. Similarly for savings. It can result in a permanent income loss of 2 percent over a person's lifetime (World Economic Forum 2021). Moreover, the World Economic Forum (2021) reported that stated that COVID-19 has worsened youth disillusionment due to the harrowing economic outlook, missed educational opportunities and disagreement with government policy responses to the crisis. This is a concern for youth in Jamaica, where many are employed in the informal sector. There is a lack of social protection in this sector, and thus this increases the risk of the younger cohorts of the population sliding into poverty.

Also, concerns have been raised in particular to the impact of the pandemic on women, as it is expected to worsen existing levels of gender inequality. In any economic fallout there are challenges in relation to gender equality as women tend to be more severely affected. Women are at greater risk of losing their jobs during this crisis. **Tables 10.2.1 and 10.2.2** show the survey results for work status for men and women, prior to the pandemic and during the period with the tightest IPC measures, respectively. Whilst unemployment increased for both sexes, the increase among women was greater, moving from 750 to 1078.

Table 10.2.1 Work Status Prior to the Pandemic by Gender

Gender	Work Status in January 2020 (Prior to COVID-19)					Total
	Full time employment at home (includes self-employment).	Full-time employment away from home (includes working from home for organization).	Part-time employment at home.	Part-time employment away from home.	Unemployed	
Female	160	946	71	171	750	2098
Male	119	545	16	121	295	1096
Total	279	1491	87	292	1045	3194

Source: UNDP/SALISES/CAPRI 2021 SEIA survey.

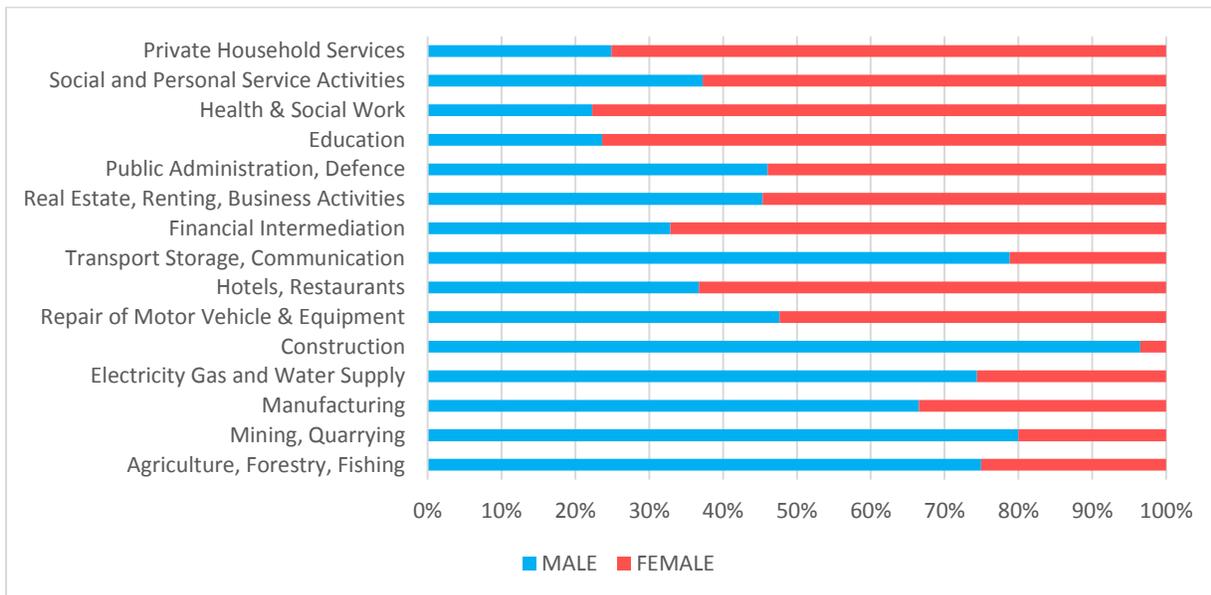
Table 10.2.2 Work Status During the Pandemic by Gender

Gender	Work Status in April 2020					Total
	Full time employment at home (includes self-employment).	Full time employment away from home (includes working from home for organization).	Part time employment at home.	Part time employment away from home.	Unemployed	
Female	290	441	120	169	1078	1096
Male	154	333	52	129	417	2098
Total	444	785	172	298	1495	3194

Source: UNDP/SALISES/CAPRI 2021 SEIA survey.

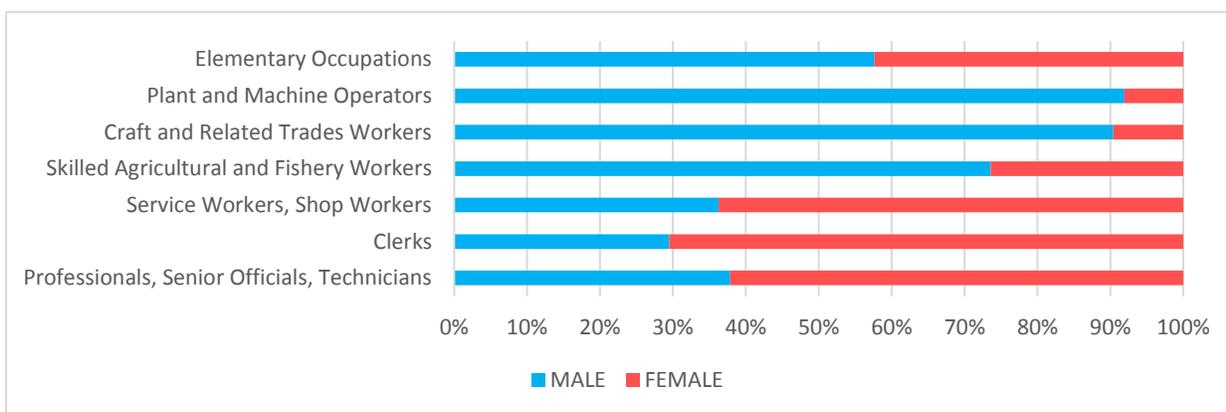
Jobs held by men and women tend to be concentrated in different occupations and different sectors (Figure 10.2.1 and Figure 10.2.2).

Figure 10.2.1: Gender Distribution of the Labour Force by Sector



Source: Calculated from data on <https://statinja.gov.jm/LabourForce/NewLFS.aspx>, downloaded August 8, 2021)

Figure 10.2.2: Gender Distribution of the Labour Force by Occupation



Source: Calculated from data on <https://statinja.gov.jm/LabourForce/NewLFS.aspx>, downloaded August 8, 2021.

Prior to the pandemic women are more exposed to informal jobs in low and lower-middle income countries (ILO 2020), such as Jamaica. Also, women tend to work in contact intensive sectors such as food service, retail, tourism and entertainment, all of which were hit hard significantly by the

COVID-19 pandemic and restrictions. The IPC measures have resulted in many Jamaicans working from home while education has shifted to being mainly remote. The switch to online learning has increased care responsibilities. There is a major challenge with childcare as parents, especially women, are now engaged in child supervision and schoolwork monitoring. When women work from home, they are potentially less productive as their attention is split, with demands from household duties and childcare or work for extended hours to accomplish both domestic and work-related tasks. In a study conducted by Banerjee et al. (2008), it showed that people are least productive at home when their attention is distracted by problems at home.

10.3 Vulnerability by Economic Sector

The COVID-19 pandemic, and the measures implemented to curb its spread, has resulted in a contraction of the Jamaican economy. Jamaica's economy experienced an overall contraction of 18 percent at the lowest point, the second quarter, in 2020 (CEPAL 2020). There are a myriad of factors which contributed to outcome, primarily the impact of the IPC measures which impacted incomes and therefore consumer demand and interacted with the fear factor which kept many consumers off the streets. However, the fiscal and economic costs of these measures have been high. Companies are forced to reduce operating hours making it impossible for them to scale up business activities. Businesses are grappling with falling revenues because of reduced productivity. Demand was reduced as residents were obligated to “tan ah yuh yaad”.

Whilst the pandemic has, and continues, to impact all sectors of the Jamaican economy, there are disparities in respect of the degree of impact. Pre-existing structures influence how the IPC measures implemented to curb the spread of the virus affected industries. Some businesses can successfully adhere to strict safety protocols by practicing physical distancing, wearing masks, and are even able to change the scope of their operations by transitioning to working remotely and fulfilling consumer demand using e-commerce and delivery or curb-side pick-up options. However, there are business sectors whose operations could not be easily adjusted in light of the current pandemic, and they took the greatest hit. Businesses that are more contact intensive will face greater impacts. Additionally, the enforcement of the curfew measure as a part of the lockdown protocols will affect businesses that operate in the nighttime. Moreover, protocols also

targeted activities which are considered as non-essential, and this resulted in many businesses either temporarily or permanently discontinuing their operation. Workers in the affected industries are at risk of working reduced hours or becoming unemployed.

The Hotels and Restaurants sector is one of the sectors which has been tremendously affected by the lockdown measures imposed by the government. Nearly all hotels and a significant minority of restaurants linked to tourism have been devastated by one pandemic response measure – the closing of the country’s borders. Jamaica’s borders were closed for the months of April and May 2020. The abrupt cessation of all international flights stemmed the inflow of tourists and thereby removed the custom of the hotels. This resulted in the loss of jobs, directly and indirectly, and a fall-off in foreign exchange earnings. The pandemic has shaken this sector, as the Hotels and Restaurants sector contracted by 88 percent in the second quarter of 2020 (compared to a year prior), making this the sector that faced the steepest downturn. In a report issued on April 19, 2020, the Tourism Minister, Edmund Bartlett, revealed that 75 percent of workers in the tourism industry had been laid off. **Table 10.3.1** below shows how there has been a dramatic decline in cruise passenger arrivals and stopover arrivals, compared to 2019.

Table 10.3.1

Tourist Arrivals, Tourism Earnings and Tourism Foreign Exchange flows for the Year 2019 and 2020

	2019	2020
Cruise Passengers Arrivals (No.)	1,552,346	449,271
Stopover Arrivals (No.)	2,680,920	880,404
Employment in Tourism Sector	160,000	40,000
Foreign Exchange Inflows	US\$ 3.4 billion	US\$ 0.9 billion

Source: Ministry of Tourism (2020)

Moreover, the closure of the borders and fear surrounding travel extended beyond the hospitality industry. It also had an adverse impact on aviation. The impact of the pandemic on cargo travel was minimal, as for the most part this was not disrupted (Moncada 2020). However, passenger

travel declined dramatically and the impact of this was widespread ranging from pilots to ground staff at airports worldwide, as working hours were reduced, and some workers were either temporarily or permanently laid off as a result of the reduction in flights (Coates 2021). Cruise shipping activities also terminated impacting thousands of crew globally and terminating an important source of potential customers for craft vendors and local attractions. Thousands of Jamaican cruise crew members were stranded at sea eventually repatriated to the island and cruise activities have been in abeyance since June 2020 leaving these persons unemployed. Whilst the impact was widespread, lower-level workers who depend on passenger flight activities were impacted the most. For example, 72 porters at the Sangster International Airport were out of work for three months during the period when the borders were closed (Sterling 2020).

Also, the IPC measures implemented has had considerable negative impacts on some service industries, in particular the entertainment, cultural and creative industries (ECCI) contracted as a result of the pandemic. The curfews, public gathering limits, stay at home orders, and explicit prohibition of much of their activity closed down nearly all of their services. The ECCI includes sports, nightlife, events, cinemas, and theatres (Ministry of Finance 2020). This sector took the biggest hit from the pandemic as between March to July 2020. A loss of \$195 billion was recorded and more than 76,000 jobs were impacted directly and indirectly (McIntosh 2021). While all the sectors within these industries were affected, the arts and entertainment sector have had the greatest loss, as 37,000 persons became unemployed between March and July 2020 (McIntosh 2021).

In addition to the IPC measures, the government also restricted the granting of event permits. Major entertainment events such as Dream Weekend and Carnival had to resort to staging events in Florida, because permits for these events have been suspended, and the industry has been at a standstill since March 2020. Other calendar events such as Carnival in Jamaica, Reggae Sunfest, Reggae Sunsplash and the “Emancipence” celebrations were either canceled or transitioned to online format as best as possible. Party promoters, music selectors, dancer, are just a few of the many which are adversely impacted. Moreover, nightly curfews imposed by the government were an obstacle to businesses the depended on late evening custom, such as bars, lounges and street food vendors. Also, cinemas and theatres were impacted by public gathering restrictions and curfew hours, as Palace Amusements closed all its cinemas to abide by the restrictions, and this resulted in their entire cinema staff of 300 being laid off (Scott 2020). Lastly, it is important to

look at the Sports Industry which is a major crowd-draw for the local and international market. Prior to the COVID-19 pandemic, sports generated \$11.7 billion and employed some 6,000 individuals (Ministry of Finance 2020). Except for the horse racing industry, which resumed mid-2020, the majority of sporting activities were shut down in March and remained so for the rest of 2020. Track and Field events were permitted in 2021 however spectators and vendors were not allowed thereby only facilitating fans who viewed via television or internet and athletes in terms of their preparation for national and international competitions and not vendors, drivers of taxis and small buses as well as spinoff activities such as clothing retailers and hairdressers, and hotels that benefit from the hosting of these events when there are patrons.

The transport, storage, and communication sector also took a hit from the pandemic. The sector contracted by 20 percent at the lowest point, shedding a quarter of its work force. Transportation would have been affected by the absence of tourists, the work-from-home and learn-at-home protocol, closure of entertainment and recreational venues, and curfews. Even though many operators continue to transport essential workers to and from work the slump in demand will certainly translate into lower income. Taxis are required to carry one fewer passenger than their license allows. The foregoing would explain the depth of the contraction experienced by this sector.

The Business Process Outsourcing (BPO) sector was also adversely impacted by the pandemic. Prior to the pandemic, as of December 2019, there were 91 BPO centres in operation, employing some 50,000 Jamaicans (Smith 2020) with an expansion trajectory which was anticipated to generate 5,000 to 6,000 new jobs yearly. Despite the BPO sector's ability to operate digitally and remotely, it was still negatively impacted by the pandemic. A survey carried out by the Global Services Association of Jamaica, of 54 BPOs in April 2020, revealed that 6,485 workers were laid off for up to 120 days (Ustanny-Collinder 2020). Whilst, many were re-hired, it was on a rotational basis, with a lower salary. The fallout in the BPO sector in the pandemic can be attributed to the fact that their physical layout could not initially facilitate social distancing, and this made them a hotspot for the spread of the virus as seen, in April 2020 there was an outbreak at Alorica, a BPO operator in Portmore, St. Catherine, where 221 workers tested positive for the virus (Smith 2020). Following this, all BPOs were ordered to close, and this kickstarted many of their workers operating from home. There were issues surrounding working from home: inadequate bandwidth,

cybersecurity, productivity. Furthermore, on the demand side, contracts from companies in North America relating to the travel, hospitality and food industries were negatively impacted by the pandemic, for example Global Outsourcing Solutions in Montego Bay had to lay off employees which worked on these accounts relating to these sectors (Titus 2020).

The Mining and Quarrying Industry also contracted sharply, by 25 percent, in the second quarter of 2020 compared to the second quarter of 2019. This would be surprising from a pandemic perspective since neither mining nor quarrying would have been inherently affected by any of the pandemic control measures. It turns out the slump in this sector preceded the pandemic and so the explanation has nothing to do with Covid-19. The ALPART (JISCO) refinery being closed for (18 to 24 months) to facilitate the execution of upgrade and expansion works would account for the contraction in the industry.

At the other end of the economic impacts of the pandemic are the sectors and activities least affected. Firstly, outcomes varied widely within the manufacturing sector. Manufactures engaged in producing such as food, pharmaceuticals, and sanitation products experienced growth as the pandemic increased demand for their output both locally and internationally. For example, export demand increased for products such as tissues, bleach, and natural food products (Smith 2021). Despite growth in these areas, though, overall there was a contraction in the manufacturing sector, which at its low point was 10 percent lower than a year prior. Much larger manufacturing is compatible with distancing. Moreover, it is almost entirely a daytime activity and so unaffected by curfews. There would still be some effect, however. Working in a manufacturing plant cannot be conducted remotely so any workers who were required to work-from-home would have impaired the activity or have been replaced. Additionally, with consumers losing income, there would have been a general contraction of demand for all goods and services that would have affected much of manufacturing. All the same considerations would apply to agriculture, which suffered only a 4 percent contraction.

The sectors least affected were Utilities and Finance, Real Estate, and Business Services. Utilities would be little affected because consumers would view electricity and water as necessities and would cut back on discretionary purchases in order to keep the water flowing and the lights on. And their production would not be affected by the restrictions since workers in essential services

were exempt. Finance, Real Estate, and Business Services is the sector most amenable to remote working and so would have been able to continue to function despite the conditions.

Overall, there are disparities across sectors in terms of the impact of the pandemic and its control measures. Specific characteristics of production and demand for each sector played a role in how resilient the sector is during the current crisis. This has resulted in elevated levels of unemployment, especially in the hard-hit sectors. However, those laid off in the hardest hit sectors are mostly unable to obtain other forms of employment due to rigidities in the labour market which make it difficult for labor to be reallocated easily to other sectors. Aside, from this, there is an overall reduction in employment activity so few businesses were hiring. Thus, even if the labour market were more flexible, there is a likelihood that individuals would still have difficulty obtaining a new job in a different sector.

11

Vulnerable Workers



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11.1 Introduction

The current pandemic threatens to reverse recent gains in poverty reduction in Jamaica. Prior to the pandemic, there was a reduction in the poverty rate. The JSLC for 2018 indicated that the poverty rate in 2018 had reached its lowest, 12.6 percent, since the start of the decade (PIOJ 2018). Despite the improvements in the poverty rate, most of the population still has a low capacity to withstand disruptions to their livelihoods. Although there has been a 6.7 percentage point decline in the poverty rate, those who are above the poverty line remain highly vulnerable. The economic effects of COVID-19 threaten to worsen the income of those already in poverty, and will potentially reverse existing progress, as many who recently escaped poverty will be forced back below the poverty line (Cucagna and Johnson 2019).

There are specific types of households which are most at risk of poverty, and these are households which are already poor, single-headed, lack savings, have multiple care responsibilities, have little education and those who work informally and as ancillary or auxiliary staff. Poorer households, in particular are at risk of having their incomes depleted because of their low skillset and the industries in which they are employed. Firstly, in poorer households, where skills tend to be lower, there is a stronger dependence on physical work (as distinct from knowledge work) which therefore requires physical presence to complete tasks. According to STATIN (2021), the greatest reductions in employment came from transport and storage (16.9 percent), accommodation and food service (14.9 percent), and arts, entertainment, and recreation (13.3 percent), all of which are low skilled and rely on physical presence (STATIN 2021).

11.2 Employment Loss

Workers who are employed in industries that are themselves vulnerable as demonstrated in the previous section adopt the vulnerability of the industry. Some industries are inherently capricious in their fortunes. Tourism and agriculture are subject to regular economic shocks due to natural and man-made hazards. Agriculture is particularly vulnerable as it has been impacted by variations in the weather that are expected to intensify as the impact of climate change manifests. A few others have shown themselves to be vulnerable to the kind of mobility restrictions necessitated by the management of the pandemic notably entertainment, retail, and transportation. These industries, it turns out, experienced the greatest falls in employment during 2020 and some have

not returned to the level of employment recorded in January 2020. Change A in **Table 11.2.1** clearly demonstrates the depth of the crisis reflecting the loss of 150,800 jobs in just over half a year, a feat that took three years post the 2008 global financial crisis. Females bore a larger proportion of the burden of this reduced employment than males. Moreover in the review period January to July 2020, employment of women declined in all except one sectoral classification which remained the same, whereas employment actually increased for males in five sectors: Mining and Quarrying (500); Manufacturing (100); Information and Communication (1,700); Real Estate & Other Business (1,700); and, Public Administration and Defense (2,900). When the period of the initial recovery is considered as reflected in Change B in Table 3, males appear to continue to benefit from the rebound with three of the five sectors that increased during the most significant period of the decline offered men even more employment opportunities during January 2021 over January 2020. Women turned to jobs in Agriculture (4,700) and Information and Communication (200) in a bid to obtain their employment. Sectoral employment declined at a slower rate in comparison to the levels in January 2020 as the and therefore the overall decline in employment was 74,300 less than one half the decline of six months prior.

Table 11.2.1 **Employed Labour Force by Industry Using Jamaica Industrial Classification (JIC) 2016**

Industry	Jan 2020	Jul 2020	Oct 2020	Jan 2021	Change (=July 2020 – January 2020) ^b	A – Change (=January 2021 – January 2020) ^a	B
Agriculture Hunting Forestry and Fishing	188,100	186,000	189,600	188,100	-2,100	0	
Mining and Quarrying	4,800	5,100	5,200	4,200	300	-600	
Manufacturing	74,300	73,200	70,000	72,600	-1,100	-1,700	
Electricity Gas and Water Supply	10,100	7,000	8,900	10,600	-3,100	500	
Construction	107,600	92,100	100,400	115,300	-15,500	7,700	
Wholesale and Retail Trade	259,700	219,600	224,900	244,300	-40,100	-15,400	

Industry	Jan 2020	Jul 2020	Oct 2020	Jan 2021	Change (=July 2020 - January 2020) ^b	A -	Change (=January 2021 - January 2020) ^a	B
Transport and Storage	68,600	51,800	60,600	58,700	-16,800		-9,900	
Accommodation and Food Service Activities	110,800	78,800	82,800	83,400	-32,000		-27,400	
Information and Communication	12,400	14,100	16,100	13,900	1,700		1,500	
Financial and Insurance Activities	26,800	24,700	26,300	24,600	-2,100		-2,200	
Real Estate and Other Business Services	98,700	92,600	104,700	100,300	-6,100		1,600	
Public Administration and Defence	65,500	66,100	63,900	65,700	600		200	
Education, Human Health and Social Work	109,100	100,400	101,600	100,000	-8,700		-9,100	
Arts, Entertainment, Recreation	130,100	105,700	96,400	111,300	-24,400		-18,800	
Industry Not Specified	2,500	1,100	2,700	1,800	-1,400		-700	
TOTAL EMPLOYED LABOUR FORCE	1,269,100	1,118,300	1,154,100	1,194,800	-150,800		-74,300	
MALE								
Agriculture Hunting Forestry and Fishing	141,500	140,400	140,600	136,800	-1,100		-4,700	
Mining and Quarrying	4,000	4,500	4,400	3,600	500		-400	
Manufacturing	50,600	50,700	49,100	49,400	100		-1,200	
Electricity Gas and Water Supply	7,400	6,100	6,000	7,900	-1,300		500	

Industry	Jan 2020	Jul 2020	Oct 2020	Jan 2021	Change (=July 2020 - January 2020) ^b	A -	Change (=January 2021 - January 2020) ^a	B
Construction	103,700	88,700	97,200	111,600	-15,000		7,900	
Wholesale and Retail Trade	122,100	101,800	107,400	113,200	-20,300		-8,900	
Transport and Storage	57,700	44,600	51,900	49,700	-13,100		-8,000	
Accommodation and Food Service Activities	43,300	30,500	28,000	30,800	-12,800		-12,500	
Information and Communication	5,600	7,300	8,600	6,900	1,700		1,300	
Financial and Insurance Activities	8,500	7,700	8,700	8,400	-800		-100	
Real Estate and Other Business Services	44,600	46,300	50,600	47,100	1,700		2,500	
Public Administration and Defence	29,900	32,800	32,500	31,200	2,900		1,300	
Education, Human Health and Social Work	25,700	21,300	23,900	24,300	-4,400		-1,400	
Arts, Entertainment, Recreation	44,500	36,800	31,600	34,200	-7,700		-10,300	
Industry Not Specified	1,200	600	600	1,100	-600		-100	
MALE EMPLOYED LABOUR FORCE	690,300	620,100	641,100	656,200	-70,200		-34,100	
FEMALE								
Agriculture Hunting Forestry and Fishing	46,600	45,600	49,000	51,300	-1,000		4,700	
Mining and Quarrying	800	600	800	600	-200		-200	

Industry	Jan 2020	Jul 2020	Oct 2020	Jan 2021	Change (=July 2020 - January 2020) ^b	A -	Change (=January 2021 - January 2020) ^a	B
Manufacturing	23,700	22,500	20,900	23,200	-1,200		-500	
Electricity Gas and Water Supply	2,700	900	2,900	2,700	-1,800		0	
Construction	3,900	3,400	3,200	3,700	-500		-200	
Wholesale and Retail Trade	137,600	117,800	117,500	131,100	-19,800		-6,500	
Transport and Storage	10,900	7,200	8,700	9,000	-3,700		-1,900	
Accommodation and Food Service Activities	67,500	48,300	54,800	52,600	-19,200		-14,900	
Information and Communication	6,800	6,800	7,500	7,000	0		200	
Financial and Insurance Activities	18,300	17,000	17,600	16,200	-1,300		-2,100	
Real Estate and Other Business Services	54,100	46,300	54,100	53,200	-7,800		-900	
Public Administration and Defence	35,600	33,300	31,400	34,500	-2,300		-1,100	
Education, Human Health and Social Work	83,400	79,100	77,700	75,700	-4,300		-7,700	
Arts, Entertainment, Recreation	85,600	68,900	64,800	77,100	-16,700		-8,500	
Industry Not Specified	1,300	500	2,100	700	-800		-600	
FEMALE EMPLOYED LABOUR FORCE	578,800	498,200	513,000	538,600	-80,600		-40,200	

Industry	Jan 2020	Jul 2020	Oct 2020	Jan 2021	Change (=July 2020 – January 2020) ^b	A	Change (=January 2021 – January 2020) ^a	B
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Notes:

^a Positive changes represent increased employment in June 2020 over levels in January 2020 whilst negative changes represent decreased employment in June 2020 in comparison to January 2020.

^b Positive changes represent increased employment in January 2021 over levels in January 2020 whilst negative changes represent decreased employment in January 2021 in comparison to January 2020.

These figures are not seasonally adjusted.

Source: STATIN (2021) Retrieved from <https://statinja.gov.jm/LabourForce/NewLFS.aspx> on July 9, 2021

Moreover, single-headed households are vulnerable during any economic crisis. Prior to the pandemic, there were a plethora of issues associated with the single-headed household, and its structure was associated with disadvantaged material and social wellbeing in various ways. Whilst, both male-headed and female-headed household both had issues, the female-headed household is particularly disadvantaged. The Jamaica Survey on Living Conditions in 2015 indicated that single female-headed households have a larger number of dependents but have a lower per capita consumption compared to the single, male-headed households (PIOJ 2015). Moreover, the Statistical Institute’s Labour Force Survey revealed that 29 percent of children live in female headed households compared with 22 percent living in male-headed households (STATIN 2021). Also, female workers face discrimination in employment and get lower wages than men which puts their children in a more vulnerable state.

The pandemic has exacerbated the challenges faced by single parent households. Such households are left destitute if that one person loses their job. Since the household will depend on this single individual for its livelihood, any unanticipated tragedies that befalls this individual pose a serious problem. The COVID pandemic may effect a negative change in the household's one income earner's employment status or earning capacity due to restrictions on movement. Moreover, household burden has increased as they are now being tasked with homeschooling their children. This may be difficult for some parents as their work might require them being outside the household. The financial challenges faced by single parent households, demands the reliance

another source of income. Therefore, conditional cash transfer programmes like Jamaica's PATH act as cash buffers for these households especially those that are vulnerable to the present economic fallout. Additionally, remittances also play a crucial role in times of economic distress.

Additionally, households with little savings are particularly at risk during this pandemic. Households whose incomes are only enough to cover their weekly consumption, no matter how reliably, have no opportunity to accumulate savings. In such a case, even with a decent standard of living, they lack resilience since any fall in their regular income immediately translates into a fall in their consumption. Consumption expenditure accounted for 91 percent of household expenditure in 2017 (PIOJ 2017). In 2017 household poverty rate in the KMA, Other Towns and Rural Areas were 13.3 percent, 14.6 percent, and 13.8 percent, respectively. The average consumption for households was 74 percent below poverty line. The gap between the poverty line and the consumption of the first percentile of the poor in Jamaica averaged \$37,617. Approximately, 38 percent of households reported that their main source of livelihood provided a reliable income stream, 43.5 percent reported that it provided for their basic needs and 18 percent reported that it was insufficient.

Also, households with care responsibilities (children, the elderly, and the disabled) have an additional burden. There is an obvious tradeoff between opportunities to earn and obligations at home. Since poorer households are less able to afford to outsource home care responsibilities, they have to sacrifice earning opportunities because of their care obligations. Banerjee and Mullainathan (2008) postulated "paying more attention at home makes the person poorer and therefore less able to buy comfort goods. But having less comfort goods makes the problems at home worsened this makes it even more important to pay more at home." Women are more vulnerable by virtue of receiving less pay for equal work and having more of the unpaid care responsibilities. There is a gender-based earning gap in Jamaica, where women earn 40 percent less than that made by men on average (Jackson 2015). Having to fit in care demands at home makes it even more difficult. In addition, women perform the large share of the jobs in the care economy – domestic helpers and nurses. In the former and in the context of COVID, they are highly likely to be laid off or obliged to live-in with their employers for lengthy period due to their fear of the transmission of the virus on public transportation.

Moreover, individuals with low education levels are of concern, as this reduces their adaptability to work in new industries. More educated workers use their knowledge capital to achieve higher productivity (Levin 2012). However, the advantage of education in the present context is not that it raises productivity but that it creates trainability. More educated workers are more easily trained for new tasks and thereby more adaptable. Those having less formal education will therefore face a difficulty in switching from old jobs that have disappeared to new opportunities that may open up. This limitation will become important if the recovering economy includes permanent structural changes wrought by the pandemic, such as increased digitalization in the earning and learning arena, which it almost certainly will. That is to say, the industries and activities that will grow out of the pandemic-hit economy may be different from the ones that were forced to contract from it and even if it doesn't require advanced skills it may at least demand different ones. This implies that some of the unemployment created by the pandemic might be longer-lasting than the pandemic itself. This suggests a role for retraining programmes in greasing the recovery of the economy.

Table 11.2.2 Employed Labour Force by Occupation Group

Occupation Group	Jan 2020	July 2020	Oct 2020	January 2021	Change (January 2021 - January 2020) ^a
TOTAL EMPLOYED					
Professionals Senior Officials and Technicians	269,300	267,200	254,300	271,800	2,500
Clerks	99,800	87,700	104,400	97,300	-2,500
Service Workers and Shop and Market Sales Workers	301,500	244,000	262,100	262,600	-38,900
Skilled Agricultural and Fishery Workers	188,300	182,900	188,400	183,900	-4,400
Craft and Related Trades Workers	158,500	139,700	138,700	143,800	-14,700
Plant and Machine Operators and Assemblers	71,700	62,000	65,800	65,300	-6,400
Elementary Occupations	173,600	130,200	135,200	163,700	-9,900

Occupation Group	Jan 2020	July 2020	Oct 2020	January 2021	Change (January 2021 - January 2020) ^a
Occupation not specified	6,400	4,600	5,200	6,400	0
TOTAL EMPLOYED LABOUR FORCE	1,269,100	1,118,300	1,154,100	1,194,800	-74,300
MALES					
Professionals Senior Officials and Technicians	107,200	99,500	101,300	109,700	2,500
Clerks	24,900	26,200	30,500	26,900	2,000
Service Workers and Shop and Market Sales Workers	109,400	93,800	97,600	94,400	-15,000
Skilled Agricultural and Fishery Workers	145,200	139,800	141,000	137,300	-7,900
Craft and Related Trades Workers	143,600	129,100	126,900	130,000	-13,600
Plant and Machine Operators and Assemblers	66,200	59,100	61,200	60,400	-5,800
Elementary Occupations	88,000	68,600	77,700	91,600	3,600
Occupation not specified	5,800	4,000	4,900	5,900	100
TOTAL EMPLOYED LABOUR FORCE	690,300	620,100	641,100	656,200	-34,100
FEMALES					
Professionals Senior Officials and Technicians	162,100	167,700	153,000	162,100	0
Clerks	74,900	61,500	73,900	70,400	-4,500
Service Workers and Shop and Market Sales Workers	192,100	150,200	164,500	168,200	-23,900
Skilled Agricultural and Fishery Workers	43,100	43,100	47,400	46,600	3,500
Craft and Related Trades Workers	14,900	10,600	11,800	13,800	-1,100
Plant and Machine Operators and Assemblers	5,500	2,900	4,600	4,900	-600

Occupation Group	Jan 2020	July 2020	Oct 2020	January 2021	Change (January 2021- January 2020) ^a
Elementary Occupations	85,600	61,600	57,500	72,100	-13,500
Occupation not specified	600	600	300	500	-100
TOTAL EMPLOYED LABOUR FORCE	578,800	498,200	513,000	538,600	-40,200

Notes:

^a Positive changes represent increased employment in January 2021 over levels in January 2020 whilst negative changes represent decreased employment in January 2021 in comparison to January 2020.

Source: STATIN (2021) Retrieved from <https://statinja.gov.jm/LabourForce/NewLFS.aspx> on July 9, 2021

Table 11.2.2 presents the reality of the impact of education and skills on changes in employment. For the employed labour force, only persons in the Professional Senior Officials and Technicians category benefitted from increased employment in January 2021 when compared to January 2020. Despite this increase of 2,500 employed persons, there was an overall decline in employment of 74, 300. When analysed by gender, males enjoyed increased employment in four occupation groups comprising an addition 8,200 jobs in Professionals Senior Officials and Technicians (2,500); Clerks (2,000); Elementary Occupations (3,600); and, Occupation not specified (100). Whilst amongst females, increased employment was only reported in the Skilled Agricultural and Fishery Workers (3,500) category. More than half of the job losses were experienced by women. Whilst both men and women lost jobs in the Service Workers and Shop and Market Sales Workers occupation category, the losses were larger for women. The data could also be reflecting the fact that in order to remain employed men and women accept lower level jobs than they would normally be employed in.

Overall, the levels of unemployment seen in COVID-19 is of major concern, as it may have adverse consequences in the long run. Prolonged periods of unemployment will reduce the employability of those laid off. Skill may atrophy and network connections will diminish. To the extent that companies had been engaging in labour hoarding, some those laid off will not be called back when

business recovers. These vulnerabilities are why it was imperative that the government respond in a rapid and timely manner to the massive income losses expected. The government quickly established a delivery infrastructure through which it administered its various emergency cash payouts.

11.3 Support for Income Loss

As soon as the government announced the country's COVID-19 control measures in April 2020, it was clear that the degree of disruption to economic activity would be massive and therefore many would suffer significant loss of income. Falloffs in income were experienced by as much as 70 percent of respondents, with more than half of them characterizing their income loss as “severe”.⁴³ **Tables 11.3.1 and 11.3.2** shows how income was affected by area where one lived, as well as by sex, respectively. The results indicated that the pandemic has had varying impacts on the income of individuals.

When looking at area where one lived, the results showed that regardless of the area, majority of the total respondents, indicated that their household income decreased. From the survey, 1224 respondents (38 percent of the entire sample) indicated that their income decreased drastically, while 991 (31 percent of the entire sample) experienced a slight reduction. Moreover, the leading response among individuals in the city/urban areas, parish capital of major town and the rural areas, is that their household income decreased drastically because of the pandemic. The results were similar when looking at the differences by sex. As majority of both women and men indicated that their household income decreased drastically. However, the percentage is higher for women, as 819 female respondents (39 percent) indicated that their household income decreased drastically, while 405 male respondents (36 percent) experienced a drastic reduction in their household income.

⁴³ Caribbean Policy Research Institute survey of residents in 40 low-income communities, 2020.

Table II.3.1 How Income has Changed Since the Pandemic by Community

		Community			Total
		City/Urban	Parish Capital of Major Town	Rural	
How Income Has Changed	Decreased drastically	382	178	664	1224
	Decreased slightly	304	174	513	991
	Hasn't changed	294	134	390	818
	Increased	56	24	81	161
Total		1036	510	1648	3194

Source: UNDP/SALISES/CAPRI 2021 SEIA survey.

Table II.3.2 How Income has Changed Since the Pandemic by Gender

		Gender		Total
		Female	Male	
How Income Has Changed	Decreased drastically	819	405	1224
	Decreased slightly	637	354	991
	Hasn't changed	537	281	818
	Increased	105	56	161
Total		2098	1096	3194

Source: UNDP/SALISES/CAPRI 2021 SEIA survey.

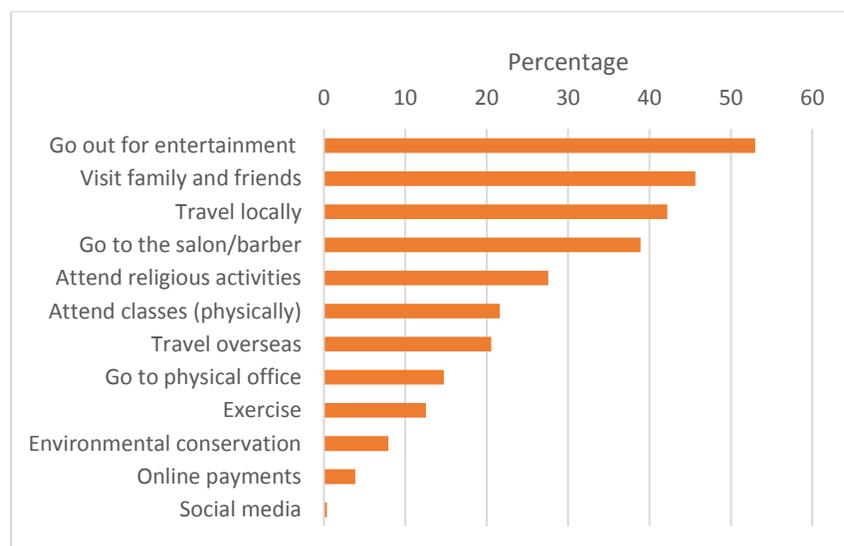
One source of income loss is from those who have been separated from formal employment. The largest contractions in employment have taken place amongst occupation groups that one would have expected to be worst affected by distancing requirements and are largely occupied by those

in the poorest quintiles. The employment reductions that are revealed by the Statistical Institute’s Labour Force Survey, comparing July 2020 to a year prior, are: Clerks (13.4 percent), Service Workers and Shop and Market Sales Workers (15.6 percent), Craft and Related Trades Workers (12.4 percent), Plant and Machine Operators and Assemblers (15.1 percent), and Elementary Occupations (23 percent). These numbers represent significant increases in unemployment affecting the very households that are least resilient to begin with.

The scale of the employment impact is also apparent from another survey conducted especially for this report.⁴⁴ Amongst the respondents, 34 percent said they were unemployed in January 2020, before the pandemic got underway. The corresponding figure three months later, at the onset of the pandemic control measures, was 48 percent. Over the same period, those engaged in full-time employment away from home went from 45 percent to 24 percent.

The loss of income had two consequences – cutting back and seeking alternatives. Households cut back on their expenditures across the spectrum of expenditure categories. Notwithstanding, **Figure 11.3.1** shows that cutting back on entertainment and face-to-face socializing were the most popular.

Figure 11.3.1: Categories of Spending Reductions Since the Start of the Pandemic



Source: UNDP/SALISES/CAPRI 2021 SEIA survey.

⁴⁴ UNDP/SALISES/CAPRI Jamaica 2021 SEIA survey.

Remittances are a vital income support for many low-income households in developing countries like Jamaica are a long-established means of coping with tough times. Data from the World Bank ⁴⁵ indicated that personal remittances were the equivalent of 15.6 percent of Jamaica's GDP in 2019. Remittance is a key foreign exchange earner. The level of foreign exchange inflows from remittances is on par with that of tourism. During the period 2008-2009, inflows from remittances were even marginally higher than that of tourism (Ramocan 2010). Surveys conducted on households living conditions in Jamaica reported that 49 percent of the households received remittances from overseas in 2017. Remittances increased by 5.8 percentage points over the ten-year period from 43.5 percent in 2008 (PIOJ 2017). As the COVID-19 pandemic continues to affect many economies globally, many households whose primary source of income is remittances are at risk of facing extreme poverty. For some households, remittances are their only source of income and as such the welfare of the household could be dramatically impacted if they lose their source of income. From a survey conducted among 776 remittance recipients in St. Andrew, St. Catherine, Manchester and Clarendon in April 2005, half of the households sampled said they used their remittances to deal with household expenses and 16 percent and 15 percent respectively used remittances for educational and savings purposes (Dade 2006). Furthermore, Bank of Jamaica carried out a survey, during March to April in 2010, of remittance recipients and reported that 24 percent of remittance recipients were unemployed, and 13 percent were not seeking actively seeking employment. According to a report published by UNDP (2015) the level of remittances received is associated with increased household investment in education, health, and entrepreneurship.

Remittances have therefore been an incremental source in contributing to increased household investments in educations, health and entrepreneurship all of which provide a high social return in most cases. Household surveys in El Salvador and Sri Lanka have shown that children that receive remittances have a lower school drop-out ratio and these same remittance receiving households spend more on university tuition for their children (UNDP 2015). In Sri Lanka children in remittance receiving households have higher birthweight. The study also reveals that remittances provide financing for small entrepreneurs and motivate and entrepreneurship mentality.

⁴⁵ <https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS?locations=JM>

A study conducted by Inter-American Development Bank in 2014 investigated remittances as a safety net in Jamaica and revealed that households without health insurance that receive remittances were unaffected by health shocks. Households being able to spend on health, housing and nutrition can enhance an individual's productivity. Remittances serves as a vital source of private capital flows to households which indirectly becomes a driving tool for economic development through productive investments.

Evidence from previous global financial crisis would lead one to anticipate a decline in remittances during the COVID-19 pandemic as remittance flows to Latin America and the Caribbean decline significantly 15 per cent due to the global financial crisis of 2009 (IDB 2013). Whilst this has been the case in the current crisis, as COVID-19 has been drying up remittance inflows in some developing countries Jamaica experienced increases remittance inflows for the year 2020. Total Remittance inflows for the fiscal year 2020-2021 was US\$3.1 billion, more than the US\$2.4 billion for the fiscal year 2019-2020. The increase in remittances inflow is an indication that households have become more dependent on remittances to support their livelihoods. Also, there is greater accounting of inflows as persons have had to resort to more formal methods of sending money instead of informal methods which were impeded when the travel ban was imposed. As a result of the worsening economic climate many households have less income support from their jobs due to reduced working hours, workplace closures or being laid off. These households now have to rely on families living abroad to absorb the shocks of the current crisis.

11.4 Government Assistance

The CARE programme was helpful as reflected in the fact that the vast majority are dependent solely on GOJ support and had no other means to navigate the pandemic but far from sufficient to reach the neediest citizens and businesses. The CARE programme is the Government of Jamaica's quickly implemented, set of cash relief initiatives which sought to cushion the economic impact of the COVID-19 pandemic on individuals and businesses. It was designed after the budget for FY 2020/21 was developed and put through the parliamentary approval process, and was implemented early in the crisis when the authorities were still trying to establish parameters of the likely impact. The benefits from the programme took the form of: Compassionate Grant (one-time

payment of \$10,000), General Grant (one-time payment of \$25,000), Set Cash (fortnightly payment of \$9,000 for a 3 month period), Best cash (fortnightly payment of \$9,000 to tourism sector workers for a 3 month period), tourism grant of \$100 million for small and medium tourism enterprises, PATH \$6.9 billion cash grant (additional and equal payment between April – June 2020), small business grant (one-time payment of \$100,000) , student loan relief (deferral of student loan principal and interest payments owed to the Student Loan Bureau for 3 months) along with other support programmes.

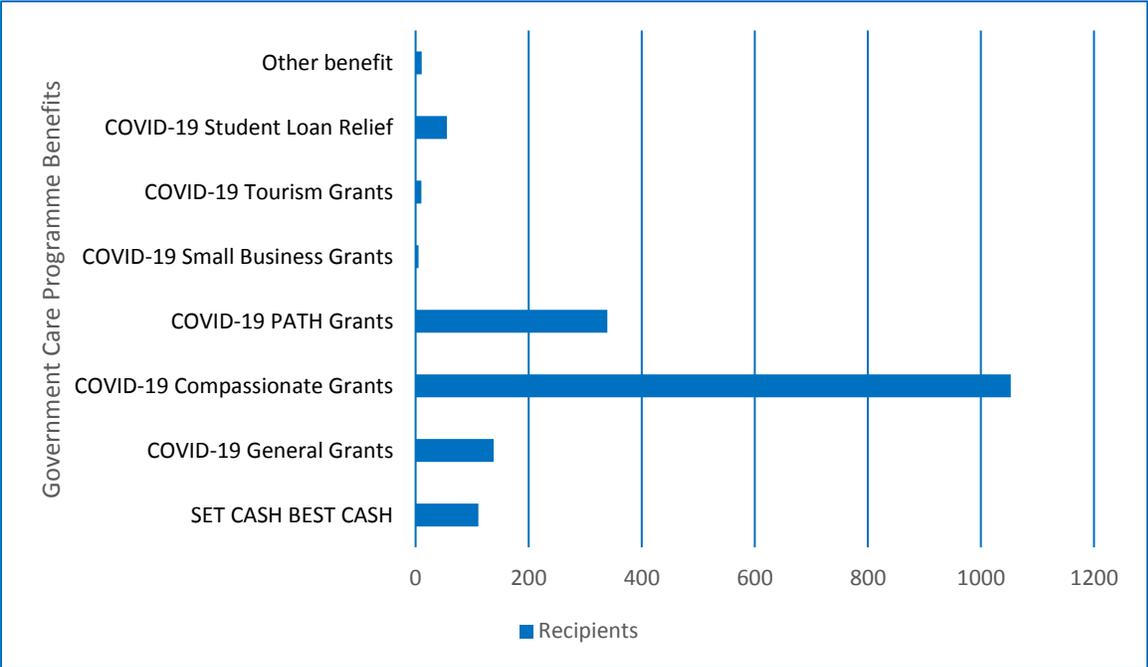
The government received more than half a million applications for support under these initiatives of which some 4/5ths were for the compassionate grant component. Approximately 435,000 benefitted from the overall CARE programme. Six percent of applicants were deemed ineligible because of being on a payroll (Linton 2020). On top of that, numerous persons did not apply for the following reasons: having no government issued ID, no Tax Registration Number (TRN) or missing the deadline. Thus, it could be said that the programme was not designed to reach the informal or unregistered persons, given the requirements. These measures left a vast majority of needy households not served, by design. The government's assistance is unintentionally designed to be concentrated on the formally employed and registered businesses. Also, having to apply for assistance online was a deterrent to potential applicants. With Jamaica having an internet penetration rate of only 55 percent, poorer households are likely to have limited or no access to the internet. This would have combined with the unfamiliarity of older persons with the technology of internet access. The lack of access to active bank accounts create the need to facilitate in-person collection of grants.

A reality of the CARE programme was that targeted members of a household received only a one-off payment. One recipient captured the feeling thus: “The compassionate grant was very little and with the price gouging, by the time you blink the money done.” Another asserted that “The government give people money at a time when we were on lockdown, instead of J\$10,000 they should have given us something that we could live off – like 12 live chickens and 2 bags of feed, seeds, and water to help us grow our own food.” (CAPRI 2021) These statements indicate that individuals found the assistance inadequate, particularly so for the Compassionate Grant. **Figure 11.4.1** show that Compassionate Grants had the most disbursements of various components of the

CARE programme, and this further raises concerns as to how individuals are coping amidst the current pandemic given that this assistance was small and was done on a one-time basis.

Figure 11.4.1:

Categories of Assistance Handed out under the Government CARE Programme during the Pandemic



Source: UNDP/SALISES/CAPRI 2021 SEIA survey.

The social welfare system already had issues prior to the pandemic. The PATH programme has had limited reach simply due to inadequate funding. The programme is well targeted though not perfectly so with only 59 percent of its enrollees are below the poverty line (Levy & Ohls 2010). So the programme does not only face the problem of under-serving the poor, but also serving a significant number who are not the neediest.

The experience of vulnerable households, evidenced here, exposes the weakness of Jamaica’s social safety net and the government’s CARE programme. It is not well targeted nor sufficiently comprehensive. And when faced, as it has been in the current crisis, with an urgent need to provide support to the vulnerable, the government literally had to invent a new distribution mechanism for the CARE Programme and hastily design eligibility criteria for the distribution. And even with

that, the overwhelming majority of needy households received nothing. This points to the need and urgency of financing and establishing a robust and efficient safety net in Jamaica.

Jamaica has made significant strides in establishing the markers of economic growth but not much has been done to establish equity in the distribution of economic gains. The outbreak of the Covid-19 virus has created devastating challenges for vulnerable households which creates a dire need for stronger and more effective social safety nets. The Caribbean Policy Research Institute published a report investigating and identifying fundamental components of an effective socio-economic welfare architecture that would suit Jamaica. The report discusses the need of public resources to be shifted from ineffective programmes and instead concentrated on criteria established for an effective social safety net. The proposed architecture includes: maintaining but reformulating the existing conditional cash transfer programme (PATH), Modifying the universal and contributory pension schemes, building on the National Health Fund to create a national health insurance plan, and restructuring and expanding youth and adult employment and training programmes that specifically target vulnerable groups, especially people with disabilities. Other measures include removing tax exemptions and restructuring NHT to be more inclusive of the poorest and the most vulnerable.

11.1.1 Conclusion and Policy Recommendations

Amid the pandemic, the Jamaican economy has started to show signs of recovery. However, the recovery varies across sectors and groups within the economy. Workers in sectors that were able to maintain their productive capacity will have a quick recovery. Those would be sectors dominated by large, well-capitalized companies or those for which the nature of the industry is such that its capital is largely physical. Tourism is a good example. Nearly all the infrastructure remains in place and intact for the duration of the strictest lockdown and border closures. Consequently, much of the shutdown capacity has already reopened. In the last quarter of 2020, hotels and restaurants had already picked up nearly a third of what was lost six months before (seasonally adjusted). Similarly, the aviation industry is also showing signs of a rebound in terms of passenger travels. Flight bookings have increased, bookings in April 2021 were 143 per cent higher than that of January 2021, for flights from the United States (Pate 2021). The increase in flights is projected to continue upwards as new routes are being embarked on by airlines, for

example Frontier Airlines, a low-cost cost carrier, embarked on its first flight from Miami to Montego Bay with 160 passengers on May 28, 2021 (Henry 2021). Of course, how quickly demand returns, will depend on people's willingness to travel to far off places again, a factor still unknown. Other implications to consider are the impact of new variants and shutdowns. Moreover, travel advisories surrounding Jamaica is another factor which will affect the rate of recovery, although the ban on travel from the United Kingdom was lifted on May 1, 2021, the Foreign, Commonwealth and Development Office issued warnings to UK citizens against traveling to Jamaica due to the rising number of COVID cases (WIC 2021).

A similar consideration would apply to sectors like manufacturing and construction, also characterized by large, fixed capacity. Manufacturing has already recovered more than half of what it lost at the depth of the trough and construction has recovered more than its contraction and is running at five percent ahead of where it was before the pandemic.⁴⁶ The BPO sector has also shown signs of recovery. The Global Services Association of Jamaica indicated that there has been a turn around since August 2020. As of June 2020, 3,300 BPO workers had regained their jobs (Smith 2020). Despite the falloff brought on by the pandemic, prospects remain high for this sector as it has been predicted that it will continue its growth rate from the pre-COVID trajectory, which would involve it employing 50,000 persons by March 2022 (Smith 2020). However, the recovery in this sector weighs heavily on the performance of the United States markets from which they depend heavily on for contracts.

The consideration that sectors with large, fixed infrastructure are more likely to recover quickly suggests that at least formal sector workers may not be disrupted for as long. Lower down the income distribution ladder, the prospects may not be as hopeful. This is yet another dimension in which the pandemic has widened societal inequalities. Overall, continued recovery of the sectors weigh heavily on how soon society returns to normality, which can be achieved through vaccination. Indeed, vaccination is not a cure for the mass economic contraction which occurred as a result of the pandemic. However, it has been indicated that it is critical to accelerating global economic recovery (OECD 2021). The vaccine rollout globally in 2021 has led to global economy growth projections being revised upwards. OECD (2021), indicated that global GDP will grow by 5.6 per cent in 2021; and this is 1 per cent higher than what was initially projected. Vaccination

⁴⁶ Statistical Institute of Jamaica, National Accounts, Quarterly GDP, Sep-Dec. 2020

will possibly lead to persons having more freedom, and a relaxation of lockdown measures, and this can potentially aid in increasing activity across different business sectors, especially the hard-hit contact-intensive sectors such as hospitality and entertainment.

This anticipated recovery, however, varies across regions, and there is a global disparity when it comes to dispersion of vaccines. In Jamaica there exists a supply and demand issue surrounding the deployment of vaccines. Firstly, there is an equity issue surrounding the supply of vaccines. Richer nations have been accused of hoarding vaccines, making it difficult for poorer developing countries to have access (BBC 2020). Despite difficulties, the Jamaican government have managed to procure the AstraZeneca COVID-19 vaccine. However, the uptake has been low, and this can have adverse impacts on recovery. For instance, the uptake of the vaccine by workers within the tourism industry is low, and this raises concerns to its further recovery as it has been expressed that this may cause visitors to shift to other destinations with higher uptake (The Gleaner 2021).

COVID-19 has made the weaknesses in the social protection system in Jamaica even clearer. Improvements need to be made to the current system to ensure more inclusiveness and that the most vulnerable individuals are reached. CAPRI (2021) conducted a report into this issue as they assessed what is needed for an effective safety net in Jamaica in March 2021. This report highlighted several approaches which can be taken to improve the social protection system. Firstly, it indicated that resources should be taken from systems which are under-performing and be shifted to programmes which are demonstrably effective. Additionally, suggestions were made on how to improve the efficiency and promote inclusiveness in existing programmes, the following were recommended: the removal of conditionalities under the PATH programme and the monitoring and evaluation of the HEART/NSTA programmes should be strengthened and be evidence based in order to ensure that the skills of the most vulnerable segments of the population are improved. Also, suggestions were made regarding new programmes which should be implemented, for example it was indicated that a universal health insurance plan should be implemented. This is critical considering the current situation as COVID, and its long-term health effects. Health emergencies can further deplete the income of vulnerable groups which are already struggling.

Moreover, the Jamaican government needs to embark on policies to increase the vaccination uptake, to boost recovery, using incentives. Governments around the world have embarked on various strategies to boost vaccination levels. It has been found that programmes geared towards

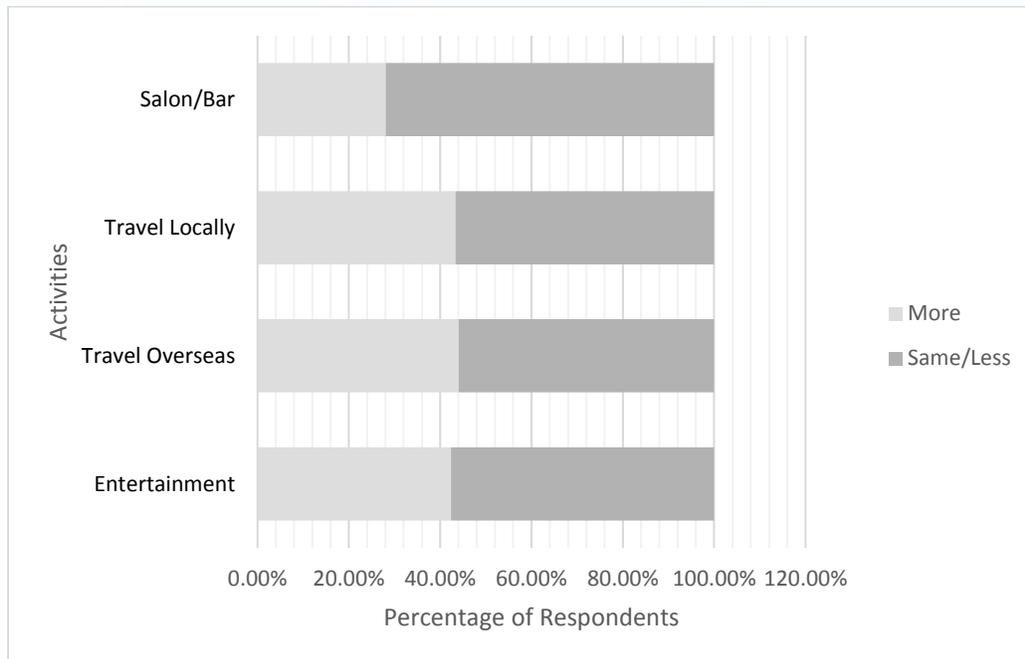
increasing education and awareness surrounding the importance of the vaccine have been inadequate in the United States (Volpp & Cannuscio 2021). Therefore, countries have resorted to providing citizens with incentives. It has been indicated the incentives can be useful to change negatives in changing behavior to decrease future health expenditures. Thus, incentives can be utilized to change the ‘Anti-vaxxer’'s mentality and induce them to take the vaccine. The Jamaican government can utilize raffles, lottery tickets and cash prizes to motivate persons to take the vaccine. Increasing vaccine uptake is very important as lifting restriction in the absence of people feeling safe will not necessarily give a boost to the economy.

Figure 11.5.1 below highlights how individuals would alter their behavior regarding travel (local and domestic), entertainment and the salon/barber if all COVID-19 restrictions were lifted. Interestingly, majority of respondents indicated that the lifting of restrictions will not cause them to participate in these activities more. This was greatest for salons/bar as 71.92 per cent of respondents indicated that they would either stick to their preexisting levels or reduce going to these places if all the restrictions were lifted. The reluctance to increase participation can possibly be as a result of fear of contracting the virus.

Based on these findings, lifting restrictions would not generate a massive boost to the economy as one would anticipate. Indeed, there are gains which can be had, especially in contact intensive industries such as entertainment as 42.34 per cent of respondents indicate they would participate more in this activity. However, with low vaccine uptake, these gains may not be as great as anticipated and may have long-run consequences. A study conducted in the US, found that states which had eased restrictions prematurely experienced a boost to their economy, however this boost was short-lived because of surges in COVID-19 cases (Davidson, 2021). There is tug-of-war like effect between recovering the economy and public health. An increase in vaccination uptake would be beneficial as it would reduce fear, and lessen surges in severe cases of the virus, making more sustained growth possible.

Figure 11.5.1:

Individuals Take on How They Would Alter their Engagement More or Same/Less In Activities if All COVID-19 Restrictions Were Lifted.



Source: UNDP/SALISES/CAPRI 2021 SEIA survey.

The trends in employment data even during the recovery segment indicate that women continue to bear the heavier burden in terms of their employment status and ability to recover their earning ability post-pandemic. Given the prevalence of female-headed households and the demographic profile of such households it is critical that deliberate attempts are made to bolster female employment and the extension of the social assistance programmes with special windows for these households with benefits that consider household size and the number of dependents.

Application requirements and payment modalities and cash values should be sensitive to the stresses being experienced in these households over the past 16 months and should be as painless as possible. Specific attempts to reach non-PATH households that meet these demographics must be made.

Lastly, recommendations were provided by the working group, held on November 3, 2021. Short-term recommendations (2021-2022), focused on the issue of vaccination. There was a consensus that vaccination was key to economic recovery, as it is the best way to return to some semblance of normalcy. It was indicated that the government should make it a requirement for the public to show proof of vaccination for entry into public establishments and places of entertainment. To ensure the effectiveness of this, and to mitigate against forgeries, it was also recommended that the government digitize the vaccination cards. Additionally, the group highlighted that the government should make it mandatory for all visitor/tourist arrivals to provide proof of vaccination to enter the country.

12

Vulnerable Social Groups



This section examines the impact of the pandemic on various groups in the society. The findings from a desk review are examined, followed by an analysis of the data from the UNDP/SALISES/CAPRI 2021 SEIA Study. The IPC measures have affected the quality of daily life all Jamaican citizens. However, in a country with pre-existing high levels of inequality (with a Gini coefficient of 0.3748)⁴⁷ the adherence to the movement restrictions and health protocols has the potential of both deepening and widening these pre-existing social inequalities in Jamaica. Ultimately, it is possible that while these measures have impacted all citizens, some groups could have been more adversely affected than others. In this section, we examine the impact of the pandemic and identify key groups which need targeted policy attention.

12 Findings from the Desk Review

12.1 The Impact of the Pandemic on Mental Health

The pandemic has had a grave impact on the mental health of all Jamaican citizens and it ought not to be underestimated. Lockdowns, curfews and other containment measures have increased anxiety levels and insecurity. Delivering his message on World Health Day, October 10, 2020, the Minister of Health, Honourable Christopher Tufton has noted that a number of Jamaicans are struggling with depression, and there were elevated levels of anxiety and stress among the population.⁴⁸ The Minister also highlighted that conditions such as acute psychosis, adjustment disorders, post-traumatic stress disorder, and protracted grief reactions appear to be on the rise.⁴⁹ The impact is more severe on vulnerable groups e.g. children and persons with disabilities. This impact on these vulnerable groups will be discussed in subsequent sections. Whitehorne-Smith (2020) found in her study that 97.7 per cent of all participants (485) felt that COVID-19 had affected their lives.⁵⁰ She noted the prevalence of notable depressive symptoms and anxiety symptoms was 54.7% and 49.2% respectively. A higher prevalence of notable depressive and anxiety symptoms was associated with younger persons, unsteady employment/being unemployed, and, among those with lower educational levels. Whitehorne-Smith also found that

⁴⁷ Planning Institute of Jamaica (2017) Jamaica Survey of Living Conditions.

⁴⁸ <https://jis.gov.jm/govt-prioritising-mental-health/> Retrieved February 25, 2021

⁴⁹ <https://jis.gov.jm/govt-prioritising-mental-health/> Retrieved February 25, 2021

⁵⁰ Patrice Whitehorne-Smith (2020) Presentation at Ministry of Health's National Conference, November 19-20, 2020.

67.4% of participants responded either “yes” or “maybe” to needing additional help or support to cope during COVID-19.

Before the COVID-19 pandemic, mental health disorders form the leading cause of disability and also a contributor to non-communicable diseases. According to a report from CARICOM, the burden of mental illness is predicted to cost Jamaica about US\$2.76 billion loss in economic output within 2015-2030.⁵¹ It is projected that more than 25 per cent of Jamaicans, at some point will develop mental illness at some point in their lifetime. The World Federation for Mental Health states “Good mental health is critical to the functioning of society at the best of times. It must be front and centre of every country’s response to and recovery from the COVID-19 pandemic. The mental health and wellbeing of whole societies have been severely impacted by this crisis and are a priority to be addressed urgently.”⁵² Dr Ganesh Shetty, leading psychologist in Jamaica has noted that the lockdowns and curfews would increase levels of anxiety and depression in persons already suffering from mental illness.

12.1.2. Women

“The effects of the COVID-19 pandemic would reverse the limited progress that has been made on gender equality and women’s rights. The coronavirus outbreak exacerbates existing inequalities for women and girls across every sphere – from health and the economy, to security and social protection.”⁵³

While all Jamaican citizens have been affected by the pandemic, women bear disproportionate impact of COVID-19 based on the fact that they play the most significant role in the delivery of health care both in private and public health facilities (e.g. nurses, receptionists, community health aides etc.) and are the main caregivers at home and in the community. Further, women’s unpaid work in the home has increased due to the pandemic as school closures combined with work from home/stay at home mandates have amplified women’s burden at home. They have had to balance work and family care commitments in the home as there is less comfort with engaging domestic help from outside the home given the contagious nature of the virus. With school closures and loss

⁵¹ https://today.caricom.org/2020/10/09/investing-in-mental-health/#_ftn2. Retrieved December 19, 2020

⁵² https://today.caricom.org/2020/10/09/investing-in-mental-health/#_ftn2. Retrieved December 19, 2020

⁵³ <https://www.un.org/sustainabledevelopment/gender-equality>) Retrieved February 1, 2021

of jobs by male heads of households, there has been increased washing, cooking and cleaning for women implying a possible further demarcation of gender roles in the home. For women who have to work remotely, there is the added responsibility of supervising their children's educational online or remote learning activities which tend to occur during working hours. Poorer households in Jamaica tend to have larger household sizes. Mean household size for poorer households is 4.3 while the national average is 2.9 (JSLC 2019). Poorer households usually have higher household density. This increases access to abusers and stressors to mental health.

Some women are finding it difficult to transition to working from home. Pregnant women, women who are breast feeding and women with small children, women with disabilities, and, homeless women are also more disadvantaged in this context. Poorer households with children of different ages, may not have the space to learn and study in smaller houses. The IPC measures have the potential to result in increased levels of gender-based violence as, many women and children are now being “locked in” with their abusers and unable to access much needed support services.

The economic impact on women has the potential to be tremendous as female unemployment is higher than male unemployment in the pre-crisis period despite the higher educational levels among women. Andaiye (2003) in Tang Nain and Bailey (2003) asserts that while male poverty is often linked to unemployment, employed women are more likely to be working in lower paying jobs than males and they have differential access to credit and property ownership. In addition, the United Nations' Secretary General Antonio Gutierrez noted 2020 that 60 per cent of women around the world work in the informal economy, earning less, saving less, and at greater risk of falling into poverty. As markets and businesses close, millions of women's jobs have disappeared.⁵⁴ Lay-offs and job cuts have serious implications for women, especially for single female-headed households, women in agriculture and those living in rural areas. Food insecurity increased during a pandemic, CAPRI/UNICEF (2021) found that just under 45% of households experienced food shortages due to COVID-19 restrictions. This was felt more acutely in female-headed households (56%) and households with two or more children (57%) (CAPRI/UNICEF 2021).

⁵⁴ <https://www.un.org/en/un-coronavirus-communications-team/put-women-and-girls-centre-efforts-recover-COVID-19> Retrieved March 2, 2021

UNAIDS noted that for many women living with HIV in Jamaica, there are added layers of stress. According to the Jamaica Community of Positive Women (JCW+), many of their clients reported having received only one month's supply of HIV treatment, although they were hoping for the recommended three months.⁵⁵ The agency also noted that the new screening protocols at certain clinics have made some people feel exposed to unfamiliar health-care staff and unexpected disclosure of their HIV status. In some cases patients were sent to a particular window or door which was associated with HIV treatment. In addition, a few women report not having been able to access contraception on time.⁵⁶ In light of these indications of groups of women likely to experience a potential impact given the contextual situation and those induced due to the measures implemented in the context of COVID-19, policy responses must target female –headed houses, unemployed women, women in households living below the poverty line, women with disabilities, women living in rural areas and women living with HIV/AIDs.

12.1.3 Children

No study on the impact of the pandemic can exclude children. While UNICEF Jamaica has a comprehensive report on the impact of COVID-19 on this group, a brief account is provided here. This account relies heavily on the UNICEF/CAPRI 2020 Report on the impact of the pandemic on children. There is already evidence that the fulfilment of SDG 4 *Ensure inclusive and equitable education and promote lifelong learning education for all* will be retarded by COVID-19. In Jamaica, sustained access to inclusive and equitable education has proven to be difficult. The shift to remote teaching revealed the deep digital divide and the starkness of the inequities in access to supplementary learning aids and technology in Jamaica and intensified the societal inequalities that plague the nation. It is expected that educational outcomes will be even more uneven for decades to come. Much of the discussion on the impact on children in Jamaica is taken from a UNICEF/CAPRI 2020 study. Children aged 0-17 years represent 26 per cent of the Jamaican population (**Table B**). The pandemic has had a deleterious effect on children. The closure of schools has posed several challenges to parents and children. According to UNICEF/CAPRI 2020,

⁵⁵ https://www.unaids.org/en/resources/presscentre/featurestories/2020/september/20200921_jamaica

⁵⁶ https://www.unaids.org/en/resources/presscentre/featurestories/2020/september/20200921_jamaica

the level of engagement in online learning during remote learning with children in basic schools, have witnessed low levels of engagement by 75%. High school students have witnessed low engagements by 83% and primary/preparatory students by 90%. There has been a two-fold increase in screen time for children. Despite this, the UNICEF/CAPRI report also indicated that 70% of the adult caretakers revealed that they were satisfied with the available remote learning options, followed by pre/basic schools at 60% and the lowest with high schools at 56%. The report noted that some caretakers/parents were not willing to send their children back to school at the beginning of the 2020/2021 Academic year while 32% stated that they were undecided. The National Parenting Support Commission created helplines to provide support to parents.

School closure as a containment measure has also exacerbated social inequalities in Jamaica. This coupled with 13 percent of households stating that an adult either seldom or never monitors their children's online activity, increases the risk of children being exposed to inappropriate material, experiencing cyber-bullying, and/or being exploited. School closures have affected the early childhood institutions, disproportionately. The lower levels of engagement in pre/basic schools, are as a result of the lack of facilities to support distance learning and difficulty in engaging with this group for a sustained period of time online. Unequal access to good quality education has implications for labour market outcomes. Children from poorer households will be disadvantaged. The study noted that the negative impact of the pandemic on children's mental health, as households with children have noted an increase in children's levels of anxiety, fear, frustration, and depression resulting from the pandemic response. Households with reduced income are reporting higher levels of frustrations, clinginess, and sadness in their children. Additionally, approximately 40 percent of children over six years old have not been getting sufficient daily exercise since the implementation of the COVID-19 restrictions (UNICEF/CAPRI 2020).

UNICEF/CAPRI (2020) highlighted a concern about the reduction in the reported cases of child abuse to State Authorities and noted that some children could be suffering in silence, as they no longer have access to their usual confidants who would report such situations to the authorities. There was evidence that there is increased physical abuse of children. UNICEF/CAPRI (2020) noted that households with children have also reported an increase in the levels of verbal abuse aimed at children, and nearly 20 percent of households stated that there has been an increase in the use of corporal punishment. The increased use of verbal abuse was also significantly higher in

households reporting a reduction in income. However, there have been several reports of abuse of children in the media. For example, a 13 year-old was reported raped by five men in St. Ann.⁵⁷ There have been several public outcries about the abuse of the nation's children.

Pre-existing poverty levels increased the negative effects of the pandemic on children. Data from the UNICEF/CAPRI 2020 study on the impact of the COVID-19 on the children and families in Jamaica highlighted that 80% of families suffered a reduction in income. On average, the study noted that households with children lost 46 percent of their income since the COVID -19 restrictions were implemented.⁵⁸ This loss was significantly greater for those in the lower socioeconomic bracket (49 percent) than the upper (42 percent) ($p = 0.021$). UNICEF/CAPRI (2020) noted that the fact that lower socioeconomic groups were already living on limited financial resources, the impact of the loss of 49 percent of income would substantively understandably affect their living conditions. The UNICEF/CAPRI (2020) study reported increased food insecurity caused by the loss of income. Nearly half of households with children have experienced food shortages at some point since the COVID-19 restrictions have been implemented. Again, this was especially true for the most vulnerable households – those in rural areas, female-headed households, and households with more than one child. The same Report noted that the food insecurity for children was aggravated by the school closures as children could not benefit from the School Feeding Programmes.

The State has introduced the GOJ SET and cash initiatives. Nutritional support (through school feeding programme) was provided to PATH students in the form of monetary payments amidst school closures. There was an increase in financial assistance to PATH beneficiaries. More information on these initiatives are discussed in **Section 6.3**.

In November 2020, a Jamaica Gleaner article (citing a UNICEF Latin America and Caribbean Report) revealed that the pandemic has made children in this region lose more days of schooling when compared to the rest of the world, noting that more children are facing the risk of missing out on an entire academic year.⁵⁹ UNICEF's Regional Director for Latin and the Caribbean stated

⁵⁷ https://www.jamaicaobserver.com/latestnews/_Police_arrest_4_men_accused_on_bugging_13-y-o_girl_in_St_Ann?profile=1228

⁵⁸ Averages were estimated using the usual methodology to calculate the mean of a grouped frequency distribution.

⁵⁹ <http://jamaica-gleaner.com/article/world-news/20201110/education-still-hold-over-97-students-still-out-classrooms-latin-america> Retrieved December 20, 2020

“Across Latin America and the Caribbean, millions of the most vulnerable students may not return to school” (Jamaica Gleaner 2020, Par. 5). Additionally, the Report also indicated that COVID-19 has further widened the education gaps between rich and poor families in Jamaica and within the Caribbean (Jamaica Gleaner 2020, Par. 5). In Jamaica, after a very brief re-opening of some schools, they were closed (initially an exception was made for students sitting local or regional exams but this was subsequently rescinded) in March 2021. The only children allowed to be in face-to-face modality are those aged 3 months to five years in private day care facilities. This has implications for equity since those aged 3 years to 5 years in public infant and pre-schools are not benefitting from this option/opportunity.

Furthermore, another article in the Jamaica Gleaner lays emphasis on the challenges teachers and students face as a result of a lack of a high-speed internet at home.⁶⁰ Many students and teachers are digitally disadvantaged. This resulted in a delay of students taking exams or receiving course grades for the 2019/2020 academic year which was necessary for matriculation or progression. The same article highlighted the digital divide in the rural Jamaica despite the government’s effort to distribute computer tablets for students to continue with online learning. Other issues addressed by the article included the current poor state of telecommunication infrastructures, lack of digital literacy among teachers and students and the reluctance of some teachers to switch from traditional classroom to the digital landscape.

The 2020 sitting of the Caribbean Secondary Education Certificate (CSEC) Examination and Caribbean Advanced Proficiency Examinations (CAPE) which determine further advancement to tertiary-level education was fraught with challenges. However, The UWI also provided more flexible matriculation mechanisms. The exams which were originally scheduled in May/June 2020 were rescheduled to commence on the July 13, 2020 due to the effects of the pandemic.⁶¹ Results from these exams were released late in September 2020 and many tertiary-level institutions refused to accept students based on preliminary results as there were several queries about the grades that hundreds of students received from many of the subjects. The pandemic is set to affect the CSEC and CAPE examinations for the 2021 sitting due to the disruptions caused in the traditional

⁶⁰ <http://jamaica-gleaner.com/article/commentary/20201003/caren-waugh-sustaining-online-education-during-COVID-19-and-beyond> Retrieved December 19, 2020

⁶¹ <http://radiojamaicanewsonline.com/local/cxc-results-due-today> Retrieved December 19, 2020

classroom learning experience for students in Jamaica and across the region.⁶² There are visible and hidden impacts of pandemic response and containment measures which are negatively impacting children's health, nutrition, education, learning, protection, well-being, family finances and poverty. Children in poorer households, those living in rural areas and those with disabilities are more disadvantaged.

12.1.4 Youth

“The impacts of containment measures are wide and varied depending on the categories of young people. The pandemic has had a disproportionate impact on young people.”⁶³ Individuals aged 18 to 29, make up 22 per cent of the Jamaican population (Table ii). The Ministry of Health and Wellness has reported that individuals aged 20 to 29 years now account for the largest group of persons with COVID-19 in Jamaica. On February 19, 2021 of the reported 20,310 COVID-19 cases, 4,369 or 21.6 per cent were between 20 and 29 years old.⁶⁴ The long term impact of this is yet unknown and will likely continue to be unknown for some time yet as these persons progress through higher education or the labour market.

Dr. Terri-Ann Gilbert-Roberts, Youth Expert at the Commonwealth Secretariat noted during an interview that the pandemic has had negative economic and social effects on young people, globally. Young women are worse off than young men and young persons with disabilities, youth in poverty and youth living in the rural areas and inner cities were particularly disadvantaged as they suffer from a multiplicity of risks. Dr. Gilbert-Roberts also reported that the economic impact has been severe on young people as they are concentrated in the entertainment, tourism and hospitality industries which have all experienced significant job losses due to the limits on gathering, curfews and other protocols. Youth unemployment, already high pre-COVID, is expected to increase exponentially. Dr Gilbert-Roberts noted that the social impacts included; loss of access to good quality education which would result in negative educational outcomes. Young people have also lost their “connectivity” and decreased socialization with their peers will diminish

⁶² <https://www.loopjamaica.com/content/cxc-pushes-2021-csec-and-cape-exams-junejuly> Retrieved December 19, 2020

⁶³ Dr Terri-Ann Gilbert- Roberts, Research Manager, Economic, Youth and Sustainable Development Directorate, Commonwealth, Secretariat (Interviewed February 1, 2021).

⁶⁴ http://www.jamaicaobserver.com/latestnews/Young_people_account_for_highest_number_of_positive_cases_of_COVID-19 Retrieved February 26, 2021



access to important networks and social capital. This loss could have long-term effects on their quality of life. Lack of physical exercise and inadequate nutrition could lead to an increase in obesity and non-communicable diseases. Social protection for youth is inadequate and the pandemic has exposed vulnerabilities in all social and economic systems.

A recent poll conducted by UNICEF U-Report showed that COVID-19 has a significant impact on the mental health of young people in Jamaica and the rest of the Caribbean. The poll showed that 27% of young women indicated that they felt anxious and 15% of them experienced depression. Some 30% of the young women blamed their anxiety and depression on the unprecedented economic situation caused by the pandemic.⁶⁵ Generally, 46% of the young men and women reported that they had less motivation to do things that they usually enjoyed, while 36% felt less motivated to do regular chores.

The future appears dim for by Jamaican youth. The same UNICEF U-Report poll showed that 43% of young women from Jamaica and other Caribbean countries felt pessimistic about the future compared to 31% of the young men.⁶⁶ The UNICEF reported 73% of youth requested assistance to improve their physical and mental health. This only shows how the pandemic has immensely affected the general health of youth and other Jamaicans and other countries in the Caribbean region. Dr Gilbert-Roberts noted however, that despite their difficulties, youth were providing great support to the vulnerable in their society. They were assisting their elderly neighbours and persons with disabilities by buying their medication and groceries. Some youth were also finding innovative ways to create employment. However, there is urgent need to focus on young people's physical and mental health and economic recovery. Policy responses must target the young women, youth with disabilities, youth in poverty and youth living in the rural areas and inner city communities.

⁶⁵ <https://www.unicef.org/lac/en/impact-COVID-19-mental-health-adolescents-and-youth>. Retrieved December 20, 2020

⁶⁶ <https://www.unicef.org/lac/en/impact-COVID-19-mental-health-adolescents-and-youth>. Retrieved December 20, 2020

12.1.5 Elderly

Persons aged 60 years and over represent 14 per cent of the Jamaican population (Table B). This group has recorded the highest number of deaths from COVID-19 in Jamaica. As of March 2, 2021, the elderly aged 60 and over, accounted for 72.4 percent of total COVID-19 deaths. Most of these senior citizens suffered from underlying illnesses/disorders such as hypertension, diabetes, renal diseases and high cholesterol. There was a high level of compliance to health protocols mandated by the State, among the elderly. In a study carried out by the Mona Ageing and Wellness Centre at the University of the West Indies, 89% of the elderly reported leaving home less than before the first stay-at-home order in March and 98% reported wearing masks, sanitizing and washing hands to protect themselves. However, 22 reported canceling a doctor's visit or other healthcare appointment. Many of Jamaica's senior citizens are reportedly living in fear due to these impacts of COVID-19. According to Professor Denise Eldemire-Shearer, Director of Mona Ageing and Wellness Centre at the University of the West Indies, elderly persons were generally afraid and that the high death rate affecting older persons increased their fear.⁶⁷

Despite the freedom granted by the Government of Jamaica to the senior citizens to go to any pharmacy and seek medical attention, some of them are still gripped by fear to leave their houses fill their prescriptions. Professor Denise Eldemire-Shearer also stated that some of the senior citizens have asked their nursing aides to ceasing coming to their homes (especially in the urban areas) for fear of the community spread of the virus. The limited mobility of senior citizens as a result of the Government's stay-at-home orders can have consequential effects. Homebound elderly persons are at risk of losing muscle mass especially when they are not getting adequate amount of exercise. The implementation of the stay-at-home orders for persons over 65 have also impacted other routines. One of the most commonplace routines in addition to supermarket and pharmacy trips for the elderly in Jamaica are church activities. Jamaica has the highest number of churches per capita in the world and this loss of routine has affected the mental health of the elderly. Their family members are now forced to find ways to keep their older relatives, positive in these uncertain times and elderly persons living, alone are more vulnerable. The senior citizens living in nursing homes do not fare much better. The personnel in the nursing homes have limited

⁶⁷ <http://jamaica-gleaner.com/article/lead-stories/20200911/covid-scare-anxiety-rises-among-elderly-deaths-hit-seniors-hard>. Retrieved December 20, 2020



access by family members to reduce the spread of the COVID-19; While efforts have been made to connect the elderly to their loved ones, digitally, the quality of this interaction have been negatively affected.

The COVID-19 pandemic has affected the senior citizens of Jamaica by disrupting their lifestyles, thereby having a major impact on their mental and physical health. The Ministry of Health in Jamaica has launched various activities to aid the elderly and also encouraged persons to visit their relatives while they abide by the COVID safety protocols. The Minister of Health stated “they just want someone to talk to. Maintain the six feet distance; even if you can’t touch them still visit them.”⁶⁸ The Health Minister also urged persons to encourage their elder relatives to keep active around the home as inactivity could cause debilitating conditions.

12.1.6 Persons with Disabilities

Persons with disabilities (PWDs) form a diverse group and experience multiple and various forms of discrimination on the basis of socioeconomic status, gender, age, migration status, their type(s) of disabilities and other factors. Before the COVID-19 pandemic, persons living with disabilities were already among the most excluded in society and they, along with their families will be among the most affected during this uncertain times.⁶⁹ This impact of the crisis on these already limited inclusion into the society and economy will only increase the extent of their marginalization and exclusion in this pandemic.

Poverty and disability are interlinked and reinforce each other. Disability is both a cause and a consequence of poverty. The pandemic has caused some persons with disabilities from poor households to experience poorer health and reduced access to services in order for them to treat these problems. Persons living with disability face a greater risk from the COVID-19 pandemic because of their limited ability to protect themselves from the virus or seek diagnosis and treatment as a result of lack of information about the virus and poor accessibility to health facilities. Persons with disabilities are vulnerable to impacts of the COVID-19 pandemic as a result of limited options

⁶⁸ <http://jamaica-gleaner.com/article/commentary/20201011/editorial-mental-health-other-epidemic>. Retrieved December 19, 2020

⁶⁹ https://repositorio.cepal.org/bitstream/handle/11362/45492/S2000299_en.pdf?sequence=1&isAllowed=y. Retrieved December 20, 2020

for social distancing based on the conditions of the community based residences or institutions they live in. Persons with disabilities also face issues related the labour market. Prior to the pandemic, they already had a weak position and participation level in the services sector; and with the current situation, they are likely to be particularly affected by the adverse labour market situation.

The physical confinement or quarantine protocols established by the Jamaican government may impede access to services that are essential for the well-being of persons with disabilities. This can be seen in areas of health, rehabilitation and care services. The restrictions by the government especially on the older citizens can affect those of them disabled. Some of them with disorders such as autism spectrum disorder (ASD) can be affected immensely as their routine helps them to reduce stress. The restrictions can aggravate exposure to domestic violence especially for women with disabilities as opposed to those without. Senator Floyd Morris lamented the fact that there was no vaccination plan for persons with disability.⁷⁰

12.2 Findings from the UNDP/SALISES/CAPRI 2021 Survey

This section examines the impact of the pandemic on vulnerable groups in Jamaica. Special focus will be on those earning less than J\$50,000 per month (the poor), those aged 18-29 years (youth), Although, the UN definition of youth is 15-24, we thought to expand that age group to 29 years, given the vulnerabilities highlighted by the secondary data and the interviews with key informants.

12.2.1 Impact of the Pandemic on Mental Health of Jamaicans (All Respondents)

A year after the pandemic, the majority of Jamaicans are either more worried than before the pandemic or have since become depressed. Of all the respondents, 73.1 per cent of them claimed that they were more worried now than before the pandemic (**Table 12.2.1**). Another 53.2 per cent admitted being more depressed while 47 per cent were less happy. These findings support those from the desk review which highlighted the concerns expressed by health personnel about the likely deterioration in the mental health of Jamaicans during the pandemic.

⁷⁰ <https://jamaica-gleaner.com/article/commentary/20210409/floyd-morris-what-covid-19-vaccination-persons-disabilities-jamaica> Retrieved April 10, 2021

Table 12.2.1: Impact of the Pandemic on Jamaicans' Mental Health (All Respondents)

	Happy	Depressed	Worried
Less	47.0	11.5	7.7
Unchanged	40.1	35.4	19.2
More	12.1	53.2	73.1
N=3090			

Source: UNDP/SALISES/CAPRI 2021 SEIA Study

The findings detailed in **Table 12.2.2** are not surprising as only 5.7 per cent of all respondents revealed that that the pandemic had a positive impact or had improved their lives significantly (**Table 12.2.2**). Some 41 per cent of Jamaicans revealed that the pandemic had a very negative or somewhat negative effect on them.

Table 12.2.2: Impact of COVID-19 on the Overall Well-Being of Jamaicans (all respondents)

	Frequency	%
Very negative	685	22.1
Somewhat negative	578	18.7
Both negative and positive	1651	53.4
Somewhat positive	143	4.6
Significantly improved	33	1.1
N=3090		

Source: UNDP/SALISES/CAPRI 2021 SEIA

Respondents enrolled in the educational sector were significantly affected by the containment measures. Very abruptly, teachers and students were forced to move online. They were faced with problems of access to devices by both teachers and students and poor and no connectivity. The UNDP/SALISES/CAPRI 2021 SEIA revealed that only 15 per cent of all classes were held

remotely with no connectivity problem (**Table 12.2.3**). Some 7 per cent of individuals did not pay school fees while another 3 per cent of these individuals dropped out of school.

The issue of low or limited connectivity has implications for the future of sustained learning. It is clear that post pandemic, the education sector will continue with a blended approach to learning. It is essential to the connectivity issues be resolved by the internet providers.

Table 12.2.3: Percentage distribution of Impacts since school went online

Impact	Frequency	%
All classes were held remotely with no connectivity problem	396	15.47%
Some classes were interrupted due to connectivity issues	1478	57.76%
All education suspended due to no connectivity	148	5.78%
Dropped out of school	78	3.05%
Deferred school	76	2.97%
Did not pay school fees	188	7.35%
School reduced fees	102	3.99%
Other, please specify:	93	3.63%
Total	2559	

Source: UNDP/SALISES/CAPRI 2021 SEIA

Before the pandemic, teachers (especially those in schools in poor communities) were facing several challenges e.g. high levels of indiscipline, long working hours and inadequate of support from parents. Pre COVID-19, teachers were under a significant amount of stress. Stress was the top reason teachers gave for leaving the profession, pre-COVID (Hart, Catherine and Fredrica Nash May 19, 2020).

The pandemic has exacerbated these challenges as teachers are under stress to ensure that high standards are maintained and that their students do not fail. Now they must act as counsellors to their students and provide psychosocial support for them. COVID-19 has elevated the stress levels teachers experience as they are forced to work more hours, and navigate an unfamiliar remote environment, made worse by frequent technical problems (Zalaznick, February 22, 2021). The pandemic has not only affected principals, teachers and students. Other workers in the education system would be affected. These include the ancillary workers, school gate vendors and transportation workers who depend on an open education sector for their livelihoods.

Other persons negatively impacted by the pandemic include ancillary workers and food vendors. The local Boys and Girls Athletic Championships among secondary schools were held with empty seats due to the pandemic, dealt a blow to food vendors as there were no patrons to buy their products. Ancillary workers and school canteen operators would have also been negatively impacted.

12.2.2 The Mental Health Impact of the Pandemic on Those Earning Less than J\$50,000 per Month

The majority (71.2 percent) of those earning less than J\$50,000 per month were more worried than before the pandemic while 50.2 of them admitted feeling more depressed (Table 12.7.4). Unsurprisingly, 49.2 of them revealed that they were less happy, now than before the pandemic. These were similar rates discussed at the national level for all Jamaicans.

Table 12.2.1: Impact of the pandemic on mental health (persons earning income less than J\$50,000 a month)

	Happy	Depressed	Worried
Less	49.2	11.0	7.0
Unchanged	37.2	29.3	16.8
More	11.5	50.2	71.2
N=1181			

Source: UNDP/SALISES/CAPRI 2021 SEIA Study

Understandably, only 4.5 per cent of the respondents earning less than J\$50,000 per month found that the pandemic had a positive impact or significantly improved their lives (**Table 12.7.5**). Some 44.3 per cent of respondents earning less than J\$50,000 per month group stated that COVID-19 had a very negative or negative impact on them.

Table 12.2.2.2: Impact of COVID-19 on the overall well-being of Jamaicans (Income Less than J\$50,000 a month)

Level	Frequency	%
Very negatively	325	27.5
Somewhat negatively	184	15.6
Both positively and negatively	580	49.1
Somewhat positively	41	3.5
Significantly improved	12	1.0
Not at all	39	3.3
Total	1181	100.0

Source: UNDP/SALISES/CAPRI 2021 SEIA

This deterioration in mental health may be due to the fact that 51.6 per cent of them found that their income had been drastically reduced due to the pandemic (**Table 12.2.2.3**).

Table 12.2.2.3: Impact on household income due to COVID-19 (respondents earning less than J\$50,000, a month)

	Frequency	%
Decreased drastically	609	51.6
Decreased slightly	331	28.0
Hasn't changed	210	17.8
Increased	31	2.6
N=1181		

Source: UNDP/SALISES/CAPRI 2021 SEIA Study

This drastic decrease in income is likely reflective of the increased level of unemployment for those earning less than J\$50,000 a month. In January 2020, the unemployment rate was 37.8 and increased to 55.6 in April 2020 (during the tightest restrictions). The current unemployment level for that group is now at 59.4 per cent. There is no doubt that this group has suffered severely from the pandemic (**Table 12.2.2.4**)

Table 12.2.2.4: Current employment status (Those earning less than J\$50,000 a month)

	Frequency	%
Full-time employment away from home	188	15.9
Full-time employment at home	91	7.7
Part-time employment away from home	131	11.1
Part-time employment at home	69	5.8
Unemployed	702	<u>59.4</u>
Total=1181		

UNDP/SALISES/CAPRI 2021 SEIA Study

Containment measures have resulted in the reduction of several activities. For example, 58.8 per cent of those earning less than J\$50,000 reported a reduction in their visits to family and friends (**Table 12.2.2.5**). Going to the salon/barber was also negatively affected (47.6 per cent) and going shopping (41.7 per cent).

Table 12.2.2.5: Reduction in activities by category (Those earning less than J\$50,000 a month)

	Frequency	%
Visiting family and friends	695	58.8
Physical Exercise	263	22.3
Going shopping	493	41.7
Salon/barber	562	47.6
Medical visits	246	20.8
N=1181		

Source: UNDP/SALISES/CAPRI 2021 SEIA Study

Of all those earning less than J\$50,000 a month, only 25.8 per cent were beneficiaries of the PATH programme. Currently the PATH Programme only caters for 350,000 beneficiaries. ⁷¹Payments are made to compliant beneficiaries in six bi-monthly cycles each year. ⁷²The latest JSLC (2018) revealed 12.9 per cent of the population lived below the poverty line. In absolute numbers, this means that 351,654 of the population of 2,726,000⁷³ live on or below the poverty line. The current number of 350,000 is short by 1,654. This low coverage of 25.8 per cent for this low income group may be due to the fact that only 31.1 per cent know knew how to apply for government assistance, generally if needed. (Table 12.2.2.6)⁷⁴

The main social protection programmes accessed by this group to reduce the impact of the pandemic were the COVID-10 compassionate grants (38.4 per cent) and COVID-19 PATH Grants (15.9 per cent).

⁷¹ <https://mlss.gov.jm/departments/path/>

⁷² <https://mlss.gov.jm/departments/path/>

⁷³ Data are from Economic and Social Survey Jamaica 2019 (July 2020), Planning Institute of Jamaica (PIOJ).

⁷⁴ Question was “Do you know how to apply for government assistance, if needed.

Table 12.2.2.6: Support received by Respondents earning less than J\$50,000 a month

	Frequency	%
Beneficiaries of PATH (yes)	305	25.8
Aware of how to apply for government support	814	68.9
Types of State social protection programmes accessed to reduce the impact of COVID-19		
SET Cash Transfer	36	3.0
COVID-19 General Grants	51	4.3
COVID-19 Compassionate Grants	453	38.4
COVID-19 PATH grants	188	15.9
COVID-19 small business grants	2	.2
COVID-19 Tourism Grants	5	.4
COVID-19 Student Loan Relief	15	1.3
Other Benefit	3	.3

N=1181

Source: UNDP/SALISES/CAPRI 2021 SEIA Study

Most of the persons who were not aware of how to access government support when needed were from Kingston (24.2 per cent), St. Catherine (15.8 per cent) and Westmoreland (10.2 per cent) (**Table 12.2.2.7**)

Table 12.2.2.7: Persons who do not know how to access government support if needed by parish

Parish	Frequency	%
Kingston and St. Andrew	195	24.2
Portland	28	3.5
St. Thomas	13	1.6
St. Catherine	127	15.8
St. Mary	44	5.5
St. Ann	57	7.1
Manchester	75	9.3
Clarendon	65	8.1
Hanover	11	1.4
Westmoreland	82	10.2
St. James	50	6.2
Trelawny	26	3.3
St. Elizabeth	33	4.1
Total	806	100

The main types of support that those earning less than J\$50,000 a month need are: Money (83.1 per cent), food (58.8 per cent), masks and sanitizers (43.7 per cent), internet access/assistance and suppliers (29.6 per cent) and health insurance (27.8 per cent) (**Table 12.2.2.8**).

Table 12.2.2.8: Types of Support Need to Cushion the Impact of COVID-19 (Those Earning Less than J\$50,000 a Month)

	Frequency	%
Money	981	83.1
Educational Resources	341	26.6
Clothes	151	12.8
Food	696	58.8
Medical care/medication/supplies	310	26.2
Babysitting/caregivers/housekeeping assistance	71	6.0

	Frequency	%
Health insurance	328	27.8
Internet access	349	29.6
Improved water	215	18.2
Transportation	178	15.1
Masks and sanitizers	516	43.7
Garbage collection	199	16.9
Other		
N=1181		

Source: UNDP/SALISES/CAPRI 2021 SEIA

*** Multiple Responses accepted

12.2.3: Impact on youth

Prior to COVID-19, youth everywhere faced several challenges. Their group usually report the highest levels of unemployment and they were disproportionately represented among the perpetrators of violence (see previous section for further discussion on the impact on youth based on findings from the desk review). With the lock-downs, curfews and other containment measures, youth unemployment has risen and their access to education, reduced. This section presents the findings from the UNDP/SALISES/CAPRI 2021 SEIA survey.

The majority of young people (70.6 per cent) are more worried than before the pandemic and 50.5 per cent of them are more depressed (**Table 12.2.3.1**). These rates are higher than those reported on the national levels in **Section 12.2.1**.

Table 12.2.3.1: Impact of the pandemic on mental health (respondents aged 18-29 years)

	Happy	Depressed	Worried
Less	46.6	11.2	7.2
Unchanged	37.6	27.4	17.7
More	13.2	50.5	70.6
Non Response	2.3	10.1	4.5
N=1514			

Source: UNDP/SALISES/CAPRI 2021 SEIA Study

Only 2.6 per cent of youth were not impacted by the pandemic and 35.1 per cent were very negatively or somewhat negatively affected by the pandemic. This rate is lower than the national rate of 40 per cent. This may be explained by the fact that only 32.1 per cent of this age group are heads of households and consequently have only their own welfare to worry about.

Table 12.2.3.2: Impact of COVID-19 on the Overall Well-Being of Jamaicans (respondents aged 18-29 years)

	Frequency	%
Very negative	255	16.8
Somewhat negative	277	18.3
Both negative and positive	856	56.5
Somewhat positive	69	4.6
Significantly improved	17	1.1
Not at all	40	2.6
N=1514		

Source: UNDP/SALISES/CAPRI 2021 SEIA Study

Only 6.3 per cent of the young respondents found that their income had increased because of the pandemic (**Table 12.2.3.3**). This belies the notion that most youth are technologically savvy and can switch to the delivery of online services with great ease.

Table 12.2.3.3: Impact on Household Income due to COVID-19 (respondents aged 18-29 years)

	Frequency	%
Decreased drastically	573	37.8
Decreased slightly	562	30.5
Hasn't changed	383	25.3
Increased	96	6.3

N=1514

Source: UNDP/SALISES/CAPRI 2021 SEIA

Current youth unemployment among respondents is high at 47.2 per cent (**Table 12.2.3.4**). This rate is higher than the national youth unemployment rate of 20.6 reported by the Planning Institute of Jamaica.⁷⁵ When asked about their activities at various stages of the pandemic, data analysis revealed that after increasing from 38.1 per cent in January 2020 to 53.4 per cent in April 2020, there has been a reduction in youth unemployment to 47.2 per cent. This may be due to the fact that a higher proportion of youth are working from home (19.7 per cent in April 2020 to 25.0 per cent, now).

Table 12.2.3.4: Current Employment Status (18-29 years)

	Frequency	%
Full-time employment away from home	379	25.0
Full-time employment at home	210	13.9
Part-time employment away from home	130	8.6
Part-time employment at home	81	5.4
Unemployed	714	<u>47.2</u>
Total=1514		

Source: UNDP/SALISES/CAPRI 2021 SEIA

⁷⁵ Planning Institute of Jamaica (2019) Economic and Social Survey Jamaica (July 2020)

As with other social groups, the youth aged 18-29 years experienced reductions in their daily activities (**Table 12.2.3.5**). For young persons, socialization is key to their mental health as they form networks and strengthen the social capital. The majority of them (62.5 per cent) reduced their visits to their family and friends (**Table 12.2.3.5**).

Table 12.2.3.5: Reduction in Activities by Category (respondents aged 18 - 29 years)

	Frequency	%
Visiting family and friends	947	62.5
Physical Exercise	408	26.9
Going shopping	584	38.6
Salon/barber	803	53.0
Medical visits	353	23.3

N=1514

Source: UNDP/SALISES/CAPRI 2021 SEIA

Like many other vulnerable groups, the main social protection programme accessed by the youth to alleviate the negative impact of the virus was COVID-19 Compassionate grants (**Table 12.2.3.6**). Of note is the fact that no young respondent reported accessing any small business grants. Given the fallout in their employment, increased access to small business grants would be essential to reduce unemployment among that group.

Table 12.2.3.6: State Support received by Respondents aged 18 - 29 years

	Frequency	%
Beneficiaries of PATH (yes)	253	16.7
Aware of how to apply for government support	462	30.5
Types of State social protection programmes accessed to reduce the impact of COVID-19		
SET Cash Transfer	59	3.9
COVID-19 General Grants	89	5.9

	Frequency	%
COVID-19 Compassionate Grants	534	<u>35.3</u>
COVID-19 PATH grants	123	8.1
COVID-19 small business grants	-	-
COVID-19 Tourism Grants	4	.3
COVID-19 Student Loan Relief	51	3.4
Other Benefit	6	.4

N=1514

UNDP/SALISES/CAPRI 2021 SEIA Study

“More money” is the cry of all groups examined in the UNDP Survey and the youth are no exception as 78.7 per cent of them have stated that need (**Table 12.2.3.7**). Other major expressed needs include: Food (52.7 per cent); masks and sanitizers (44.1 per cent, health insurance (31.5 per cent) and increased internet access (29.7 per cent.)

Table 12.2.3.7: Types of Support Need to Cushion the Impact of COVID-19 (Respondents aged 18-29 years)

	Frequency	%
Money	1191	78.7
Educational Resources	405	26.8
Clothes	136	9.0
Food	798	52.7
Medical care/medication/supplies	359	23.7
Babysitting/caregivers/housekeeping assistance	85	5.6
Health insurance	477	31.5
Internet access	450	29.7

	Frequency	%
Improved water	296	19.6
Transportation	312	20.6
Masks and sanitizers	667	44.1
Garbage collection	249	16.4
Other	29	1.9
N=1514		

Source: UNDP 2021 UNSEIA Study
 *** Multiple Responses accepted

12.3 Policy Recommendations

The findings from this section indicate the starkness of the economic impact of the COVID-19 pandemic and its severe impact along gender and age lines, on children and the elderly, and, on the large proportion of the population that works in the informal sector or is employed informally. In addition to the magnitude of the crisis and its impact, it also illustrates the limited capacity of the average Jamaican to “pivot” and transition to other opportunities to make a livelihood or to transform the way how they work or learn. The feelings of depression and anxiety are intensified with the frustrations of internet and electricity outages during the early stage of the pandemic.

13

Small Businesses



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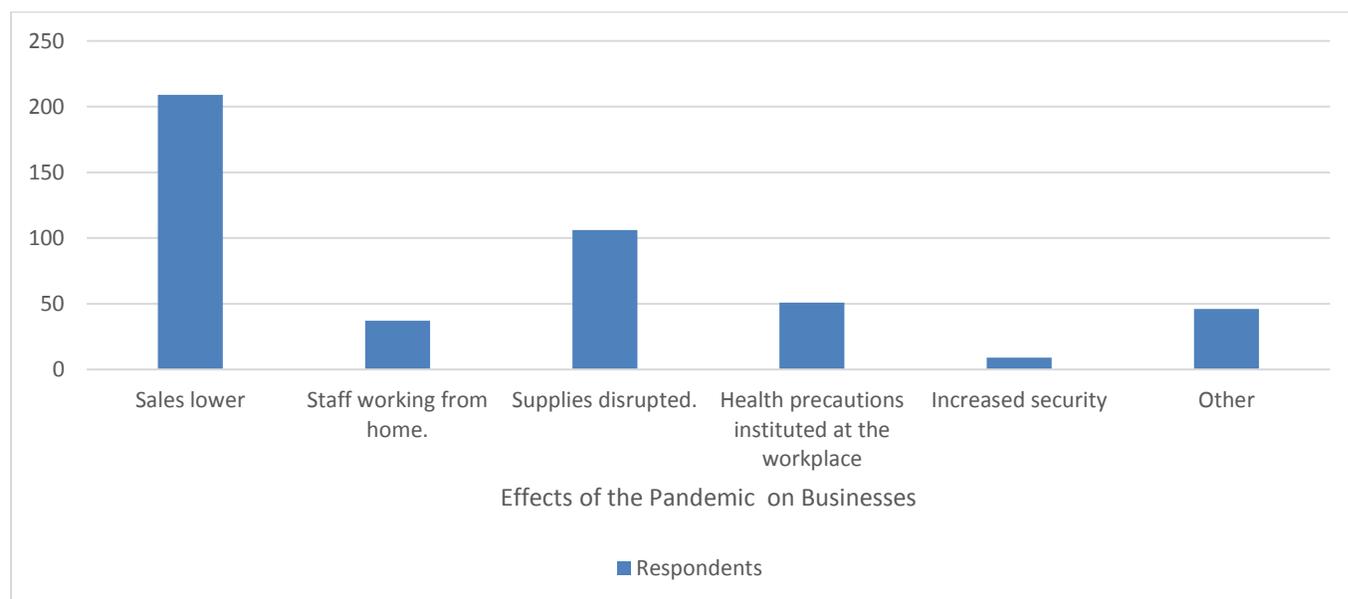


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13.1 Impact of COVID-19 on Businesses

COVID-19 has changed the business landscape within the Jamaican economy. **Figure 13.1.1** highlights the effects which the pandemic has had on businesses. Majority of businesses, 45.63 per cent, indicated that they experienced lower sales. Moreover, the pandemic brought on logistic issues, as 23.14 per cent indicated that their supplies were disrupted. Measures had to be put in place to mitigate the spread of the virus such as sanitation stations and social distancing; which resulted in some businesses adapting work from home measures.

Figure 13.1.1: Impact of the Pandemic on Businesses



Source: UNDP/SALISES/CAPRI 2021 SEIA survey.

Note: Other includes incidences such as business closure and cases where the pandemic did not result in any changes.



The effect of the pandemic on businesses varied across sectors, different modes of product delivery, and locations. We have already noted that the provision of services was more greatly impacted than the growing and manufacturing of goods. Services are more labour-intensive and by their nature, in many cases are delivered directly to the final customer, as is the case with entertainment, tourism, and personal services. That variability and the extent of the impact would have been exacerbated in some economic activities by existing vulnerabilities and fragilities in the business environment. Some of the pre-existing vulnerabilities include limited access to financing, small market size, insecure supply chains, and small size of business. These considerations explain why many businesses do not have the resources or financial depth to endure a prolonged period of slow business, and why, therefore, the pandemic was always going to be more impactful on some than on others.

Revenues were adversely impacted by the pandemic. Two-thirds of small business owners reported loss of business during the pandemic.⁷⁶ Sixty-six percent of business owners reported “loss of business” and 65 percent reported receiving less revenue. **Table 13.1.1**, show that regardless of location, majority of business owners – 64.5 percent – reported that COVID-19 resulted in a reduction in their gross revenues. More than 50 per cent of the businesses in the survey in the individual area subcategories indicated that they experienced a reduction in gross revenues. This information shows that revenue in all areas, whether urban/city, parish capital or major town or rural area, were adversely impacted by the pandemic. Businesses in rural areas reported the largest declines in revenue whilst at the same time some reported the largest increase revenues.

⁷⁶ This was established in two different surveys: CAPRI Caribbean Survey 2020 (200 questionnaires administered to small business owners across four Caribbean countries in August 2020) and UNDP/SALISES/CAPRI 2021 SEIA survey.

Table 13.1.1: Changes in Business Gross Revenue by Community

	Community			Total	
		City/Urban	Parish Capital of Major Town		Rural
How Weekly Gross Revenue has Changed, Compared to the last week of January 2020 (before COVID)	Decreased	74	32	96	202
	Increased	45	13	53	111
Total		119	45	149	313

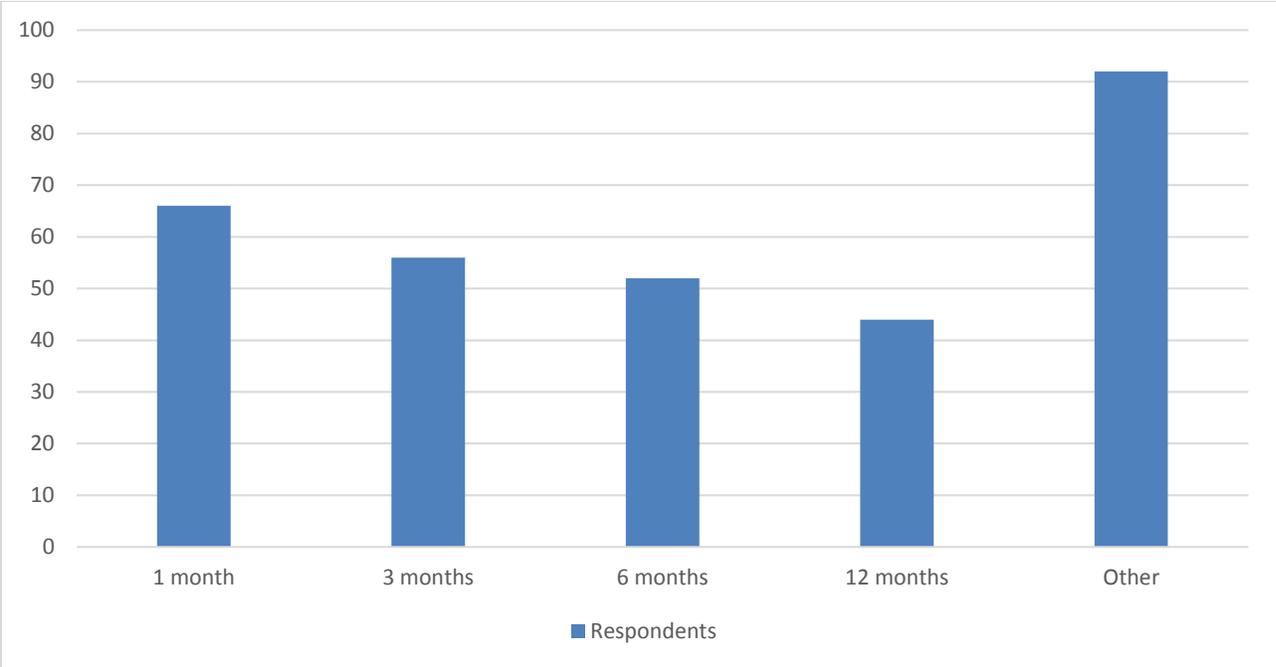
Source: UNDP/SALISES/CAPRI 2021 SEIA survey.

The fallout in revenues can be explained by a myriad of factors, having to do with demand and supply issues. Firstly, business owners attributed the fallouts to both difficulties in customer access to their products (55 percent of the total) and loss of demand not due to mobility restrictions (45 percent of the total). These effects are not dissimilar to what has been found elsewhere in the Caribbean.⁷⁷ Customer access was cited as a difficulty by 76 percent of small businesses in Antigua and Barbuda, 66 percent of those in Trinidad and Tobago, and 64 percent of the ones in Barbados. In the OECS the average was 59 percent. Moreover, business activity was affected from the supply side as well. Thirty-six percent of small businesses surveyed reported that the restrictions on movement affected their ability to receive supplies. Lack of availability of supplies or having to procure them at higher prices affected 27 percent of businesses. Care responsibilities affected some small businesses as well, stemming from the closing of schools. Twelve percent of them reported this as problem. The combination of supply chain challenges and home responsibilities explains the 42 percent of businesses that reported a fall-off in productivity.

⁷⁷ CAPRI Caribbean Survey 2020.

The downturn in activities affected businesses ability to meet their financial obligations. **Figure 13.1.2** below highlights how many months’ businesses indicated they could continue to keep operating if the crippling business climate brought on by the pandemic were to continue. Results from the survey highlighted the vulnerability of businesses, as 21.29 per cent indicated that their operation could only last one month given the circumstances at the time the survey was taken, during February 2020 to April 2020, even if they were given credit. More than 50 percent of businesses in the survey reported that their businesses would not survive more than 6 months if the situation remained the same. Small Businesses in particular have been hit hardest. The Small Business Association of Jamaica reported that 35 per cent of its members had to close their operations due to the negative impact of measures such as curfews (Campbell, 2020).

Figure 13.1.2: The Number of Months Which Business Have Left In Operation



Source: UNDP/SALISES/CAPRI 2021 SEIA survey.

Note: Other comprises of individuals which were unsure as to how long they would remain in business, those who had already closed and businesses which believed that the pandemic would not negatively impact their business

Businesses utilized several mechanisms in order to cope with the consequences of the pandemic. Small businesses, like households, called up on savings, borrowing, and family support to stay in business. Savings was the most popular resource, used by 83 percent of small businesses, followed by help from family, 31 percent, and borrowing, 22 percent. Also, businesses received assistance from the government. The Small Business Grant Component of the CARE programme was accessible only by registered, compliant businesses. For this reason, the overwhelming majority of small businesses, three-quarters of which operate informally, were ineligible. It is no surprise, therefore, that less than one percent of businesses in one survey were grantees and only eight percent said they benefitted from tax deferrals.⁷⁸

The downturn in business, as would be expected, had consequences for employment. In January 2020, before COVID-19 had reached Jamaica, the unemployment rate was at a historic low of 7.3 percent. Six months later, in the depth of the restrictions, unemployment had soared to 12.6 percent.⁷⁹ Survey results in **Table 13.1.2**, show that majority of businesses reported that their employment levels remained the same as in January 2020 prior to the COVID-19 pandemic. However, a significant portion, 108 businesses, reported that their employment levels had decreased. The employment impact is reflected even more strongly at the level of small businesses which tend not to be sufficiently capitalized to hoard labour in the face of a prolonged business contraction and where it would be easier to lay off workers in the absence of employment contracts, even implicit ones. In January 2020 before the arrival of the virus, 14 percent of small businesses employed more than two persons. At the most impactful point, that figure had shrunk to less than five percent.

⁷⁸ CAPRI Caribbean Survey 2020.

⁷⁹ Statistical Institute of Jamaica, Labour Force Survey, October 2020.

Table 13.1.2: Changes in Business Employment Levels by Community

		Community			Total
		City/Urban	Parish Capital of Major Town	Rural	
How Employment Has Changed Since the last week of January 2020 (before COVID)	Decreased	37	18	53	108
	Increased	28	7	22	57
	Same	54	20	73	147
Total		119	45	148	312

Source: UNDP/SALISES/CAPRI 2021 SEIA survey.

13.2 The Shape of Recovery

More than one year along from the start of the pandemic, a slow recovery is underway despite that, at the time of writing, Jamaica has just exited a second wave. The country has more cases now than when the economic contraction was at its worst in the second quarter of 2020. Yet, there are signs that businesses are in a better position. There are two reasons for this. First, the government has retreated from the drastic measures of the first wave, apparently having recognized that the benefit-cost calculus of strict lockdowns are not justified when there is already widespread community spread. Second, businesses themselves have learned how to cope with the restrictions and demands of containment. Businesses have incorporated social distancing; remote working is more established with business having procured the required technology and equipment to do so at scale; retailers and service providers have innovated to deliver remotely; and third-party suppliers have emerged to facilitate businesses operating in the new environment.



As a result of all the adjustments and innovations by both government and businesses, the general level of economic activity has recovered in the level of GDP.⁸⁰ The small business sector, in which less than 5 percent of the members were employing more than 2 persons in the middle of 2020, had taken back enough workers such that nearly 12 percent had more than 2 employees by January 2021.⁸¹ The pandemic has not only affected the size of the economy temporarily, in the sense of having triggered a recession. It is likely to affect the structure of the economy for some time after the pandemic has passed. There are three reasons for this. First, strongly capitalized businesses and those that have managed to retain some of their custom will survive. The businesses that satisfy those criteria will be larger firms and those that have access to capital markets. Large businesses are struggling but are surviving. Many small businesses have had to close. Because of this, the reopening will be uneven. Large businesses will have only to reopen, whereas those segments occupied by small businesses will have to wait for the entrepreneurial and establishment lag. So the economy will have pockets of low activity for some time after everything is able to reopen.

The second reason why the structure of the economy will be different is because consumers and businesses have learned new skills and adjusted to new ways of working, buying, selling and living. The forced switch to remote working and consuming has allowed for the mass discovery of better ways of executing some tasks. Those new habits will survive and the suppliers and purveyors that support it will take up permanent space in the new economy. The final reason for a structural shift is the burst of innovation and entrepreneurialism that can follow economic disruption. Nothing spurs entrepreneurialism faster than having one's inertia forcibly pulled away. Many who hadn't pursued their pet business idea because of the aversion to taking the risk of giving up their full-time job had that obstacle knocked out of the way. With no job to quit, they've just run with their long thought about business idea, even in the midst of the still ongoing pandemic. The Companies Office of Jamaica has reported that new business registrations had increased in 2020 compared to the year before.

Mechanisms need to be put in place to aid small businesses in adapting to the new digital environment. Digitization is critical for businesses to build resilience amidst the current crisis. It could help to keep many businesses afloat, and it is necessary as the pandemic and its management

⁸⁰ Statistical Institute of Jamaica, Labour Force Survey, January 2021.

⁸¹ CAPRI Caribbean Survey 2020.

exposes the vulnerability of many sectors to analogue and physical activity even where digital alternatives exist and are well developed. To assist businesses to become more sustainable, CAPRI (2021) indicated the government can embark on partnerships with commercial banks and NGOs to aid businesses in implementing online systems for transactions.

14

Multidimensional Vulnerability Index



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14. Multidimensional Vulnerability Index

14.1 Methodological Note

The outbreak of COVID-19 has resulted in the closure of companies and decline of economic activity worldwide. In effect, job losses and decreasing incomes have increased individuals' vulnerabilities. The World Bank⁸² has found that, on average, 36% of working populations stopped work during April-July 2020 while 62% of individuals reported reductions in their total income. However, the impact of COVID-19 varies from one country to another. It is therefore important to assess the extent to which the pandemic has subjected or increased individual vulnerabilities in each individual country, in order to design specific response policies.

Blaikie et al. (1994) have defined vulnerability as the characteristics of a person or entities in terms of their capacity to anticipate, cope with, resist and recover from the impact of a natural hazard. However, recent debate defines vulnerability as exposure to uncertainty and risk, which is likely to affect the well-being of entities. In this regard, reducing individual vulnerability means minimizing the likelihood that a shock leads to a sharp decline in their well-being.

At the macro level, vulnerability has been measured as a multidimensional phenomenon, composing of a host of dimensions: economic, social, environment, governance, and peripherality (Jacob and Riad, 2020). Though all these dimensions cannot be covered at the micro level, it is essential to construct the vulnerability index of individuals based on a multidimensional approach, enabling a synthesis of different components of vulnerability. The constructed index is called a Multidimensional Vulnerability Index (MVI).

An MVI helps to capture the many layers of vulnerability and facilitates a more nuanced and holistic analysis of how and why some individuals are more vulnerable than others. As such, a MVI is a powerful tool which provide policy-makers with an enhanced understanding for evidence-based decision making. Policies and programmes can be designed to mitigate varied and numerous factors which result in vulnerability and can assist in protecting those most at risk.

In this analysis, the empirical calculation of the individual MVI for Jamaica is based on the Multidimensional Poverty Index (MPI) methodology developed by Alkire and Foster (2011). The

⁸² <https://blogs.worldbank.org/voices/impact-covid-19-individuals-what-do-phone-surveys-tell-us>

rationale of choosing this methodology is that it is intuitive and easy to understand for policymakers. It emphasizes the joint deprivations faced by individuals with regard to the indicators that compose the MVI. Like the MPI, the MVI is an adjusted headcount ratio measure designed to measure vulnerability, and can be broken down into **incidence**, **intensity**, and **dimensional composition**.

The **incidence** of vulnerability (**H**, for Headcount ratio) is the proportion of individuals (within a given population) who are identified as vulnerable on the basis of the multiple deprivations they experience. The **intensity** of vulnerability (**A**, for Average deprivation share) is the average proportion of deprivations vulnerable individuals' experience. It measures how vulnerable individuals are, on average. The MVI is the product of both **H** and **A**.

$$MVI = H \times A$$

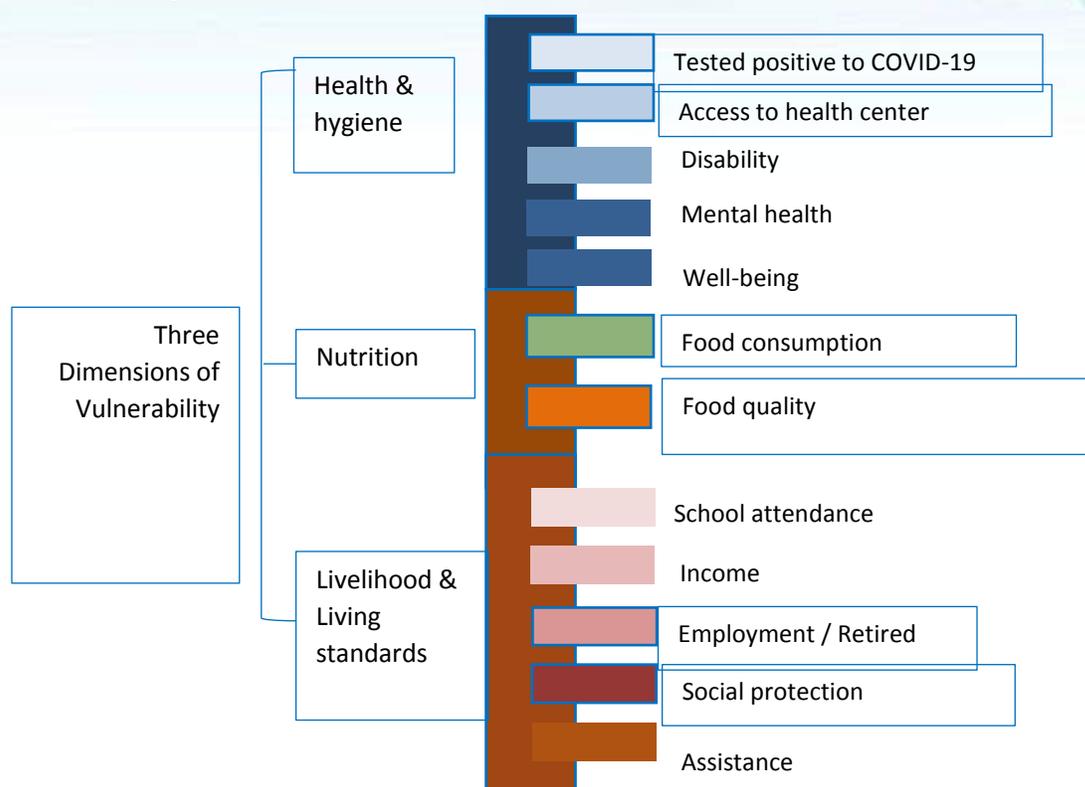
The MVI can also be calculated using its dimensional composition, by breaking it down by each of its indicators. The figure to be used in this regard is the censored headcount ratio, h_j , which is the percentage of individuals identified as vulnerable and deprived in each component indicator (j). The MVI is constructed by summing the weighted censored headcount ratio of each indicator.

$$MVI = \sum_{j=1}^d w_j h_j$$

Where, d is the total number of indicators and w_j are indicators' weights, where w_j add up to 1.

In this study, the indicators selected to calculate the MVI are based on the UN Sustainable Development Goals (SDGs). Twelve (12) indicators were selected using the individual's questionnaire of the COVID-19 Socio-economic Impact Assessment in Jamaica. These indicators have been grouped into three dimensions: i) Health, ii) Nutrition, and iii) Livelihood and Living standards, as shown in **Figure 14.1.1**.

Figure 14.1.1: Composition of the MVI – Dimensions and Indicators



Source: Surge Data Hub, UNDP

To calculate the MVI, we start by establishing a deprivation profile for each individual, indicating which of the 12 indicators they are deprived in (**Table 14.1.1**). Each individual is characterized as ‘deprived’ or ‘non-deprived’ in each indicator based on a deprivation cut-off score. For example, an individual is deprived or vulnerable to food consumption if he/she has experienced a decrease in the consumption of vegetables and fruits. An equal weighting between the dimensions was used. Thus, since we have 3 dimensions, each dimension is weighted by 1/3.

Table 14.1.1 Dimensions and Indicators of the MVI

Dimension	Indicator	Deprived if...	Weight
Health	Tested positive for COVID-19	The respondent has been tested positive for COVID-19	1/15
	Access to health center	The frequency of medical visits has decreased due to COVID-19	1/15
	Disability	Has disability	1/15
	Mental health	Depressed/Worried/Anxious/Stressed more since the onset of COVID19	1/15
	Wellbeing	Overall well-being has been very negatively affected by COVID-19	1/15
Nutrition	Food consumption	The frequency of consumption of fruits and vegetables has decreased as a result of COVID-19	1/6
	Food quality	The frequency of Consumption of fast food/take-out/delivery has increased as a result of COVID-19	1/6
Livelihood & Living Standards	School attendance	All education suspended due to no connectivity or students dropped out of school	1/15
	Employment/Retired	Unemployed in April 2020, during the pandemic's tightest restrictions	1/15
	Income	Individual income has decreased drastically due to the coronavirus situation	1/15
	Social protection	Not on the PATH Programme	1/15
	Assistance	Did not received any government's CARE programme benefits or anyone other than the government	1/15

Following the vulnerability criteria of the MPI, individuals are considered vulnerable if they are deprived in 20%, 33.33% or 40% of indicators. Since 12 indicators were used to calculate the MVI in this study, the thresholds which correspond to 1/5, 1/3 and 2/5 are approximately 2, 4 and 5, respectively. In order to test the robustness of the results to any change in the thresholds, we considered thresholds 2-7 and performed Spearman's and Kendall's ranks correlation tests on MVI classification by parish. These tests investigate whether the classification of parishes by level of vulnerability changes significantly when the threshold varies. In other words, if parish A is the most vulnerable according to threshold 2, would this change when we consider thresholds 4 and 5?

The Spearman's and Kendall's correlation tests can help answering this question. These tests allow us to see if there is a statistically significant degree of correlation or association between the results obtained for the MVI across parishes using each different threshold from 2 to 5. The results

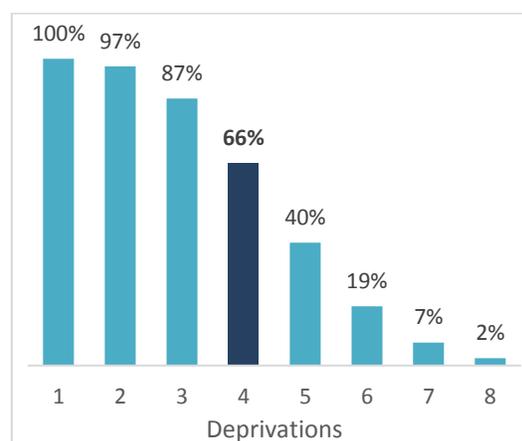
(Appendixes 1 and 2) show that all correlations of the MVIs across parishes with thresholds 2 to 5 are significant at the 99% confidence level. This indicates that there is not a statistically significant difference between any of these MVIs, and therefore all of them are robust and can be used for the analysis. However, in order to limit the number of parameters to interpret, we will only use the in-between threshold 4, corresponding to 1/3 of the indicators.

How Vulnerable are Individuals as a Result of COVID-19?

The overall level of vulnerability experienced by respondents as a result of the COVID-19 health crisis is very high. As shown in **Table 14.1.2**, the incidence of vulnerability for the threshold of 4 or more deprivations (one third of all weighted indicators) is 66%, meaning that more than two thirds of respondents are vulnerable to at least four deprivations. Also, the value of 0.38 represents the intensity, which indicates that these vulnerable respondents are deprived on average in 4.6 of the 12 (38%) indicators considered for the index. As a result, the MVI score of 0.248 indicates that due to the COVID-19 pandemic, respondents who are vulnerable experience 25% of all the potential deprivations they could experience.

Table 14.1.2. Individual MVI by Number of Deprivations (n=3194)

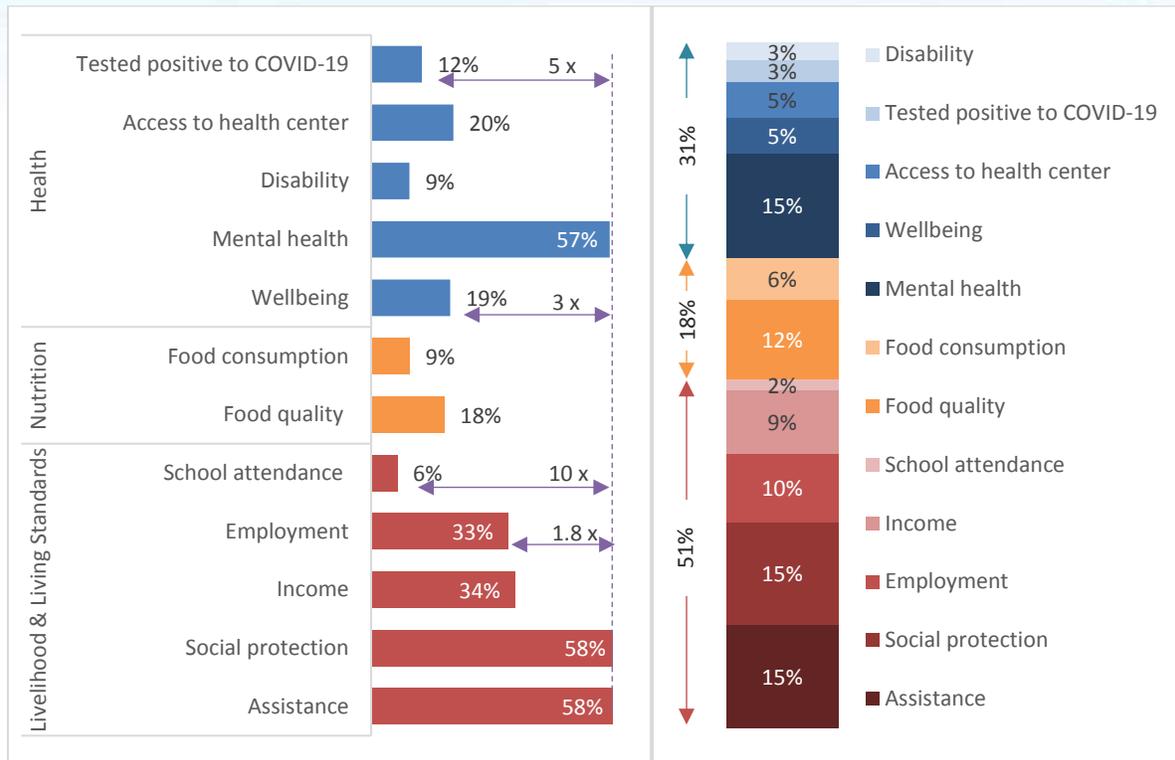
Deprivation	Incidence	Intensity	MVI
1	100%	0.31	0.308
2	97%	0.32	0.307
3	87%	0.34	0.292
4	66%	0.38	0.248
5	40%	0.43	0.173
6	19%	0.50	0.096
7	7%	0.57	0.043
8	2%	0.65	0.015



These results can be contrasted with those presented in the 2020 Multidimensional Poverty Index (MPI) country briefing of the Oxford Poverty and Human Development Initiative (OPHI, 2020) for Jamaica (using data from 2014), which shows only a 4.7% incidence of multidimensional poverty and an MPI score of 0.018 at the national level. However, to understand this difference, it is important to consider some significant differences between the two indicators. While the MPI is designed to measure levels of poverty, the calculated MVI is designed to measure the vulnerability of respondents to the impacts of the COVID-19 pandemic. As a result, the indicators used for both indexes are also different.

The left side of **figure 14.1.2** shows censored headcount ratios, which are the percentages of respondents experiencing deprivations for each indicator and identified as vulnerable. For the Health dimension, the deprivation experienced by the highest percentage of vulnerable respondents was mental health, with 57% expressing to have felt more depressed, worried, anxious or stressed as a result of the COVID-19 pandemic. This percentage is almost three times higher than those expressing a decline in their overall wellbeing as a result of the pandemic and those without access to a health centre. It is also almost six times higher than the percentage of respondents that have family members with some type of disability and those with members that tested positive to COVID-19. The latter scenario is expected, since the psychological effects of the pandemic are more generalised, affecting likely all individuals given quarantine or other lockdown measures. However, the fact that mental health issues are a more prevalent result of the pandemic than an overall decline in self-perception of wellbeing is rather unexpected, as the increase in perceived levels of depression, stress or anxiety should be likely to also decrease one's own perception of wellbeing. This may suggest even more that the highest impact of the pandemic is related to mental health issues specifically, and not as much to other aspects of people's wellbeing.

Figure 14.1.2: Censored Headcount Ratios and Contribution of Each Indicator to Overall MVI



The censored headcount ratio of both indicators of vulnerabilities in terms of nutrition was low. Only 18% of vulnerable respondents declared to be consuming lower quality food, and 9% declared to be consuming smaller amounts. Finally, regarding livelihood and living standards, the two main deprivations experienced by vulnerable respondents were in social protection and assistance. Out of all respondents in vulnerability, 58% are not on the PATH program and 58% have not received any money or care packages from the government or other institutions. These percentages are almost twice as high as those for vulnerable population with deprivations in income and employment. It is worth noting that the headcount ratios for these last two indicators were also relatively high at 33% and 34% respectively. Regarding school attendance, however, only 6% have not had proper access to online schooling.

Analyses based on censored headcount ratios can be complemented by considering the percentage contribution⁸³ of each indicator or dimension to overall MVI. The censored count ratio shows the extent of deprivation among the vulnerable but not the relative value of the indicators or dimensions. For instance, two indicators can have the same censored count ratios but very different contributions to overall vulnerability. This is because the contribution depends not only on the censored headcount ratio but also on the weight or value assigned to each indicator or dimension. This is important, because not every dimension and indicator have the same level of impact on people's vulnerability. Limiting the analysis to headcount ratios would assume that this is the case, thus inflating the apparent influence of less impactful aspects. The inclusion of the weighting applied to each indicator and dimension allows us then to obtain their real level of contribution to the MVI. Therefore, while the count ratios are useful for knowing the incidence of each specific vulnerability among all vulnerable population, the contributions are more useful when comparing the different indicators and their impact on the vulnerability of the population.

The right side of figure 2 presents the contribution of each indicator to overall MVI. There are very narrow changes between the censored headcount ratios and contributions with mental health, no assistance, and absence of social protection also being the indicators contributing the most to the overall MVI. The main difference can be seen when comparing food quality to mental health, social protection and assistance. Although the headcount ratio of the first is much lower than the other three their levels of contribution to the MVI are very close. This is because these indicators have a higher weighting, however, when looking at the contribution of each dimension, we see that Nutrition still has a considerably lower percentage, at 18%, compared to 51% for Livelihood & Living standards, and 31% for Health.

These results can be contrasted with the figure produced by OPHI (2020, p. 6) regarding the MPI, which shows the main indicators contributing to multidimensional poverty to be Sanitation, Cooking fuel, Housing and Nutrition. The first three of these topics are not included in the MVI calculations, but in terms of nutrition, we can see that it is both one of the main deprivations for poor individuals in Jamaica according to OPHI, as well as one of the most affected dimensions by

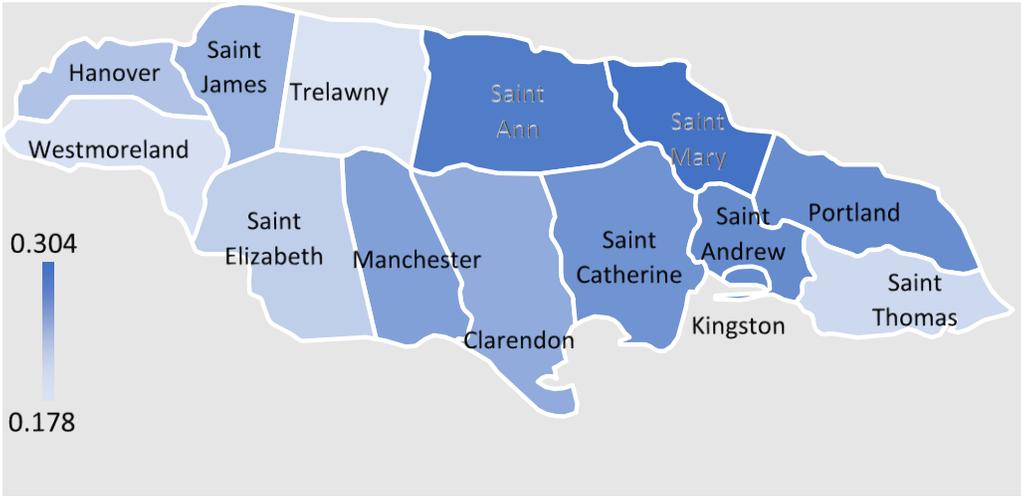
⁸³ The contribution of each indicator to overall MVI is calculated as follows. Let us denote the contribution of indicator j to the MVI by ϕ_j . Then, the contribution of indicator j for vulnerability cut-off k is given by $\phi_j(k) = w_j \times \frac{h_j(k)}{MVI}$, where $h_j(k)$ is the censored headcount ratio of indicator j , and w_j is the weight of indicator j .

the COVID-19 crisis. The combination of these results might be indicative that nutrition should be an area to be prioritized by assistance and recovery efforts.

14.2 MVI by Individual Socio-Demographic Characteristics

Comparing the results obtained by the different parishes, as shown in **figure 14.2.2**, we can see that the most vulnerable parish is Saint Mary, closely followed by Manchester and St. Ann. On the other hand, the parishes with fewer vulnerable respondents are St. Thomas, Trelawny and Westmoreland. It is worth noting that the trend in the MVI values per parish matches that of the vulnerability incidence. This means that the difference in vulnerabilities between parishes is likely more due to the incidence than the intensity of the vulnerabilities. While the deprivations suffered by vulnerable individuals across the island may be somewhat similar, there are variations in the percentage of respondents that are in a condition of vulnerability.

Figure 14.2.1: MVI Map by Parish



If we contrast these results with the ones obtained by OPHI (2020) for the MPI, we can see that the parishes with the highest levels of multidimensional poverty are different from the ones that are the most vulnerable to the effects of the COVID-19 crisis according to the results obtained from this survey. This may be relatively advantageous for the Jamaica’s recovery process, as it would be harder for the poorest segments of the population to recover if they also were the most vulnerable.

Figure 14.2.2: Vulnerability by Parish

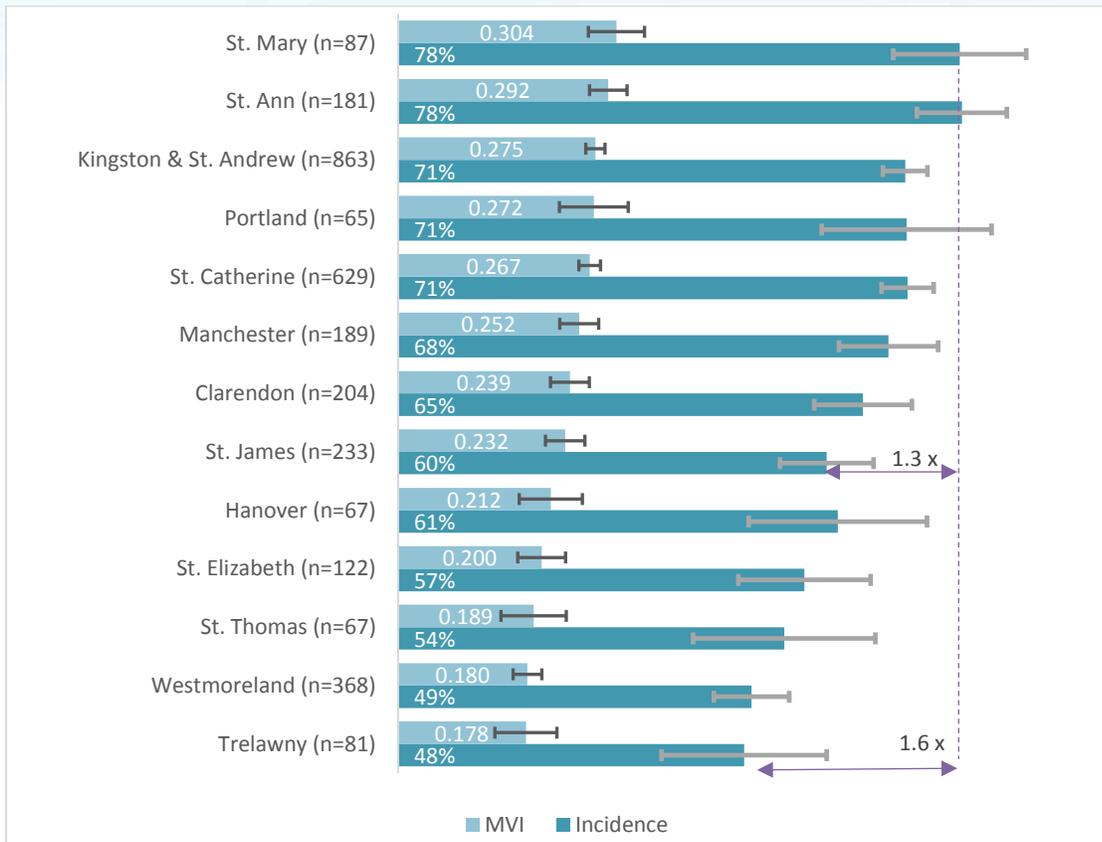
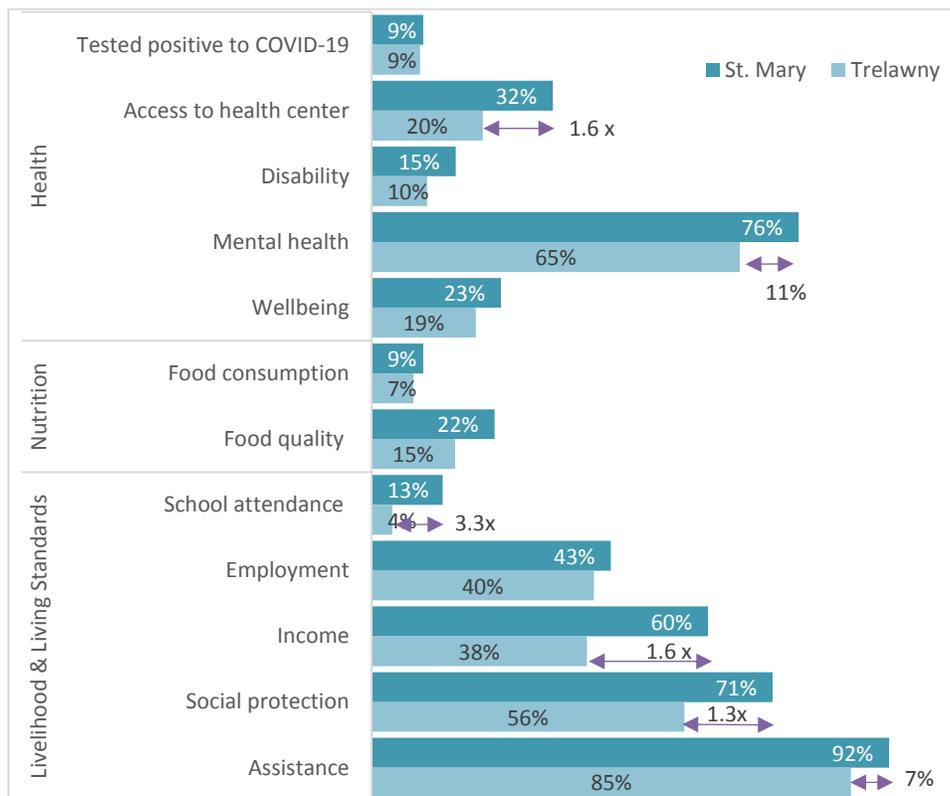


Figure 14.2.3 presents a case comparison of Saint Mary, the parish with the highest MVI and incidence versus Trelawny, the parish with the lowest MVI and incidence. Here the percentages displayed are the uncensored headcount ratios, which are the percentages of individuals deprived in one specific indicator. The results show that the main differences are in access to health centres, income, food quality and social protection. There is 1.6 times more incidence of deprivations both in access to health centres as well as in income for vulnerable population in St. Mary compared to vulnerable population in Trelawny. In terms of food quality, the difference is of more than 1.5 times, and 1.3 times in terms of social protection.

Figure 14.2.3: Uncensored headcount ratio by two regions: St. Mary vs Trelawny



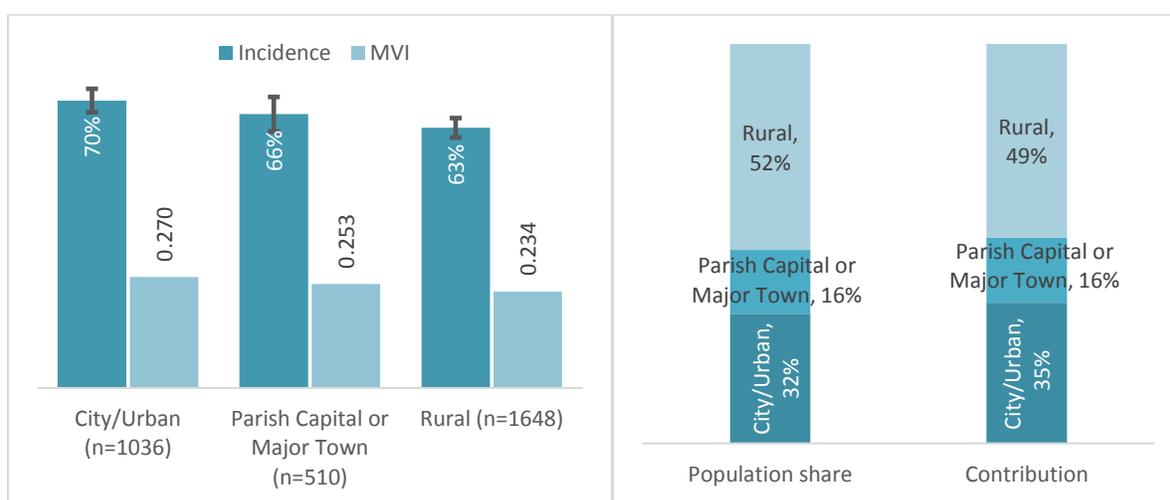
If we look at the distribution by area of residence shown in **Figure 14.2.4**, we see that 70% of individuals in urban areas are vulnerable, while only 63% of those in the rural areas were. Moreover, we again see that increases in the MVI are matched by increases in the incidence of vulnerability, meaning that the differences should be mostly explained by the incidence. This finding may be a result of the fact that some of the effects of the pandemic and measures to address are more impactful to the urban lifestyle. This hypothesis will be explored further by looking at the combined disaggregation of results by area of residence and each vulnerability indicator.

Figure 6 also provides the contribution⁸⁴ of each area of residence to the overall MVI. While rural areas are the least vulnerable, their contribution to the overall MVI is slightly higher than that of

⁸⁴ The calculation of sub-group contribution to MVI is made possible by the property of population subgroup decomposability of the approach from Alkire, Foster, and al (2015). The subgroup contribution formula is $D^l = v^l * \frac{MVI^l}{MVI}$, where v^l is the population share of subgroup l and MVI^l is the multidimensional vulnerability of subgroup l . Whenever the contribution to vulnerability of a region or some other group greatly exceeds its population share, this

urban areas and major towns combined. However, rural areas do not bear a disproportionate load of vulnerability given that their population share is almost equal to their contribution to the MVI. This is not actually the case for urban areas. In fact, the contribution of urban areas to the MVI (35%) slightly exceeds their population share (32%), implying that urban areas not only are the most vulnerable, but they also slightly carry a disproportionate burden of vulnerability as a result of COVID-19.

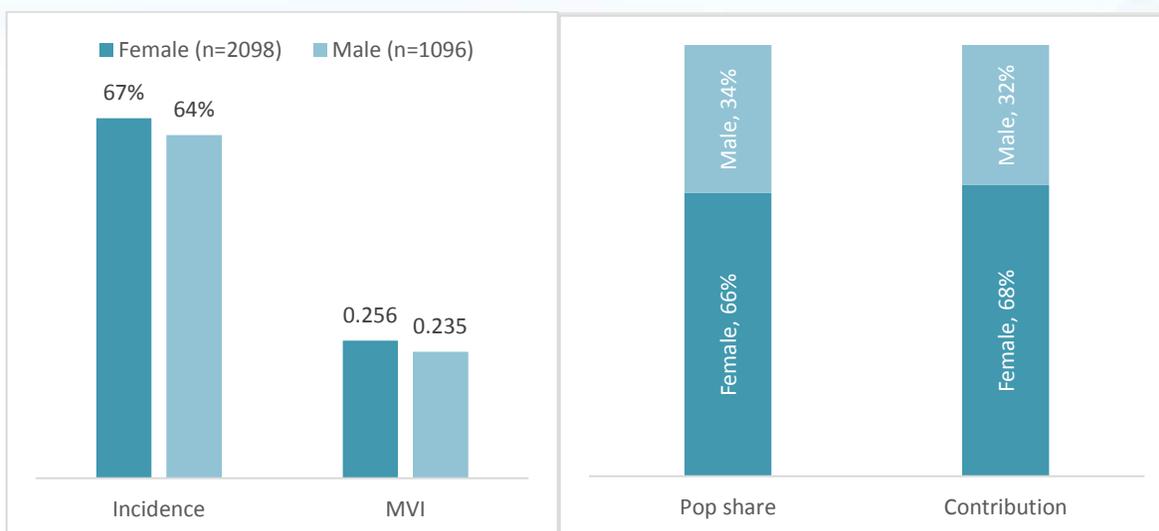
Figure 14.2.4: Vulnerability of Individuals by Area of Residence



In terms of differences by gender, **Figure 14.2.5** shows that female respondents are slightly more vulnerable in terms of incidence, and overall MVI score. While the difference is low at only 3% for incidence and for 0.02 for the MVI score, it is much higher for the contribution, with a 68% contribution for women and 32% for men. However, the reason for this is the fact that contributions of a population subgroup need to be analysed alongside their population share. In this case, male respondents are 34% of the total surveyed population, while female respondents are 66%, therefore the contribution to the MVI of female respondents only exceeds their population share in 2%. In conclusion, we can say there is no significant inequality in the distribution of vulnerability regarding the gender of the respondents.

suggests that there is a seriously unequal distribution of vulnerability in the country, with some regions or groups bearing a disproportionate share of poverty.

Figure 14.2.5: Vulnerability of Individuals by Gender



The results from **Figure 14.2.6**, related to the vulnerability of individuals by age, show that older respondents are the least vulnerable by all accounts. In terms of incidence, 42% of individuals aged 60 years and older are vulnerable, which is almost 30% less than the incidence for those aged from 18 to 29 years old. In terms of overall MVI score, the score for people aged 60 and older is 0.15, which is 10 percentage points less than people aged from 30 to 59 years and 12 points less than those aged from 18 to 29, the most vulnerable. The contribution of each subgroup to the MVI also follows this same trend. Just like we saw for the analysis by gender, the difference seems to be significantly higher, with the contribution of people aged 60 and older to the MVI being only 6%, compared to 42% and 53% for those at ages 30 to 59 and 18 to 29 correspondingly. However, once again, this difference is mainly due to the population shares. The population 60 years and older only represents a 10% of the total surveyed population, meaning that their contribution to the MVI is significantly lower than the two other categories. The population share of individuals aged 18 to 29 is slightly higher than their contribution to MVI, meaning that there is no substantial inequality in the distribution of vulnerability when considering the age of the respondents.

Figure 14.2.6: Vulnerability of Individuals by Age

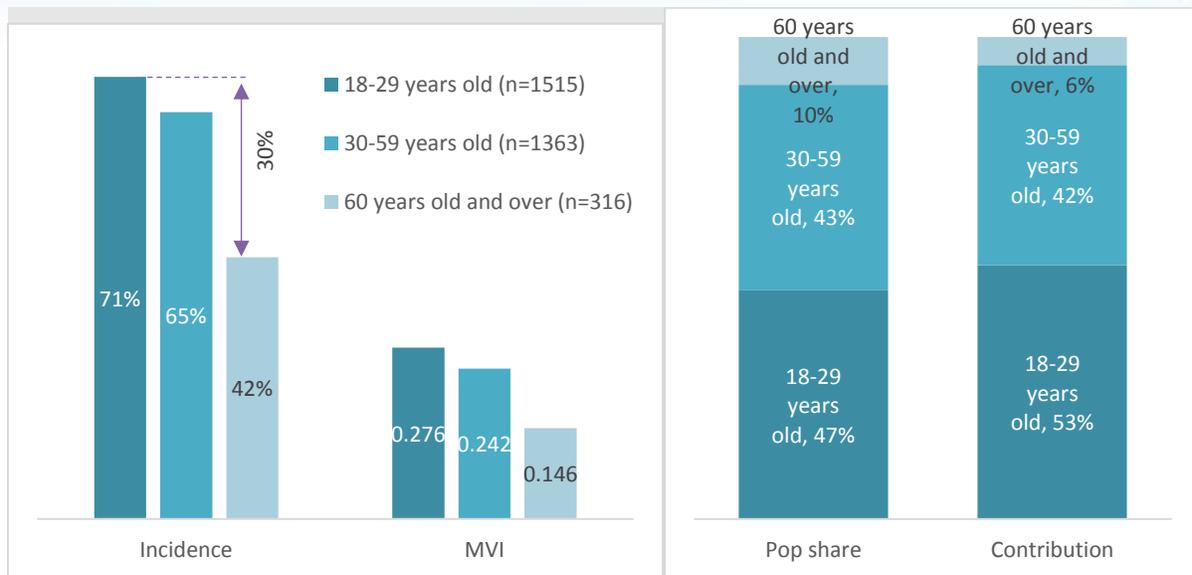


Figure 14.2.7 shows the MVI scores and incidence of vulnerability by levels of household income. Interestingly, it is not the individuals with the lowest household income (less than \$50,000) that have the highest level of vulnerability, but rather those with the second to highest level (\$200,00 to \$299,99). Furthermore, the lowest vulnerability found is for those between \$50,000 and \$99,999 income, which is the second to lowest. This may be interpreted as individuals with better income conditions seeing their situation worsen more, while those with already low income likely remained the same or worsened relatively less. However, a more in-depth analysis on this particular aspect would be needed to confirm this.

Figure 14.2.7: Vulnerability by Income



Figure 14.2.8 shows the vulnerability of respondents by gender and residence area. Similar to what was evidenced above in the individual analysis of the distribution by residence area, there are higher incidence and MVI scores in the urban areas whilst it is lower for rural areas for both male and female population. This is expected considering that we also saw above that the difference between male and female is very small. Nevertheless, this difference is slightly higher in urban areas, with 76% of female respondents being vulnerable versus a 70% incidence for males.

Figure 14.2.8: Vulnerability Gender and Residence Area

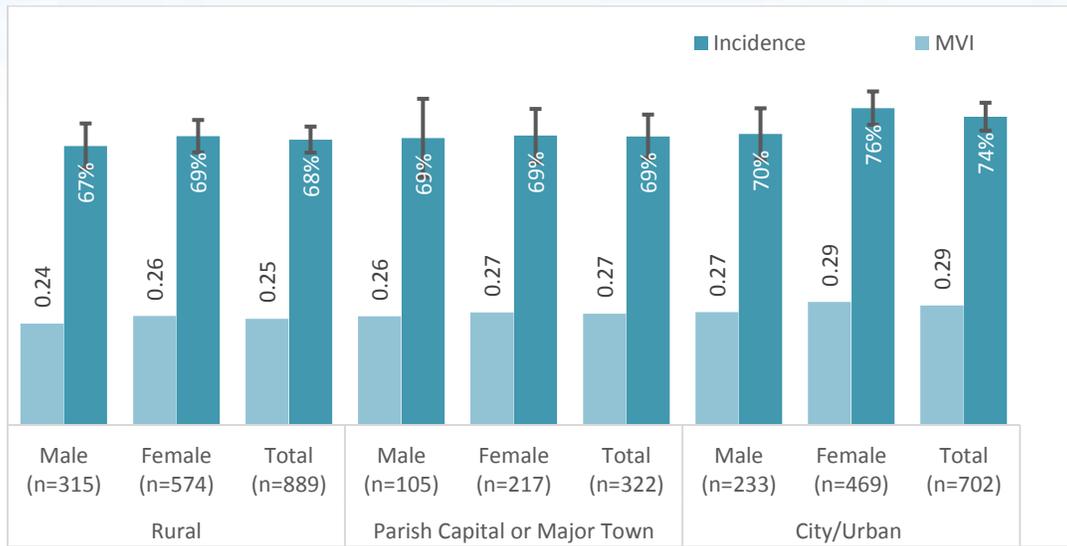
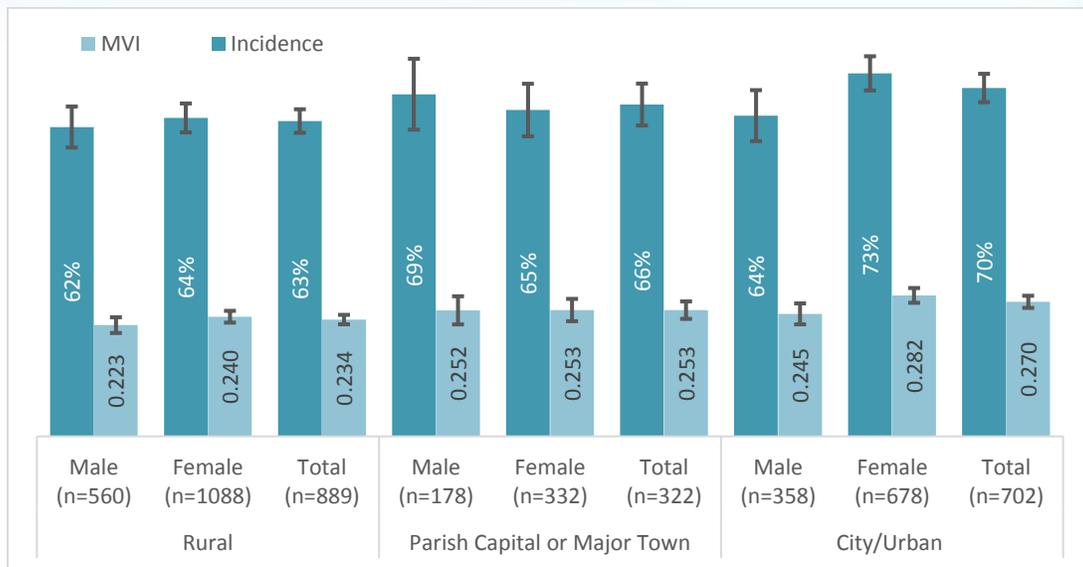


Figure 14.2.9 provides some more insight into the analysis of the levels of vulnerability by gender. Although we had not observed a significant difference between male and female respondents, we now see that the differences are not equally distributed across all residence areas. In rural areas, both the incidence of vulnerability and the MVI scores are almost equal, with small differences of only 1 or 2 percentage points. In Parish Capitals or Major towns, we see a similar scenario, with slightly higher differences of 4 or less percentage points. However, in urban areas, there is a lower incidence level of around 9% less and an MVI of 4 percentage points lower for males compared to females. In conclusion, we see that there is a significantly higher vulnerability for females, but only in urban areas.

Figure 14.2.9: Vulnerability by Age and Residence Area

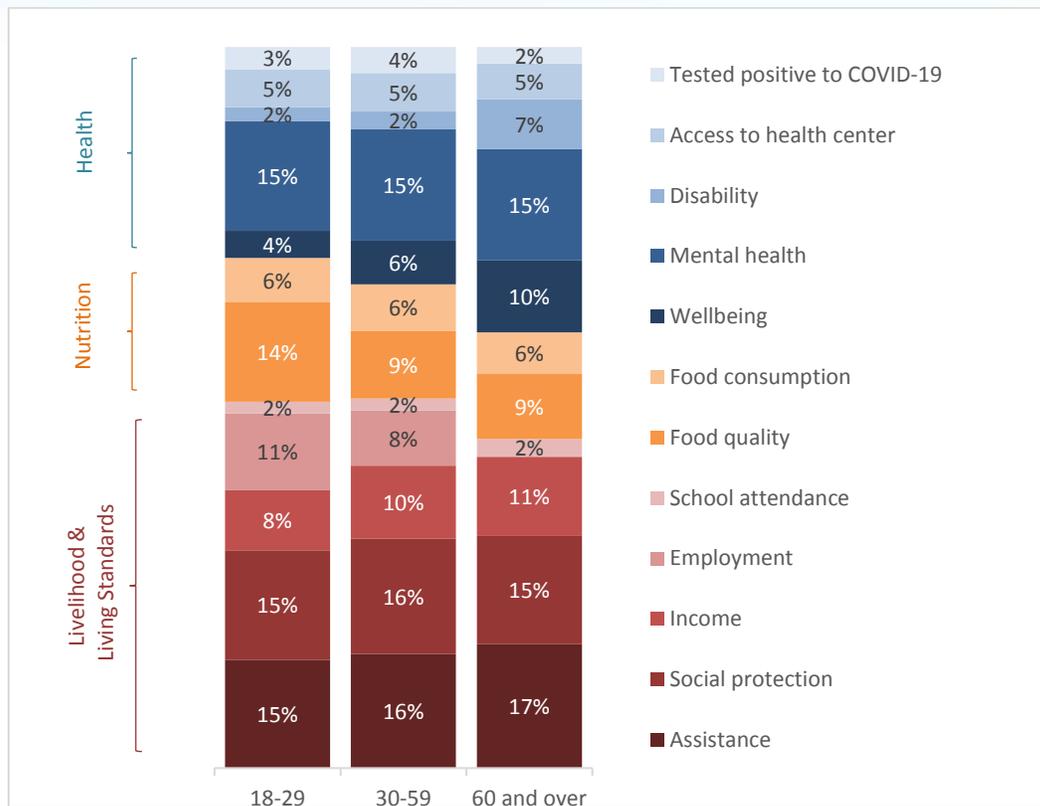


14.3 Decomposition of MVI by Socio-Demographic Characteristics

In this section, we analyse the contribution of each indicator individually to MVI by age, gender, and area of residence. This decomposition of the MVI by the socio-demographic characteristics of individuals has a major advantage in designing economic policy to target both the groups and indicators that contribute most to vulnerability of individuals.

Figure 14.3.1 shows the contributions of each indicator to the MVI for every age group. There are mostly only small differences for most of the indicators. The main difference is on food quality, which contributes of 14% to the MVI for the 18-29 age group, but only 9% for both the 30-59 and 60+ age groups. This result is not surprising as young people tend to consume more fast-food than older people (see Table 13, in Appendix). In terms of employment, there is not a relevant comparison to be made, as all respondents in the 60+ age group were retired. In fact, 76% of respondents aged 60 years and older were retired in April 2020, compared to only 37% were unemployed for those aged between 30 and 59 years old, and 54% of those aged between 18 to 29 years old.

Figure 14.3.1: Contribution to MVI by age



The results disaggregated by gender, as displayed in **Figure 14.3.2**, confirm that the differences are small for most indicators. The biggest difference is in employment. Compared to 7% of male respondents, Female unemployment due to COVID-19 has contributed 10% of the vulnerabilities.

Figure 14.3.2: Contribution to MVI by Gender

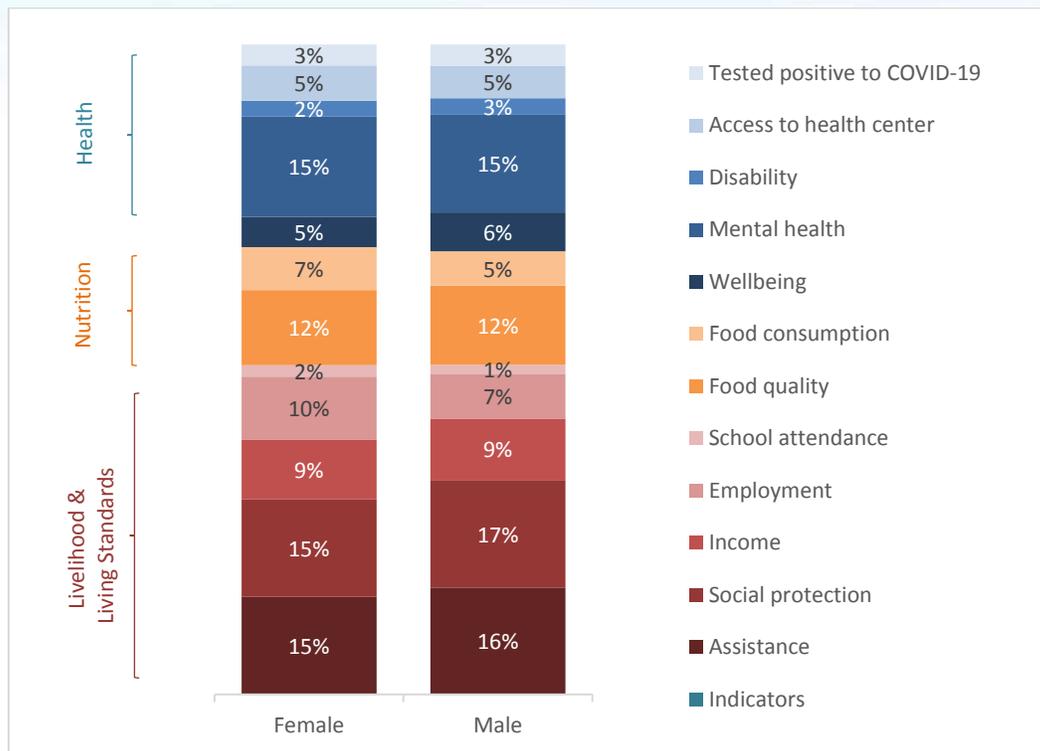
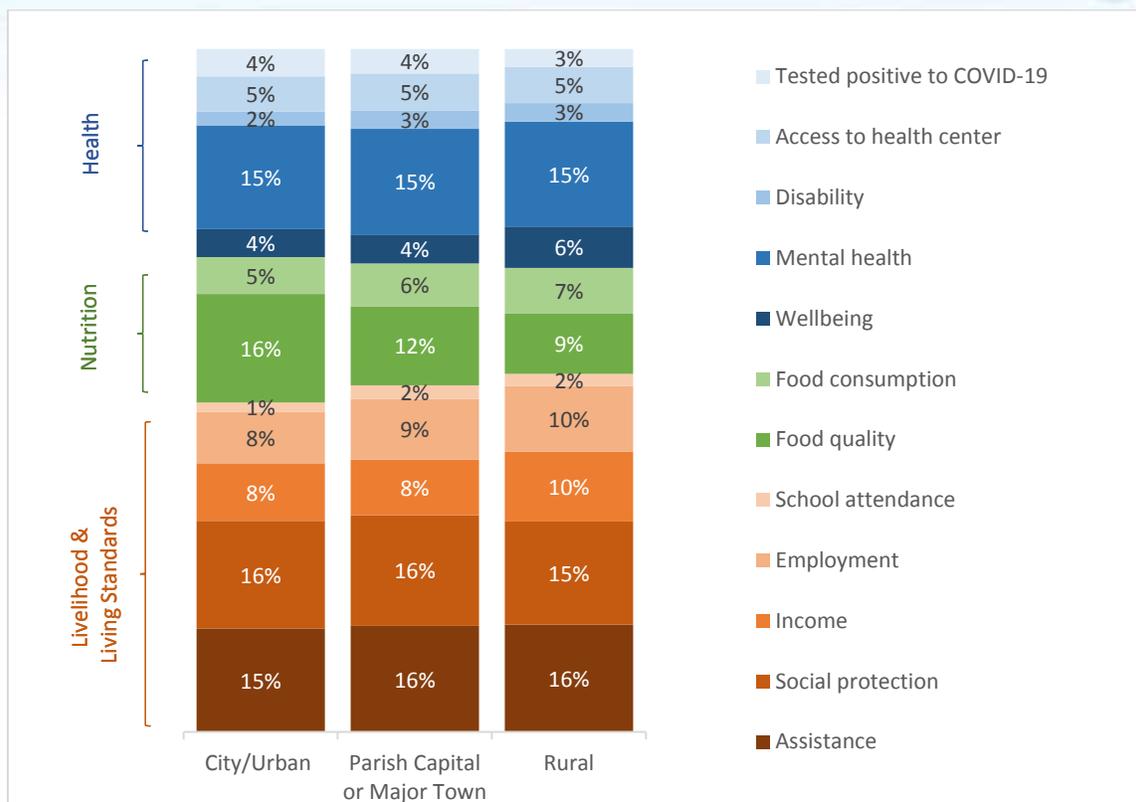


Figure 14.3.3 presents the results for each indicator by area of residence. We can see that the main differences are in terms of food quality. The rural area is less vulnerable to poor food quality, with food quality contribution to 9% of vulnerability in rural areas as compared to 16% in urban areas and 12% in main cities.

Figure 14.3.3: Contribution to MVI by area of residence



14.4 Multidimensional Vulnerability Index (Tables)

Table 14.4.1. Spearman's rank correlation test (Parishes)

	MVI2	MVI3	MVI4	MVI5	MVI6	MVI7
MVI2	1					
MVI3	0.9876***	1				
MVI4	0.9271***	0.9449***	1			
MVI5	0.9243***	0.9366***	0.9615***	1		
MVI6	0.9354***	0.9366***	0.9121***	0.967	1	
MVI7	0.8171***	0.8264***	0.7527**	0.8187***	0.8846	1

Table 14.4.2. Kendall's Rank Correlation Test (Parishes)

	MVI2	MVI3	MVI4	MVI5	MVI6	MVI7
MVI2	0.9872					
MVI3	0.9231***	0.9744				
MVI4	0.8333***	0.8462***	1			
MVI5	0.8077***	0.8205***	0.8718***	1		
MVI6	0.8077***	0.8205***	0.7692***	0.8974***	1	
MVI7	0.6026*	0.6154*	0.5128	0.641**	0.7436***	1

Table 14.4.3. Incidence, Intensity and MVI by Age for Selected Parishes

	N	Incidence	Intensity	MVI
St. Mary	87	78.2%	38.9%	0.304
18-29	48	77.1%	38.5%	0.297
30-59	31	83.9%	39.2%	0.329
60 and over	8	62.5%	40.0%	0.250
St. Thomas	67	53.7%	35.1%	0.189
18-29	28	42.9%	38.6%	0.165
30-59	27	66.7%	34.4%	0.230
60 and over	12	50.0%	30.0%	0.150
Trelawny	81	48.1%	36.9%	0.178
18-29	41	51.2%	39.7%	0.203
30-59	29	41.4%	35.3%	0.146
60 and over	11	54.5%	30.6%	0.167
Kingston & St. Andrew	863	70.6%	38.9%	0.275
18-29	429	75.3%	39.8%	0.300
30-59	372	68.3%	37.8%	0.258
60 and over	62	51.6%	38.3%	0.198
Total	3194	65.8%	37.7%	0.248
18-29	1515	71.2%	38.8%	0.276
30-59	1363	65.4%	36.9%	0.242
60 and over	316	42.1%	34.7%	0.146

Table 14.4.4. Incidence, Intensity, and MVI by Gender for Selected Parishes

	N	Incidence	Intensity	MVI
Kingston & St. Andrew	863	70.6%	.389	.275
Female	591	72.4%	.393	.285
Male	272	66.5%	.380	.253
St. Mary	87	78.2%	.389	.304
Female	49	75.5%	.374	.282
Male	38	81.6%	.406	.332
Trelawny	81	48.1%	.369	.178
Female	59	47.5%	.386	.183
Male	22	50.0%	.327	.164
Total	3194	65.8%	.377	.248
Female	2098	66.9%	.382	.256
Male	1096	63.8%	.368	.235

Table 14.4.5. Incidence, Intensity, and MVI by Gender and Residence Area

	N	Incidence	Intensity	MVI
City/Urban	1036	69.8%	.386	.270
Female	678	72.7%	.388	.282
Male	358	64.2%	.382	.245
Parish Capital or Major Town	510	66.5%	.380	.253
Female	332	65.4%	.387	.253
Male	178	68.5%	.368	.252
Rural	1648	63.2%	.370	.234
Female	1088	63.8%	.376	.240
Male	560	62.0%	.360	.223
Total	3194	65.8%	.377	.248
Female	2098	66.9%	.382	.256
Male	1096	63.8%	.368	.235

Table 14.4.6. Incidence, intensity, and MVI by age and residence area

	N	Incidence	Intensity	MVI
City/Urban	1036	70%	.386	.270
18-29	509	75%	.395	.296
30-59	438	69%	.377	.261
60 and over	89	44%	.369	.162
Parish Capital or Major Town	510	66%	.380	.253
18-29	264	73%	.391	.288

	N	Incidence	Intensity	MVI
30-59	212	62%	.366	.228
60 and over	34	38%	.364	.139
Rural	1648	63%	.370	.234
18-29	742	68%	.381	.258
30-59	713	64%	.365	.234
60 and over	193	42%	.334	.140
Total	3194	66%	.377	.248
18-29	1515	71%	.388	.276
30-59	1363	65%	.369	.242
60 and over	316	42%	.347	.146

Table 14.4.7. Weights and Contribution of each Indicator to the MVI

	Indicator	Sum	Mean	Weight	Weighted <i>h</i>	Contribution
Health	Tested positive to COVID-19	387	12%	0.067	0.008	3%
	Access to health centre	628	20%	0.067	0.013	5%
	Disability	294	9%	0.067	0.006	2%
	Mental health	1824	57%	0.067	0.038	15%
	Wellbeing	604	19%	0.067	0.013	5%
Nutrition	Food consumption	295	9%	0.167	0.015	6%
	Food quality	559	18%	0.167	0.029	12%
Livelihood & Living Standards	School attendance	198	6%	0.067	0.004	2%
	Employment	1045	33%	0.067	0.022	9%
	Income	1100	34%	0.067	0.023	9%
	Social protection	1846	58%	0.067	0.039	16%
	Assistance	1844	58%	0.067	0.038	15%
MVI =					0.248	100%

Table 14.4.8. Censored headcount ratio and Contribution of each indicator to the MVI by age

	Indicator/age group	Censored headcount ratio			Censored headcount ratio (weighted)			Contribution		
		18-29	30-59	60+	18-29	30-59	60+	18-29	30-59	60+
Health	Tested positive to COVID-19	17%	17%	8%	1%	1%	1%	3%	4%	2%
	Access to health centre	29%	25%	17%	2%	2%	1%	5%	5%	5%

		Censored headcount ratio			Censored headcount ratio (weighted)			Contribution		
	Disability	11%	11%	23%	1%	1%	2%	2%	2%	7%
	Mental health	85%	72%	52%	6%	5%	3%	15%	15%	15%
	Wellbeing	21%	28%	33%	1%	2%	2%	4%	6%	10%
Nutrition	Food consumption	14%	12%	8%	2%	2%	1%	6%	6%	6%
	Food quality	31%	18%	12%	5%	3%	2%	14%	9%	9%
Livelihood & Living Standards	School attendance	9%	8%	8%	1%	1%	1%	2%	2%	2%
	Employment	59%	36%	0%	4%	2%	0%	11%	8%	0%
	Income	47%	47%	37%	3%	3%	2%	8%	10%	11%
	Social protection	85%	75%	50%	6%	5%	3%	15%	16%	15%
	Assistance	84%	74%	58%	6%	5%	4%	15%	16%	17%
MVI =					0.37	0.31	0.22	100	100	100
					2	1	4	%	%	%

Table 14.4.9. Censored Headcount Ratio and Contribution of each Indicator to the MVI by Gender

		Censored headcount ratio		Censored headcount ratio (weighted)		Contribution	
Indicators		Female	Male	Female	Male	Female	Male
Health	Tested positive to COVID-19	16%	16%	1%	1%	3%	3%
	Access to health centre	28%	24%	2%	2%	5%	5%
	Disability	12%	12%	1%	1%	2%	3%
	Mental health	78%	72%	5%	5%	15%	15%
	Wellbeing	24%	29%	2%	2%	5%	6%
Nutrition	Food consumption	13%	10%	2%	2%	7%	5%
	Food quality	23%	23%	4%	4%	12%	12%
Livelihood & Living Standards	School attendance	9%	7%	1%	0%	2%	1%
	Employment	49%	33%	3%	2%	10%	7%
	Income	46%	46%	3%	3%	9%	9%
	Social protection	76%	80%	5%	5%	15%	17%
	Assistance	76%	79%	5%	5%	15%	16%
MVI =				0.338	0.321	100%	100%

Table 14.4.10. Censored headcount ratio and Contribution of each indicator to the MVI by area

	Indicators	Censored headcount ratio			Censored headcount ratio (weighted)			Contribution		
		City/Urban	PC or MT*	Rural	City/Urban	PC or MT*	Rural	City/Urban	PC or MT*	Rural
Health	Tested positive to COVID-19	24%	21%	17%	2%	1%	1%	4%	4%	3%
	Access to health centre	31%	33%	35%	2%	2%	2%	5%	5%	5%
	Disability	12%	16%	18%	1%	1%	1%	2%	3%	3%
	Mental health	90%	93%	100%	6%	6%	7%	15%	15%	15%
	Wellbeing	25%	25%	39%	2%	2%	3%	4%	4%	6%
Nutrition	Food consumption	13%	15%	17%	2%	3%	3%	5%	6%	7%
	Food quality	38%	28%	23%	6%	5%	4%	16%	12%	9%
Livelihood & Living Standards	School attendance	8%	12%	11%	1%	1%	1%	1%	2%	2%
	Employment	45%	53%	63%	3%	4%	4%	8%	9%	10%
	Income	50%	49%	66%	3%	3%	4%	8%	8%	10%
	Social protection	94%	98%	98%	6%	7%	7%	16%	16%	15%
	Assistance	90%	93%	102%	6%	6%	7%	15%	16%	16%
MVI =					0.398	0.400	0.434	100%	100%	100%

*Parish Capital or Major Town

Table 14.4.11. Distribution of Food Quality Indicator by Age

Age group	Observations	Food quality
18-29 years old	1515	25%
30-59 years old	1363	15%
60 years old and over	316	9%

15

POLICY RECOMMENDATIONS



SIR ARTHUR LEWIS
INSTITUTE OF
SOCIAL AND
ECONOMIC
STUDIES



CARIBBEAN
POLICY
RESEARCH
INSTITUTE



Policy Recommendations

This SEIA has clearly demonstrated that the impact of the COVID-19 pandemic will frustrate efforts to fulfill the Sustainable Development Goals (SDGs) and Vision 2030 Jamaica. Urgent attention is needed to safeguard the gains made in the past decades and make progress to attain the UN2030 Agenda. The study presents a range of novel policy options that will assist in accelerating progress to the UN2030 Agenda and Vision 2030 Jamaica.

The attainment of Sustainable Development Goal Number 17: *Strengthen the means of implementation and revitalize the global partnership for sustainable development*, must take center stage as it is only through the brokering of new and strengthening of existing partnerships that the negative impact of the pandemic can be reduced and managed. The pandemic also presents an opportune moment to re-focus on SDG 10 which calls for reduced inequalities and immediately address the systemic and structural impediments to the fulfilment of sustainable development for all.

This study has underscored the importance of data to inform policy. A key recommendation is the development of a Data Hub and Policy Lab platform, which would: (i) house the findings and data from this and other related studies; (ii) facilitate the monitoring and evaluation of the programmes implemented to reduce vulnerability; (iii) integrate with the platforms monitoring progress in the fulfilment of the UN2030 Agenda and Vision 2030 Jamaica; and, (iv) be available to all ministries, departments and agencies (MDAs) and development partners to inform their policy development and implementation processes. This would provide a concrete basis on which to advance *SDG-17: Strengthen the means of implementation and revitalize the global partnership for sustainable development*.

SDG 1 No Poverty

The policy options emerging from the MVI highlighted the need for targeted focus on specific sections of the population in order to address the targets under SDG 1. Critical vulnerable groups are: (i) women especially those who are unemployed and located in urban areas; (ii) households with income less than J\$50,000; (iii) residents of St. Mary, Manchester and St. Ann; and, (iv) persons with mental health illness.

The demand for social protection has increased, exponentially, both in terms of the number of potential beneficiaries as well as the depth of the need and consequently, the required benefits to meet the needs have to be reviewed. Some main policy options include:-

- a) **Advocacy and Financial Support** where possible to increase coverage of the poor and vulnerable in society
- b) **Increased financial support:** The UNDP can provide technical assistance to the MOF to earmark funds or reserves that could be made available in the event of future crises. These funds would be quickly mobilized and channeled to SP immediately in response to a crisis. These funds could also be used to support an increased number of compassionate grants (stimulus packages) and the UNDP can also advocate the international community for debt relief and increased financial aid as part of the HIMIC initiative referenced above.
- c) **Increased support for public education** to increase awareness of social protection programmes in order to ensure that existing and potential beneficiaries are always able to access benefits for which they are eligible. The UNDP can provide technical and advisory support in this regard.
- d) **Proactive, mobile registration and engagement** of vulnerable groups to ensure that the GOJ can automatically identify and support each group in a more targeted and seamless manner. The UNDP has a range of tools that can be readily deployed to support these initiatives.

SDG 2 Zero Hunger

Efforts to achieve SDG 2 are interlinked with efforts in agriculture and fisheries. In this regard UNDP can expand its programming to support:

- Promotion of efforts of self-sufficiency such as backyard gardening and farming with the cultivation of miniature versions of popular fruit trees and increased availability of popular vegetables and staples
- Promotion of climate smart agriculture and the broader integration of protected technology in agriculture
- Provision of small grants for farmers to acquire resources and develop their production, distribution, storage and processing mechanisms

- Increased provision of small scale sustainable irrigation water supply leveraging water harvesting

Reduction of Food Insecurity: The UNDP can support the efforts of the Ministry of Agriculture and Fisheries (MOAF) to facilitate increased regular access to food through the provision of meal vouchers and/or food packages.

SDG 3 Good Health and Well-being

The UNDP in partnership with ECLAC and other UN entities can continue to support the GOJ and MOHW in identifying financing opportunities that are accessible by HIMICs and/or SIDS that are available for the development and transformation of the health sector. The pandemic has elevated the consideration of the health status of all countries is an important joint predictor of the level and robustness of economic activity and growth. As noted in Section 1, the imperative of expanded and sustainable development finance flows will be critical to the achievement of Goal 3 of the SDGs and Goal 1 of Vision 2030. In order to accelerate the fulfilment of SDG 3: *Good Health and Wellbeing* in the context of this pandemic:

1. ***Improve quality of healthcare:*** The UNDP can continue to advocate across its networks for increased donations of equipment, pharmaceuticals and personal protective gears for healthcare institutions in collaboration with the NHF and CHASE Fund.
2. ***Increased access to good quality healthcare:***
 - a. The UNDP can explore across the UN system the extent to which it can provide options to the GOJ that would facilitate access to affordable, accurate testing for the wider population – particularly for workers that require multiple testing to maintain their employment status.
 - b. In addition, the UNDP can assist in the procurement of vehicles with the necessary cold-chain storage capacity that can support continuous mobile vaccination programmes at the community level.
 - c. As part of its interventions in the digital landscape, the UNDP can undertake an assessment of the systems need to support the implementation of telemedicine services in both the private and public healthcare systems to promote more inclusive and lower-cost access to healthcare particularly in rural communities.

- d. Increased access to free psycho-social support for health workers, teachers, children, and the public which could be supported through a digital and/or telemedicine approach.
3. **Increased public education:** In order to reduce burden on healthcare system from positive cases, the UNDP can provide communication/messaging and technical support to dispel the myths and underscore the benefits of vaccination under the “*Get back to life; Get vaccinated*” campaign.
4. **Increased access to Masks and Sanitizers:** The UNDP can provide grants to small businesses that make masks and sanitizers to support nationwide distribution of these items especially at public events including vaccination blitzes, community clinics and entertainment events.
5. **Assessment of Recruitment and Retention of Medical Personnel:** The UNDP can support the further assessment and implementation of plans to recruit and retain human resources for the health system.
6. **Logistics and Supply Chain Management:** The UNDP can support the assessment and development of initiatives to mitigate supply chain delays.
7. **Assessment and addressing Non-Communicable Diseases:** The UNDP can continue to support the enhancement of initiatives related to addressing non-communicable diseases including the provision of green spaces.

SDG 4 Quality Education

If SDG 4 is to be fulfilled, access to good quality education using digital has to be enhanced and expanded nationwide. This is critical to ensure that no youth or adult learner will be left behind in the fulfilment of the UN2030 Agenda. The policy options for achieving inclusive education include the following:

- a. **Improved access to digitally delivered educational content:** The UNDP can provide technical and advisory support to ensure that the devices meet the appropriate specifications for use throughout various educational levels. This can be done in partnership with the Ministry of Education, Youth and Information (MOEYI) and the various e-learning initiatives and where possible the UNDP through its international network can facilitate the provision of devices for learners in all age cohorts.

- b. ***Transformation of the quality of online teaching and learning:*** The UNDP can support the MOEYI to revitalize the capacity and ability of teachers and lecturers at the post-secondary level to redesign and deliver high-quality lessons using digital tools and platforms. This would be delivered through increased training using a demonstration approach for these educators for improvement in teaching and lifelong learning using open access online and digital tools and platforms.
- c. ***Enhancement of learning platforms and material:*** The UNDP can conduct a needs assessment at the post-secondary level using feedback from students and lecturers to ascertain the aspects of the online platforms that need to be enhanced or redesigned. This would then lead to the identification of strategies to make these online learning platforms better able to meet the needs of students with different learning styles and teachers with diverse pedagogical approaches.
- d. ***Expanded access for inclusive and integrated education:*** There is a need to increase support for persons with disabilities and the enhancement and redesign of the platforms to accommodate persons with different types of impairments and abilities.
- e. ***Increased targeting for those most likely to be left behind:*** Given the digital divide in many marginalized and remote communities, opportunities exist to localize educational opportunities at the community and home levels by empowering and training community leaders, retired teachers and graduates to support the education of students living in these deprived areas.

SDG 5 Gender Equality

Despite the advancement towards gender equality, women still remain among the most vulnerable in the population. Female-headed households need to be prioritized in care packages and programmes to provide nutrition for their children and elderly dependents and themselves. They bear the double burden of childcare and finding earning opportunities the former of which has intensified in the context of the IPC measures whilst the latter has declined significantly. Given the need to provide for their families, it is important that the GOJ integrate women in the SERVE programme in activities at the local level to enable them to safely take care of their children whilst engaging in the programme. Women can also be trained to provide community based health aide

support and they also need to be prioritized in the provision of psycho-social support on a 24/7 basis, especially women caring for children with disabilities. Support in terms of access to credit needs to be a focus area in interventions geared towards rural female farmers.

SDG 8 Decent Work and Economic Growth

As it relates to the quest to regenerate economic growth in the Jamaican economy, renewed efforts to supplement the domestic resources available to the GOJ are required. This an opportunity for the UNDP to drive the technical analysis of the issues raised by highly indebted middle income countries (HIMIC), such as Jamaica, across all IDPs with the goal of creating special windows of support backed by philanthropic and other forms of non-debt or concessional flows that can be used to facilitate the urgent development needs with a focus on inclusivity and accessibility. Special explorations can be made through this effort to support the GOJ and MOHW in identifying financing opportunities that are accessible by HIMICs and/or SIDS that are available for the development and transformation of the health sector.

Increasing inclusive growth prospects are heavily predicated on continued adherence to the IPC measures as well as rapid scaling of the vaccination campaigns to reduce the strain on the health sector. Economic activity is negatively impacted by the increased curfew hours in response to the current third wave of infections. Any support that can be provided to simplify and improve the effectiveness of the messaging, logistics and guidance to the private sector by the UN system would substantively advance the safe return to economic activity and therefore increase the likelihood of sustained economic growth.

Expanding access to investment flows In order to support the GOJ's need to increase investment flows to development projects, the UNDP can also continue to engage the government to develop an Investor Map that would provide a catalogue of catalytic investment opportunities. This map would be available to a wide range of potential investors and thereby provide a fillip to the growth agenda. This should be integrated into the anticipated leadership of the UNDP in the digital transformation landscape utilising the Digital Readiness Assessment as a potential entry point.

SDG 9 Industry, Innovation and Infrastructure

The policy option to address SDG 9 proposes expanded access to small business grants and online training in entrepreneurship, transitioning to online and the integration of e-commerce support, and, support in the preparation of business proposals and other critical business advisory services. The UNDP can provide institutional strengthening and support and targeted small grants – perhaps to those in the blue, green and orange sectors of the economy – to entrepreneurial efforts spearheaded by women, youth and residents in rural areas.

SDG 10 Reduced Inequalities

With a spotlight on Goal 10 by supporting the government in ensuring that employment and contractual opportunities emanating from the SERVE programme are taken up by women and youth which are the two vulnerable groups most negatively impacted from an income/employment perspective by the pandemic. UNDP is very active programmatically with these two groups and can therefore support the GOJ in leveraging these networks to increase their inclusion into the economic recovery efforts.

SDG 11 Sustainable Cities and Communities

To accelerate the achievement of SDG 11 *Sustainable Cities and Communities* and **SDG 13 Climate Action** include a need for increased environmental education and conservation practices and the promotion of container gardening for food security and as an environmental best practice. In this regard, the UNDP should include an expansion in its environment project portfolio with an increased focus on youth. Further support of community-based initiatives can facilitate water harvesting, composting and practices that can promote the wellbeing of citizens and the environment can also be provided by UNDP. A key area in this regard is the continued focus on providing potable running water. Another key area for policy consideration is the possible continued use of the options of work such as flexi-hours/home/remote/teleworking as a pollution and traffic management strategy. The UNDP can also provide advocacy and technical support/advice to support the efforts of the GOJ to improve waste management, separation of recyclables and garbage collection at home/source and to expand tree planting activities.

Another key area for policy consideration is the possible continued use of the options of work such as flexi-hours/home/remote/teleworking as a pollution and traffic management strategy. The UNDP can also provide advocacy and technical support/advice to support the efforts of the GOJ to improve waste management and separation.

Jamaica would benefit from a review of the mechanisms currently in place that deter consumer, firm and even government disincentives to install and heavily utilise alternative sources of energy that are cleaner and renewable as part of the adaptation efforts. Given the many IDPs in this space, the UNDP can support the Government as a coordinating entity that helps to synthesise the lessons learnt from the various initiatives implemented and to present a credible roadmap on the realistic pathway towards a truly renewable energy fueled society and economy in Jamaica.

SDG 16 Peace, Justice and Strong Institutions

In order to support the fulfilment of SDG 16 *Peace, Justice and Strong Institutions*, a key recommendation from **UNDP/SALISES/CaPRI 2021 SEIA** Survey, was that citizens associate the curfews and the community patrols as effective crime-fighting mechanisms and they support their continuation even post-COVID-19. The same perspective was given in relation to the ZOSOs and SOEs. Respondents also suggested the expansion of job opportunities that can be taken-up by at-risk and unattached youth and an expanded focus on teaching values in schools.

This SEIA provides new insights and innovations in terms of policy options open to the UNDP as it moves to implement its new country programme. These are critical if the developmental gains towards UN Agenda 2030 and Vision 2030 Jamaica are not to be lost. The UNDP has to leverage and reenergise itself as a coordinating entity across development partners and with the GOJ consistent with the thrust of SDG 17 *Strengthen the means of implementation and revitalize the global partnership for sustainable development* to reduce inequalities and ensure that no segments of the Jamaican society are left behind, thereby achieving the targets set under UN Agenda 2030 and Vision 2030 Jamaica.

References

References

- Alkire, Sabina and Foster, James. 2011. *Counting and multidimensional poverty measurement*. Journal of public economics, 95(7-8), 476-487.
- Amour, Rochelle, Janelle Robinson, and Ishtar Govia. 2020. The COVID-19 Long-Term Care Situation in Jamaica. Ebook. <https://ltccovid.org/wp-content/uploads/2020/05/The-COVID-19-Long-Term-Care-situation-in-Jamaica-25-May-2020-1.pdf>.
- Blaikie, Piers. et al. 1994. *At risk: Natural hazards, People's Vulnerability and Disasters*, Routledge, London.
- Banerjee, Abhijit, V., and Sendhil Mullainathan. 2008. "Limited Attention and Income Distribution." *American Economic Review*, 98 (2): 489-93.
- CAPRI. 2021. *Come Mek Wi Hol' Yuh Han': The Components of an Effective Social Safety Net for Jamaica*.
- CAPRI. 2021. *Insult to Injury The Impact of COVID-19 on Vulnerable Persons and Businesses*.
- Carter, Jediael. 2020. "Students set back by late CSEC results." *Jamaica Observer*, Saturday, September 3, 2020. http://www.jamaicaobserver.com/news/students-set-back-by-late-csec-results_72827
- Cecchini, Simone. 2020. "Persons with disabilities and coronavirus disease (COVID-19) in Latin America and the Caribbean: status and guidelines." *ELAC*, April 2020. https://repositorio.cepal.org/bitstream/handle/11362/45492/S2000299_en.pdf?sequence=1&isAllowed=y
- Cheney, Catherine. 2021. February 2021. "Build back bluer': Small island developing states pursue new finance mechanisms." *Devex*, February 5, 2021 Retrieved from Devex: <https://www.devex.com/news/build-back-bluer-small-island-developing-states-pursue-new-finance-mechanisms-99043>
- Chappell, Kate. 2020. "Jamaica kicks off new climate plan, undeterred by pandemic and floods." *Thomson Reuters Foundation*, December 11, 2020. <https://www.reuters.com/article/climate-change-jamaica-politics-idUSKBN28L21K>
- Chappell, Kate. 2021. "Trees or tourists? Jamaica's COVID recovery push threatens green aims." *Thomson Reuters Foundation*, June 14, 2021. <https://www.reuters.com/article/us-jamaica-environment-tourism-climate-c-idUSKCN2DQ11H>
- Crawford, T., Parchment, K. and Robinson, S. 2021. Impact of COVID-19 Pandemic Restrictions on Major Crimes and Sexual Offences in Jamaica: A comparative analysis of crimes reported by the Jamaica Constabulary Force (2014 – 2020). *International Journal of Social Science and Humanities Research*, 9, 2, 162 – 172.

- Cross, Jason. 2021. "Thieves working overtime in Clarendon amid COVID-19 pain." *Jamaica Observer*, May 9, 2021. https://www.jamaicaobserver.com/news/thieves-working-overtime-in-clarendon-amid-covid-19-pain_220919?profile=1432
- CVSS. 2020. "MGI Leads on Risk Profiling of Communities for COVID-19 Response." <https://cvssja.org/mgi-leads-on-risk-profiling-of-communities-for-covid-response/>
- Davis, Garwin. 2020. "Gov't Providing Over 30,000 Meals Per Day For Vulnerable Persons." *Jamaica Information Service*. July 16, 2020. <https://jis.gov.jm/govt-providing-over-30000-meals-per-day-for-vulnerable-persons/>
- Davidson, Vernon. 2020. "WHO, US Gov't praise Jamaica's COVID-19 response." *Jamaica Observer*, March 18, 2020. http://www.jamaicaobserver.com/news/who-us-gov-t-praise-jamaica-s-COVID-19-response_189863?profile=1606
- Dawkins, Colleen. 2020. "More Than 20,000 Tablets Distributed to Teachers." *Jamaica Information Service*, September 29, 2020. <https://jis.gov.jm/more-than-20000-tablets-distributed-to-teachers/>
- Dawkins, Colleen. 2021. "Citizens Urged To Be Extra Vigilant Online." *Jamaica Information Service*, January 26, 2021. <https://jis.gov.jm/citizens-urged-to-be-extra-vigilant-online/>
- Dercon, Stefan. 2005. Risk, poverty and vulnerability in Africa. *Journal of African Economies*, 14(4), 483-488.
- ECLAC, E. C. 2020. The Impact of the COVID-19 Pandemic on the Tourism Sector in Latin America and the Caribbean, and options for a Sustainable and Resilient Recovery. Santiago: United Nations Publication.
- Edwards, Peter. 2020. "Peter Edwards | COVID-19 and its links to environmental degradation." *The Gleaner*, April 22, 2020. <https://jamaicagleaner.com/article/commentary/20200423/peter-edwards-covid-19-and-its-links-environmental-degradation>
- Ewing-Chow, Daphne. 2021. "Food Insecurity In Jamaica Doubled Projections In 2020." *Forbes*, January 24, 2020. <https://www.forbes.com/sites/daphneewingchow/2021/01/24/food-insecurity-in-jamaica-doubled-expectations-in-2020/?sh=78372c5d6442>
- Food and Agriculture Organization. 2020. Small Island Developing States Response to COVID-19: Highlighting Food Security, Nutrition and Sustainable Food Systems. Rome: FAO.
- Google. 2021. "COVID-19 Community Mobility Report, Jamaica, 23 February 2021." Ebook. https://www.gstatic.com/covid19/mobility/2021-02-23_JM_Mobility_Report_en-GB.pdf

- Grizzle, Shereita. 2020. "Entertainment Suffers \$26-Billion COVID Hit - Minister Grange Says Reopening Sector Too Early Could Prove Detrimental." *Jamaica Gleaner*, May 31, 2020. http://jamaica-gleaner.com/article/entertainment/20200531/entertainment-suffers-26-billion-covid-hit-minister-grange-says?fbclid=IwAR3lwXIrORkArtmj3S8PZ4U5ZiXQdXDxqf_SaOFlphmQBHWirahrWrIM_A4%20.
- Hares, Sophie. 2020. "COVID-19 risks complicating Caribbean hurricane season." *UNDRR*, 2020. <https://eird.org/americas/news/covid-19-risks-complicating-caribbean-hurricane-season.html#.YGwj869Kg2w>
- Harrison, Philomen. 2020. Experience in Conducting 2020 Round of Population and Housing Census in CARICOM – Under COVID-19 Pandemic. Ebook. <https://www.cepal.org/sites/default/files/presentations/sca-ec.19-caricom-2020-round-population-housing-census-under-COVID-19.pdf>
- Henry-Lee, Aldrie and Jennifer Jones. 2020. Social Policy Response to COVID-19: Societal Inequalities laid bare in Jamaica. The invited paper was prepared for Global Dynamics of Social Policy (CRC-1342), University of Bremen, Germany.
- Henry, Okoye. 2020. "SDC Continues To Assist The Elderly." *Jamaica Information Service*. April 23, 2020. <https://jis.gov.jm/sdc-continues-to-assist-the-elderly/>
- Henry, Okoye. 2021. "Jamaica Welcomes Frontier Airlines' Weekly Flights." *JIS*, May 31, 2021. <https://jis.gov.jm/jamaica-welcomes-frontier-airlines-weekly-flights/>
- Hunter, Judith. 2020. "Persons with Disabilities 18 To 65 Years to Get Grant through CARE Programme." *Jamaica Information Service*, June 29, 2020. <https://jis.gov.jm/persons-with-disabilities-18-to-65-years-to-get-grant-through-care-programme/>
- IMF. 2020. "PRESS RELEASE NO. 20/98." *IMF*, March 23, 2020. <https://www.imf.org/en/News/Articles/2020/03/23/pr2098-imf-managing-director>
- Inter-American Development Bank. 2006. Inter-American Development Bank Annual Report. Washington, DC: Inter-American Development Bank.
- International Labour Organization. 2020. "COVID-19 and the English- and Dutch-speaking Caribbean Labour Market, A rapid assessment of impact and policy responses at the end of Q3, 2020." Ebook. https://www.ilo.org/wcmsp5/groups/public/---americas/---ro-lima/---sro-port_of_spain/documents/publication/wcms_760354.pdf
- International Labour Organization. 2021. "Country policy responses." *ILO*, February 24, 2021. <https://www.ilo.org/global/topics/coronavirus/regional-country/country-responses/lang-en/index.htm#JM>

- International Labour Organization. 2020. COVID-19 and the English and Dutch-speaking Caribbean labour market. Ebook. https://www.ilo.org/wcmsp5/groups/public/---americas/---ro-lima/---sro-port_of_spain/documents/publication/wcms_760354.pdf
- ILO, I. L. 2020. Global Employment Trends for Youth 2020. Switzerland: ILO Publications.
- Jacob, Assa and Riad, Meddeb. 2020. Towards a Multidimensional Vulnerability Index, *UNDP Discussion paper*.
- Jamaica Constabulary Force. 2020. "Police's COVID-19 Response." June 5, 2020. <https://jcf.gov.jm/polices-covid-19-response/>
- Jamaica Environment Trust. 2020. "International Coastal Cleanup 2020". *Twitter*, December 12, 2020. <https://twitter.com/jamentrust/status/1337854210788954114>
- Jamaica Gleaner. 2020. "Mental Health – The Other Epidemic." *Jamaica Gleaner*, October 11, 2020. <http://jamaica-gleaner.com/article/commentary/20201011/editorial-mental-health-other-epidemic>
- Jamaica Gleaner. 2020. "Education Still On Hold - Over 97% of Students Still Out Of the Classrooms in Latin America and the Caribbean." *Jamaica Gleaner*, November 10, 2020. <http://jamaica-gleaner.com/article/world-news/20201110/education-still-hold-over-97-students-still-out-classrooms-latin-america>
- Jamaica Gleaner. 2020. "Earth Today | Concerns over single-use plastics grow with COVID-19." *Jamaica Gleaner*, August 27, 2020. <http://jamaica-gleaner.com/article/news/20200827/earth-today-concerns-over-single-use-plastics-grow-COVID-19>
- Jamaica Gleaner. 2020. "Money woes hit local NGOs as COVID-19 wreaks economic havoc." *Jamaica Gleaner*, May 17, 2020. <http://jamaica-gleaner.com/article/news/20200507/money-woes-hit-local-ngos-covid-19-wreaks-economic-havoc>
- Jamaica Gleaner. 2020. "Earth Today | UWI turns spotlight on COVID-19 and the environment." *Jamaica Gleaner*, July 2, 2020. <https://jamaica-gleaner.com/article/news/20200702/earth-today-uwi-turns-spotlight-covid-19-and-environment>
- Jamaica Gleaner. 2021. "Gov't releases more information on COVID-19 vaccination plan." *Jamaica Gleaner*, March 4, 2021. <http://jamaica-gleaner.com/article/news/20210304/govt-releases-more-information-COVID-19-vaccination-plan>

- Jamaica Gleaner. 2021. "FSC wants Cybercrimes Act to flag computer-related fraud, forgery." June 17, 2021. <https://jamaica-gleaner.com/article/lead-stories/20210617/fsc-wants-cybercrimes-act-flag-computer-related-fraud-forgery>
- Jamaica Gleaner. 2021. "Health Ministry outlines COVID-19 vaccination roll out plan." *Jamaica Gleaner*, March 2, 2021. <http://jamaica-gleaner.com/article/news/20210302/health-ministry-outlines-COVID-19-vaccination-roll-out-plan>
- Jamaica Information Service. 2021. "CARPIN Cautions against Overuse of Chemicals for Cleaning, Sanitising." *JIS*, March 3, 2021. <https://jis.gov.jm/carpin-cautions-against-overuse-of-chemicals-for-cleaning-sanitising/>
- Jamaica Information Service. 2021. "Jamaica Sets Ambitious Target of 60 Per Cent Reductions in Green House Emissions by 2030." *JIS*, April 22, 2021. <https://jis.gov.jm/jamaica-sets-ambitious-target-of-60-per-cent-reduction-in-green-house-emissions-by-2030/>
- Jamaica Information Service. 2021. "Reduction in Crime during Weekend Lockdowns." *JIS*, April 23, 2021. <https://jis.gov.jm/reduction-in-crime-during-weekend-lockdowns/>
- Jamaica Information Service. 2020. "Jamaica Leading Global Conversations Towards a Sustainable and Green Recovery after COVID-19." August 5, 2020. <https://jis.gov.jm/jamaica-leading-global-conversations-towards-a-sustainable-and-green-recovery-after-covid-19/>
- Jamaica Observer. 2020. "Caricom leaders discuss hurricane preparedness in midst of COVID-19 pandemic." *Jamaica Observer*, August 21, 2020. https://www.jamaicaobserver.com/news/caricom-leaders-discuss-hurricane_201145?profile=1373
- Jamaica Public Service. 2021. "Electric Vehicles Would Save Jamaica Millions of Dollars – IDB." *JPS*, April 7, 2021. <https://www.jpSCO.com/electric-vehicles-would-save-jamaica-millions-of-dollars-idb/>
- Jamaica Survey of Living Conditions, J. 2017. *Jamaica Survey of Living Conditions*. Kingston: The Planning Institute of Jamaica and The Statistical Institute of Jamaica.
- Jamaica Survey on Living Conditions, J. 2018. *Jamaica Survey on Living Conditions*. Kingston: The Planning Institute of Jamaica and The Statistical Institute of Jamaica.
- JCF. 2021. "JCF CRIME REVIEW for January 01 - Jun 30, 2020 and Comparison for 2016 – 2019." https://www.jcf.gov.jm/wp-content/uploads/2020/07/Monthly_Crime_Web-1.pdf on July 9, 2021
- King, Damien. 2014. "Causes of Debt Accumulation in Sids," in Damien King and David F. Tennant, *Debt and Development in Small Island Development States*, Palgrave Macmillan, New York.

- Levin, Henry. 2012. *The Importance of Educational Adaptability*.
- Levy, Dan., and Jim Ohls. 2010. *Evaluation of Jamaica's PATH Conditional Cash Transfer Programme*. Journal of Development Effectiveness.
- Linton, Latonya. 2020. "More Than 500,000 Applications For COVID CARE Programme." *JIS*, May 13, 2020. <https://jis.gov.jm/more-than-500000-applications-for-covid-care-programme/>
- Loop Jamaica. 2020. "STATIN cancels Survey of Living Conditions due to COVID-19." *Loop Jamaica*, October 22, 2020. <https://www.loopjamaica.com/content/statin-cancels-survey-living-conditions-due-COVID-19>
- Loop Jamaica. 2021. "COVID vaccines arrive April 21; plan set up to guide distribution." *Loop Jamaica*, January 19, 2021. <https://www.loopjamaica.com/content/covid-vaccines-arrive-april-21-plan-set-guide-distribution>
- Loop Jamaica. 2021. "High vegetable prices send inflation up for December." *Loop Jamaica*, January 21, 2021. <https://www.loopjamaica.com/content/high-vegetable-prices-send-inflation-december>
- Loop Jamaica. 2021. "Lower vegetable prices push inflation down for January". *Loop Jamaica*, February 26, 2021. <https://www.loopjamaica.com/content/lower-vegetable-prices-push-inflation-down-january>
- Loop News. 2020. "Palace Amusement records \$99 million in losses." *Loop News*, November 30, 2020. <https://www.loopjamaica.com/content/palace-amusement-records-99-million-losses>
- Loop News. 2020. "CXC pushes 2021 CSEC and CAPE exams to May/July." *Loop News*, December 10, 2020. <https://www.loopjamaica.com/content/cxc-pushes-2021-csec-and-cape-exams-junejuly>
- Loop News. 2020. "McKenzie moves to shut down illegal parties; says no permits granted." *Loop News*, December 9, 2020. <https://www.loopjamaica.com/content/mckenzie-moves-shut-down-illegal-parties-says-no-permits-granted>
- Mcintosh, Douglas. 2020. "Uncertainty over Population and Housing Census due to COVID-19." *Jamaica Information Service*, April 18, 2020. <https://jis.gov.jm/uncertainty-over-housing-and-population-census-due-to-COVID-19/>
- McIntosh, Howard. 2021. "Press gas on the entertainment industry!." *Jamaica Observer*, February 02, 2021. https://www.jamaicaobserver.com/opinion/press-gas-on-the-entertainment-industry-_213674?profile=0

- Mera, M. 2020. UNDP Latin America and the Caribbean Social and Economic Impact of the COVID-19 and Policy Options in Jamaica. New York.
- Ministry of Education, Youth and Information. 2020. “CPFSA Activates COVID-19 Response Plan.” <https://moey.gov.jm/cpfsa-activates-COVID-19-response-plan>
- Ministry of Finance. 2020. *COVID-19 Economic Recovery Task Force “Rebuild Jamaica”*. Ministry of Finance.
- Ministry of Health and Wellness. 2020. “Environmental Health Guidelines for the Cleaning and Disinfection of Public Spaces (COVID-19).” Ebook. <https://www.moh.gov.jm/wp-content/uploads/2020/04/Disinfection-of-Public-Places-Guidelines-V1.pdf>
- Ministry of Labour and Social Security. 2020. “Minister Henry Calls for more Women in Seasonal Overseas Work Programme.” *Jamaica Information Service*, July 10, 2020. <https://jis.gov.jm/minister-henry-calls-for-more-women-in-seasonal-overseas-work-programme/>
- Ministry of Labour and Social Security. 2006. *NATIONAL EMPLOYMENT REPORT JAMAICA*. Ministry of Labour and Social Security.
- Moncada, Veronica. 2020. *Impact of COVID-19 on transport and logistics connectivity in the Caribbean*. United Nations- ECLAC.
- Morgan, Kendol. 2020. “Investing in Mental Health.” CARICOM Today, October 14, 2020. https://today.caricom.org/2020/10/09/investing-in-mental-health/#_ftn2
- Mullainathan, A. V. 2008. Limited Attention and Income Distribution. *American Economic Review* 98(no. 2), 489-493.
- Mundle, Tanesha. 2020. “Compassionate Grant Recipients Grateful for Government Support.” *Jamaica Information Service*, June 27, 2020. <https://jis.gov.jm/features/compassionate-grant-recipients-grateful-for-government-support/>
- Mundle, Tanesha. 2020. “Social Workers Being Trained To Provide Psychosocial Support To At-Risk Children.” *Jamaica Information Service*. June 4, 2020. <https://jis.gov.jm/social-workers-being-trained-to-provide-psychosocial-support-to-at-risk-children/>
- Murphy, Judana. 2020. “Social Safety Net Stretched As Savings Wiped Out – Expert.” *Jamaica Gleaner*, Friday, September 11, 2020. <http://jamaica-gleaner.com/article/news/20200911/social-safety-net-stretched-savings-wiped-out-expert>

- Neufville, Zadie. 2020. "Jamaica revamps energy policy for green COVID-19 recovery." *SciDev.Net*, July 21. <https://www.scidev.net/global/news/jamaica-revamps-energy-policy-for-green-covid-19-recovery/>
- Our World in Data. 2021. <https://ourworldindata.org/covid-google-mobility-trends>
- Overseas Security Advisory Council. 2021. "The Impact of COVID-19 on Criminal Networks in the Caribbean." <https://www.osac.gov/Country/Jamaica/Detail>
- Oxford Poverty and Human Development Initiative. June 2020. "Jamaica Country Briefing", Multidimensional Poverty Index Data Bank. Oxford Poverty and Human Development Initiative, *University of Oxford*. www.ophi.org.uk/multidimensional-poverty-index/mp-i-country-briefings/
- Pate, Durrant. 2021. "Increase in flight bookings." May 16, 2021, *Jamaica Observer*. https://www.jamaicaobserver.com/sunday-finance/increase-in-flight-bookings-more-us-airlines-flying-to-jamaica_221529&template=MobileArticle
- Patterson, Chris. 2020. "Education Ministry to Begin Distributing Tablets to PATH Students." *Jamaica Information Service*, October 1, 2020. <https://jis.gov.jm/education-ministry-to-begin-distributing-tablets-to-path-students-october-2/>
- Perez-Escamilla, Rafael. 2017. Food security and the 2015–2030 Sustainable Development Goals: From human to planetary health. *Current Developments in Nutrition*.
- Peru, Yasmine. 2020. "J\$4-billion fallout from cancelled Dream Weekend." *The Star*, June 16, 2020. <http://jamaica-star.com/article/entertainment/20200616/j4-billion-fallout-cancelled-dream-weekend>
- PIOJ, P. I. 2020. The Planning Institute of Jamaica's Review of Economic Performance, July-September 2020 Media Brief. Kingston: Planning Institute of Jamaica.
- PIOJ. 2017. *Jamaica Survey of Living Conditions*. Planning Institute of Jamaica.
- PIOJ. 2017. *Jamaica Survey of Living Conditions 2017*.
- Planning Institute of Jamaica and The Statistical Institute of Jamaica. 2019. *Jamaica Survey of Living Conditions 2017*. (Development Economics Data Group; The World Bank, 2019), 212
- Quak, E.-j. 2019. , [https://www.worldbank.org/en/programs/debt-toolkit/dsa.\[41\]](https://www.worldbank.org/en/programs/debt-toolkit/dsa.[41])World Bank (2020), Migration and Remittances Data, World Bank, Washington D.C., [https://www.worldbank.org/en/topic/migrationremittancesdiasporaissues/brief/migration-remittances-data.\[22\]](https://www.worldbank.org/en/topic/migrationremittancesdiasporaissues/brief/migration-remittances-data.[22])World Bank (2020), Phase II: COVID-19 Crisis through a Migration Lens. Migration and Development Brief 33,

- https://www.knomad.org/sites/default/files/2020-11/Migration%20%26%20Development_Brief%2033.pdf. [23]World Bank (2020), *Poverty and Shared Prosperity 2020: Reversals of Fortune*, Washington, DC: World Bank, <http://dx.doi.org/10.1596/978-1-4648-1602-4>. [2]World Bank (2020), World Bank Open Data, <https://data.worldbank.org/>(accessed on 31 October 2020).[26]WTTC (2020), “Chinese and Asian tourists must not be stigmatised because of the coronavirus, says WTTC” (accessed 15 January 2021), World Travel and Tourism Council, <https://wttc.org/News-Article/Chinese-and-Asian-tourists-must-not-be-stigmatised-because-of-the-coronavirus-says-WTTC>. [15]. Institute of Development Studies.
- Radio Jamaica News. 2020. “CXC Results Due Today.” *Radio Jamaica News*, Tuesday September 22, 2020. <http://radiojamaicanewsonline.com/local/cxc-results-due-today>
- Ramocan, Eliud. 2010. *Remittances to Jamaica: Findings from a National Survey of Remittance Recipients*. Bank of Jamaica.
- Robinson, Corey. 2020. “We Were Not Trained For This’ - Inequity Bedevils Online Classes as Teachers Battle Assessment and Matriculation Concerns As Low Turnout Marks First Week.” *Sunday Gleaner*, October 11, 2020. <http://jamaica-gleaner.com/article/lead-stories/20201011/we-were-not-trained-inequity-bedevils-online-classes-teachers-battle>
- Serju, Christopher. 2020. “A beloved Jamaican beach is succumbing to climate change. It won’t be the last.” *The Guardian*, October 27. Accessed at <https://www.theguardian.com/us-news/2020/oct/27/jamaica-hellshire-beach-climate-change>
- Silvera, Janet. 2021. “Bartlett cautiously optimistic about tourism’s performance for 2021.” *Jamaica Gleaner*, January 4, 2021 <http://jamaica-gleaner.com/article/lead-stories/20210104/bartlett-cautiously-optimistic-about-tourisms-performance-2021>
- Smart Energy International. 2021. “Jamaica’s electric vehicle market set to take off.” *Smart Energy International*, May 14, 2021. <https://www.smart-energy.com/industry-sectors/electric-vehicles/jamaicas-electric-vehicle-market-set-to-take-off/>
- Smith, Alecia. 2020. “Education Ministry to Provide Psychosocial Support for Students, Staff and Parents”. *Jamaica Information Service*, October 2, 2020. <https://jis.gov.jm/education-ministry-to-provide-psychosocial-support-for-students-staff-and-parents/>
- Smith, Alecia. 2020. “Additional 100-Bed Shelter Provided for Kingston’s Homeless Citizens.” *Jamaica Information Service*, April 5, 2020. <https://jis.gov.jm/additional-100-bed-shelter-provided-for-kingstons-homeless-citizens/>

- Smith, Alecia. 2020. "3,300 Workers Regain Jobs In BPO Sector." *JIS*, June 25, 2020. <https://jis.gov.jm/3300-workers-regain-jobs-in-bpo-sector/>
- Smith, Alecia. 2021. "Manufacturers And Exporters Optimistic About Economic Recovery By September." *JIS*, January 15, 2021 <https://jis.gov.jm/features/manufacturers-and-exporters-optimistic-about-economic-recovery-by-september/>
- South Florida Caribbean News. "Jamaica Working with U.S. Government to Stem Crime." March 7, 2021. <https://sflcn.com/jamaica-working-with-u-s-government-to-stem-crime/>
- STAIN. 2021. *Labour Force Survey*. Statistical Institute of Jamaica.
- Statistical Institute of Jamaica. 2021. "Population Statistics." STATIN, March 2, 2021. https://statinja.gov.jm/Demo_SocialStats/PopulationStats.aspx
- Sterling, Nickieta. 2020. "Red Cap Porters Elated At Reopening Of Sangster Airport." *JIS*, June 17, 2020. <https://jis.gov.jm/red-cap-porters-elated-at-reopening-of-sangster-airport/>
- Sumner, Andy, Chris Hoy, and Eduardo Ortiz-Juarez. 2020. "Estimates of the Impact of COVID-19 on Global Poverty". WIDER Working Paper. doi:<https://doi.org/10.35188/UNU-WIDER/2020/800-9>.
- Tennant, David, and Claremont Kirton. 2006. "Assessing the Impact of Financial Instability: The Jamaican Case Study." *Iberoamericana – Nordic Journal of Latin American and Caribbean Studies* 36, no. 1.
- Titus, Mark. 2020. "BPO heart-breaker - Workers sent home after client closes account." *The Gleaner*, April 2, 2020. <https://jamaica-gleaner.com/article/lead-stories/20200402/bpo-heart-breaker-workers-sent-home-after-client-closes-account>
- Jackson, Steven. 2015. Jamaica pay gap worsens, women earn 60% of male salary." *The Gleaner*, December 4, 2015. <https://jamaica-gleaner.com/article/business/20151209/jamaica-pay-gap-worsens-women-earn-60-male-salary>
- The Economist. 2021. "Homicides decline in Jamaica amid COVID-19 restrictions." <https://country.eiu.com/article.aspx?articleid=1420244725&Country=Jamaica&topic=Politics&subtopic=Forecast&subsubtopic=Political+stability>
- UN. 2020. *The Sustainable Development Goals Report*. United Nations. UN.
- UN. 2021. "Climate Change 'Biggest Threat Modern Humans Have Ever Faced', World-Renowned Naturalist Tells Security Council, Calls for Greater Global Cooperation." *UN*, February 23, 2021. <https://www.un.org/press/en/2021/sc14445.doc.htm>

- UNDESA. 2020. *The COVID-19 pandemic puts small island developing economies in dire straits*. United Nations Department of Economic and Social Affairs
- UNDP. 2020. Impact of COVID-19 on the Sustainable Development Goals. Retrieved from UNDP: https://sdgintegration.undp.org/sites/default/files/Impact_of_COVID-19_on_the_SDGs.pdf
- UNEP 2021. “Jamaica: plastics ban creates new opportunities.” <https://www.unep.org/news-and-stories/story/jamaica-plastics-ban-creates-new-opportunities>
- United Nations. 2020. *The Sustainable Development Goals Report*. New York: United Nations Publications.
- United Nations Development Programme. 2020. “Socio-economic Impact of COVID-19.” *United Nations Development Programme*, June, 2020. <https://www.undp.org/content/undp/en/home/coronavirus/socio-economic-impact-of-COVID-19.html>
- UNICEF 2020. “The impact of COVID-19 on the mental health of adolescents and youth.” *UNICEF*, 2020. <https://www.unicef.org/lac/en/impact-COVID-19-mental-health-adolescents-and-youth>
- UNICEF Jamaica. 2020. “Social protection.” *UNICEF Jamaica*, 2020. <https://www.unicef.org/jamaica/social-protection>
- UNICEF Jamaica. 2020. “NPSC launches parent support helplines amid COVID-19 crisis.” *UNICEF Jamaica*, April 7, 2020. <https://www.unicef.org/jamaica/press-releases/npsc-launches-parent-support-helplines-amid-COVID-19-crisis>
- UN-OHRLLS. n.d. “Assessment of Financing for Sustainable Development and the Achievement of the Samoa Pathway.” *UN-OHRLLS* https://www.un.org/ohrls/sites/www.un.org.ohrls/files/assessment_of_sids_financing_digital.pdf
- UNTWO, U. N. 2020. *Tourism in SIDS: The Challenge of Sustaining Livelihoods in Times of COVID-19*. Madrid: World Tourism Organization (UNTWO).
- USDA, U. S. 2020. *Impact of COVID-19 on the Jamaican Agriculture Sector*. Kingston: Global Agricultural Information Network.
- Ustanny-Collinder, Avia. 2020. “Jamaica Endures and Adapts as Crisis Sends BPOs into State of Upheaval.” *Nearshore Americas* May 7, 2020. <https://nearshoreamericas.com/jamaica-endures-and-adapts-as-crisis-sends-bpos-into-state-of-upheaval/>

- Volpp, Kevin and Cannuscio Carolyn. 2021. *Incentives for Immunity — Strategies for Increasing Covid-19 Vaccine Uptake*. The New England Journal of Medicine.
- Waugh, Caren. 2020. “Sustaining Online Education During COVID-19 and Beyond.” *Jamaica Gleaner*, October 3, 2020.
<http://jamaicagleaner.com/article/commentary/20201003/caren-waugh-sustaining-online-education-during-COVID-19-and-beyond>
- WEF, W. E. 2021. The Global Risks Report 2021 16th Edition. Davos, Graubünden, Switzerland: World Economic Forum.
- WIC. 2021. “UK bans travel to Jamaica, allows only essential visits.” *WIC*, May 7, 2021:
<https://wicnews.com/caribbean/uk-bans-travel-jamaica-allows-essential-visits-325034490/>
- Williams, Fayval. 2020. “Statement to the House of Representatives by the Honourable Fayval Williams, Minister of Education, Youth and Information on September 29, 2020.” *Jamaica Information Service*, September 29, 2020. <https://jis.gov.jm/speeches/statement-to-the-house-of-representatives-by-the-honourable-fayval-williams-minister-of-education-youth-and-information-on-september-29-2020/>
- Williams, Fayval. 2020. “Statement to the House of Representatives by the Honourable Fayval Williams, Minister of Education, Youth and Information on October 6, 2020.” *Jamaica Information Service*, October 6, 2020. <https://jis.gov.jm/speeches/statement-to-the-house-of-representatives-by-the-honourable-fayval-williams-minister-of-education-youth-and-information-on-october-6-2020/>
- Wilson, Nadine. 2020. “COVID SCARE - Anxiety Rises Among Elderly As Deaths Hit Seniors Hard.” *Jamaica Gleaner*, Friday, September 11, 2020. <http://jamaicagleaner.com/article/lead-stories/20200911/covid-scare-anxiety-rises-among-elderly-deaths-hit-seniors-hard>
- Worldometer. 2020. “COVID-19 Coronavirus Pandemic.” *Worldometer*, March, 2021.
https://www.worldometers.info/coronavirus/?utm_campaign=homeAdvegas1#countries
- Worldometer. 2020. “Current World Population.” *Worldometer*, March, 2021.
<https://www.worldometers.info/world-population/>
- Worldometer. 2020. “Jamaica Population.” *Worldometer*, December, 2020.
<https://www.worldometers.info/world-population/jamaica-population/>
- Zack, Whittaker. 2021. “Jamaica’s JamCOVID pulled offline after third security lapse exposed travelers’ data.” *TechCrunch*, February 26, 2021.
<https://techcrunch.com/2021/02/26/amber-group-jamcovid-data-exposed/>

APPENDICES

APPENDIX 1

Sources Available to Provide Information about the Potentially Affected Groups

Introduction

This section provides an overview of the studies that have been conducted to provide information about the potentially affected groups during the pandemic. The identification and assessment of this information has informed the design and analysis of the UNDP/SALISES/CAPRI 2021 SEIA Study. The review of studies which have been conducted during the pandemic has supported the analysis of available secondary data, and highlighted areas where further collection and analysis would be useful. The UNDP/SALISES/CAPRI 2021 SEIA Survey sought to incorporate additional information, as well as provide an assessment following the implementation of measures over a period of months. *Following this assessment, a key recommendation is the facilitation of a Data Hub and Policy Lab, where the findings of the related studies are available, and all stakeholders can assess and discuss the implications, outcomes and next steps related to the proposed policies and measures implemented. Shared goals and collaboration may also facilitate contributions and coordinated efforts by interested organizations to national data collection and dissemination mechanisms, and support the ongoing need for accessible, current and comprehensive data which can be disaggregated and guide evidence-based decision-making and policy implementation, particularly for vulnerable groups.* The available information from the studies reviewed supported the contributions to addressing the gaps identified and guiding policy recommendations. It has been highlighted that information on the ongoing effects of COVID-19 has been a critical need in planning and forecasting for the management of the pandemic. In order to reach the most vulnerable, with a focus on leaving no-one behind, supporting information is needed to guide implementation of initiatives. The wide dissemination of the findings of the studies can support the policy and decision-making processes in prioritizing and balancing social, economic and environmental considerations for a sustainable future.

Review of Information Sources

Jamaica has a relatively well-developed system of national statistics collection and reporting. The Statistical Institute of Jamaica (STATIN) produces the official statistics for inflation, employment, unemployment and GDP on a monthly, quarterly and annual basis. STATIN performs periodic surveys to update aspects of its methodologies, or to explore new and emerging topics of national interest, or to conduct the decadal census, or to fulfil a request of an entity who wishes to conduct a national survey. The Statistical Institute of Jamaica (STATIN) has indicated that the National Population and Housing Census which was scheduled for 2021 is currently being rescheduled to 2022, with preparatory work commencing in 2021 with a budget of J\$ 1 billion (CARICOM 2020; Jamaica Information Service 2020; 2021). Due to similar considerations related to the community transmission phase of the pandemic, STATIN decided not to undertake the 2020 Survey of Living Conditions (Loop Jamaica 2020).

In addition, STATIN collaborates with the Planning Institute of Jamaica (PIOJ) to prepare the JSLC which provides critical information and data regarding poverty using internationally prescribed standards. The PIOJ provides quarterly estimates and updates of economic performance in advance of the official pronouncements of STATIN in order to ensure that the markets receive timely information on economic activity. The PIOJ also takes the opportunity to report on progress towards the achievement of Vision 2030 Jamaica targets as well as the other strategic projects under its purview. The Economic and Social Survey of Jamaica (ESSJ) is the PIOJ's annual flagship publication that provides a comprehensive stocktaking of social, economic and development activity in Jamaica for the year under review. The Bank of Jamaica's quarterly briefings provide complementary data and information on the financial markets, the inflation-targeting outcomes and the balance of payments and remittances outturn.

At the institutional level, each MDA generates its own data and, except in the case where it has agreements to share, retains its own data in a format convenient to itself and disposes of it accordingly. As a result, access to potentially useful data sets is usually dependent on a favourable response to an Access to Information request. In addition, the ability to cross-reference or link data from different databases is severely limited as the data collected is typically done on a frame of

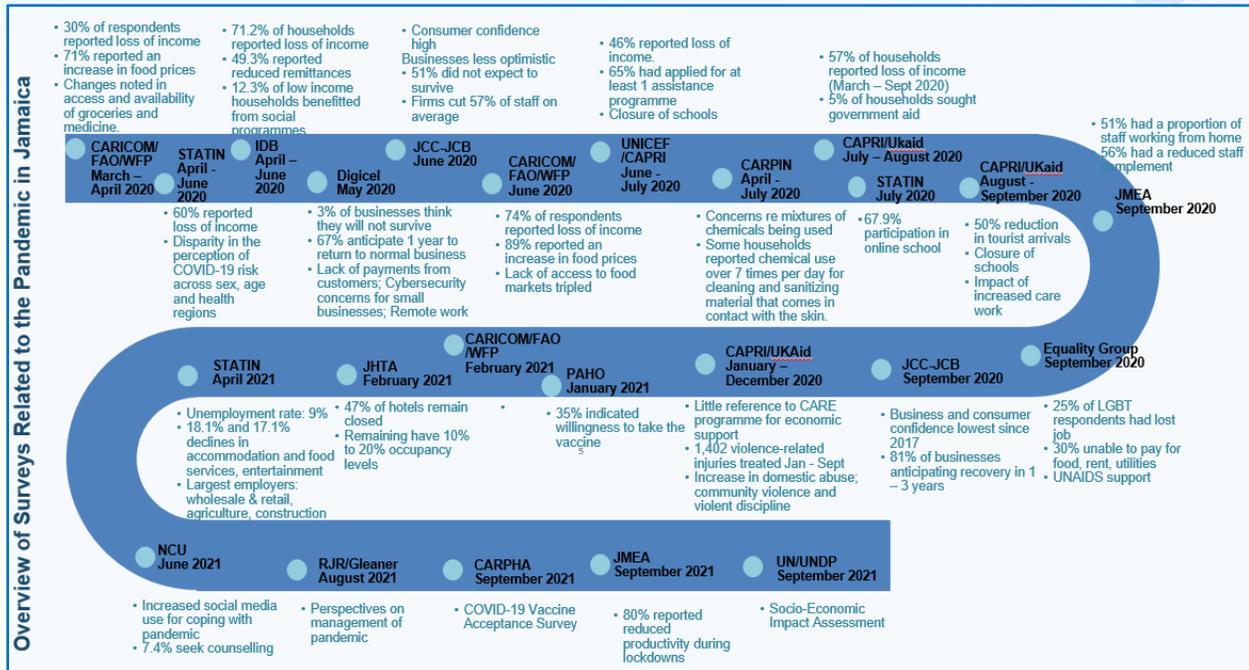
reference that is unique to the entity or division collecting the data and there is therefore no way to combine them *ex post*.

The availability of human and financial resources, and supporting digital technologies to facilitate the ongoing collection of necessary data may be limited during this time, particularly for national level studies which include in-person fieldwork and adequate preparation for health and safety – concerns generated by COVID-19.

Given the need and the absence of regularly collected survey waves in Jamaica on socioeconomic and demographic indicators, the only way for information to be collected on the effects, knowledge, attitudes and practices during the pandemic to support several organizations' goals is by each entity with an interest launching surveys and studies relating to the particular sector or population group of interest. Collection of data at this time has required the use of varied approaches given the need to preserve physical distance during the COVID-19 pandemic. A collaborative effort coordinating interested organizations may be useful in supporting further data collection and funding for national studies.

Studies have been conducted in various sectors and demographic groups through various formats since the start of the pandemic. **Figure A2.1** shows a roadmap/timeline of the studies and key findings of the studies.

Figure A2.1



Focal areas for the studies have included the following either individually or combined:

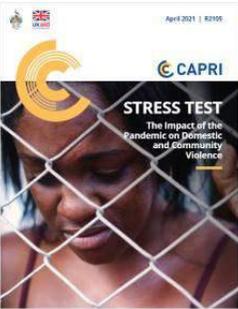
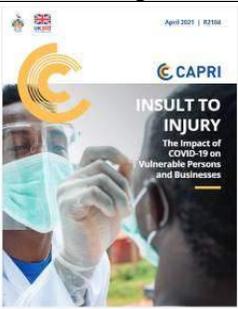
- Businesses
- Children and youth
- Creative industries
- Crime and violence
- Food security, agriculture and livelihoods
- Health-related knowledge, attitudes and practices
- Labour markets
- Public opinion surveys about topical events or measures implemented
- Tourism
- Vulnerable groups

The studies have been conducted using a range of sampling and data collection methods, with variations as well in the timing of the studies – cross-sectional or longitudinal, with some having been conducted as a series over the timeline of the pandemic.

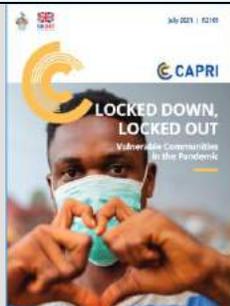
The findings highlight the need for interventions, as well as additional data collection and analysis. A comprehensive listing and shared repository, as well as a combined discussion of the findings may present the opportunity to prioritize based on linkages and synergies, overarching themes and gaps which need to be addressed.

An overview of some of the studies conducted is presented in **Table A2.1** below. Findings from these studies are also referenced throughout the UNDP/SALISES/CAPRI Jamaica 2021 SEIA.

Table A2.1 Overview of COVID-19 Surveys in Jamaica (Completed and Ongoing)

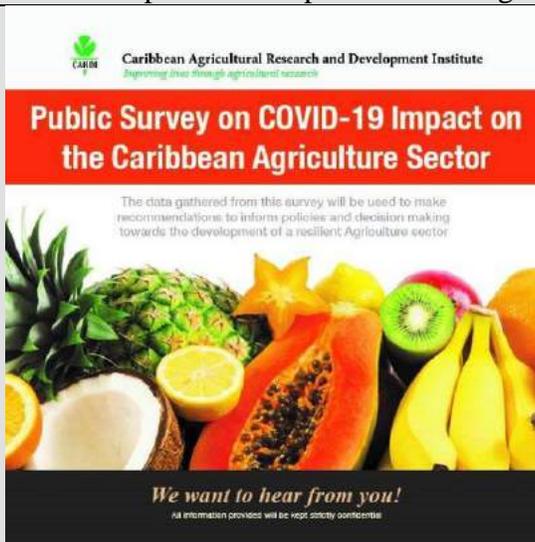
Survey	Overview
<p>CAPRI / UKaid Stress Test: The Impact of the Pandemic on Domestic and Community Violence</p> <ul style="list-style-type: none"> • April 2021 • Data collected January – December 2020 	 <ul style="list-style-type: none"> • Little reference to CARE programme for economic support • 1,402 violence-related injuries treated Jan - Sept 2020 • Increase in domestic abuse; community violence and violent discipline <p>Source: https://www.capricaribbean.org/reports</p>
<p>CAPRI/UKaid Insult to Injury: The Impact of C-19 on Vulnerable Persons and Businesses</p> <ul style="list-style-type: none"> • April 2021 	 <ul style="list-style-type: none"> • 50% reduction in tourist arrivals • Closure of schools • Impact of increased care work <p>Source: https://www.capricaribbean.org/reports</p>
<p>CAPRI/UKaid Locked Down, Locked Out: Vulnerable Communities during the Pandemic</p> <ul style="list-style-type: none"> • July 2021 	

CARDI Public Survey on COVID-19 Impact on the Caribbean Agriculture Sector



- 57% of households reported loss of income (March – Sept 2020)
- 5% of households sought government aid

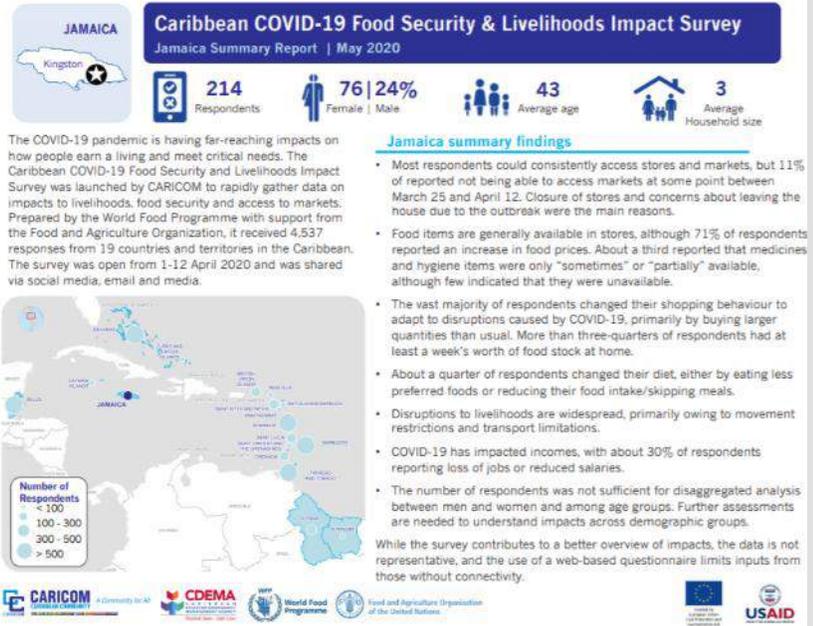
Source: <https://www.capricaribbean.org/reports>



Source: <https://www.cardi.org/blog/cardi-public-survey-on-covid-19-impact-on-the-caribbean-agriculture-sector/>
<https://ee.kobotoolbox.org/single/WhIspfe9?returnURL=https://www.cardi.org/>

CARICOM / UNWFP Caribbean COVID-19 Food Security and Livelihoods Impact Survey

- Regional Survey
 - April 2020
 - June 2020
 - February 2021



<https://docs.wfp.org/api/documents/WFP-0000115753/download/>



Source: <https://arcg.is/1vPC4O>

April 2020

- 214 respondents
- 30% of respondents reported loss of income
- 71% reported an increase in food prices
- Changes noted in access and availability of groceries and medicine.

June 2020

- 242 respondents
- 74% of respondents reported loss of income
- 89% reported an increase in food prices
- Lack of access to food markets tripled

February 2021

- 216 respondents

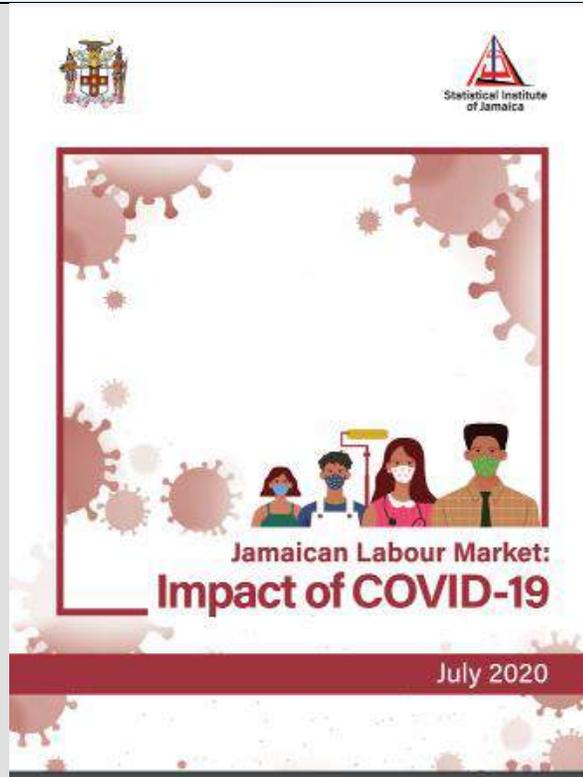
<p>CARICOM – FAO Assessment of COVID-19 Impacts on Food Security, Agricultural Production and Livelihoods</p>	<p>https://storymaps.arcgis.com/stories/5e7f8bed60114366b39cc147d2f6e118</p> <p>https://survey123.arcgis.com/share/4ee35491c31e4584a2f8737af02711a2</p>																																												
<p>Caribbean Poison Information Network (CARPIN) Survey</p> <ul style="list-style-type: none"> • April – July 2020 • 85 respondents 	<ul style="list-style-type: none"> • Some households using chemicals more than 7 times per day for cleaning and sanitizing material that comes in contact with the skin • Concerns re mixtures of chemicals being used 																																												
<p>Digicel COVID-19 Business Survey</p> <ul style="list-style-type: none"> • May 15 – 22, 2020 • Barbados, Jamaica, Trinidad • > 320 Business Customers (small, medium, large and public sector), 84% of respondents were senior decision makers 	<p>http://jamaica-gleaner.com/article/business/20200701/hackers-hyperactive-during-covid-says-digicel</p> <p>https://www.loopjamaica.com/content/companies-uncertain-about-covid-19-recovery-timeline-digicel-survey</p> <ul style="list-style-type: none"> • 3% think they will cease trading • 67% - 1 year to return to normal business • 25% - 1 to 2 years • #1 Problem – Lack of payments from customers • Banking concern for small businesses that were not online • Priorities: cybersecurity; remote working capabilities • “Most hackers lack the ‘social fortitude and empathy’, even in a crisis, to avoid exploiting the vulnerable, said Ennis” 																																												
<p>IDB COVID-19 The Caribbean Crisis Results from an Online Socio-Economic Survey</p> <ul style="list-style-type: none"> • April - June 2020 • Bahamas, Barbados, Guyana, Jamaica, Suriname, Trinidad and Tobago 	<p>Jamaica COVID-19 IMPACT ON HOUSEHOLDS' LIVELIHOODS</p> <p>1 71.2 percent of the households reported an income loss in April 2020*</p> <p>The percentage of Jamaican households reporting an income level below the minimum wage increased from 42.3 percent in January 2020 to 67.1 percent in April 2020.** Four main factors contributed to the shock:</p> <ul style="list-style-type: none"> EMPLOYMENT LOSS 48.0%: Households that lost a family member (at least one) job. Yet 70.1 percent of these households indicated they had a replacement from their employer to be notified after the crisis. BUSINESS CLOSURE 44.3%: Households closed their businesses either due to the authorities' requirement or to lack of demand. LOSS OF RENTAL INCOME 13.1%: Households declared they stopped receiving payments for renting real estate or vehicles. LOSS OF REMITTANCES 49.3%: Households, who in the second semester in January 2020 stopped receiving remittances in April 2020.*** <p>2 Loss of employment impacted 59.1 percent of low-income households</p> <p>The crisis affected all sources of income and all income levels, but not in the same magnitude: households that reported earnings below the minimum wage in January 2020 were more severely impacted by employment loss: 59.1 percent of low income households lost their jobs compared to 46.0 percent of middle-income households and 23.2 percent of high income households. Working remotely was more prevalent among high-income households (39.7 percent) compared to low income counterparts (25.0 percent). The employment shock was also unequal across genders: 51.7 percent of women declared losing their job compared to 39.3 percent of men. Lower income households were slightly more affected by loss of remittances (58.6 percent) compared to 46.0 percent of middle income and 47.2 percent of high income households.</p> <p>INCOME SHOCKS BY SOURCE</p> <table border="1"> <thead> <tr> <th>Income Level</th> <th>Job loss</th> <th>Business closure</th> <th>Loss of remittances</th> <th>Loss of rental income</th> </tr> </thead> <tbody> <tr> <td>LOW INCOME (< \$80)</td> <td>59.1%</td> <td>45.4%</td> <td>58.6%</td> <td>13.1%</td> </tr> <tr> <td>MIDDLE INCOME (\$80 - \$150)</td> <td>46.0%</td> <td>44.3%</td> <td>46.0%</td> <td>13.1%</td> </tr> <tr> <td>HIGH INCOME (> \$150)</td> <td>23.2%</td> <td>44.3%</td> <td>47.2%</td> <td>13.1%</td> </tr> </tbody> </table> <p>POV PANELS (P. 1 JANUARY 2020) TO ALL HOUSEHOLDS INCOME RELATIVE TO NATIONAL MEAN (BASE SALARY \$10K)</p> <p>SURVEY RESPONDENTS: 2,596</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>MEAN HOUSEHOLD SIZE</td> <td>3.6</td> <td>3.5</td> </tr> <tr> <td>WOMEN</td> <td>62%</td> <td>38%</td> </tr> <tr> <td>EDUCATION</td> <td>None</td> <td>Primary</td> </tr> <tr> <td></td> <td>0.6%</td> <td>3.2%</td> </tr> <tr> <td>SECURITY</td> <td>Unemployed</td> <td>Temporary, occasional, clerical, or informal</td> </tr> <tr> <td></td> <td>17.4%</td> <td>17.4%</td> </tr> <tr> <td>UNIVERSITY GRADUATES (BACHELOR'S DEGREE)</td> <td>13.4%</td> <td>5.7%</td> </tr> </tbody> </table> <p>DISCLAIMER This brief was written by Katherine Arango-Garcetti, external consultant, under the supervision of Executive Director, Laura Calkins Acosta, and Deputy Director, in coordination with the Caribbean Department at the Inter-American Development Bank (IDB). The views expressed are those of the author and do not necessarily reflect those of the IDB.</p> <ul style="list-style-type: none"> • 2,596 survey respondents for Jamaica; 62% women, 38% men • 71.2% of households reported an income loss • 49.3% reported reduced remittances • 12.3% of low income households benefitted from social programmes related to the pandemic 	Income Level	Job loss	Business closure	Loss of remittances	Loss of rental income	LOW INCOME (< \$80)	59.1%	45.4%	58.6%	13.1%	MIDDLE INCOME (\$80 - \$150)	46.0%	44.3%	46.0%	13.1%	HIGH INCOME (> \$150)	23.2%	44.3%	47.2%	13.1%	Category	Male	Female	MEAN HOUSEHOLD SIZE	3.6	3.5	WOMEN	62%	38%	EDUCATION	None	Primary		0.6%	3.2%	SECURITY	Unemployed	Temporary, occasional, clerical, or informal		17.4%	17.4%	UNIVERSITY GRADUATES (BACHELOR'S DEGREE)	13.4%	5.7%
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	<ul style="list-style-type: none"> 72.0% of women reported being responsible for assisting with home schooling <p>Source: https://publications.iadb.org/publications/english/document/COVID-19-The-Caribbean-Crisis-Results-from-an-Online-Socioeconomic-Survey.pdf</p>
IDB COVID-19 Caribbean Crisis Online Socio-Economic Survey	https://publications.iadb.org/publications/english/document/COVID-19-The-Caribbean-Crisis-Results-from-an-Online-Socioeconomic-Survey.pdf
ILO COVID-19 and the English- and Dutch-speaking Caribbean Labour Market	https://www.ilo.org/wcmsp5/groups/public/---americas/---ro-lima/---sro-port_of_spain/documents/publication/wcms_760354.pdf
Jamaica Chamber of Commerce - Jamaica Conference Board Survey of Consumer and Business Confidence <ul style="list-style-type: none"> June 2020 	http://jamaicagleaner.com/article/business/20200722/confidence-falls-due-covid-its-been-worse <ul style="list-style-type: none"> Consumer confidence found to be high at the time Businesses were less optimistic <ul style="list-style-type: none"> 51% did not expect to survive Firms cut 57% of staff on average Agriculture, construction and tourism were the most affected industries While size of remittances may have lessened, percentage of households receiving remittances increased to 41% from 33%
Jamaica Chamber of Commerce - Jamaica Conference Board Survey of Consumer and Business Confidence <ul style="list-style-type: none"> October 2020 	https://www.jamaicaobserver.com/latestnews/business_consumer_confidence_lowest_since_2017_jcc <ul style="list-style-type: none"> Business and consumer confidence found to be lowest since 2017 Sample size: 604 consumers, 118 businesses 81% of businesses anticipating recovery in 1 – 3 years 61% of businesses advised no special activities planned for the Christmas period

JHTA 2021 Hotel and Tourism Survey <ul style="list-style-type: none"> February 2021 	http://jamaica-gleaner.com/article/news/20210207/47-cent-hotels-remain-closed-result-COVID-19-survey <ul style="list-style-type: none"> 47% of hotels remain closed Remaining hotels have occupancy levels of 10% to 20% Calls for extension of BEST Cash and SET Cash Programmes 																		
JMEA Survey <ul style="list-style-type: none"> September 2020 	http://www.jamaicaobserver.com/sunday-finance/Since-COVID-19 <ul style="list-style-type: none"> 51% had a proportion of staff working from home 56% had reduced staff complement 																		
Jamaica Observer / Bill Johnson Survey <ul style="list-style-type: none"> March 2020 (1,200) July 2020 (1,200) August 2020 (1,000) 	Source: http://www.jamaicaobserver.com/news/covid-worry-doubles_201804?profile=1754 <ul style="list-style-type: none"> Most pressing problem, COVID – 51% Most pressing problem, unemployment – 52% 																		
Jamaica Observer <ul style="list-style-type: none"> August 2020 	<div data-bbox="565 919 1114 1566"> <p>Poll</p> <hr/> <p>Which of the following best describes the current financial situation in your household because of COVID:</p> <table border="0"> <tr> <td>Saving a lot</td> <td></td> <td>10%</td> </tr> <tr> <td>Saving a little</td> <td></td> <td>13%</td> </tr> <tr> <td>Making ends meet</td> <td></td> <td>33%</td> </tr> <tr> <td>Drawing on savings</td> <td></td> <td>14%</td> </tr> <tr> <td>Running into debt</td> <td></td> <td>12%</td> </tr> <tr> <td>Already in debt</td> <td></td> <td>18%</td> </tr> </table> </div>	Saving a lot		10%	Saving a little		13%	Making ends meet		33%	Drawing on savings		14%	Running into debt		12%	Already in debt		18%
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Jamaica Productivity Centre Survey <ul style="list-style-type: none"> June 2020 																			
Kingston Creative Response to Covid-19 in Ja Creative Community Survey	https://www.surveymonkey.com/r/SCK365F																		

<ul style="list-style-type: none"> • May 2020 	
Ministry of Tourism Survey <ul style="list-style-type: none"> • May / June 2020 	http://jamaica-gleaner.com/article/lead-stories/20200608/most-tourism-workers-fear-covid-19-infection-survey
National Foundation for Development of Science and Technology & the National Commission for Science and Technology COVID-19 Experience in Jamaica	
PAHO Coping with COVID-19: Health Communication and the Vulnerable	<u>PAHO Jamaica COVID-19 Situation Report #150 – 7 August 2020</u>
PAHO Rapid Assessment on Access to Health Services	<u>PAHO Jamaica COVID-19 Situation Report #150 – 7 August 2020</u>
PwC COVID-19 CFO Pulse Survey – Caribbean Region edition	https://www.pwc.com/cb/en/services/covid-19/pwc-covid-19-cfo-pulse-survey-download.html
RJR Gleaner-Don Anderson Poll <ul style="list-style-type: none"> • July 24 – August 3 (1,071) 	http://jamaica-gleaner.com/article/lead-stories/20200815/tufton-concerned-most-jcans-feel-not-risk-covid Attitudes and Practices <ul style="list-style-type: none"> • 51% did not feel at risk • 51% said they would continue washing hands with soap regularly • 31% said they would maintain social distance • 20% said they would avoid crowds • 13.4% would wear masks • 11% indicated that they would go home within curfew hours • 7.1% said they would avoid overseas travellers.

STATIN Jamaican Labour Market: Impact of COVID-19



<https://statinja.gov.jm/covidPDF/Jamaican%20Labour%20Market%20Impact%20of%20COVID-19.pdf>

STATIN 2020 COVID-19 Knowledge, Attitudes and Practices (KAP) Survey
• April – June 2020

<https://statinja.gov.jm/covidPDF/KAP%20Final%20Report%20-%20September%202024,%202020.pdf>

- 60% reported loss of income
- Disparity in the perception of COVID-19 risk across sex, age and health regions

UNICEF / CAPRI The Effect of the COVID-19 Pandemic on Jamaican Children
• June – July 2020



- 46% reported loss of income.
- 65% had applied for at least 1 assistance programme

<p>UNICEF U-Report Polls</p> <ul style="list-style-type: none"> • April • June • September 	<p>https://www.unicef.org/jamaica/media/2646/file/UNICEF_Covid-Impact-on-Children_to%20distribute%20FINAL.pdf.pdf</p> 
<p>UNDP RBLAC SEIA</p>	<p>https://www.latinamerica.undp.org/content/dam/rblac/Policy%20Papers%20COVID%2019/undp-rblac-CD19-PDS-Number9-Jamaica-EN.pdf</p>
<p>UTech Impact of COVID-19 on Teachers and Students Survey</p>	<p>https://utechalumni.wordpress.com/2020/05/20/utech-jamaica-researchimpact-of-COVID-19-on-teachers-students-survey/</p>
<p>UWI Open Campus Work From Home Survey</p>	<p>http://www.jamaicaobserver.com/business-observer/uwi-survey-finds-significant-number-of-employees-forced-to-work-from-home-during-COVID-19_209444?profile=1442</p>

As a contribution to national development, it would be useful if the data collected in these studies is made available through a central repository, where possible, to assist in future initiatives and to provide historical context of the pandemic in Jamaica.

APPENDIX II

Implementation Challenges: Summary

The response to the COVID-19 pandemic has seen the announcement of a number of measures to work towards containment, management and mitigation of the effects of the disease. Implementation of these measures has been encouraged at the national, community, household and individual levels across a range of interconnecting areas. All of these are referenced throughout the main text of the report and are being collated here for ease of reference.

Measure	Target Population	Implementation Challenges
Wearing of Masks in Public Spaces	All	<ul style="list-style-type: none"> • Varying support among the population • Proper wearing of masks
Physical Distancing	All	<ul style="list-style-type: none"> • Some persons not continuously implementing this practice • Some activities involve spaces where this is not implemented • Enforcement by law is not possible on a large scale
Sanitization	All	<ul style="list-style-type: none"> • Varying approaches and resources
Curfews	All	<ul style="list-style-type: none"> • Disregard of curfews by some persons • Limited support in some sectors • Peak hour transportation crowding
Gathering limits and restrictions for events, weddings, funerals	All	<ul style="list-style-type: none"> • Business and personal adherence and responsibility • Resources to facilitate the restrictions in burial orders • Ability for athletes to continue training and competition
Closure of entertainment venues	All	<ul style="list-style-type: none"> • Business and personal adherence and responsibility
Work from Home Order	All except essential workers	<ul style="list-style-type: none"> • Hesitance by some employers • Varying availability of organizational resources to support equipment and connectivity needs

Measure	Target Population	Implementation Challenges
School from Home	All students except those doing external exams	<ul style="list-style-type: none"> • Limited connectivity in some areas • Home schooling supervision limited in cases where parents are not available to support
CARE Compassionate Grant	Eligible individuals and businesses	<ul style="list-style-type: none"> • Some eligible individuals and businesses not aware of grant or access requirements • Distribution issues
Health service protocols	Health service; All	<ul style="list-style-type: none"> • Clarity and availability of supporting resources for administration of protocols
Travel protocols	All	<ul style="list-style-type: none"> • Vulnerability of JAMCOVID app to cybercrime related issues • Co-operation with quarantine orders
Tourism resilience corridor	All involved in tourism activities	<ul style="list-style-type: none"> • Availability and turnaround time for COVID-19 tests • Availability of vaccines
Online transactions		<ul style="list-style-type: none"> • Awareness and capability to conduct online transactions
Task forces and committees		<ul style="list-style-type: none"> •

APPENDIX 3

UWI / UNDP COVID-19 IMPACT ASSESSMENT

The UWI is carrying out a socio-economic impact study of COVID-19 on behalf of the United Nations Development Programme (UNDP). We would be grateful if you would answer some questions on the impact of COVID-19 on you and your household. All your responses will be kept confidential. If you have any queries, please email Professor Aldrie Henry-Lee, Dr Damien King or Dr Arlene Bailey at uwiundpstudy2020@gmail.com.

Would you like to participate?

1. Yes
2. No

SECTIONS - SCREENER

S1. Age:

1. Under 18
2. 18-29
3. 30-59
4. 60 and over

S2. Gender:

1. Male
2. Female

S3. Parish:

1. Kingston & St. Andrew
2. Portland
3. St. Thomas
4. St. Catherine
5. St. Mary
6. St. Ann
7. Manchester
8. Clarendon
9. Hanover
10. Westmoreland
11. St. James
12. Trelawny
13. St. Elizabeth

S4. Are you a resident of any of the following communities?

1. Central Kingston
2. Delacree Park

3. Denham Town
4. Fletcher's Land
5. Franklin Town
6. Hannah Town
7. Jones Town
8. Greater Allman Town
9. Greenwich Town
10. Maxfield Park
11. Parade Gardens
12. Rae Town
13. Rose Gardens
14. Seaview Gardens
15. Springfield Gardens
16. Tivoli Gardens
17. Trench Town
18. Any other community in the Community Renewal Programme
19. None of these

S5. Which of the following best describes the community you live in?

1. City/Urban
2. Parish Capital or Major Town
3. Rural

S6. Are you a beneficiary of any of the following programmes?

1. PATH- The Programme of Advancement through Health and Education
2. PSOJ/ CVSS COVID-19 Jamaica Response Fund
3. CARE Grant
4. None of these

S7. Do you have a disability?

1. Yes
2. No

S8. Respondent Profile (DO NOT UNSELECT PRESELECTED OPTIONS)

1. PROFILE-V
2. PROFILE-NV

SECTION A - IMPACT OF COVID-19 ON DAILY ACTIVITIES

In this section, we will ask questions about the impact of COVID-19 on your daily activities.

A1. What would you say has been most challenging during the pandemic?

A2. What would you say has been most positive during the pandemic?

A3. How has COVID-19 affected your overall well-being?

1. Very negatively
2. Somewhat negatively
3. Both positively and negatively
4. Somewhat positively
5. Significantly improved
6. Not at all

A4. For each of the following feelings, would you describe your state for each as less, unchanged, or more since the onset of COVID-19?

	Less	Unchanged	More	Not applicable
Happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A5. Are any members of your household currently in school?

1. Yes
2. No

A6. Which of the following applies to household members' experience with education since school went online?
(SELECT ALL THAT APPLY)

1. All classes were held remotely with no connectivity problem
2. Some classes were interrupted due to connectivity

3. All education suspended due to no connectivity
4. Dropped out of school
5. Deferred school
6. Did not pay school fees
7. School reduced fees
8. Other, please specify: _____

A7. How concerned are you about the possibility of getting infected with COVID-19?

1. Very concerned
2. Concerned
3. A little concerned
4. Not concerned

A8. Have you ever been tested for COVID-19?

1. Yes
2. No

A9. Did you experience any challenges in trying to get tested for COVID-19?

1. Yes
2. No

A10. Have you or any household members travelled to/from overseas since Jamaica's borders re-opened?

1. Yes
2. No

A11. Has anyone joined or returned to live in your household due to the pandemic?

1. Yes, from another part of Jamaica
2. Yes, from overseas
3. No

A12. Are any family members thinking of migrating in the near future?

1. Yes
2. No

A13. Compared to the period before the Covid-19 pandemic, how has the frequency of the following activities changed?

	Decreased	No Change	Increased	Not Applicable
Visiting family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sending or receiving remittances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumption of fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol consumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumption of fast food / take-out / delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social media use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching, reading or listening to the news	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recycling plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Growing fruits and vegetables at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to salon / barber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending religious activities (online)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiving responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of water at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of electricity at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B - CONTAINMENT MEASURES

B1.1. With what frequency do you wear a face mask in public?

1. All the time
2. Most of the time
3. Rarely
4. Never

B1.2. What types of masks do you wear? (SELECT ALL THAT APPLY)

1. Disposable masks
2. Reusable / cloth masks
3. Two (2) masks (double masking)
4. Other, please specify:

B1.3. With what frequency do you practice social/physical distancing (6 feet)?

1. All the time
2. Most of the time
3. Rarely
4. Never

B1.4. If you are in the same public space with someone who is not wearing a mask, what would you do?

1. Ask them to wear a mask
2. Leave the space
3. Nothing

B1.5. With what frequency do you stay at home?

1. All the time
2. Most of the time
3. Rarely
4. Never

B1.6. With what frequency do you obey curfews?

1. All the time
2. Most of the time
3. Rarely
4. Never

B1.7. With what frequency do you use hand sanitizers?

1. All the time
2. Most of the time
3. Rarely
4. Never

B1.8. With what frequency do you wash hands?

1. All the time
2. Most of the time
3. Rarely
4. Never

B1.9. How often do you sanitize frequently touched surfaces in your home?

1. All the time
2. Most of the time
3. Rarely
4. Never

B2. Has your community experienced a lockdown during COVID-19?

1. Yes
2. No

B3. How did you manage the process?

SECTION C - SOCIAL PROTECTION

This section will ask questions about any assistance that you may have received or are receiving from the government to help with the impact of COVID-19.

C1. Are you on the PATH Programme?

1. Yes
2. No

C2. Which of the Government's CARE programme benefits have you received? (SELECT ALL THAT APPLY)

1. SET CASH BEST CASH
2. COVID-19 General Grants

3. COVID-19 Compassionate Grants
4. COVID-19 PATH Grants
5. COVID-19 Small Business Grants
6. COVID-19 Tourism Grants
7. COVID-19 Student Loan Relief
8. Other benefit, please specify: _____
9. None

C3. Do you know how to apply for Government assistance if needed?

1. Yes
2. No

C4. Were you the recipient of any money or care packages from anyone other than the government? (SELECT ALL THAT APPLY)

1. Yes, from a community organization
2. Yes, from church
3. Yes, from family / friends / neighbours in Jamaica
4. Yes, from family / friends / neighbours overseas
5. Yes, from my workplace
6. No

C5. What are your usual sources of financial support in your household?(SELECT ALL THAT APPLY)

1. Job
2. Pension / Savings
3. Family / friends
4. Church
5. Other source, please specify: _____

C6. Has there been any change in financial support since COVID?

	Less	More	No Change
Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension / Savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family / friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#{custom5}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C7. What support would you or your household need to reduce the impact of COVID-19? (SELECT ALL THAT

APPLY)

1. Money
2. Educational resources
3. Clothes
4. Food
5. Medical care/medication and supplies
6. Babysitting/caregiving/housekeeping assistance
7. Health insurance
8. Internet access / assistance with technology
9. Improved water supply
10. Transportation
11. Masks and Sanitizers
12. Garbage collection
13. Other support, please specify: _____
14. None

C8. Would you take a COVID vaccine when it becomes available?

1. Yes
2. No
3. Not sure

C9. What are your main sources of information related to updates on COVID-19 in Jamaica?

1. Family/friends
2. Newspapers
3. MOHW,
4. Radio
5. Social media
6. TV
7. Work
8. Other, please specify: _____

C10. How frequently do you get updates?

1. Never
2. Less than once a month
3. Monthly
4. Weekly
5. Daily

SECTION D - WORK AND INCOME

D1. What was your work status in January 2020, before COVID-19?

1. Full time employment away from home (includes working from home for organization).
2. Full time employment at home (includes self-employment).
3. Part time employment away from home
4. Part time employment at home.
5. Unemployed

D2. What was your work status in April 2020, during the pandemic's tightest restrictions?

1. Full time employment away from home.
2. Full time employment at home.
3. Part time employment away from home
4. Part time employment at home.
5. Unemployed

D3. What is your work status now?

1. Full time employment away from home.
2. Full time employment at home.
3. Part time employment away from home
4. Part time employment at home.
5. Unemployed

D4. What is your usual occupation and sector of employment?

D5. What changes have you, your organization or sector made to cope with the pandemic?

D6. Does your organization encourage separating plastics for recycling?

1. Yes
2. No
3. Don't know

D7. How did your household income change due to the coronavirus situation?

1. Decreased drastically
2. Decreased slightly
3. Hasn't changed
4. Increased

D8. Which of the following expenses did you have to cut back on due to Covid crisis, if any? (SELECT ALL THAT APPLY)

1. Exercise
2. Attend classes (physically)
3. Attend religious activities
4. Environmental conservation
5. Go out for entertainment
6. Go to physical office
7. Go to the salon / barber
8. Online payments
9. Social media
10. Travel locally
11. Travel overseas
12. Visit family and friends
13. Other, please specify: _____
14. None

D9. Are you a business owner?

1. Yes
2. No

SECTION E - BUSINESS OWNERS

E1. What sector is your business in?

E2. In the final week of January 2020, before Covid, how many people were employed in your business?

E3. Has your business declined or grown between January 2020 (last year) and now?

1. Declined
2. Grown

E4. Between January 2020 and now, how many people were employed in your business at the lowest point?

E5. Between January 2020 and now, how many people were employed in your business at the highest point?

E6. How many people are employed in your business now?

E7. Compared to the last week of January 2020, before Covid, has your business's weekly gross revenue increased or decreased?

1. Increased/Expanded
2. Decreased/Contracted

E7.1. Compared to the last week of January 2020, before Covid, by what percentage did your company's weekly gross revenue increase/expand at its most extreme point?

E7.2. Compared to the last week of January, before Covid, by what percentage did your company's weekly gross revenue decrease/contract at its most extreme point?

E8. Compared to the last week of January, before Covid, has your business's employment increased or decreased?

1. Increased/Expanded
2. Decreased/Contracted
3. Same

E8.1. Compared to the last week of January, before Covid, by what percentage did your company's employment increase/expand at its most extreme point?

E8.2. Compared to the last week of January, before Covid, by what percentage did your company's employment decrease/contract at its most extreme point?

E9. At the point with the tightest restrictions due to COVID-19, what percentage of your employees were working from home?

E10. In what ways has your business changed during the COVID-19 crisis? (SELECT ALL THAT APPLY)

1. Sales lower
2. Staff working from home.
3. Supplies disrupted.
4. Health precautions instituted at the workplace
5. Increased security

6. Other, please specify: _____

E11. Which measures do you plan to continue after COVID? (SELECT ALL THAT APPLY)

1. Staff working from home
2. Health precautions at the workplace.
3. Increased security

E12. Does your business practice recycling?

1. Yes
2. No
3. Not sure/Don't know

E13. How many more months at the current rate of business (this week) before you are unable to meet your business's financial obligations, even with credit, and would have to close?

1. 1 month
2. 3 months
3. 6 months
4. 12 months
5. Other _____

SECTION F - LIFE AFTER COVID-19

Introduction: This section will ask you questions about life after COVID-19.

F1. How would the removal of all COVID-19 related restrictions affect the frequency with which you engage in the following activities?

	Less	Same	More	None/ N/A
Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go out for entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to physical office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend classes (physically)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental conservation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to the salon / barber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attend church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel locally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel overseas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F2. Are there any recommendations you would make to improve the following areas after COVID:



SECTION G - DEMOGRAPHICS

The section deals with some personal questions. Answers will be kept confidential and your name will not be associated with these answers.

G1. What is your age?

G2. Community/Neighbourhood?

G3. Are you the head of your household?

1. Yes
2. No

G4. What is the sex of the household head?

1. Male
2. Female

G5. How many children (younger than 18) live in your household?

G6. How many adults (ages 18 – 59) live in your household?

G7. How many adults (ages 60 and older) live in your household?

G8. Does anyone in your household have a disability?

1. Yes
2. No

G9. How would you describe your access to the Internet?

1. Excellent
2. Good
3. Fair
4. Poor
5. Very poor
6. No access

G10. Which types of devices are used to connect? (SELECT ALL THAT APPLY)

1. Phone
2. Desktop Computer
3. Laptop computer
4. Tablet
5. Other device(s), please specify: _____

G12. Where do you generally access the Internet? (SELECT ALL THAT APPLY)

1. At home
2. At the office

3. Free Wi-Fi hotspots
4. Community access points
5. Other, please specify: _____

G13. What safety precautions, if any, does your household take when using the Internet?

G14. What is your monthly household income (after taxes)?

1. Less than \$50,000
2. \$50,000 to \$99,999
3. \$100,000 to \$199,999
4. \$200,000 to \$299,999
5. \$300,000 or more
6. Refused/Not stated

G15. How much did your household spend on food and other groceries in the last seven days?

G16. Have you previously participated in any COVID-19 related studies?

1. Yes
2. No

Thank you for completing this questionnaire. Your answers will assist us in assessing the impact of Covid-19 on the Jamaican society.

--END--

Bluedot Comuna Surveys

APPENDIX FOUR:

Bluedot Overview of Data Collection Methodologies

The bedrock of quantitative data collection at Bluedot Insights is minimized total survey error, with laser like focus on curtailing coverage error, sampling error, and processing and adjustment error. To stymie coverage error, Bluedot's sample frame designs methodically mirror the demographic profile of the relevant population, as determined by the nature of the study. For surveys that are national in scope, random stratified sampling ensures the sample profile is representative of the Jamaican population based on demographic statistics published by the Statistical Institute of Jamaica. Sample size selection is guided chiefly by minimizing sampling error, ensuring firstly, the smallest possible margin of error at a 95% confidence interval (C.I.) level and secondly, a sufficient base for the key demographic groupings, for the most accurate estimates. Finally, stemming processing and adjustment error is a two-pronged approach: data is analyzed using purpose-built statistical software and quality control methods and digital data collection methods are employed in an effort to ensure data collection is conducted in keeping with best practice and project requirements and eliminate the need for manual data entry.

Bluedot's multimodal data collection approach ensures that the various publics being surveyed may be most effectively reached via a channel that is native to them. As one example, respondents between 18 and 35 years old are more suitable targets for web-based data collection, while respondents over 40 are best reached via offline modes, remote or otherwise. The data collection approach is a combination of the following:

Computer Assisted Personal Interviews (CAPI) with the onset of the COVID-19 Pandemic, in person CAPI surveys are carried out in limited quantities and only in those instances where remote channels are not best suited for the intended respondent audience. The conduct of in-person data collection (CAPI) is guided by our Bluedot COVID-19 Operation Protocol to ensure the safety of Bluedot personnel and respondents. In general, CAPI data collections utilizes a team of up to forty (40) trained interviewers, guided by the total sample size and geographical coverage. Interviewers are trained in interviewing best practice, techniques for securing participation, probing beyond the first response, where necessary (for utmost clarity) and basic quota management (to preserve sample stratification). The interviewing team works 6 days per week during the data collection

period (Mon-Sat). The team is managed by a dedicated Project Supervisor supported by the Bluedot Team.

Computer Aided Telephone Interviews (CATI) is one of two remote modes of data collection employed. Similar to CAPI surveys, interviews are conducted by a trained team of interviewers, with responses recorded via tablet devices using Bluedot's purpose adapted platform and checked for quality using features of the platform's management hub, with the exception of route tracking. Respondents reached for CATI engagement may be members of Bluedot's offline respondent panel. These panel members are recruited through open recruitment and previous survey participation (more than 3 months prior). Alternatively, respondents may be part of databases furnished by the commissioning client or entity that stores information of the target population.

For all interviewer-assisted modalities, surveys are preprogrammed and undergo rigorous testing before being deployed for interviewer use. Questionnaire logic is predetermined and automated, ensuring all relevant questions are asked of each respondent based on demographic criteria or responses to other survey questions. Tablets used are fitted for online – facilitating real-time records – and offline use, and programmed to allow for efficient quality control measures via a centralized hub, further minimizing human error. Real-time and daily uploads further support the accuracy and consistency of the information gathered, in tandem with GPS/route tracking, passive audio recording and net duration alert (flagging outlier surveys based on average completion time). Upon completion of the study, data that has been uploaded to the centralized hub is exported for final validation, cleaning, and coding purposes.

The third mode of data collection is Computer Assisted Web Interviewing (CAWI) using Bluedot's proprietary virtual respondent panel. Bluedot Comuna, the first of its kind in the Caribbean, is our exclusive online insights community comprising of over 8,000 pre-profiled Jamaicans for whom surveys may be appended based on their demographic classification and the screening requirements to be met. Community membership is incentivized with members earning and accumulating points for each completed survey. Accumulated points are later redeemed for cash. The panel is partitioned with partitions rotated to ensure each member participates in a maximum of three surveys per month and members do not participate in surveys related to a single consumer industry within three months. A random sample of each partition is drawn for each survey, with iterative random samples being drawn until the sample targets are met.

For all modalities, quota controls (stratification) are applied to ensure representativeness of the relevant populations, based on demographic segmentation. Key demographic variables used are Parish of residence, Age, and Gender, at a minimum with Personal Gross Monthly Income, Occupation, Highest Level of Education, Employment Status, and Access to Technology also being used based on a priori information on the relevant population.