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**Jamaica's Social Policy
Response to Covid-19:
Societal Inequalities
Laid Bare**



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Jamaica's Social Policy Response to Covid-19: Societal Inequalities Laid Bare

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CONTENT

ABSTRACT 3

INTRODUCTION 3

POLITICAL AND SOCIOECONOMIC CONTEXT 3

 Social Policy 4

JAMAICA’S SOCIAL POLICY RESPONSE 5

 Healthcare 7

 Education 8

 Nutritional Support 9

 Psychosocial Support 10

 Housing 11

 Support for the Elderly 11

 Support for Persons with Disabilities 11

 Support for the Homeless 11

CONCLUSION 12

REFERENCES 12

APPENDIX 1: SOCIAL POLICY DEVELOPMENTS IN RESPONSE TO COVID-19 BY POLICY AREA
(JAMAICA, JANUARY–DECEMBER 2020) 17

JAMAICA'S SOCIAL POLICY RESPONSE TO COVID-19: SOCIETAL INEQUALITIES LAID BARE

Aldrie Henry-Lee *

Jenny Jones **

ABSTRACT

To mitigate the negative socioeconomic impact of the Covid-19 pandemic, the Jamaican government has targeted the poor and vulnerable through social protection programmes. Jamaica's social policy response included (conditional and unconditional) cash transfers, one-off payments, in-kind transfers and increased nutritional and psychosocial support. However, the pandemic has laid bare deep societal inequalities. For example, the shift to online learning has exposed the deep digital divide and will result in unequal educational outcomes, now an increasing concern. Loss of income (especially among tourism workers) and the resulting destabilisation of livelihoods have increased the vulnerability of hundreds of households. The Jamaican government is finding it increasingly difficult to meet the needs of the most vulnerable in society. Urgent social policy responses must include increased support (wherever possible) from the private sector, non-governmental organisations and international development partners to ensure that hundreds of households and families are not left further behind.

INTRODUCTION

The first case of a Covid-19 infected person in Jamaica was a Jamaican national and UK resident, who arrived on 4 March 2020 to attend a funeral. On 13 March 2020, three days after this had been discovered, the Prime Minister (PM) declared an island-wide emergency under the Disaster Risk Management (Enforcement Measures) (No. 2) Order, 2020. Borders were closed on 21 March and reopened for repatriated nationals on June 1 and for all international travellers on 15 June 2020. 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. As of 21 April 2021, there are 44,332 reported cases of Covid-19 and 735 deaths in Jamaica (Ministry of Health and Wellness 2021).

POLITICAL AND SOCIOECONOMIC CONTEXT

A successful two-party parliamentary democracy modelled on its former coloniser, the United Kingdom, Jamaica became independent in 1962. Its Electoral Commission has been praised for the good practices it has developed to ensure integrity in the running of elections (Organization of American States 2016). The current government was returned to office when elections were held on 3 September 2020, during the Covid-19 pandemic. Their victory was decisive against the main opposition party with a win of 49 to 14 seats.

Jamaica is a Small Island Developing State (SIDS) extremely vulnerable to natural hazards exacerbated by climate change, as well as to external economic shocks. Categorized as an upper-middle-income country with GDP per capita of USD 5,582 in 2019, it is ranked in the "high human development" category based on the UN's

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Human Development Index. The country boasts an HDI of 0.734 (UNDP 2021). Life expectancy is 74.66 years (macro trends 2021 a). Primary school enrolment is 99.4 and tuition is free (Statistical Institute of Jamaica 2021 a). The Jamaican population stands at 2,973,463 (macro trends 2021 b). In spite of its reportedly high human development, poverty rates in Jamaica have fluctuated since 2010 (PIOJ 2017). In 2010, the national poverty rate was 17.6%, 24.6% in 2013 and 19.3% in 2017. The Gini coefficient increased to 0.3748 in 2017, from 0.3518 in 2016 (Planning Institute of Jamaica 2017).

The Jamaican economy is heavily dependent on services, which account for 73% of GDP (UNDP 2020). Tourism, the main industry, representing 8% of GDP, followed by exports of bauxite and alumina that account for 4% of GDP (UNDP 2020). The main sources of foreign exchange are tourism, remittances and alumina exports (Ministry of Finance 2020b). Prior to the Covid-19 pandemic, the economy had stalled in the fourth quarter of 2019 contracting by 0.5%, the weakest quarter in five years, ending 2019 with only modest 0.9% growth (UNDP 2020). The deceleration in GDP growth mainly reflected a contraction in mining and quarrying.

Jamaica's economic focus has been on macroeconomic stability: its major challenges were described in its National Development Plan as "high levels of public debt, persistent fiscal deficits and a complex and cumbersome tax system" (Planning Institute of Jamaica 2009). In recent years a focused effort by successive Jamaican governments has mainly overcome these challenges, reducing debt from 136% of GDP in 2012 (macro trends 2021 c) to "below 100% of GDP in 2018/19 and is expected to decline below 60% by 2025/26,¹ in line with the provisions of the Fiscal Responsibility Law" (World Bank 2020b). However, there is a large informal sector which accounts for around 43% of the economy and which, along with MSMEs in the formal sector, has long been neglected, although it is now beginning to get attention (IADB 2006 December).

In tandem with the global economy, Jamaica's economy has been significantly impacted by the effects of the Covid-19 pandemic. In tabling the 2021/22 Budget the Minister of Finance said that "The hit to the revenues in [Fiscal Year] 2020/21 is estimated at an unprecedented decline of 11.3%" (Minister of Finance 2021). Unemployment in July 2020 was 12.6%, with youth unemployment at 30.4%; it had decreased in October 2020 to 10.7% and youth unemployment to 27.8% as the economy began to pick up with curfew limits raised from 8:00 pm to 10:00 pm (Statistical Institute of Jamaica 2021 a). It is notable that there have been no lay-offs in the public sector.

Tourism earnings had begun to pick up towards the end of 2020 at the beginning of the tourist season, but visitor numbers have now declined again from Jamaica's main tourist sources; the USA, Britain and Canada after the number of cases spiked in these countries. In 2020 the loss of tourism earnings was USD 508 million (CBC News 2020). Jamaica has received USD 520 million as emergency financing from the IMF (IMF 2020), very similar in amount to the amount lost in tourism earnings for 2020. Increased remittances have also helped to mitigate this loss. In a recently released report, the Governor of the Bank of Jamaica said that "Importantly, however, we also saw a dramatic improvement in remittance inflows, which served to cushion the effects of the fallout in tourism on our balance of payments. Private capital outflows were also tempered by a reduction in capital market foreign exchange investments ..." (McIntosh 2021).

Social Policy

Jamaica's social policy history is similar to the other islands in the English-speaking Caribbean. The social policy framework has been largely based on the British Government's 1940 Moyne Commission Report, set up to investigate the causes of the riots which occurred among labour during the 1930s in many of the islands. Social services should include health, education, and housing, to be financed through the establishment of a West Indian Welfare Fund, while they also recommended the establishment of a labour department, wage boards, the fixing of wages, implementation of unemployment insurance, factory inspections to reduce accidents and the protection of trade unions (Byron and Henry-Lee 2016, 2). Many of these are part of the social policy landscape in Jamaica with the notable exception of unemployment insurance. In the post-independence period up to the mid-1970s, legislation included moves towards equity and established minimum standards of healthcare, provision of free primary and secondary education, maternity leave, equal pay for women, and eliminated the stigma of illegitimacy through the Status of Children Act. During the period of neoliberal and structural adjustment in the late

¹ Due to the pandemic this has now been extended to 2027/28. In the past year debt has increased to 110%.

1970s and the 1980s social programmes suffered as education expenditure declined and indications of declines in health included a fall in per capita caloric intake from 119 (1978) to 113 (1982) (Byron and Henry-Lee 2016, 3). In the present period Jamaica follows a national development plan, endorsed by both political parties, which promotes a rights-based and socially inclusive approach in social policy (Planning Institute of Jamaica 2009).

Jamaica developed a comprehensive Social Protection Strategy 2014 which is closely aligned with The Vision 2030 Jamaica – National Development Plan which was launched in 2009. The National Development Plan places a significant focus on social protection with an aim of empowering all Jamaicans to realise 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). The government is also committed to the fulfilment of the UN 2030 Agenda.

The Programme of Advancement through Health and Education (PATH) is the main social protection programme in Jamaica. 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), the programme is a conditional cash transfer (CCT) programme. Three programmes were consolidated into PATH: Food Stamp, Old Age and Incapacity Allowance, and Outdoor Poor Relief (Innerarity and Ridsen 2010).

Targeted at poor families, it provides cash transfers with requirements that they comply with conditions that promote the development of their members' human capital, notably schooling and healthcare. The PATH programme has four major goals:

Development of a universal targeting system based on a proxy means test to increase transparency, reduce administrative costs, and improve targeting; consolidation of the existing cash and in-kind transfer programmes to ensure a meaningful level of benefits and an efficient delivery system, link benefits to desirable behaviour changes that promote human capital investment, and target social assistance to groups with especially high needs; improvements in targeting, efficiency, and impact of various school-based programmes; and development of systems to monitor and evaluate programmes by building on existing instruments such as the annual Jamaica Survey of Living Conditions. (Levy and Ohls 2010, 423)

There are approximately 350,000 beneficiaries on the programme. Beneficiaries 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: members of the family who are 60 years old or over.
- » 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).

Marston (2020) noted that while being on PATH was empowering as it supports the household and aided in human capital development, it was also disempowering as it left beneficiaries feeling simultaneously grateful and resentful. Given the current economic disruption caused by the pandemic, it is very likely that the monetary benefit received by PATH beneficiaries will become increasingly unsatisfactory.

JAMAICA'S SOCIAL POLICY RESPONSE

The level and scope of the state's social policy responses to Covid-19 have been stymied by the economic impact of the pandemic. In his policy statement at the 75th Session of the UNGA High Level Meeting on 26 September 2020, the prime minister referred to "the triple challenges of reduced revenues, increased health and social expenditures, and an ongoing climate crisis, to undo years of hard-won development gains" (Jamaica Information Service 2020). The areas which have impacted the budget most in response to the pandemic are: health, education, support for businesses, the unemployed population, and social protection (IMF 2020; Thompson 2020).

Nevertheless, the Jamaican government responded quickly with increased social protection in several areas: health, education, housing; special benefits for workers unemployed or furloughed as a result of the pandemic; increased benefits for those under the government social protection programme PATH; additional cash transfers for persons with disabilities; and special services for the elderly and for communities that were temporarily quarantined due to localised high rates of transmission of Covid-19. To achieve this, it provided a fiscal stimulus of JMD 25 billion,² the largest in Jamaica's history (Ministry of Finance n.d.). The state's social policy responses included: cash transfers (conditional and unconditional); one-off payments; in-kind transfers and increased nutritional and psychosocial support.

There were (unconditional) cash transfers to PATH families with children enrolled in primary and secondary schools receiving a top-up of JMD 150 per day, while children in early childhood education received JMD 100 per day for school feeding while schools were closed. By May 2020 a total of 360,000 beneficiaries through 23 school days had been reached under this benefit (World Bank 2020a).

To cushion the negative impact of the pandemic, the government implemented a JMD 10 billion (USD 68.1 million) CARE (Covid Allocation of Resources for Employees) Programme, designed to reduce the adverse economic impact of the Covid-19 pandemic on resident Jamaican individuals and small businesses (Ministry of Finance n.d.; Patterson 2020a).

With the national unemployment rate at 12.6% and the youth unemployment rate at 30.6 % at the time, these initiatives could not cover all eligible persons.

Components of the Jamaican government's CARE Programme (Ministry of Finance and the Public Service 2020) included:

- » Tourism Grant, for businesses operating in the tourism sector, inclusive of hotels, attractions and tours which were registered with the Tourism Product Development Company (TPDCo). There are much higher unemployment levels in the tourism sector with only 10% of tourism workers staying at work following the closure of Jamaica's borders on 21 March ("17,000 of Jamaica's 170,000" 2020). Although tourism restarted since borders were re-opened on 15 June, numbers continued to be below break-even levels for most hotels (Collister 2020). As indicated earlier, since January 2021 the situation has worsened with the global surges in Covid-19 and the emergence of new, more contagious strains, causing new flight cut-backs and bans.
- » 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;
- » Small Business Grants for businesses with sales of JMD 50 million or less;
- » A General Grant, aimed at supporting persons who operate businesses registered either with a local Municipal Authority, the Transport Authority or the Tourism Product Development Company (TPDCo), including barbers, hairdressers and taxi-drivers.
- » Supporting Employees with Transfer of Cash (SET Cash) – temporary cash transfer to individuals where it can be verified that they had lost their employment since 10 March (the date of the first Covid-19 case in Jamaica);
- » PATH Grant, through which beneficiaries received an additional PATH payment between April and June 2020.

There was also an allocation for individuals who are either not formally employed or are unemployed to receive a one-time cash grant of JMD 10,000 (USD 68.17). Payments started on 7 May. A total of 401,314 individuals applied for the Compassionate Grant, of which approximately 378,919 (94%) were deemed eligible while 22,395 were ineligible if they had recently received a salary (Mundle 2020). With 19.3% of the population living below the poverty line, there is a significant number of persons who need social protection (Planning Institute of Jamaica 2017).

National Insurance Scheme payments, which are usually received once a fortnight, were both made available at the beginning of the month for pensioners.

For the new fiscal year starting in April 2021, the Minister of Finance has outlined a new social support programme, SERVE Jamaica (Social and Economic Recovery and Vaccine Programme for Jamaica), which will cost

2 USD 1 corresponds to JMD 150.6 (Bank of Jamaica 12 February 2020).

JMD 60 billion, made possible because of an exceptional and unusually high transfer of JMD 33 billion from the Bank of Jamaica. This programme will include:

- » JMD 10.5 billion in special resources for the Ministry of Health including
 - › JMD 6 billion for vaccines for two million Jamaicans, over 70% of Jamaica's population, to reach herd immunity
 - › JMD 1 billion for PPE's,
 - › JMD 1 billion for drugs and reagents,
 - › JMD 2 billion for regional health authorities, and
 - › JMD 500 million for additional Covid-19 related expenditure – extra cleaning, catering, security
- » JMD 31.1 billion infrastructure programme to drive jobs and economic activity, improve productivity and strengthen resilience (the bulk going to road construction and rehabilitation, employing a lot of unskilled labour)
- » 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 in schools and communities, in particular in rural areas (Minister of Finance 2021).

Healthcare

The Ministry of Health (MOH) has played a central role in Jamaica's response to the Covid-19 pandemic. During the first period, the ministry sought to build infrastructure while implementing some strict health protocols, including physical distancing of one metre, hand-washing and sanitisation in public areas and curfews from 8:00 pm (on public holidays from 3:00 pm) to 6:00 am. These protocols were in place for two weeks and then would be maintained or adjusted every two weeks after. Later, physical distancing increased to two metres and from mid-April mask wearing became mandatory in public spaces. At times curfews were relaxed to start at 10 pm and end at 5 am, enabling greater business activity, but these changes were retracted during periods of surge. Much stricter protocols were in place for quarantined communities or, in one case a whole parish. A 14-day home quarantine is mandatory for all visitors to the island.

Adherence to health protocols reveals social inequalities. Poorer households find it difficult to buy sanitisers and change their masks regularly. In uptown areas, shops and gas stations insist on entry with a mask and request use of a proffered sanitiser on entry. Some also use handheld temperature checks. However, mask wearing, in particular, was ignored by most of the licenced robot taxi drivers, by pedestrians on downtown streets, by market vendors, and in some stores (Editorial 2020; Saunders 2020; Personal observation by both authors).

Work began from March 2020 on a Covid-19 isolation ward at the island's largest hospital, the University Hospital of the West Indies (UHWI). In September, four field hospitals were announced for different parts of the island to add 152 more beds bringing Covid-19 bed capacity to almost 500. A 40-bed field hospital donated by the United States was almost complete, and the Canadian Government has contributed to another 40-bed wing ("Four field hospitals to be constructed" 2020).

Jamaica's long-term capability to respond to the ongoing issues of non-communicable diseases (NCDs) such as diabetes and high blood pressure, comorbidities which render persons particularly vulnerable to severe Covid-19 outcomes, as well as to communicable diseases, has been boosted by a USD 50 million Health Systems Strengthening Programme. This programme will include the physical upgrading of three hospitals and 10 health centres, installation of new equipment, and information systems which will encompass remote patient monitoring, e-prescription and electronic health records (Ministry of Health and Wellness 2020). The GOJ, the Inter-American Development Bank (IDB) and the European Union (EU) planned this programme prior to Covid-19 and it was launched in January 2020. It will benefit 800,000 persons and will place Jamaica in a stronger position to deal with future pandemics.

Actions taken by the government to ease the cost of healthcare items used by hospitals and clinics include waiving customs duty on the importation of masks, gloves, hand sanitisers and liquid hand soap for a 90-day period and waiving the special consumption tax on approximately 100,000 litres of alcohol for the Ministry of Health for use in making sanitisers (Ministry of Finance n.d.).

This support now includes an allocation for Financial Year 2021/22 of JMD 10.5 billion to include sufficient vaccines to provide herd immunity, hopefully by March 2022, depending on the global access situation for developing countries (Minister of Finance 2021).

Education

Jamaica's education sector has been severely impacted by the Covid-19 pandemic. The Sustainable Development Goal 4 promotes education as the "key to escaping poverty" (UN 2030 Agenda). The imperative of remote teaching mandated by the pandemic has starkly revealed the digital divide and laid bare, more than any other phenomenon, the deep inequalities in all societies – the poor, persons living in crowded inner-city communities, or in remote rural areas, are particularly disadvantaged.

The state attempted to provide remote education to all levels of the system. The government decided from March 2020 that schools should operate through three media (Williams 2020a): online classes, lessons through audio-visual media, and through learning kits.

Online classes are arranged for those with devices and the internet, the only medium that facilitates student interaction with teachers. Lessons are also recorded. For the new academic year which started on 5 October 2020, the Ministry has put in place a Learning Management System (LMS) which is cloud-based, ensuring there are no capacity issues. It is a platform managed by Google.

Approximately 20,000 teachers (60%) have been trained on the LMS up to October 2020, leaving many still unskilled in its handling. The students and teachers will not need to have a data plan to access the Google Suite LMS or G-Suite for Education but they must have access to the internet. This platform is also accessible for all registered private schools. From March onwards, the Early Childhood Commission (ECC) has placed daily activity plans for children and parenting tips on their website in a Covid Corner, including videos with children's stories read by team members shared on ECC's social media platforms Twitter, Instagram, Facebook, YouTube (Early Childhood Commission 2020).

Lessons were also offered through audio-visual media (TV, cable and radio). From late March to early July lessons were provided on the Public Broadcasting Corporation of Jamaica (PBCJ) service, through a staggered schedule from early childhood programmes starting in the early morning through to primary grades, followed by secondary grades ending at 5.30 pm. In the new academic year there are two dedicated 24-hour channels being provided by two companies. Schedules are emailed to principals, teachers and students.

Learning kits were provided to be used along with text books and worksheets. These were made available through the schools for pick up during the first week of school. Every student should receive government issued textbooks and worksheets where applicable. For students who live in deep rural communities without access to the internet or electricity, there should be special worksheets and practice books printed and distributed to these students through their schools. Completed worksheets are picked up at established points for marking and teachers should keep in touch with the students and parents via telephone, WhatsApp groups for the classes or text messaging.

Following the closure of schools, the government has committed to supply 40,000 tablets and 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 children on the state's main social protection programme, the Programme of Advancement through Health and Education (PATH) in the upper grades 10–13. A further 21,000 tablets have also been distributed to teachers (Dawkins 2020). These are in addition to the 18,000 tablets and 12,000 desktop computers distributed to teachers and students, mainly at the primary level, prior to the pandemic (Patterson 2020c).

The Minister of Education has admitted that this is not going to be sufficient to cover all those students whose families are unable to afford a device. She is about to launch a drive entitled 'One Laptop or Tablet per child' and already six major corporate companies have committed to supporting it (Williams 2020b). A new challenge is that the global market now has an insufficient supply of tablets and laptops leading to price gouging, with price increases of up to 60% (Robinson 2020). Recently the Diaspora donated 1,200 tablets/computers for school students (Ministry of Education 2021b).

There is unequal access to the devices for online learning. For example, a principal from a large primary school explained that almost half of her 1,300 students were now without a device to access classes forced into

online format due to the Covid-19 pandemic: “Many of our students are from families that have one or no device to serve the number of students in the household, and we cannot afford to leave these students behind” (Bucknor 2020).

Access to a device is not the only requirement for virtual learning. There are 238 schools in 100 rural communities where the internet is not available. One private sector cable TV company has offered to install internet in these communities so that children can access online school, but the operation has been delayed (Patterson 2020c). The Ministry of Education only started distributing the 40,000 promised tablets for PATH students on 4 October (Patterson 2020c), very late for the starting of virtual school the next day. It was noted then that only 200,000 students, one-third of the total number of 600,000 students from early childhood to secondary, had logged on to the Learning Management System. On the opening day the MOE recorded 352,816 students and teachers logged on (Williams 2020b). There are 33,282 teachers so this represented 56% of the total number of students and teachers (Ministry of Education, Youth and Information 2020a).

The move to remote teaching immediately excluded some tertiary level students. According to the Guild President at the University of the West Indies, Mona, at least 1,500 students have applied for leave of absence from their studies for this academic year because they have no internet access or they had no devices last semester to complete their studies in online classes (“UWI Students without” 2020). The University has sourced tablets and laptops for students but most are only available on loan. Some cannot afford the data charges to be able to access their classes, even though the Guild of Students has negotiated reduced rates from the two internet providers.

Payment plans were put in place for persons who could not afford to complete their payments. There are payment plans and students are being allowed, as a special concession, to start classes this semester by paying just a commitment fee of JMD 20,000 or approximately USD 133 (H. Ricketts, Deputy Dean, Faculty of Social Sciences, personal communication, 12 October 2020).

Enrolment was expected to decline by 20–25% but has in fact only declined by 4% to date. This seems to be partly due to the online medium increasing access for persons working full-time, some of whom had dropped out of degree courses due to the clash with working hours (H. Ricketts, Deputy Dean, Faculty of Social Sciences, personal communication, 12 October 2020). Further, studying locally became a preferred option for some students given the higher costs of overseas programmes and the isolation away from home due to the pandemic.

There are also problems with unstable or weak internet service from the two main telecommunication providers. This causes intense frustration to both teachers and students. In January 2021, the Ministry of Education decided to open 132 schools for face-to-face instruction, as too many children were being marginalised because of inadequate access to the internet. The new budget allocation for FY 2021/22 of JMD 1.8 billion to expand Wi-Fi and broadband in schools and communities, in particular in rural areas, should help to improve access.

Some private schools had already started in-person learning from the term before Christmas with special permission from the ministry, based on the Ministry of Health’s inspection and approval of the facilities, including sanitisation stations and appropriate physical distancing. One of the differences in the private school scenario is that most of the children travel to school in private vehicles. Concerns about transportation have limited the face-to-face opening of public schools, which is considered most urgent for matriculation exam level students whose exams start in June. Where there are many schools clustered in one area – this pertains particularly in Kingston – not all schools will be opened even if their facilities satisfy MOH standards. Where schools are opened, classes may be staggered with students rotated so that on alternate days (or alternate weeks) they have to attend virtually. When positive cases are found, the school is closed for two weeks and undergoes deep cleaning. There is currently a surge in cases but the MOE has so far maintained its policy of allowing some face-to-face teaching. The minister has now, however, advised schools to focus on students preparing for exit exams, i.e. grades 6, 11, 12 and 13 (Ministry of Education 2021b).

Nutritional Support

There is hunger in Jamaica and it has been seriously exacerbated by loss of income – in 80% of households according to a June/July 2020 UNICEF/CAPRI study (UNICEF 2020) – and also by school closures. In a discussion on the NationWide radio programme, a principal of a rural school lamented that for more than half his students the school lunch is the only hot meal they receive for the day. The UNICEF/CAPRI 2020 study of 505 households (1,994 persons) indicated that food shortages were experienced in 44% of homes and by nearly

half (49%) in lower socioeconomic households. The number rose to more than half (57%) in households with more than one child. The coping mechanisms have been smaller meals (74%) and fewer meals (67%) (UNICEF 2020). In poor homes undernourishment is likely to affect learning capacity even in those with full access to online learning. Research studies over many years have shown that poorly nourished children are assisted in academic achievement if they are provided with meals at school, either breakfast or lunch (Simeon 1998).

Students on the PATH programme receive free school lunches. In many schools, principals also use other funds to try to supply other needy students with free meals at least on some days of the week. Some also provide breakfast for all students who wish to partake. Breakfasts are an incentive for early arrival and for attendance. From the second week of school closure the MOE, with the assistance of the private sector, put in place arrangements to provide meals for children on PATH, at minimum nutritious snacks from the government agency, Nutrition Products Ltd. (NPL) which produces for schools only (Ministry of Education, Youth and Information 2020b). The NPL snacks consist of cheese bread, rock cake or bulla (main ingredients of latter usually flour and molasses). It is unclear how extensive or successful this effort was. For the new school term from 5 October, the government has chosen instead, while continuing in some areas with the provision of snacks from NPL, to increase the regular amount provided for PATH students. However, PATH funds are only provided every two months so this is problematic in terms of immediate assistance.

— Psychosocial Support

Covid-19 has had a tremendous negative impact on mental health. Between August and September 2020, two young girls, aged eight and nine years, committed suicide (Wilson-Harris 2020b) and in January 2021 a 16-year-old boy hung himself. His school principal pointed to the difficulties of “remote psychosocial intervention” (Daley 2021). Suicide expert Dr Donovan Thomas believes that “the alarming ideation is a result of increased isolation caused by Covid-19 restrictions” (Wilson-Harris 2020b).

Leading child and adolescent psychiatrist, Dr Ganesh Shetty said he has already started receiving complaints from students about the volume of homework they are being given, which may increase as schools seek to over-compensate for weeks of lost tuition. Consultant paediatrician Dr Abigail Harrison says an increasing number of children are turning to cutting and are displaying signs of eating disorders (Wilson-Harris 2020c). The pandemic has cut children off from the socialisation and stimulus that school provides. Senator Sophia Longmore, a psychiatrist, has pointed out that adolescents are particularly vulnerable. On World Mental Health Day, the Minister of Health noted that among the 25% of Jamaican adolescents, 13 to 17 years old, who reportedly considered suicide “18% actually attempted suicide” (Hodges 2020). The Jamaica UNICEF/CAPRI study found one in five or more households with children reported to be experiencing anxiety (23%), sadness (23%) and fear (21%). Almost two thirds (63%) were experiencing boredom and 57% were overeating (UNICEF 2020). These conditions exacerbate mental problems. The poor are more likely not to seek care as they would prioritise finding food for their children over taking them to a clinic (Wilson-Harris 2020c).

In August, the Chief Education Officer in the Ministry of Education spoke of the plans for sessions to be held online “to provide students with a forum to express how they are feeling and to advise them on how to cope, utilise their time and how to adhere to the school protocols.” She explained:

So, we will be having trained persons that will be coming into your virtual space. Some persons will be engaged on the virtual space in empowerment and psychosocial counselling sessions while in extreme cases, based on what you're feeling, our social workers, our guidance counsellors and our health and family life educators will make themselves available, observing, of course, physical distancing if they have to see you. (Mundle 2020c)

The authors understand from personal communication with principals and guidance counsellors in Kingston that this has been implemented at primary and secondary levels through school staff, namely guidance counsellors and Health and Family Life teachers. Form teachers are also encouraged to talk to their classes and keep alert to students' psychological well-being.

In addition, 35 psychosocial helplines for parents are available across all seven education regions through the efforts of the National Parenting Support Commission, a government agency, in collaboration with UNICEF, a Jamaican bank and an NGO (Smith 2020c).

School closures inevitably limit access to private counselling sessions. After the first week a primary school counsellor, in a conversation with one of the authors, pointed out the difficulties faced in online counselling, the main one being that parents in many cases are at home with their children and usually watch the sessions (P. Thomas, personal communication, 11 October 2020). Despite the Ministry's best efforts, there is usually no privacy to enable the younger primary level children, in particular, to talk about any personal problems. Some even look to their parents before giving an answer. These conditions are not conducive to supporting children who have psychosocial issues for which they need counselling.

Housing

Another key social policy response to the pandemic was initiated by the National Housing Trust (NHT), a government agency established in 1976 which provides over 50% of mortgages nationally and at the lowest interest rates, including options for minimum wage earners (National Housing Trust 2000). To minimise the effects of the pandemic on mortgagors the NHT reduced interest rates on all new loans by 1%, and on all existing loans by 0.5%, effective 1 April 2020 (Linton 2020). The regular interest rates for housing loans are from 0% (for minimum and low wage earners) to 5% (National Housing Trust 2001).³ In addition, it put in place special relief for mortgagors who may lose their jobs as a result of Covid-19. Mortgagors who have been laid off could apply for a moratorium on all loan payments for three months in the first instance. Delinquent loans could be rescheduled for six months if the Trust had not already entered into a commitment to dispose of the property. This offer would be extended for six months, effective 1 April 2020 (Linton 2020).

Support for the Elderly

In March 2020, the Ministry of Local Government and Community Development and the Social Development Commission activated the RONA Helpline Senior Care Response Initiative. The initiative was designed to aid senior citizens aged 70 years and over who are in critical need. Some 16 contact points were established to support the elderly (Henry 2020). National Insurance Scheme (NIS) pensioners can choose to receive their fortnightly payments in one monthly payment.

Support for Persons with Disabilities

As of July 2020, persons with disabilities, aged 18–65 years, who were unemployed or not formally employed and who were registered with the Jamaica Council for Persons with Disabilities (JCPD) between 1973 and 31 March 2020, can apply for the one-off temporary grant under the Government of Jamaica (GOJ) CARE Programme (Hunter 2020). Since the onset of the pandemic, the government has provided sign language services during regular press briefings on Covid-19.

Support for the Homeless

Since the pandemic, the state has built drop-in facilities under the Ministry's Social Protection Programme in six of 14 parishes. Two more are planned. Some parishes already have drop-in centres ("Trelawny gets drop-in centre" 2020). The government has also provided an additional 100-bed shelter for homeless persons in the capital city Kingston (Smith 2020a). The Ministry of Local Government and Community Development supplied the additional beds in light of the implementation of curfews and to secure shelter for the homeless population in Kingston.

In addition to physical shelters, the state has sought to meet the nutritional needs of the most vulnerable in society. Since the onset of the pandemic, the government has also provided more than 30,000 meals per day for

3 All wage earners have to make mandatory contributions to the National Housing Trust. If they do not use their contribution for a mortgage or other type of loan, or if they do not use all of it, they are eligible to receive their contribution plus interest after a certain period or at 65 years of age.

poor and vulnerable persons in communities, island wide. The meals are delivered to the poor at drop-in centres and other facilities across the country (Davis 2020).

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 (Sterling 2020). Similar programmes would also have been carried out by other parish poor relief offices.

CONCLUSION

The government of Jamaica has made significant efforts to mitigate the serious issues arising from school closures, with an important focus on the poorest children. Pre-Covid-19 the Jamaican economy was showing signs of recovery. The economy has been hard hit especially with the lock-down of the tourism industry, a major foreign exchange earner. The Jamaican economy is expected to contract by between 10.5–12.5% in 2020 (Planning Institute of Jamaica 2021). With 19.3% of the population living below the poverty line, youth unemployment at 27.8% in October 2020, likely higher now, and an increasing number of persons losing their jobs, there is an urgent need for increased social protection.

However, the challenges are huge and manifold: lack of online devices among students except those in some middle and in upper wealth quintiles; major service inadequacies and inconsistencies from the telecommunications providers; serious nutritional needs of children in the lower quintiles; the increasing risks of child abuse and domestic violence generally, with major psychosocial problems unfolding and increasing across all wealth and demographic groups. Other vulnerable groups, e.g. persons with disabilities, the elderly and the unemployed, have been recipients of targeted interventions. However, the state's economic challenges will limit the coverage of all the individuals who need assistance.

The government's one-off payments to the unemployed will not be sufficient as thousands face long-term unemployment. As the number of cases increases, the mental health of Jamaicans, especially children, adolescents and the elderly (who have been ordered to stay inside except for essential tasks) will deteriorate. At the same time, if the government, the private sector and citizens choose, this pandemic provides an opportunity to address societal inequalities which have been with us from time immemorial but now have become more manifest. With effective targeting, partnership and coordination, social policy responses can reduce the impact of the pandemic on vulnerable groups in society. It is an opportune moment to focus on SDG 10 which calls for reduced inequalities and to ensure that no one is left behind in the fulfilment of the UN 2030 Agenda.

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**APPENDIX 1: SOCIAL POLICY DEVELOPMENTS IN RESPONSE TO COVID-19 BY POLICY AREA
(JAMAICA, JANUARY–DECEMBER 2020)**

	Policy Area	Pensions	Healthcare	Long-term care and disability	Labor market	Education
(1)	Have there been any significant legislative reforms in the indicated policy area during the indicated time period?	No	No	No	No	No
(2)	If (1) yes, have any of these reforms been explicit responses to the Covid-19 pandemic?	N/A	N/A	N/A	N/A	N/A
(3)	If (2) yes, has there been significant regional variation in the implementation of these reforms?	N/A	N/A	N/A	N/A	N/A
(4)	Have subnational governments enacted any significant legislative reforms in the indicated policy area during the indicated time period?	N/A	N/A	N/A	N/A	N/A
	Policy Area	Family benefits	Housing	Social assistance	Other*	
(1)	Have there been any significant legislative reforms in the indicated policy area during the indicated time period?	No	No	No	No	
(2)	If (1) yes, have any of these reforms been explicit responses to the Covid-19 pandemic?	N/A	N/A	N/A	N/A	
(3)	If (2) yes, has there been significant regional variation in the implementation of these reforms?	N/A	N/A	N/A	N/A	
(4)	Have subnational governments enacted any significant legislative reforms in the indicated policy area during the indicated time period?	N/A	N/A	N/A	N/A	

Note: Link to legislation passed in 2020: <https://www.japarliament.gov.jm/index.php/5-publications/bills>