



# Shock-Responsive Social Protection in the Caribbean Jamaica Case Study

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## Preface

This report is part of a series of case studies on Shock-Responsive Social Protection in the Caribbean commissioned by the World Food Programme (WFP, [www.wfp.org](http://www.wfp.org)) for Oxford Policy Management to conduct (OPM, [www.opml.co.uk](http://www.opml.co.uk)). The OPM Project Manager is Rodolfo Beazley [rodolfo.Beazley@opml.co.uk](mailto:rodolfo.Beazley@opml.co.uk) and WFP Project Managers are Regis Chapman [regis.chapman@wfp.org](mailto:regis.chapman@wfp.org), Francesca Ciardi [francesca.ciardi@wfp.org](mailto:francesca.ciardi@wfp.org) (Barbados Office for Emergency Preparedness and Response in the Caribbean), and Giulia Baldi [giulia.baldi@wfp.org](mailto:giulia.baldi@wfp.org) (Regional Bureau for Latin America and the Caribbean).

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The opinions expressed in this report are those of the authors and do not necessarily reflect those of the World Food Programme or the Government of Jamaica. Responsibility for any inaccuracies rest solely with the authors. Publication of this document does not imply endorsement by WFP or by the Government of Jamaica of the opinions expressed.

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# Executive summary

## Introduction

There is global recognition of the promising linkages between social protection and disaster risk management (DRM) in responding to and mitigating shocks, and in contributing to strengthening the humanitarian–development nexus. It is in this context that the World Food Programme (WFP) and Oxford Policy Management (OPM) began a research project in 2016 on shock-responsive social protection in Latin America and the Caribbean (LAC). In 2019 and 2020, the study focuses on the Caribbean where several governments have used social protection programmes and systems to reach people impacted by disasters. This report studies the case of Jamaica and identifies the factors that would allow the social protection system to be more responsive. The box below briefly summarises the theoretical framework for this case study.

## Shock-responsive social protection: theoretical framework

**This research explores two dimensions to analyse how social protection systems relate to DRM and could be used in emergency response. The first is the extent to which social protection systems in place are prepared to respond to major shocks. This concerns:**

1. Institutional arrangements and capacity: the legislation, policies, and mandates of key DRM and social protection institutions.
2. Targeting system: the protocols, processes, and criteria for identifying people and families that should receive social protection or DRM support.
3. Information systems: the socioeconomic, disaster risk, and vulnerability information required to enable decision making before and after a shock. This includes social registries and beneficiary registries, DRM information systems, and issues related to accessibility, sharing protocols, data collection mechanisms, data relevance, and accuracy and security and privacy protocols.
4. Delivery mechanisms: mechanisms in place for delivering cash or in-kind assistance to social protection beneficiaries and/or people affected by shocks.
5. Coordination mechanisms: mechanisms and protocols for coordinating DRM activities before and after a shock, including the role of social protection.
6. Financing mechanisms: strategies and mechanisms for funding DRM such as budgetary instruments, contingency financing and insurance, including any financing of social protection responses.

**The second dimension is the ways that social protection programmes systems can directly provide assistance or play a supportive role in an emergency response, which can be used in any combination:**

1. Vertical expansion: increasing the benefit value or duration of an existing social

protection programme or system.

2. Horizontal expansion: temporarily extending social protection support to new households.
3. Piggybacking: utilising elements of an existing social protection programme or system for delivering a separate emergency response.
4. Alignment: aligning some aspects of an emergency response with current or possible future national social protection programmes.
5. Design tweaks: making small adjustments to the design of a core social protection programme.

Sources: OPM (2015) and Beazley et al. (2016)

## Disaster Risk Management in Jamaica

This section describes the disaster risk management (DRM) system in Jamaica, focusing on the institutional arrangements, the coordination mechanisms, and the financing mechanisms.

### Institutional arrangements

The DRM Act, revised in 2015, forms the legal backbone of the DRM system in Jamaica. In accordance with the act, the system is implemented at three levels: national, parish, and community. The National Disaster Risk Management Council (NDRMC) heads the system at the national level. NDRMC is chaired by the Prime Minister, and the deputy chairman is the Minister of Local Government and Community Development. The General Director of the Office of Disaster Preparedness and Emergency Management (ODPEM) is the National Coordinator for DRM actions. ODPEM is the main agency within NDRMC responsible for coordinating preparedness and response actions, established in 1980. In addition, there are seven sectoral committees in charge of preparedness and response actions in the different areas.

The Ministry of Labour and Social Security (MLSS) plays a key role in DRM. The ministry chairs the national Humanitarian Assistance Committee, which oversees and ensures coordination of all shelter, relief and distribution activities, as well as leading the National Humanitarian Policy and Strategy, which articulates welfare and relief issues within the context of DRM in Jamaica. MLSS is the primary agency responsible for coordinating welfare activities to support people affected by disasters.

### Coordination mechanisms

ODPEM is responsible for coordinating preparedness actions across levels (national, parish, community) and sectors (committees). When there is a national threat or emergency, the National Emergency Operations Centre (NEOC) is activated, and ODPEM coordinates the relief efforts (including the support of the international community) through this centre. The National Disaster Plan establishes that donors and partners should be invited to attend meetings of the National Disaster Committee.

## Financing mechanisms

The main disaster risk financing mechanisms in the country are as follows.

- The DRM Act of 2015 creates the **National Disaster Fund**, the main budget instrument for disaster risk financing in the country. As of March 2015, the National Disaster Fund was capitalised at US \$2 million, which is considered largely inadequate when compared to the estimated annual average losses in a country with the risk profile of Jamaica (World Bank, 2018).
- A **Contingencies Fund**, established by the constitution and capitalised at US \$825,000 (JMD \$106 million) in 2014, can be disbursed for unforeseen expenditures like natural disasters. However, according to the World Bank (2018), as of September 2017 no payments have been made for weather-related events and the fund has primarily been accessed for retroactive salary payments and pensions.
- Jamaica is also a member of the **Caribbean Catastrophe Risk Insurance Facility Segregated Portfolio Company** (CCRIF SPC), which uses parametric insurance to provide quick disbursing and short-term liquidity for financing responses and recovery. However, Jamaica has not been able to access the CCRIF insurance funds in recent years because the disasters insured have not met the pre-established parameters for pay-outs.

Although Jamaica has a mix of different disaster risk financing instruments, **in practice there seems to be a reliance on *ex post* retention instruments**, because the *ex ante* retention instruments (the National Disaster Fund and the Contingency Fund) are still of limited size—in particular related to losses due to major events—and the country has not received CCRIF SPC payments in recent years, which is the main risk transfer instrument.

## Social protection in Jamaica

**The national social protection strategy from 2014 establishes a rights-based approach for social protection in the country, rooted in constitutional rights.** It mainstreams considerations for disability, gender equity and other cross-cutting issues through each of its strategies; and considers emerging issues that may impact social protection such as climate change, migration and new vulnerable groups (Planning Institute of Jamaica (PIOJ), 2014).

**The strategy gives social protection a clear role in DRM** and establishes the need to ‘ensure mechanisms are in place to flexibly respond to the varied needs of expanding vulnerable groups, to prevent long-term undesirable outcomes’. These include access to goods and services, appropriate housing and facilities to ensure physical access, health services, employment opportunities and other forms of income support, human capital development, and access to social security.’ The social protection programmes studied in this report are as follows.

1. **The Programme of Advancement through Health and Education (PATH)** is a conditional cash transfer programme initiated in 2001. PATH benefits are conditional on behaviours that promote human capital development, including visits to health clinics and school attendance. The



programme had 338,481 beneficiaries as of February 2018 and is one of the largest in the Caribbean.

2. The **Rehabilitation Programme** includes four types of grants, with a total of 5,183 beneficiaries in 2018:

- a. the **Compassionate Grant** provides aids and medication, household items, house repairs, and burial expenses;
- b. the **Emergency Grant** provides assistance to people who suffer from disasters such as earthquakes, hurricanes, and fires, and who do not have access to an insurance scheme;
- c. the **Education and Social Intervention Grant** is used to support children who cannot attend school, or whose regular attendance is affected by their parent/guardian's inability to provide uniforms, books, and other basic needs; and
- d. the **Rehabilitation Grant** provides self-employment opportunities through small projects with the objective of improving income. The grant provides the working capital and inputs to begin the income-generating project.

3. The **National Insurance Scheme** is a compulsory contributory funded social security scheme, offering financial protection to the worker and his/her family against loss of income arising from the injury on the job, incapacity, retirement, and death of the insured. As of early 2019, the number of current NIS beneficiaries was 114,189.

4. The **Poor Relief Programme**, under the Poor Relief Act, is a decentralised programme implemented by the Municipal Corporations and managed centrally by a Board of Supervision under the Ministry of Local Government and Community Development. The aim of the programme is to 'relieve destitution in all its forms.'<sup>2</sup>The programme has five main interventions: **indoor institutional care; outdoor assistance; assistance on behalf of children; the Homeless Programme; and the Indigent Housing Programme.** The programme reaches approximately 20,000 people.

**Jamaica is one of the Caribbean countries that has made more progress in adapting the social protection system to be more responsive to shocks.** There are a few key reasons for this. First, Jamaica's social protection system is fairly strong (particularly when compared with other countries in the region), with a flagship conditional cash transfer programme like PATH with substantial coverage, as well as relatively robust administrative systems and capacity. Second, MLSS plays a crucial role in the country's DRM system and has programmes and protocols in place for providing

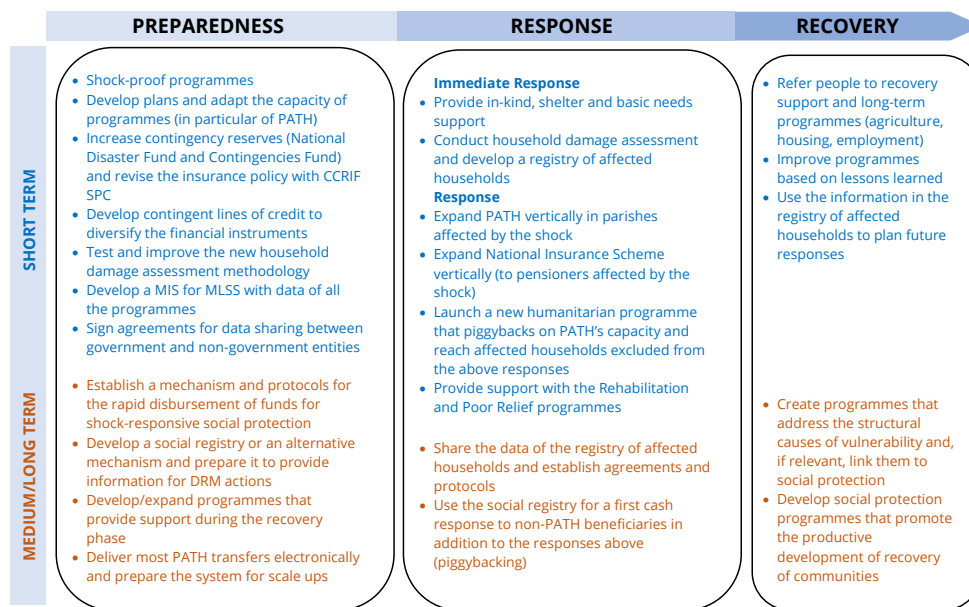
<sup>2</sup> Poor Relief handbook.

support to people affected by shocks (e.g. the Rehabilitation Programme), leads the national Humanitarian Assistance Committee, and works together with ODPEM and other actors in developing policies and plans and response actions. Third, the Government of Jamaica, with the support of the World Bank, has been investing in strengthening the responsiveness of the social protection system.

## Towards a more shock-responsive social protection system

The recommendations below focus on PATH having a central role in social protection responses to large-scale shocks. The evidence presented in this report indicates that PATH is the most suitable programme for this role, although there is a need to adapt its processes and systems to make it more flexible. Therefore, we propose a shock-responsive social protection strategy centred on the role of PATH and complemented by other programmes. Other schemes, such as the Rehabilitation Programme and the Poor Relief Programme, are more suitable for providing support to people affected by smaller-scale shocks and for providing support beyond cash transfers (for example social care). The National Insurance Scheme could also provide support to pensioners affected by a shock, but since it does not reach the poorest and most vulnerable and is not feasible for a contributory programme to scale up, its vertical expansion could be a complementary rather than a main strategy.

**Figure 1: Recommendations for shock-responsive social protection along the disaster cycle**



Source: Author.

Note: (1) The **response** stage could last from few days to few months and consists of the provision of adequate support regarding basic needs at a time of severely disrupted living conditions and livelihoods. The **recovery** phase entails 'restoring or improving of livelihoods and health, as well as economic, physical, social, cultural and environmental assets, systems and activities, of a disaster-affected community or society, aligning with the




principles of sustainable development and “build back better”, to avoid or reduce future disaster risk’ (UNISDR terminology: see [www.unisdr.org/we/inform/terminology#letter-r](http://www.unisdr.org/we/inform/terminology#letter-r)). (2) The **short-term** refers to policies and strategies that could be implemented in the next two years, while the medium to long-term ones are likely to require between three and five years. These timeframes are tentative.




## Preparedness

As in other country case studies, **the first recommendation for a more responsive social protection system is to invest in its capacity for regular programming and to shock-proof programmes** to guarantee service delivery even after shocks (Beazley *et al.*, 2019).<sup>3</sup> Therefore, some of the recommendations below, and in particular those for the long term, are about investments for regular social protection programming, like the development of information systems or electronic payment mechanisms, that can also benefit shock responses. The main reasons for these investments are still related to the strengthening of the social protection system for the delivery of its core functions, however these investments can be done in a way that are risk-informed and enable social protection performing DRM functions. The table below present the recommendations by preparedness category.


**Table 1: How to prepare the social protection system? Recommendations**

Preparedness category	Short/medium term recommendations	Long term recommendations
<p><b>Targeting systems</b></p> 	<ul style="list-style-type: none"> <li>• Develop protocols for vertical expansions of PATH and to waive conditionalities during emergencies.</li> <li>• Develop protocols for vertical expansions of the National Insurance Scheme.</li> <li>• Roll out and assess the new household damage assessment method.</li> </ul>	<ul style="list-style-type: none"> <li>• Consider making the targeting criteria and methodologies more risk-informed (i.e. PATH proxy means test (PMT) capturing not only the chronic poor but also the vulnerable) and use the information from the DRM sector to improve the understanding of hazards and risks and their effects in social protection design and delivery.</li> <li>• Aligning the targeting criteria of different social protection programmes in order to provide complementary support (in normal times and during emergencies).</li> <li>• Improve the targeting criteria of social protection programmes for the delivery of both regular assistance and support to people affected by disasters based on the information of the household damage assessment.</li> </ul>

<sup>3</sup> See <https://www1.wfp.org/publications/shock-responsive-social-protection-latin-america-and-caribbean>

Preparedness category	Short/medium term recommendations	Long term recommendations
<p><b>Information systems</b></p> 	<ul style="list-style-type: none"> <li>• Create a Management Information System (MIS) for all MLSS programmes.</li> <li>• Develop a MIS for the Poor Relief Programme.</li> <li>• Establish data sharing agreements with government organisations and NGOs and invest in the interoperability of registries and MIS.</li> </ul>	<ul style="list-style-type: none"> <li>• Consider developing a social registry and, if implemented, collect information that allows assessing vulnerability and exposure to shocks and operational data useful for rapid responses.</li> </ul>
<p><b>Delivery mechanisms</b></p> 	<ul style="list-style-type: none"> <li>• Develop protocols for disaster responses (vertical expansions and piggybacking) using PATH's payment mechanism.</li> <li>• Establish a continuity plan that allows transferring regular benefits during crises.</li> <li>• Keep investing in increasing the number of transfers delivered electronically and testing new approaches.</li> <li>• Establish protocols for ID replacements during emergencies (see Pulver, 2017).</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver most PATH transfers electronically and prepare the mechanism for scale ups.</li> <li>• Deliver transfers of the Rehabilitation Programme electronically.</li> </ul>
<p><b>Financing</b></p> 	<ul style="list-style-type: none"> <li>• Increase contingency reserves (National Disaster Fund and Contingencies Fund).</li> <li>• Develop contingent lines of credit to diversify the financial instruments.<sup>4</sup></li> <li>• Revise the insurance policy with CCRIF SPC to ensure that it covers the risks faced by the country.</li> </ul>	<ul style="list-style-type: none"> <li>• Establish a mechanism and protocols for the rapid disbursement of funds for shock-responsive social protection.</li> </ul>

<sup>4</sup> During the interviews for this research, the government indicated it is in negotiations with the Inter-American Development Bank for a line of credits for disasters.

Preparedness category	Short/medium term recommendations	Long term recommendations
<p><b>Coordination</b></p> 	<ul style="list-style-type: none"> <li>Coordination mechanisms seem appropriate for facing small-scale shocks, but it remains to be seen whether these mechanisms are appropriate for large-scale shocks and how they can be improved. It is recommended to run simulations to test protocols, particularly in relation to social protection scale ups and information sharing.</li> </ul>	<ul style="list-style-type: none"> <li>Improve the coordination of MLSS programmes and the Poor Relief, so that these programmes are truly complementary: share data and capacity, align targeting and eligibility criteria, etc.</li> </ul>

Source: Author.

Note: The **short-term** refers to policies and strategies that could be implemented in the next two years, while the long-term ones are likely to require between three and five years. These timeframes are tentative.

## Response phase

- The immediate response following a shock (first days after the shock) would involve in-kind and shelter support given by MLSS, ODPEM, and other government and non-government actors. This is already envisaged in the DRM plans.
- Vertical expansions of PATH immediately after a shock hits are theoretically feasible, but they would require substantial preparedness measures.** International evidence shows that, in most cases, vertical expansions have provided support weeks or even months after the shock. However, since this type of expansion only implies giving top-ups to current beneficiaries, it is theoretically possible to do it a few days after the shock. To do so, there are three key preparedness measures:
  - financing decisions would need to be made prior to the shock and as part of the preparedness actions**, since slow decision making after the shock is usually one of the main obstacles for rapid scale-up. This would include establishing contingency funding and trigger mechanisms; and
  - protocols and capacity would need to be developed to use PATH payment mechanism to transfer cash right after a shock.** PATH's main payment mechanism is very cumbersome; for MLSS to be able to issue cheques in a few days, processes and capacity would need to be prepared.
  - protocols could also be developed for calling forward payment cycles to PATH payments for ex-ante preparedness actions at the household level.** This would require simplification of the PATH payment system as highlighted in the previous point.

- 3. This phase might involve piggybacking on PATH capacity for reaching non-beneficiaries.** The new household damage assessment form, the data collection process, and the registry of affected households (which will be rolled out in 2019) should provide the basis for reaching non-beneficiaries during the response phase. This new mechanism will need to be tested and improved but should provide a good platform for reaching non-beneficiaries.

A response strategy could consist of complementing the vertical expansion of PATH, or substituting it based on the household damage assessment database and piggybacking on PATH's payment mechanism.<sup>5</sup>

- 4.** This phase would also involve vertical expansion of National Insurance Scheme based on the information collected with the household damage assessment. This strategy would imply giving top-ups to National Insurance Scheme pensioners who have been directly or indirectly affected.
- 5.** The response would involve other schemes as per their mandates (the Rehabilitation Programme and the Poor Relief Programme), also based on the registry of affected households.

## Recovery phase

Few social protection programmes focus on restoring or improving livelihoods, infrastructure, etc. The World Bank analysed 14 social protection programmes and concluded that 'none of the programs show any current or potential interventions contributing towards this end' (González Arrelo 2016). However, the MLSS does have a case management system that has been designed precisely to 'build resilience' and can play an instrumental role in the recovery phase (see section 5) We recommend:

- 1.** To assess thoroughly the implementation of the case management system and, in particular, the systems of referrals within and outside the MLSS and the overall impact on household resilience building.
- 2.** Making sure that the case management system is informed by the household damage assessment and other post-disaster information sources (i.e. livelihoods assessments).

<sup>5</sup> A 'piggybacking' strategy is here proposed for reaching non-beneficiaries as opposed to a 'horizontal expansion' of PATH because the latter would pose a number of challenges to the programme, mostly relating to the fact that long-term programme beneficiaries would coexist with temporary beneficiaries, and that the programme would need to develop its own capacity to scale up massively. Moreover, programme authorities interviewed for this research did not think expanding the programme horizontally was feasible. The 'piggybacking' strategy would imply designing a separate response relying on some processes or systems of PATH (such as the payment mechanism) but would not overburden the programme.

3. Use the lessons from the case management system to improve the targeting and the benefits provided by social protection schemes, in order to increase their effects on resilience building and recovery.
4. If necessary, extend the social protection response (whether vertical or horizontal expansions or piggybacking) to provide support during the recovery phase.
5. Use the information and capacity of the MLSS to support the implementation of programmes that support the recovery and reconstruction of private and public infrastructure.

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## List of acronyms

ADC	Aggregated Deductible Cover
ADL	Activities of Daily Living
ADRA	Adventist Development Relief Agency
AOBC	Assistance On Behalf Of Children
BMIS	Beneficiary Management Information System
BOS	Board of Supervision
CCRIF SPC	Caribbean Catastrophe Risk Insurance Facility Segregated Portfolio Company
CDEMA	Caribbean Disaster Emergency Management Agency
DRM	Disaster Risk Management
EM-DAT	Emergency Events Database
EOC	Emergency Operations Centre
ESI	Education and Social Intervention
GDP	Gross Domestic Product
HAC	Humanitarian Assistance Committee
ILO	International Labour Organization
LAC	Latin America and the Caribbean
MIS	Management Information System
MLGCD	Ministry of Local Government and Community Development
MLSS	Ministry of Labour and Social Security
MOH	Ministry of Health and Wellness
NDF	National Disaster Fund
NDRMC	National Disaster Risk Management Council
NEOC	National Emergency Operations Centre

NGO	Non-Governmental Organisation
NIS	National Insurance Scheme
ODPEM	Office of Disaster Preparedness and Emergency Management
OPM	Oxford Policy Management
PATH	Programme of Advancement through Health and Education
PDC	Parish Disaster Committee
PIOJ	Planning Institute of Jamaica
PMT	Proxy Means Test
SPIAC-B	Social Protection Inter-Agency Cooperation Board
UNDP	United Nations Development Programme
WFP	World Food Programme
ZDC	Zonal Disaster Committee

# 1 Introduction

There is global recognition of the promising linkages between social protection and disaster risk management in responding to and mitigating shocks, and in contributing to strengthening the humanitarian–development nexus. This recognition has, for example, been expressed in the 2016 World Humanitarian Summit by the Social Protection Inter-Agency Cooperation Board (SPIAC-B)<sup>6</sup> and in the 2030 Agenda for Sustainable Development, approved by the UN in September 2015.

It is in this context that WFP has joined forces with OPM to implement a research project *on Shock-Responsive Social Protection in Latin America and the Caribbean (LAC)*, which aims to generate evidence and inform practice for improved emergency preparedness and response. Between 2016 and early 2019, the project conducted a literature review of experiences in LAC (Beazley *et al.*, 2016); seven country case studies (Ecuador, El Salvador, Guatemala, Haiti, Peru, Dominican Republic, and Dominica); a synthesis report with the main findings of the study and policy recommendations for capacity and systems’ strengthening (Beazley *et al.*, 2019); and various conferences and webinars to share the evidence generated by the project.<sup>7</sup>

In 2019, the study focuses on the Caribbean region, with a literature review, five country case studies (Belize, Guyana, Jamaica, Saint Lucia and Trinidad and Tobago), and a synthesis report. The characteristics of Caribbean countries, their disaster and risk profiles (e.g. rapid onset events, such as hurricanes), and their DRM and social protection systems and linkages call for focus on this region. The emphasis on the region will provide WFP’s office in Barbados, the Caribbean Disaster Emergency Management Agency (CDEMA), and its participating states with evidence and information for strengthening emergency preparedness and response capacities.

This report studies the case of **Jamaica** and identifies the factors that would allow the social protection system to be more responsive. Jamaica is a very interesting case because it is a country with high exposure to disasters, but it also has relatively strong DRM and social protection systems. Furthermore, while the study was conducted prior to the COVID-19 pandemic, at the time of publishing this research, Jamaica was one of several countries in the Caribbean looking to introduce, expand or adapt social protection to support impacted individuals and households.

<sup>6</sup> SPIAC-B is an inter-agency coordination mechanism to enhance global coordination and advocacy on social protection issues and to coordinate international cooperation in country demand-driven actions. SPIAC’s board is chaired by the World Bank and the International Labour Organization (ILO), and includes representatives from development partners, UN agencies and others. SPIAC-B has committed to ‘support the further expansion and strengthening of social protection systems to continue to address chronic vulnerabilities and to scale up the utilisation of social protection as a means of responding to shocks and protracted crises.’

<sup>7</sup> The reports and other relevant material are available at <https://www1.wfp.org/publications/shock-responsive-social-protection-latin-america-and-caribbean> and [www.opml.co.uk/projects/study-shock-responsive-social-protection-latin-america-and-caribbean](http://www.opml.co.uk/projects/study-shock-responsive-social-protection-latin-america-and-caribbean).

The next section presents the research methodology. [Section 3](#) describe the risks, vulnerability, and poverty profile of the country. [Section 4](#) describes the DRM system; and [Section 5](#) describes the social protection system. [Section 6](#) shares Jamaica’s experiences in using social protection in response to shocks, and [Section 7](#) provides recommendations for more responsive and flexible systems. Finally, [Section 8](#) provides a brief conclusion.



## 2 Research methodology

This section presents a framework that helps understand the two key dimensions of a shock-responsive social protection scheme: system preparedness and responsiveness. We also present the overarching research questions and briefly describe the tools and fieldwork.

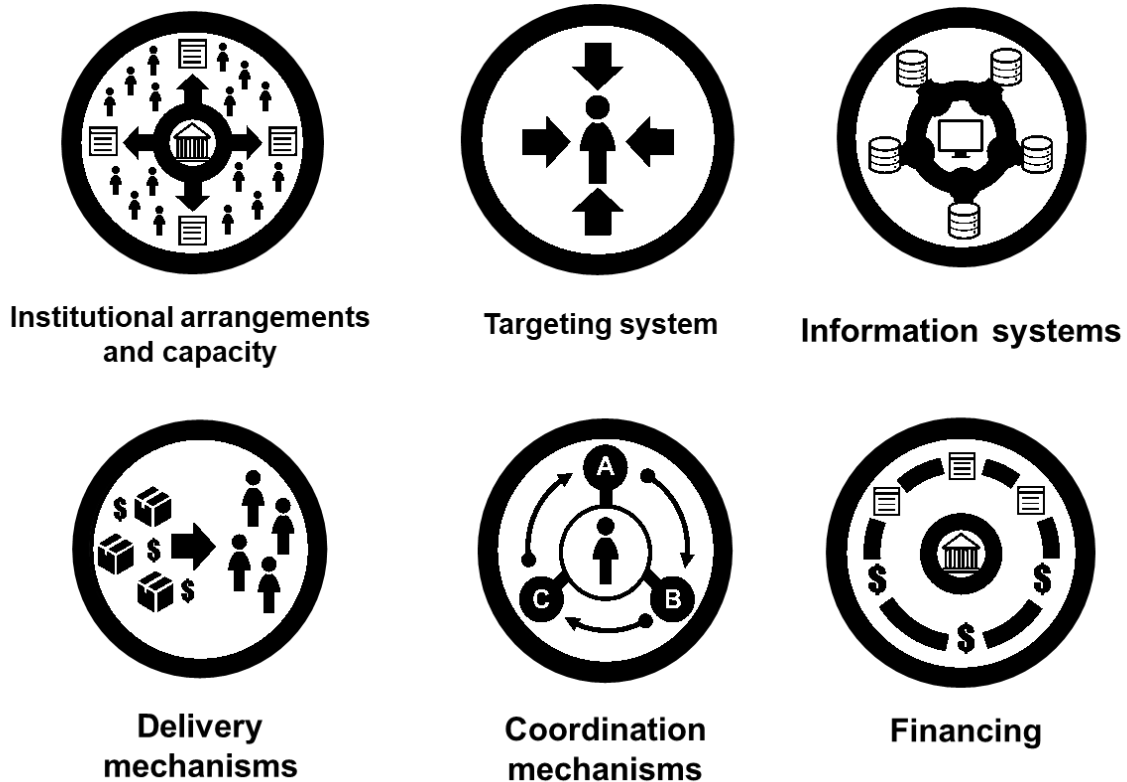
### 2.1 Theoretical framework

#### 2.1.1 System preparedness

In this study, we analyse DRM systems in place and the level of preparedness of the social protection system to play a role in responding to emergencies based on six aspects that are essential for a prompt and effective response (Beazley et al., 2016):

1. **Institutional arrangements and capacity:** legislation, policies and mandates of key DRM and social protection institutions, as well as the organisational structure that affects services delivery in these areas;
2. **Targeting system:** protocols, processes and criteria for identifying people and families that should receive social protection or DRM support;
3. **Information systems:** socioeconomic, disaster risk and vulnerability information to enable decision making before and after a shock. This includes social registries and beneficiary registries, DRM information systems and issues related to accessibility, sharing protocols, data collection mechanisms, data relevance and accuracy and security and privacy protocols;
4. **Delivery mechanisms:** mechanisms in place for delivering cash or in-kind assistance to social protection beneficiaries and/or people affected by shocks;
5. **Coordination mechanisms:** mechanisms and protocols for coordinating the DRM activities before and after a shock—including the coordination of different government agencies, of activities at different government levels, and of humanitarian agencies (the role of the social protection sector is of particular interest); and
6. **Financing mechanisms:** strategies and mechanisms for financing DRM activities before and after a shock—including budgetary instruments, contingent credits, and market-based instruments like parametric insurance (protocols and commitments for financing responses through social protection are of particular interest).

**Figure 2: Typology of system preparedness for shock-responsive social protection**



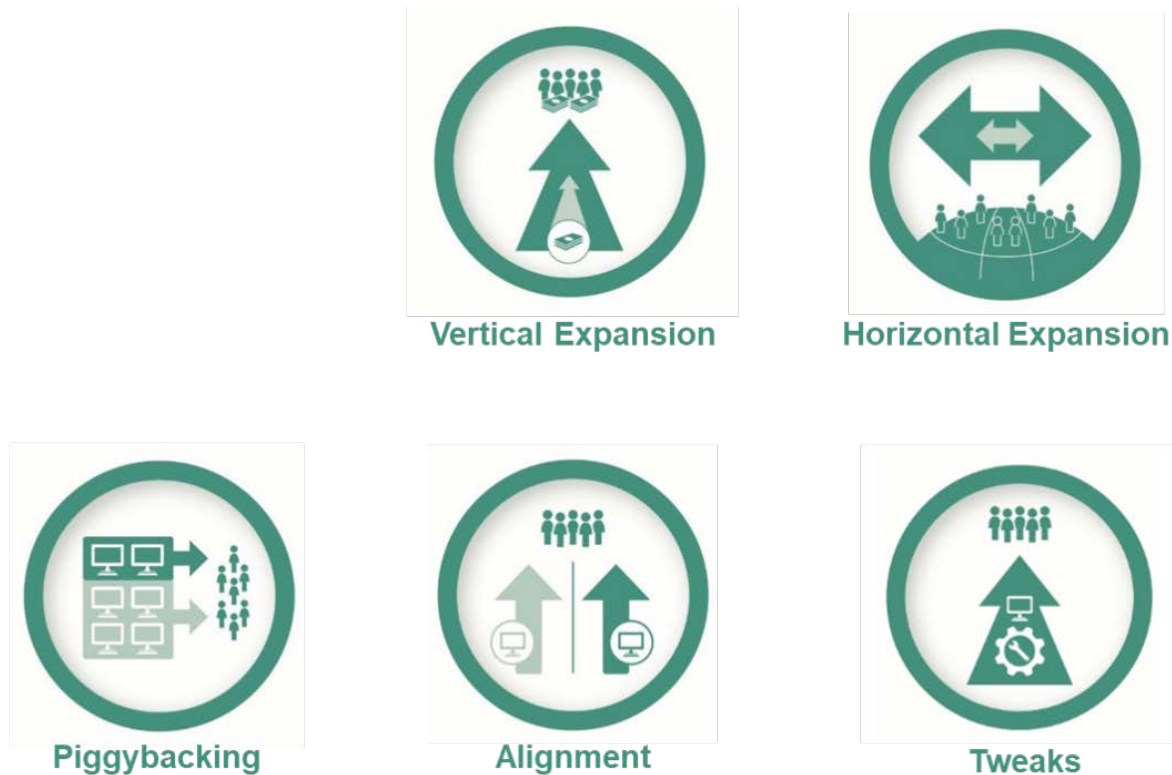
Source: adapted from Beazley *et al.* (2016)

### 2.1.2 System response

When policymakers consider the use of a social protection system to address emergency needs, there are a number of strategies that they may employ to scale up the overall level of support that the system provides to vulnerable people. Based on OPM (2015), we tentatively consider five main types of scale-up (which can be used in combination):

1. **vertical expansion:** increasing the benefit value or duration of an existing social protection programme or system;
2. **horizontal expansion:** temporarily extending social protection support to new households;
3. **piggybacking:** utilising elements of an existing social protection programme or system for delivering a separate emergency response;
4. **alignment:** aligning some aspects of an emergency response with the current or possible future national social protection programmes; and
5. **design tweaks:** making small adjustments to the design of a core social protection programme.

**Figure 3: Typology of shock-responsive social protection**



Source: OPM (2015)

## 2.2 Research tools and fieldwork

The research consisted of three phases: a literature review, fieldwork, and analysis. In relation to the first phase, a thorough review of legislation, policy plans and strategies was conducted as well as of programme reviews, assessments, and evaluations available. The theoretical framework presented above and the research questions in Annex B guided the review. The main research question for the study is: **‘What factors enable social protection systems to be more responsive to shocks?’**

Fieldwork was conducted from 25 March to 29 March 2019. The research was conducted by Rodolfo Beazley (OPM), research lead, and Francesca Ciardi (WFP). The research was conducted in Kingston and the Clarendon parish. The research tools used were as follows:

- **key informant interviews in Kingston:** key informants interviewed were from the MLSS, the Planning Institute of Jamaica, Ministry of Local Government and Community Development, and the ODPEM, the Jamaican Red Cross, and the UN. These interviews served to triangulate the findings from other data sources. Data was collected through semi-structured interviews, supplemented by selected tools; and
- **key informant interviews in the Clarendon parish:** semi-structured interviews were conducted in Clarendon with beneficiaries of PATH and parish officers (social workers, the PATH administrator, the MLSS parish manager, disaster coordinator, etc.)

The list of key informants who were interviewed can be found in Annex A.

The third phase of the research consisted of analysing the information collected and the findings of the literature review and answering the research questions. Preliminary results were shared with WFP. This report, which has been peer reviewed, is the output of this research.

## 3 Risk, vulnerability and poverty in Jamaica

Jamaica is a Caribbean island nation with a population of 2.6 million,<sup>8</sup> and with a Human Development Index value of 0.732 in 2018—which is regarded as ‘high’—the country ranks 97th in the world, and eighth among CDEMA member states<sup>9</sup> (UNDP, 2018). An upper-middle-income country, Jamaica’s Gross Domestic Product (GDP) in 2017 was US \$4,974 (in current prices), placing it 15th among CDEMA member states.<sup>10</sup> Since 1990, Jamaica’s annual GDP growth rate has been stagnant at 1%, much lower than all other countries in the region except for Haiti (IDB, 2018).

### 3.1 Natural Hazards

**The level of exposure to disasters due to natural hazards in Jamaica is considered very high.**

The country ranks 27th out of 172 countries on the World Risk Index (2018), which classifies a country’s vulnerability and exposure to natural hazards. The country ranks third in the region,<sup>11</sup> following Guyana and Haiti. The Emergency Events Database shows that Jamaica suffered 37 adverse weather events between 1950 and 2018,<sup>12</sup> accounting for 11% of the disasters among CDEMA member states, the second highest rate in the region after Haiti. The most frequent natural hazards in Jamaica are storms (24 events), followed by floods (nine events).

**Natural hazards have severely impacted production and employment in Jamaica over the past decades.** Approximately 90% of the GDP is produced within its coastal zone, making its productive sector highly weather-sensitive (e.g. tourism; industry; fisheries and agriculture) (USAID, 2017). For example, labour-intensive industries, such as banana exports, sustained temporary job losses to the tune of 8,000 jobs in 2004 when Hurricane Ivan hit the country. Moreover, Hurricane Matthew (2016), increased the risks of falling into informal employment in Jamaica (Garzón, 2018).

**Natural hazards have also had various social and human negative effects.** For instance, Hurricane Ivan (2004) directly affected 14% of the country’s population, or nearly 370,000 people (ECLAC *et al.*, 2004): 13% of the housing was damaged, and the total damage to the housing sectors amounted to US \$11,163 million. Women and children were particularly affected by disease outbreak; this was exacerbated by damage inflicted on 35% of the public hospitals, which rendered them non-operational post-crisis (*ibid.*).

<sup>8</sup> See the 2011 Population and Housing Census.

<sup>9</sup> CDEMA presently comprises eighteen participating states: Anguilla, Antigua and Barbuda, the Commonwealth of the Bahamas, Barbados, Belize, Commonwealth of Dominica, Grenada, the Republic of Guyana, Haiti, Jamaica, Montserrat, St Kitts and Nevis, St Lucia, St Vincent and the Grenadines, Suriname, the Republic of Trinidad and Tobago, the Turks and Caicos Islands, and the Virgin Islands. Note that Human Development Index data are not available for four of the 18 CDEMA member states: Anguilla, the British Virgin Islands, Montserrat, and the Turks and Caicos Islands.

<sup>10</sup> As above.

<sup>11</sup> Data are not available for Anguilla, Antigua and Barbuda, Dominica, Montserrat, St Kitts and Nevis, St Lucia, St Vincent and the Grenadines, the Turks and Caicos Islands, and the British Virgin Islands.

<sup>12</sup> Note that Emergency Events Database is limited in terms of coverage of events prior to 1980.

## 3.2 Poverty and Vulnerability

### **Jamaica's sluggish growth since 1991 can be largely attributed to persistent economic shocks.**

The effects of the inflationary shocks in 1991, the financial and debt crisis in 1997, and the global crisis in 2008–09 have resulted in Jamaica's poor economic performance *vis-à-vis* other countries in the Caribbean (ECLAC, 2013). The economy is highly sensitive to macroeconomic shifts in the United States, the repercussions of which were strongly felt in 2008. For instance, shrinking tourism revenues adversely hit the economy in 2008, given that tourism accounted for 25% of the country's workforce and that 95% of the erstwhile inflows were from North America and Europe (Koume and Reyes, 2011). While the poverty headcount ratio has undergone steady decline since the 1990s, this trend was reversed by the economic downturn in 2007, and poverty levels have remained stubbornly high since.

**The poverty rate<sup>13</sup> in Jamaica in 2015 was 21%** (Statistical Institute of Jamaica, 2015). While this is lower than average poverty observed in the region (28%), this is far higher than pre-2008 poverty levels (5%). Poverty is concentrated in rural areas (28%) compared to Kingston Metropolitan Area and other towns (15%). Further, nearly 7% of the individuals were in extreme poverty. Certain vulnerable groups were considerably poorer than the working age population: children and youth (24%) and elderly (18%). Female-headed households were marginally poorer (17%) than male-headed households (14%).

**Unemployment declined between 2018 and 2017, in part driven by declining labour force participation** (ECLAC, 2018). The unemployment rate in 2018 was nearly 10%. While Jamaica performs better than most of its Caribbean counterparts, it trails behind countries such as Trinidad and Tobago (3%), St Kitts and Nevis (4%), Turks and Caicos (6%) and Suriname (8%). The historic gender disparity in employment continued: female unemployment (11%) was almost twice that of male unemployment (6%). Youth (20–25) unemployment is considerably higher at 19%, and the gender differences are reinforced—16% of the male youth were unemployed, as opposed to 24% of the female youth. Women's lower rates of employment and higher rates of unemployment results in more limited access to social security.

### **Reliance on informal employment and remittances are important sources of vulnerability.**

While the latest data on labour informality is unavailable, estimates suggest a non-trivial informal workforce. ILO estimates suggest 35% of the workforce is occupied by own-account workers and family workers,<sup>14</sup> who are less likely to have access to contributory social protection. The country derived 15% of its GDP, or US \$2.26 billion from remittances in 2014 (World Bank, 2015), and 50% of the households reported receiving income from remittances (Statistical Institute of Jamaica, 2015).

<sup>13</sup> Poverty rate is defined as the percentage of individuals with consumption levels below the national poverty line.

<sup>14</sup> ILOSTAT: status in employment—ILO modelled estimates, November 2018.



**Female-headed households are particularly vulnerable to the impacts of hazards.** Female-headed households are slightly poorer than other households, which limits their resources for managing shocks. Data suggests that they are more vulnerable to the impact of natural hazards, especially those living in rural communities, coast zones and low-lying flood-prone areas. One disaster housing damage survey found that female-headed households were over-represented in every category of damage (minor damage, major damage, destroyed).<sup>15</sup> Whilst efforts are underway to strengthen gender mainstreaming within disaster risk reduction and management frameworks, gender considerations are absent from key policy and legislative plans and strategies.

<sup>15</sup> Cited in Senior and Dunn (2009)

## 4 Disaster Risk Management in Jamaica

This section describes the DRM system in the country, focusing on the institutional arrangements, the coordination mechanisms, and the financing mechanisms. When relevant, we highlight the role of social protection actors in the DRM system.

### 4.1 Institutional arrangements

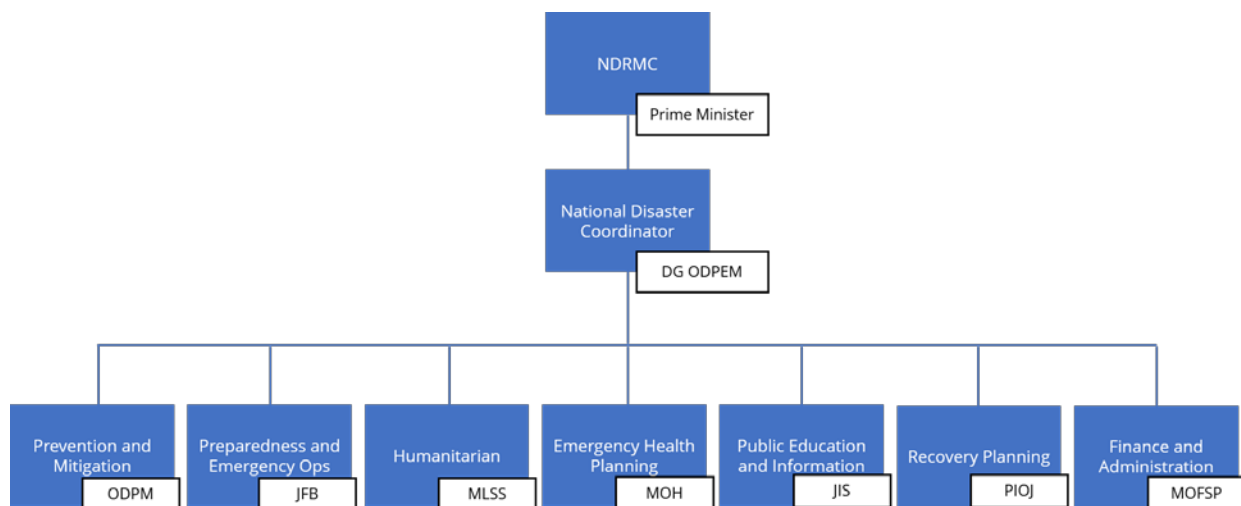


**The DRM Act, revised in 2015, forms the legal backbone of the DRM system in Jamaica.** According to the act, the system is implemented at three levels: national, parish, and community. The National Disaster Risk Management Council heads the system at the national level. The National Disaster Risk Management Council is chaired by the Prime Minister, and the deputy chairman is the Minister of Local Government and Community

Development. The General Director of ODPEM is the National Coordinator for DRM actions. ODPEM is the main agency within the National Disaster Risk Management Council responsible for coordinating preparedness and response actions.

There are also seven sectoral committees in charge of preparedness and response actions in the different areas (see Figure 4). Both government organisations and NGOs are members of these committees.

**Figure 4: DRM institutional structure**



Note: JFB = Jamaica Fire Brigade; MoH = Ministry of Health and Wellness; JIS = Jamaica Information Service; MOFSP = Ministry of Finance and Public Service

At parish level, the Parish Disaster Committee is chaired by the mayor. Other sitting members of the committee include all parish councillors and local representatives of the various government organisations and NGOs, such as the Red Cross and the Adventist Development Relief Agency (ADRA). Each parish has a Parish Disaster Coordinator who is responsible for coordinating all the

DRM activities in the parish and for developing the corresponding plan. Each parish establishes sectoral subcommittees in accordance to their own plans.

At community level, the Zonal Disaster Committee prepares a DRM plan for the community which is incorporated into the parish plan. The Zonal Disaster Committee is also responsible for community sensitisation, liaising with the Parish Disaster Committee, and nominating persons to be trained as shelter managers and other capacities.

Various ministries and organisations play different roles in DRM, most of them as part of the national or parish sectoral committees. It is of particular interest for this study the mandate of MLSS in relation to DRM.

**MLSS plays a key role in DRM.** The ministry chairs the national Humanitarian Assistance Committee, which oversees and ensures coordination of all shelter, relief and distribution activities, as well as leading the National Humanitarian Policy and Strategy, which articulates welfare and relief issues within the context of DRM in Jamaica. MLSS is the primary agency responsible for coordination of welfare activities to support people affected by disasters.<sup>16</sup> The main activities of the committee are to:

- lead the development, review and updating of the National Humanitarian Policy and Strategy (formerly Shelter, Welfare, Relief Clearance Policy and Plan). This plan clarifies welfare and relief issues within the context of Disaster Risk Management as practiced in Jamaica;
- develop and maintain current listing of needed and available resources - human and material;
- oversee and ensure coordination of all shelter, relief and distribution activities of all organizations, public and private, that are involved in disaster management;
- convene regular meetings and review strategies for disaster preparedness and management;
- review tools to assess the gaps and specific needs associated with providing humanitarian support;
- review or develop plans and training material to ensure adherence to the principles of inclusion;
- make recommendations in addressing the cumulative impact emanating from psychosocial issues that have long term effects;
- coordinate and develop strategies for persons displaced by disaster.

The Humanitarian Assistance Committee is co-chaired by the Jamaican Red Cross, and some of the other members include the Ministry of Education, Information, and Youth; the Board of Supervision; the Planning Institute of Jamaica; Food for the Poor; the Salvation Army; ADRA; the Rural Agricultural

<sup>16</sup> Draft terms of reference for the Humanitarian Assistance Committee by the National Disaster Risk Management Council.

Development Authority; the Ministry of Local Government and Community Development; the Parish Disaster Coordinator; and ODPEM.

In an effort to ensure that gender is integrated in all national policies, plans, programmes and operations, Gender Focal Points have been established in key ministries, departments and agencies. The focal points at ODPEM are tasked with integrating gender considerations in environmental management and disaster risk management. Efforts are however hindered by absence of data disaggregated by sex and other intersecting variables with respect to gender differential needs and concerns (ECLAC, 2014).

## 4.2 Coordination mechanisms



ODPEM is responsible for coordinating preparedness actions across levels (national, parish, community) and sectors (committees). When there is a national threat or emergency, NEOC is activated and ODPEM coordinates the relief efforts, including the support of the international community, through this centre.

Parishes also set up Parish Emergency Operations Centres (EOCs). EOCs are staffed by emergency managers, representatives from fire, police, health, transport, utilities, public works, NGOs and other agencies as necessary. In the case of major threats, ministries, agencies and NGOs will set up their EOCs, which liaise with NEOC (UN and IDB, 2007). The NEOC functions as follows:

Once a threat is detected, ODPEM is responsible for deciding if and when the NEOC will be activated and will advise the parishes to activate their EOCs. For localised threats, parishes will activate their EOCs as necessary and advise ODPEM. The NEOC can be activated at either level one or level two depending on the nature of the threat. For level one activation, the NEOC is staffed by ODPEM staff, whereas for level two activations the NEOC is staffed by a full multi-agency team. The staffing of the NEOC permits management of any crisis, and the composition of the team is adjusted to the particular threat. Private Sector representatives from the utilities and communications sectors are also part of the NEOC Team' (UN and IDB, 2007)

The National Disaster Plan establishes that donors and partners should be invited to attend meetings of the National Disaster Committee. 'Once there is a major event, the Ministry of Foreign Affairs and the UNDP are co-chairs of meetings with the international community. This includes embassies, missions, and donor agencies. Information exchange is achieved through regular briefing meetings convened at UNDP Headquarters. At these meetings situation updates are given, the official needs list is presented, and donors make their pledges. Any assistance received is noted and efforts are made to coordinate external agencies which want to participate in response. The link between the international community and the NEOC is maintained through the Director General.' (UN and IDB, 2007)

### 4.3 Financing mechanisms



The DRM Act from 2015 creates the **National Disaster Fund**, which is the main budget instrument for disaster risk financing in the country. The National Disaster Fund is intended for projects that mitigate, prevent, prepare for, respond to, and recover from emergencies and disasters, and that provide financial assistance to households for relief and recovery from a disaster: 'however, the fund is primarily used for the coordination of risk reduction activities' (World Bank, 2018).

As of March 2015, the National Disaster Fund was capitalised at US \$2 million (World Bank, 2018). The DRM Act stipulates that 1% of the revenues from commercial and residential development paid to local authorities annually is to go to the fund. We have not had access to information that confirms that these funds have been allocated as per the act. US \$2 million is considered largely inadequate when compared to the estimated annual average losses in a country with the risk profile of Jamaica (see World Bank, 2018 for a full analysis of this issue).

A **Contingencies Fund**, established by the constitution and capitalised at US \$825,000 (JM \$106 million) in 2014, can be disbursed for unforeseen expenditures like natural disasters. However, according to the World Bank (2018), as of September 2017 no payments have been made for weather-related events. The Contingencies Fund has primarily been accessed for retroactive salary payments and pensions.

Jamaica is also a member of the **CCRIF SPC**. CCRIF uses parametric insurance to provide quick disbursing and short-term liquidity for financing responses and recovery. However, Jamaica has not been able to access the CCRIF funds because the disasters insured have not met the pre-established parameters for pay-outs.

### **Box1: Caribbean Catastrophe Risk Insurance Facility Segregated Portfolio Company (CCRIF SPC)**

In 2007, the CCRIF was formed as the first multi-country risk pool in the world and was the first insurance instrument to successfully develop parametric policies backed by both traditional and capital markets. It was designed as a regional catastrophe fund for Caribbean governments to limit the financial impact of devastating hurricanes and earthquakes by quickly providing financial liquidity when a policy is triggered.

It works by combining the benefits of pooled reserves from participating countries with the financial capacity of the international financial markets. It retains some of the risks transferred by the participating countries through its own reserves and transfers some of the risks to reinsurance markets where this is cost-effective. This structure results in a particularly efficient risk financing instrument that provides participating countries with insurance policies at approximately half the price they would obtain if they approached the reinsurance industry on their own.

The facility was restructured into a segregated portfolio company to facilitate expansion into new products and geographic areas and is now named CCRIF Segregated Portfolio Company (CCRIF SPC). The new structure, in which products are offered through different portfolios, allows for total segregation of risk.

CCRIF SPC offers earthquake, hurricane, and excess rainfall policies to Caribbean and Central American governments. Its parametric insurance mechanism allows it to provide rapid pay-outs to help members finance their initial disaster response and maintain basic government functions after a catastrophic event. In 2017, the Aggregated Deductible Cover, a new policy feature for tropical cyclone and earthquake policies, was introduced. The Aggregated Deductible Cover was designed to be akin to a dedicated reserve fund providing a minimum payment for events that are objectively not sufficient to trigger a CCRIF policy, because the modelled loss is below the attachment point.

Since it began in 2007, CCRIF SPC has made pay-outs of over US\$152 million to 13 member countries, with all payments occurring within 14 days of the shock. CCRIF has also made twelve payments totalling around US\$1 million under member governments' Aggregated Deductible Cover.

**There are 22 country members of the facility: Anguilla, Antigua and Barbuda, Bahamas, Barbados, Belize, Bermuda, the British Virgin Islands, the Cayman Islands, Dominica, Grenada, Guatemala, Haiti, Jamaica, Montserrat, Nicaragua, Panama, St Kitts and Nevis, St Lucia, St Maarten, St Vincent and the Grenadines, Trinidad and Tobago, and the Turks and Caicos Islands.**

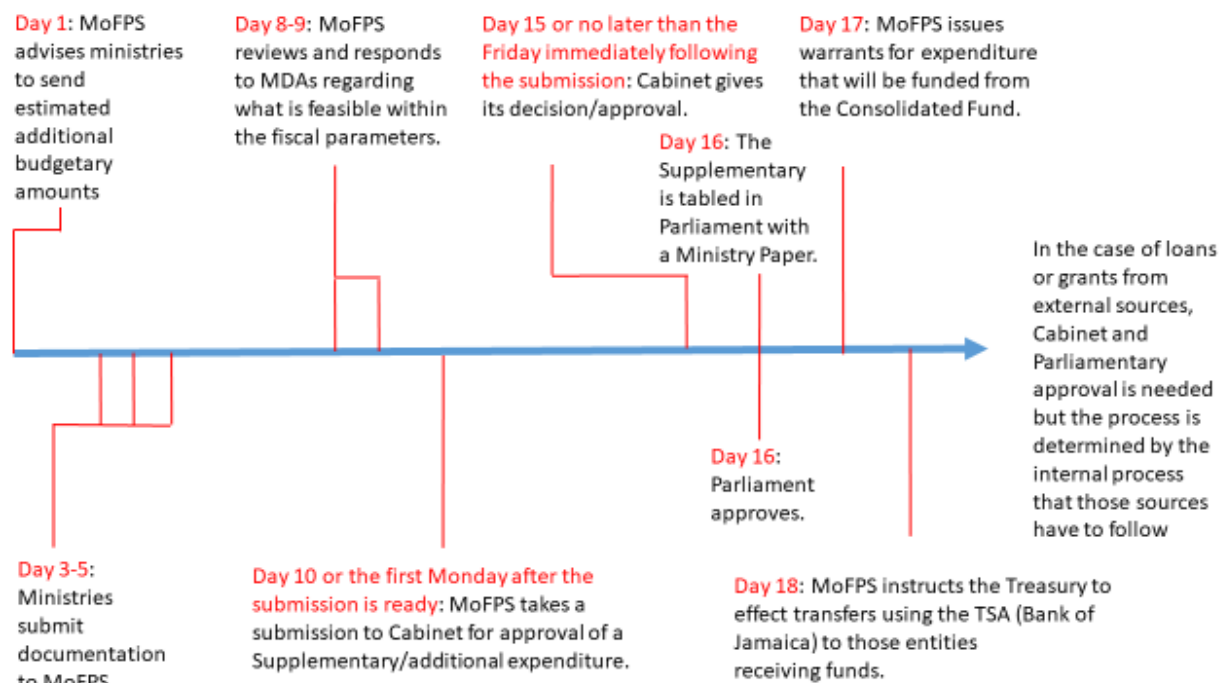
Source: [www.ccrif.org](http://www.ccrif.org)

DRM preparedness and response actions are also funded with resources from various ministries and different government levels. Many DRM actions are part of the regular activities and mandates, and hence budgets, of different actors. See for example section 5 about how MLSS programmes conduct DRM activities as part of their regular operations.

Response actions are often funded through budget reallocations. The Ministry of Finance and Public Service initiates the process to approve unbudgeted expenditure by asking ministries to send requests for additional resources to respond to a disaster. The allocation of additional expenditure

requires the approval of the cabinet and the parliament, and the whole process takes approximately 17 days (World Bank, 2018).

**Figure 5: Process for allocating unbudgeted expenditure for disaster responses**



Source: World Bank (2018)

The table below presents the main disaster risk financing instruments based on their risk management function: risk retention or risk transfer<sup>17</sup>. Best practices suggest that a combination of retention and transfer instruments is usually more effective, although the right mix will depend on local circumstances. Although Jamaica has a mix of different disaster risk financing instruments, **in practice there seems to be a reliance on ex post retention instruments**, because the *ex ante* retention instruments (the National Disaster Fund and the Contingency Fund) are still of limited size—in particular related to losses due to major events. In addition, the country has not received CCRIF SPC payments in recent years, which is the main risk transfer instrument.

**Table 2: Disaster risk financing instruments**

<b>Ex ante</b>	Retention	National Disaster Fund Contingencies Fund
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<sup>17</sup> Risk retention involves accepting / absorbing the risk, while risk transfer entails passing the risk to a third party (i.e. an insurance company).

	Transfer	CCRIF SPC
<b>Ex post</b>	Retention	Budget reallocation International loans and assistance

Source: World Bank (2018)



## 5 Social Protection in Jamaica

**The National Social Protection Strategy establishes a rights-based approach for social protection in the country, rooted in constitutional rights.** According to the strategy, social protection seeks to guarantee the provision of basic income security and essential social services. The social protection floor gives priority to the most vulnerable population groups, including children, the elderly, low-income workers, and persons with disabilities, who would typically be less likely to have the full benefits of social security rights without targeted actions. The strategy uses a life-cycle approach (children, youth, working age, and elderly) to address in a systematic way the different risks and vulnerabilities they face in each stage (Planning Institute of Jamaica, 2014).

**The strategy gives social protection a clear role in DRM.** In relation to crises, the strategy indicates that, ‘for the social protection sector to maintain effectiveness over time it must have the foresight and flexibility to accommodate any future demands within a reasonable planning horizon’ (Planning Institute of Jamaica, 2014). The strategy also establishes the need to ‘ensure mechanisms are in place to flexibly respond to the varied needs of expanding vulnerable groups, to prevent long-term undesirable outcomes’. These include access to goods and services, appropriate housing and facilities to ensure physical access, health services, employment opportunities and other forms of income support, human capital development, and access to social security’. Furthermore, the following strategic actions are indicated:

- a) to ensure emergency relief and rehabilitation measures are in place, especially for the elderly, persons with disabilities, and *ad hoc* victims;
- b) to scale up cash transfer programmes by adding temporary beneficiaries and/or increasing benefit levels for a specified period; and
- c) to institute or expand public works programmes to sustain or replace incomes in the short term.

**An analysis of social protection programmes’ coverage of target groups prioritised in the ODPEM’s Comprehensive Disaster Management (CDM)<sup>18</sup> framework, indicates the Jamaica social protection system aligns with the CDM comprehensively.** This is particularly the case for the PATH programme which targets all four groups: women, children, the elderly and disable (González Arreola, 2016).

The main social protection programmes are described in the section below.

<sup>18</sup> The CDM programme follows the phases of the Disaster Risk Management cycle – mitigation, preparedness, response and recovery – and incorporates actions and strategies to prepare for, reduce and recover from the impact of disasters.

## 5.1 Main social protection programmes

**Table 3: Main social protection programmes**

Programme	Implementing agency	Target group	No. of beneficiaries	Benefit amount	
				JM\$	US\$
<b>PATH</b>	MLSS	Poor households with children, pregnant/lactating women, elderly, disabled	338,481 (84% female-headed households)	Minimum: 600; Average: 3,225	Minimum: 5; Average: 25
<b>Rehabilitation Assistance Grant</b>	MLSS	Small income-generating activities	609 (68% female)	26,338	203
<b>Emergency Assistance Grant</b>	MLSS	People affected by disaster	2,029 (60% female)	23,509	181
<b>Compassionate Assistance Grant</b>	MLSS	People in need of basic assistance (e.g. medicines)	2,191 (66% female)	24,664	190
<b>Education and Social Intervention Grant</b>	MLSS	Children in risk of dropping out of school	354 (77% female)	21,468	165
<b>National Insurance Scheme<sup>19</sup></b>	MLSS	Employed person, self-employed person and voluntary contributor	114,189	99,333	764
<b>Poor Relief</b>	Parish councils; Ministry of Local Government and	Destitute mostly in need of shelter and social care	20,000 approx. <sup>20</sup>	NA	NA

<sup>19</sup> Coverage and benefit average value reported by the National Insurance Scheme in April 2019.

<sup>20</sup> Reported by the Board of Supervision.

Programme	Implementing agency	Target group	No. of beneficiaries	Benefit amount
	Community Development	services		

Sources: Board of Supervision (nd), MLSS (2018a), MLSS (2018b)

Note: year: PATH (2018), Education and Social Intervention, Compassionate Assistance, Emergency Assistance and Rehabilitation Grant (2017/2018), Poor Relief (nd) and National Insurance Scheme (2019).

### 5.1.1 PATH

PATH is a conditional cash transfer programme initiated in 2001 and which represented a consolidation of three existing social assistance programmes (Food Stamps, Outdoor Poor Relief, and the Old Age and Incapacity Programmes). PATH benefits are conditional on behaviours that promote human capital development, including visits to health clinics and school attendance. The programme had 338,481 beneficiaries as of February 2018 and is one of the largest in the Caribbean.

The objectives of the programme are to:

- increase educational attainment and improve health outcomes of the poor by breaking the intergenerational cycle of poverty;
- alleviate poverty by increasing the value of transfer to the poor;
- reduce child labour by requiring children to have a minimum attendance in school;
- serve as a safety net by preventing families from falling further into poverty in the event of adverse shocks; and
- seek and retain employment for working age members of PATH families.

### Targeting mechanism

PATH targets poor households with children, pregnant or lactating women, elderly, and disabled members. The application process begins with the applicant going to the MLSS parish office and providing the required supporting documents. The applicant is interviewed by the Records Information Officer, who enters the information in the Beneficiary Management Information System (BMIS) for scoring. The BMIS uses a proxy means test (PMT) to assess the eligibility of applicants. The PMT is an algorithm that uses household socioeconomic data to estimate the welfare level of each

household and produces a ranking. The programme establishes a cut-off point, and those with an estimated welfare score lower than the cut-off are provisionally accepted into the programme.<sup>21</sup>

The eligibility of applicants who are provisionally accepted is verified through household visits undertaken by the social workers. With the information collected by the social workers, the PMT is re-calculated and a final decision is made. Rejected applicants can file an appeal and be reassessed.

After four years in the programme, the eligibility of beneficiaries is meant to be reassessed. However, the re-validation process is currently being implemented for the first time; this process started in September 2017 and is expected to be instituted in 2019.

## Payment mechanism

PATH payments are delivered every two months using three alternative methods. The vast majority of these transfers are delivered through paper cheques (81%) with the remaining delivered electronically through cash cards (14%) and remittance agents (5%) (Pulver, 2017). However, PATH key informants interviewed for this research noted that the proportion of beneficiaries paid with cheques is decreasing.

The process of paying with cheques is cumbersome and administratively costly and is seen as inefficient by the MLSS. The whole process – from printing, sealing, and batching until MLSS's parish offices collect the bagged cheques from headquarters and transport them to Post Office branches by the 15th of the payment month – lasts more than 10 days and involves more than 20 staff in headquarters. The programme has set ambitious standards for increasing the proportion of beneficiaries paid with electronic methods and is also exploring new electronic mechanisms.

Payments are delivered largely on time. MLSS staff and PATH beneficiaries interviewed for this research emphasised that cheques payments are reliable and on schedule, and the other methods, in particular the remittance one, sometimes experience minor delays.

The amounts of PATH cash benefits and the detailed eligibility criteria can be found in Annex C.

### 5.1.2 Rehabilitation Programme

Established by a Cabinet Decision in 1972, the Rehabilitation Programme includes four types of grants:

- **the Compassionate Grant**, available to persons who are in need of speedy assistance and who cannot access such assistance under other schemes—this grant provides aids and medication, household items, house repairs, and burial expenses;

<sup>21</sup> In 2018, out of 16,043 applicants, 41% were accepted, 18% were provisionally accepted, and 41% were rejected, according to the information provided by the programme.

- **the Emergency Grant**, used to assist people who suffer from disasters such as earthquakes, hurricanes, and fires, and who do not have access to an insurance coverage;
- **the Education and Social Intervention Grant**, used to support children who cannot attend school or whose regular attendance is affected by their parent/guardian's inability to provide uniforms, books, and other basic needs; and
- **the Rehabilitation Grant**, which provides self-employment opportunities through small projects with the objective of improving income. The grant provides the working capital and inputs to improve the income-generating project.

## Targeting mechanism

Persons seeking assistance must visit the parish office, where they are interviewed. The clerical officer takes the application in a paper form. The application is forwarded to a social worker who investigates the case and produces a recommendation, which is referred to the parish office administrator. In the case of the Rehabilitation Grant, the application then needs to be approved by an inter-ministerial committee and is then sent to MLSS headquarters for payment approvals. The other grants go directly to headquarters.

The Rehabilitation Programme does not have a MIS; applications are still paper-based and beneficiary data is registered in an Excel spreadsheet. The assessments conducted by the social workers are subjective.

## Payments mechanism

Payments are transferred with cheques and follow a similar process as PATH (see above), with two main differences: cheques are collected at the parish office, not at the local Post Office; and all cheques are made payable to the suppliers of goods and services, except in the case of the Emergency Grant.

## Benefits

Social workers propose the benefit amount based on their subjective assessment. The maximum amount provided to an individual is JM\$ 50,000 (US\$ 385) at any one payment. However, the Permanent Secretary of the Chief Technical Director may approve grants in excess of this amount.

### 5.1.3 National Insurance Scheme

The National Insurance Scheme is a compulsory contributory funded social security scheme offering financial protection to the worker and his/her family against loss of income arising from the injury on the job, incapacity, retirement, or death of the insured. National Insurance Scheme provides retirement, invalidity, orphans, widow/widower, employment injury, and maternity allowance; it does not offer unemployment insurance. The minimum age to be eligible for a National Insurance

Scheme old-age pension is 65. In early 2019, there were 350,801 contributors to the National Insurance Scheme,<sup>22</sup> meaning that only 26% of the labour force contributes it.<sup>23</sup>

#### 5.1.4 Poor Relief Programme

The Poor Relief Programme, managed under the Poor Relief Act, is a decentralised programme implemented by the parish councils and managed centrally by a Board of Supervision under the Ministry of Local Government and Community Development. The aim of the programme is to 'relieve destitution in all its forms.'<sup>24</sup> The programme has five main interventions:

- **indoor institutional care**, helping the elderly, the ill, and other persons experiencing difficulties to obtain the required care—it thus entails their placement and total care in infirmaries under the jurisdiction of parish councils and the Golden Age Home, which serves the municipality of Kingston and St Andrew;
- **outdoor assistance**, serving destitute clients who have a home, but face challenges in performing Activities of Daily Living (including activities such as feeding, bathing, dressing, and grooming). The programme provides a social care service providing assistance with Activities of Daily Living activities to destitute persons who are not able to take care of themselves, mostly the elderly. This component has referred approximately 10,000 beneficiaries to PATH;
- **Assistance On Behalf Of Children**, serving children who are dependent on indigent poor parents or guardians, providing books, uniforms, and school fees to stop children dropping out of school (beneficiary families are frequently also beneficiaries of other components of the Poor Relief Programme);
- **the Homeless Programme**, which provides basic social care services such as shelter, health, clothing, and food for destitute persons living on the street, in coordination with the charity Food for the Poor; and
- **the Indigent Housing Programme**, serving the indigent poor (living in their own houses or in rented accommodation) whose homes need basic repairs, providing in-kind assistance in coordination with the charity Food for the Poor.

The eligibility criteria for each one of the five Poor Relief programmes is based on the degree of destitution ranging from "Absolute Poverty" to "Indigent Poor". Institutional Care serves the most destitute clients. Admittance into the institutional facilities (parish infirmaries and Golden Age Home) is based on application to the Poor Relief Department of the Local Authority. Applicants are usually elderly, ill, and experiencing difficulties in obtaining the required care. Eligibility is assessed by Poor Relief Officers (González Arreola, 2016).

<sup>22</sup> Reported by the National Insurance Scheme in April 2019.

<sup>23</sup> The labour force was 1,340,200 in January 2019: see <http://statinja.gov.jm/LabourForce/NewLFS.aspx>.

<sup>24</sup> Poor Relief handbook.

## 6 Shock-Responsive Social Protection in Jamaica

Jamaica is one of the Caribbean countries that have made more progress in adapting the social protection system to be more responsive to shocks. There are a few key reasons for this.

- **Jamaica’s social protection systems are fairly strong, in particular when compared with other countries in the region, with a flagship conditional cash transfer programme (PATH) with substantial coverage and relatively robust administrative systems and capacity** (e.g. BMIS, payment mechanism, programme staffing, etc.). Evidence from the region and elsewhere shows that more mature social protection systems offer more opportunities for emergency response (Beazley *et al.*, 2019 and O’Brien *et al.*, 2018).
- As mentioned in section 5, **MLSS plays a crucial role in the country’s DRM system**. As a result of this mandate, MLSS has programmes and protocols in place for providing support to people affected by shocks (e.g. the Rehabilitation Programme), leads the national Humanitarian Assistance Committee, and MLSS and ODPEM (as well as other actors) work together in the development of policies, plans and response actions. The lack of interaction between the DRM and the social protection sectors is one of the main barriers for shock-responsive social protection in Latin America and elsewhere (Beazley *et al.*, 2019 and O’Brien *et al.*, 2018), which shows how important the close collaboration between these two sectors in Jamaica is.
- **In recent years, CDEMA and Participating States have made a significant paradigm shift from a reactive to an anticipatory approach to disaster management, as underpinned in the results-oriented Comprehensive Disaster Management strategy (2014-2024) and the Regional Resilience Agenda**. In driving these strategies, which promote an integrated DRM approach to building resilience and safeguarding lives and livelihoods against multiple risk scenarios in the Caribbean, CDEMA has prioritised social protection as one of five areas to achieve “Safer more Resilient and Sustainable Caribbean Communities”. In collaboration with WFP, a series of evidence building efforts (of which this report is part of), advocacy events and trainings are being implemented to boost social protection and DRM linkages and ex-ante investments across all Participating States, including Jamaica. Jamaica is one of the four Sub-Regional Focal Point countries of the CDEMA Regional Response Mechanism and therefore a key player in supporting disaster responses also in neighbouring countries (the Bahamas, Belize, Haiti and Turks and Caicos Islands).
- **The Government of Jamaica, with the support of the World Bank, has been investing in strengthening the responsiveness of its social protection system**. The World Bank, through a Rapid Social Response Trust Fund grant, is providing support in the following areas: assessing

the readiness and responsiveness of social protection delivery systems; improving instruments for shock-responsive social protection; and strengthening communication and coordination mechanisms (Kim, nd).<sup>25</sup>

## 6.1 Experiences of shock-responsive social protection in Jamaica

There are a few experiences of shock-responsive social protection worth highlighting:

### A. Vertical expansion of PATH and the National Insurance Scheme in response to Hurricane Dean in 2007

The government's relief assistance took the form of two benefit packages amounting to US \$8.4 million (JM \$1.1 billion). More than 90,000 households registered in PATH and received cash grants of roughly US \$30 (JM \$3,863), while about 75,000 of National Insurance Scheme pensioners and elderly received grants of about US \$72 (JM \$9,273). In both cases these were a one-time payments.

We do not have information about how timely the vertical expansions were. In relation to the adequacy of the amount transferred, **the value was significantly lower than recent vertical and horizontal expansions** in Latin American and Caribbean countries: In Ecuador, people affected by the 2016 earthquake received three transfers of US\$100 each. In Dominica, the emergency cash transfer programme gave three transfers of US\$90 per affected household with a top-up of US\$50 per child up to three children in response to Hurricane Maria; In El Salvador, the vertical and horizontal expansion of the cash transfer programme in response to the 2018 drought consisted of one transfer of US\$120 per family; In Peru, the government expanded vertically two social

<sup>25</sup> According to Kim (nd), the World Bank provides a series of consultancies addressing three major components: **Component 1: Assess readiness and responsiveness of social protection delivery systems for disasters:** this component will finance key analytic studies and stock-taking of current social protection service delivery instruments to examine the readiness of Jamaica's social protection system to provide timely and appropriate safety net response to disasters; provide informed recommendations for improvements in design; and suggest action plans for deployment of redesigned service delivery instruments. **Component 2: Improve instruments for disaster responsive social protection service delivery:** this component will finance design improvements in critical social protection service delivery instruments to facilitate timely and appropriate response to poor and vulnerable households affected by disasters. In particular, the component will finance: design of an improved instrument for identification of beneficiaries post-disaster; development of an operations manual for scalable social protection, including detailed operational processes for post-disaster in-kind assistance, cash transfers and cash-for-work; and the development of an action plan on how to expand post-disaster payment mechanisms. **Component 3: Strengthen coordination and communication mechanisms:** this component will support: the development of a curriculum for disaster responsive social protection; the development of an information and education strategy and campaign on disaster response; and increased awareness of the role of social protection in disaster preparedness and response among key stakeholders.



protection programmes in response the 2017 floods, giving one-off payments of approximately US\$60 (Beazley *et al.*, 2019).

### **B. Piggybacking of PATH and MLSS administrative capacity**

The payment mechanism and the staff of MLSS and PATH are used in emergency responses. The Rehabilitation Programme, which in some cases provides support to people affected by shocks, are paid through a mechanism that piggybacks on PATH's cheque payment mechanism.

MLSS social workers are in charge of conducting the households' damage assessments in the aftermath of a shock (see Box 2) and of providing support to affected households.

### **C. Piggybacking on Poor Relief Programme capacity**

When there is an emergency, Poor Relief social workers support MLSS Parish Offices in conducting household damage assessments and providing support to affected households.

#### **Box 2: Household damage assessment**

When there is a disaster, a multi-agency assessment team under the leadership of MLSS parish office is in charge of conducting household damage assessments. The parish office is responsible for creating and maintaining the roster of assessors and providing training. The multi-agency assessment team would typically include MLSS social workers, Poor Relief social workers, and personnel from other government agencies and NGOs like for example the Red Cross. Because the existence of these other NGOs varies by parish, there are no set guidelines for the composition of the team.

A new questionnaire has been piloted and will be rolled out in the second half of 2019. Data will be collected with tablets and will automatically generate a digital database. This will be an important change in terms of data quality and timeliness: the current process is paper based; once the forms have been filled out they are sent to MLSS headquarters and then to a private company for data entry and produce a database.

The new questionnaire is larger than the current one and collects information about:

- basic information, including access to social protection programmes;
- demographic information of all household members, including employment status and health conditions before and after the shock;
- dwelling characteristics;
- damage assessment, including injuries, deaths, dwelling damage, and loss/damage of productive assets;
- assistance received; and
- immediate needs.

The form is intended to provide information useful for different government and non-government actors; however, protocols and agreements for data sharing have not been established yet.

It is uncertain the amount of time required to conduct the household damage assessment survey in the aftermath of a large-scale shock, but MLSS informed that it is unlikely that it could be done in

less than one month.

Source: Authors, and based on (Kim, nd)

## 6.2 Responsiveness of the existing social protection system

Jamaica has not been affected by a major disaster, a Category 4 or 5 hurricane for example, in more than 10 years. As a consequence, it is difficult to assess the extent to which all the DRM plans, protocols and capacity developed in recent years would allow the country to respond as envisaged.

From the social protection programmes studied in this research, **PATH is clearly the programme with more potential for a response to major shocks**. The programme has substantial coverage, fairly strong administrative processes (in particular the BMIS and the payment mechanism), capacity at local level and has already been vertically expanded in response to Hurricane Dean in 2007. However, the programme has neither protocols for vertical or horizontal expansions nor contingency funds for such responses, which may delay or preclude a response through it.

The Rehabilitation Programme, although responsive by design, would face serious challenges in scaling up massively. The programme seems adequate to provide small-scale support and to complement other responses, but its operational systems are not prepared to scale up. The main constraint is that the programme does not have an MIS and the management system is still paper based. Overall, for a programme that provided support to slightly more 5,000 individuals in 2017/18 it would be difficult to scale up and offer assistance to, for example, 90,000 household as PATH did in response to Hurricane Dean.

With its response to Hurricane Dean, the National Insurance Scheme has shown that it has the capacity to expand vertically in response to large-scale shocks. However, the people interviewed for this research, including MLSS and National Insurance Scheme officials, were hesitant about the possibility of using this programme to respond to future crises: the understanding is that National Insurance Scheme pensioners tend to be better off and therefore any vertical expansion of the programme would need to rely on an additional individual assessment of damage and living conditions.

The Poor Relief Programme would face similar challenges as the Rehabilitation Programme when scaling up massively. The programme plays an important role in the provision of care services however, due to its current size, the type of services that it provides and its operation systems (paper-based), its flexibility to scale up is limited. This does not mean that the programme cannot play a role in emergency response: it can complement other interventions and also support other responses with its capacity, as currently done with the involvement of Poor Relief social workers in data collection and provision of support to affected households.

These findings are in line with the assessment conducted by the World Bank (Nishikawa, NA and González Arreola, 2016). These assessments identify strong linkages between DRM and social

protection, but, when the operational capacity of the different social protection programmes is taken into account, PATH is found to be better placed for the large-scale provision of cash transfers, with other programmes to complement this strategy and/or provide support to specific groups of affected individuals.

**Finally, it is important to highlight that the MLSS has a case management system that has been designed precisely to 'build resilience'.** While we did not have access to the manual of operations and the details of the system, the case management system has the following components: i) provides assessment tools for psychosocial support, identifying households at risk, etc., ii) a resilience matrix, which is an assessment tool used to triage families to determine the interventions necessary, and iii) a Task Centered Practice Model, which is a methodology to strengthen the relationship between the social workers and the families and consists of the following phases: assessment, treatment / referral and termination.

## 7 Towards a more shock-responsive social protection in Jamaica

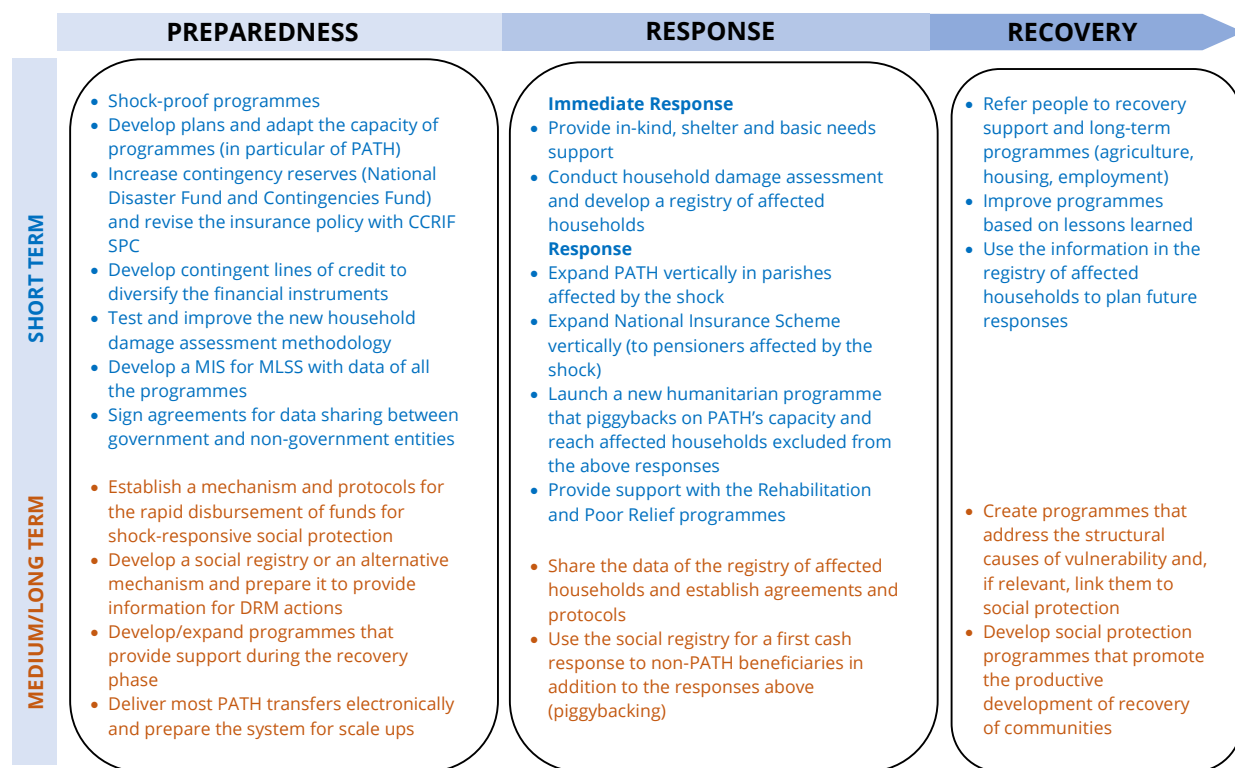
**There are many enabling factors and opportunities for making Jamaica’s social protection more responsive to shocks:** i) the fact that the national strategy gives social protection a clear role in shock response and even envisages the scale-up of programmes, ii) the role that MLSS has in DRM and its close collaboration with ODPEM, iii) the coverage and administrative capacity of PATH, iv) the existence of social protection programmes that provide support to families affected by shocks (e.g. the Rehabilitation Programme and Poor Relief Programme), v) the ongoing interest and support of key non-government stakeholders like CDEMA, the World Bank, and WFP in this emergent policy area, and vi) MLSS’s case management system, designed to build household resilience and to link people in need with different services (within and beyond the MLSS).

We present recommendations for the different stages of the disaster cycle: preparedness, response and recovery<sup>26</sup>. We also provide recommendations that could be implemented in the short term (roughly one or two years), given the status of social protection and DRM in Jamaica, and recommendations for the medium to long run (between three and five years – tentatively).

**The recommendations below focus on PATH having a central role in social protection responses to large-scale shocks.** The evidence presented in this report indicates that PATH is the most suitable programme for this role, although there is a need to adapt its processes and systems to make it more flexible. Therefore, we propose a shock-responsive social protection strategy centred on the role of PATH and complemented by other programmes. Other schemes, such as the Rehabilitation Programme and the Poor Relief Programme, are more suitable for providing support to people affected by smaller-scale shocks and for providing support beyond cash transfers (for example social care). The National Insurance Scheme could also provide support to pensioners affected by a shock, but since it does not reach the poorest and most vulnerable and is not feasible for a contributory programme to expand horizontally, its vertical expansion could be a complementary rather than a main strategy.

<sup>26</sup> The **response** stage could last from few days to few months and consists of the provision of adequate support regarding basic needs at a time of severely disrupted living conditions and livelihoods. The **recovery** phase entails ‘restoring or improving of livelihoods and health, as well as economic, physical, social, cultural and environmental assets, systems and activities, of a disaster-affected community or society, aligning with the principles of sustainable development and “build back better”, to avoid or reduce future disaster risk’ (UNISDR terminology: see [www.unisdr.org/we/inform/terminology#letter-r](http://www.unisdr.org/we/inform/terminology#letter-r)).

**Figure 6: Recommendations for shock-responsive social protection along the disaster cycle**



Source: Author

## Preparedness

As in other country case studies,<sup>27</sup> **the first recommendation for a more responsive social protection system is to invest in its capacity for regular programming and to shock-proof programmes** to guarantee service delivery even after shocks (Beazley *et al.*, 2019). As a consequence, some of the recommendations below are about investments for regular social protection programming, such as the development of information systems or electronic payment mechanisms, which can also benefit shock responses. This is particularly true for the long-term recommendations. The main reasons for these investments are still related to the strengthening of the social protection system for fulfilling its core functions, however these investments can be done in a way that are risk-informed and enable social protection to perform or support DRM functions. The table below presents the recommendations by preparedness category.

<sup>27</sup> See <https://www.wfp.org/publications/shock-responsive-social-protection-latin-america-and-caribbean>

**Table 4: How to prepare the social protection system? Recommendations**

Preparedness category	Short/medium term recommendations	Long term recommendations
<p><b>Targeting systems</b></p> 	<ul style="list-style-type: none"> <li>• Develop protocols for vertical expansions of PATH and to waive conditionalities during emergencies.</li> <li>• Develop protocols for vertical expansions of National Insurance Scheme.</li> <li>• Roll out and assess the new household damage assessment method.</li> </ul>	<ul style="list-style-type: none"> <li>• Consider making the targeting criteria and methodologies more risk-informed (i.e. PATH proxy means test (PMT) capturing not only the chronic poor but also the vulnerable) and use the information from the DRM sector to improve the understanding of hazards and risks and their effects in social protection design and delivery.</li> <li>• Align the targeting criteria of different social protection programmes in order to provide complementary support (in normal times and during emergencies).</li> <li>• Improve the targeting criteria of social protection programmes for the delivery of both regular assistance and support to people affected by disasters based on the information of the household damage assessment.</li> </ul>
<p><b>Information systems</b></p> 	<ul style="list-style-type: none"> <li>• Create a Management Information System (MIS) for all MLSS programmes.</li> <li>• Develop a MIS for the Poor Relief Programme.</li> <li>• Establish data sharing agreements with government organisations and NGOs and invest in the interoperability of registries and MIS.</li> </ul>	<ul style="list-style-type: none"> <li>• Consider developing a social registry and, if implemented, collect information that allows assessing vulnerability and exposure to shocks and operational data useful for rapid responses.</li> </ul>

Preparedness category	Short/medium term recommendations	Long term recommendations
<p><b>Delivery mechanisms</b></p> 	<ul style="list-style-type: none"> <li>• Develop protocols for disaster responses (vertical expansions and piggybacking) using PATH's payment mechanism.</li> <li>• Establish a continuity plan that allows transferring regular benefits during crises.</li> <li>• Keep investing in increasing the number of transfers delivered electronically and testing new approaches.</li> <li>• Establish protocols for ID replacement during emergencies (see Pulver, 2017).</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver most PATH transfers electronically and prepare the mechanism for scale ups.</li> <li>• Deliver transfers of the Rehabilitation Programme electronically.</li> </ul>
<p><b>Financing</b></p> 	<ul style="list-style-type: none"> <li>• Increase contingency reserves (National Disaster Fund and Contingencies Fund).</li> <li>• Develop contingent lines of credit to diversify the financial instruments.<sup>28</sup></li> <li>• Revise the insurance policy with CCRIF SPC to ensure that it covers that risks faced by the country.</li> </ul>	<ul style="list-style-type: none"> <li>• Establish a mechanism and protocols for the rapid disbursement of funds for shock-responsive social protection.</li> </ul>
<p><b>Coordination</b></p> 	<ul style="list-style-type: none"> <li>• Run simulations to test coordination protocols in relation to social protection scale ups and information sharing (coordination mechanisms seem appropriate for facing small-scale shocks, but it remains to be seen whether these mechanisms are appropriate for large-scale</li> </ul>	<ul style="list-style-type: none"> <li>• Improve the coordination of MLSS programmes and the Poor Relief, so that these programmes are truly complementary: share data and capacity, align targeting and eligibility criteria, etc.</li> </ul>

<sup>28</sup> During the interviews for this research, we were informed that the government is in negotiations with the Inter-American Development Bank for a line of credits for disasters.

Preparedness category	Short/medium term recommendations	Long term recommendations
	shocks and how they can be improved)	

**Box 3: Social registries for disaster response**

A core challenge of shock-responsive social protection is that households affected by shocks are not necessarily those benefiting from existing social protection programmes. This is the case because of the different target population, eligibility criteria, and overall objectives of these programmes (Beazley et al., 2019). Programmes like PATH can expand vertically and reach a substantial proportion of the people affected, but this would only be a partial response because non-beneficiaries would be excluded.

In this context, social registries are a promising source of information for disaster preparedness and for actions in the relief, response, and recovery phases, because they include data on non-beneficiaries. The existing information could be leveraged, for example, for rapid relief or response actions. However, the extent to which social registry data can be used in this way depends on a number of issues regarding how social registries and other information systems can be used for disaster preparedness and response (see Barca and Beazley (2019) for a description of these issues and for a review of international experiences).

In the interviews conducted for this study, various government officials emphasised that the existence of a social registry is a precondition for responses that go beyond current PATH beneficiaries (horizontal expansions or piggybacking). Although such registries offer opportunities for rapid action, they should not be seen as a prerequisite. International experience shows that some countries without such registries have managed to provide cash support to non-beneficiaries (for example Dominica: Beazley, 2018).

The Government of Jamaica is currently assessing whether it should embark in the development of a social registry. It is not the objective of this research to suggest the most suitable information system for social protection in Jamaica. Two useful reviews of global experiences to inform these debates are Barca (2017) and Leite et al. (2017). However, in relation to shock-responsive social protection, it is important to emphasise that responses that aim to provide support to non-beneficiaries can rely on other information systems. It is therefore not necessary to wait for the development of the social registry.

Source: Author

**Response phase**

1. The immediate response following a shock (first days after the shock) would involve in-kind and shelter support given by MLSS, ODPEM, and other government and non-government actors. This is already envisaged in the DRM plans.



- 2. Vertical expansions of PATH immediately after a shock hits are theoretically feasible, but they would require substantial preparedness measures.** International evidence shows that, in most cases, vertical expansions have provided support week or even months after the shock. However, since this type of expansion only implies giving top-ups to current beneficiaries, it is theoretically possible to do it a few days after the shock. To do so, there are three key preparedness measures:
  - **financing decisions would need to be made prior to the shock and as part of the preparedness actions**, since slow decision making after the shock is usually one of the main obstacles for rapid scale-up. This would include establishing contingency funding and trigger mechanisms; and
  - **protocols and capacity would need to be developed to use PATH payment mechanism to transfer cash right after a shock.** PATH's main payment mechanism is very cumbersome; for MLSS to be able to issue cheques in a few days, processes and capacity would need to be prepared.
  - **protocols could also be developed for calling forward payment cycles to PATH payments for ex-ante preparedness actions at the household level.** This would require simplification of the PATH payment system as highlighted in the previous point.
- 3. This phase might involve piggybacking on PATH capacity for reaching non-beneficiaries.** The new household damage assessment form, the data collection process, and the registry of affected households (which will be rolled out in 2019) should provide the basis for reaching non-beneficiaries during the response phase. This new mechanism will need to be tested and improved but should provide a good platform for reaching non-beneficiaries.

A response strategy could consist of complementing the vertical expansion of PATH, or substituting it based on the household damage assessment database and piggybacking on PATH's payment mechanism.<sup>29</sup>

- 4.** This phase would also involve vertical expansion of National Insurance Scheme based on the information collected with the household damage assessment. This strategy would imply

<sup>29</sup> We propose a 'piggybacking' strategy for reaching non-beneficiaries as opposed to a 'horizontal expansion' of PATH because the latter would pose a number of challenges to the programme, mostly relating to the fact that long-term programme beneficiaries would coexist with temporary beneficiaries, and that the programme would need to develop its own capacity to scale up massively. Moreover, programme authorities interviewed for this research did not think expanding the programme horizontally was feasible. The 'piggybacking' strategy would imply designing a separate response relying on some processes or systems of PATH (such as the payment mechanism) but would not overburden the programme.

giving top-ups to National Insurance Scheme pensioners who have been directly or indirectly affected.

5. The response would involve other schemes as per their mandates (the Rehabilitation Programme and the Poor Relief Programme), also based on the registry of affected households.

As described in Box 3, the development of social registries should not be seen as precondition for horizontal expansions of piggybacking. Although such registries could provide valuable information for responses, international experiences show that this type of responses can be implemented even in absence of such registries (Barca and Beazley, 2019).

## Recovery phase

Few social protection programmes focus on restoring or improving livelihoods, infrastructure, etc. The World Bank analysed 14 social protection programmes and concluded that ‘none of the programs show any current or potential interventions contributing towards this end’ González Arreloa (2016). However, the MLSS does have a case management system that has been designed precisely to ‘build resilience’ and can play an instrumental role in the recovery phase. We recommend:

1. To assess thoroughly the implementation of the case management system and, in particular, the systems of referrals within and outside the MLSS and the overall impact on household resilience building.
2. Making sure that the case management system is informed by the household damage assessment and other post-disaster information sources (i.e. livelihoods assessments).
3. Use the lessons from the case management system to improve the targeting and the benefits provided by social protection schemes, in order to increase their effects on resilience building and recovery.
4. If necessary, extend the social protection response (whether vertical or horizontal expansions or piggybacking) to provide support during the recovery phase.
5. Use the information and capacity of the MLSS to support the implementation of programmes that support the recovery and reconstruction of private and public infrastructure.

## 8 Conclusions

Jamaica's social protection system is one of the most developed in the Caribbean in terms of coverage, the benefits provided, and the administrative capacity. The social protection system already plays an important role in preparedness and response to shocks, with activities ranging from MLSS's chairing the Humanitarian Assistance Committee of the DRM system to the provision of relief and the assessment of damages at household level. Furthermore, programmes like PATH and the National Insurance Scheme have been expanded vertically in response to large-scale shocks, showing that these types of responses are feasible.

There is a momentum in the country for investing in making the social protection system more responsive. The Government of Jamaica has been using the social protection system to provide support to people affected by shocks and the World Bank has conducted assessments to identify opportunities and areas of investment for making the system more responsive. Other key actors like CDEMA and WFP are also supporting the government in this area.

Due to its coverage and administrative capacity, PATH is the programme most suitable for responding to large-scale shocks. However, there is a need to adapt its processes and systems to make them more flexible. This study has proposed some recommendations for a shock-responsive social protection strategy centred on the role of PATH and complemented by other programmes.

While this research was conducted prior to the COVID-19 crisis, the findings are highly relevant. At the time of publication, Jamaica was among several countries in the Caribbean and globally planning to introduce and expand social protection measures to address the social and economic repercussions of the pandemic. Learning from these experiences will be crucial in its own right and provide groundwork for putting in place systems and processes in the future for shock-responsive social protection.

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## Annex A List of interviewees

Date	Where	Ministry/organisation	Name	Position
25-03-2019	Kingston	MLSS	Jacqueline Shepherd	Manager, Disaster, Rehabilitation, and Welfare Management Officer
25-03-2019	Kingston	MLSS	Audrey Deer Williams	Chief Technical Director for Social Security (public assistance falls under social security: PATH, National Insurance Scheme, case management, social intervention projects)
25-03-2019	Kingston	MLSS	Orville Sewell Amy Patrison Davis	Records Management Clerk Supervisor for Public Assistance
26-03-2019	St Catherine	Jamaica Red Cross	Brandon McFarlane Yvonne Clarke	Emergency Service Manager Director
26-03-2019	Kingston	MLSS	Teshian Tucker-Scotts	Rehabilitation Programme Administrator
26-03-2019	Kingston	UN	Bruno Pouezat George Abu Alzulof Richard Kelly	Resident Coordinator OHCHR UNDP
27-03-2019	Kingston	Central Food Organisation	Kerry-Ann Bowman	Manager
27-03-2019	Kingston	Planning Institute of Jamaica	Nadine Brown Colette Robinson Mareeca Brown Shelly-Ann Edwards Roxanne Valentine Donegan	Social Sustainable Development Officer Director of Social Protection and Gender Gender Specialist Programme Manager, Poverty Reduction Coordinating Unit Sustainable Development Officer
27-03-2019	Kingston	MLSS	Elsa Marks-Willis	Project Director for PATH

Date	Where	Ministry/organisation	Name	Position
<b>27-03-2019</b>	Kingston	MLSS	Fancie Adman Keisha Douglas	Director of Public Assistance PATH Client Service
<b>28-03-2019</b>	Kingston	MLSS	Jason Anderson	Principle Finance Officer (Accounting Department)
<b>28-03-2019</b>	Kingston	National Insurance Scheme	Mr Amin Fagan	Parish Manager
<b>28-03-2019</b>	Kingston	MLSS	Susan Benjamin Janette Hamilton Paris Elizabeth Whitehorn Michelle Robinson Lewis	Clerical Officer Clerical Officer Social Worker Social Worker
<b>28-03-2019</b>	Kingston	Ministry of Local Government and Community Development	Treka DT Lewis Marsha Henry Martin	Regional Manager, Board of Supervision Permanent Secretary
<b>29-03-2019</b>	Kingston	ODPEM	Richard Thompson	Acting Director
<b>29-03-2019</b>	Clarendon Parish (afternoon)	Community visit	PDC interview	Beneficiaries; social workers

## Annex B Research questions

This annex presents a list of research sub-questions that were used to guide the mapping of stakeholders, the literature review, the interviews, and the field visits. These are not questionnaires, but umbrella questions to guide the interviews and the review of literature.

### A. Stakeholder mapping and analysis

Code	Question
<b>A-01</b>	Who are the different actors and stakeholders responsible for the design, implementation, and coordination of a) social protection and b) DRM policies and systems?
<b>A-02</b>	What are the formal and informal roles and mandates of these different actors and stakeholders in relation to the design, implementation, and coordination of a) social protection and b) DRM policies and systems?
<b>A-03</b>	Is there an effective agency 'home' for a) social protection and b) DRM systems? Are roles and responsibilities clear? Is there competition between line ministries over the resources, power, and authority associated with social protection and humanitarian systems? What are the recurrent key points of contention? What effects have these had?
<b>A-04</b>	What are the interests and levels of power/influence of these different stakeholders (local, national, and international)? How have these power relations affected (positively or negatively) the design and implementation of social protection, humanitarian, and DRM interventions?
<b>A-05</b>	Which stakeholders (public, private, communities, donors, etc.) support, and which might oppose, the use of social protection systems to respond to shocks, or closer collaboration between the social protection and humanitarian communities? Why?
<b>A-06</b>	How influential has the presence of stakeholders who are 'sector champions' been on securing and maintaining a higher priority for a) social protection and b) DRM investments and maintaining services?

### B. Institutional mapping and analysis

Code	Question
<b>B-01</b>	What is the institutional relationship between national and sub-national governments? Are sub-national governments accountable to the national level or local electorate? Do these relationships vary according to sector (e.g. social protection, humanitarian response, other relevant sectors)? What is the degree of decentralisation in the provision and financing of, and authority over, social protection, humanitarian response, and DRM?



Code	Question
<b>B-02</b>	How have the relationships between national and sub-national government affected (positively or negatively) the design and implementation of social protection and humanitarian systems, and their prioritisation at different levels of government?
<b>B-03</b>	How is the relationship between the government and humanitarian actors, development partners and NGOs? Who in the government is in charge of leading this relationship? How effectively this is done before and after a shock?
<b>B-04</b>	What factors have promoted and/or hindered the effective coordination of social protection with humanitarian interventions for effective policy shock response?

### C. Organisational capacity assessment

Code	Question
<b>C-01</b>	What are the main administrative and organisational constraints to effective a) social protection and b) DRM delivery?
<b>C-02</b>	What organisational and administrative measures and arrangements and incentives facilitate effective a) social protection and b) DRM delivery?
<b>C-03</b>	What main resources exist to carry out the functions of a) social protection and b) DRM under its current form (consider staffing levels, network of offices, transport, etc. if details are available)? What is the size and nature of any capacity gaps between what exists and what is required, both now and under a reformed shock-responsive social protection system (consider requirements for additional resources at time of crisis, etc.)?

### D. Risks

Code	Question
<b>D-01</b>	What are the typical shocks affecting the country? What have been the specific major covariate shocks in recent years? What are the characteristics of shocks affecting the country (natural vs man-made, onset, etc.)?
<b>D-02</b>	How does vulnerability to shocks relate to poverty? Do shocks tend to affect areas/sub-groups characterised by higher poverty rates? How?

### E. DRM

Code	Question
<b>E-01</b>	What relevant national and local laws, regulations, and policies exist in relation to DRM? How, and by whom, is legislative/policy reform initiated? What changes are planned, if

Code	Question
	any?
<b>E-02</b>	Once in place, are laws, regulations, and policies being implemented? How well have they been applied? If they have not been (fully) implemented, what are the reasons (who or what is blocking it and why? What do they stand to lose? How big a role is corruption playing in this)?
<b>E-03</b>	What are the implications of these observations for the future design and implementation of shock-responsive social protection laws, regulations, and policies?
<b>E-04</b>	What kind of support do people affected by a shock receive? How adequate and timely is this support?
<b>E-05</b>	Is there an Early Warning System? What agency implements it? What data does it use? What indicators (alerts) are produced?
<b>E-06</b>	Do early warning indicators/indexes trigger automatic responses? How are they used?

## F. Social protection

Code	Question
<b>F-01</b>	What relevant national and local laws, regulations, and policies exist in relation to social protection? How and by whom is legislative/policy reform initiated? What changes are planned, if any?
<b>F-02</b>	What amount is spent on social protection? Has it been increasing? Are there plans of increasing it in the future?
<b>F-03</b>	What proportion of the population is covered by social security? What kind of support does social security provide? Are the poor and vulnerable covered by social security?
<b>F-04</b>	What proportion of the population is covered by social assistance programmes? What proportion of the poor? What are the main programmes? What type of benefits do they provide?
<b>F-05</b>	What is the opinion of the public about social assistance? Is there support for it? Has it been questioned because of corruption or clientelism?
<b>F-06</b>	What targeting mechanisms are used by the main programmes? Are they effective? Have they been assessed? Are these mechanisms flexible?
<b>F-07</b>	How is social protection data collected, stored, and managed, and by whom? What programmes use this data? How frequently are the data updated? What is the perception of the quality of the data?
<b>F-08</b>	What type of information systems are in place, if any (social registry, beneficiary registry, etc.)? How do they work? What proportion of people/households are included in the registry?

Code	Question
<b>F-09</b>	What are the delivery mechanisms used by the main cash and in-kind programmes? How effective they are?
<b>F-10</b>	How have these delivery mechanisms been affected by recent shocks? Have programmes managed to keep delivering benefits during emergencies? If not, why?

### G. Shock/disaster risk financing

Code	Question
<b>G-01</b>	How emergency responses are typically funded? (domestic vs foreign resources)
<b>G-02</b>	Is there budget flexibility to reallocate resources to fund responses?
<b>G-03</b>	Are there <i>ex ante</i> financial mechanisms for emergency response such as regional or private insurance or contingency funds? (e.g. CCRIF) If yes, what can it be used for, and how is it triggered?
<b>G-04</b>	What are the main financing and budgetary constraints in the way of timely and adequate social protection shock response according to the literature and experts? In planning future responses, how can these be resolved?

### H. Shock-responsive social protection

Code	Question
<b>H-01</b>	Are you aware of any experience in the country in the use of social protection to respond to shocks?
<b>H-02</b>	What social protection schemes would be better placed to flex and respond during emergencies? What design and implementation features of the social protection system have elements of flexibility and adaptability to facilitate rapid and adequate shock response?
<b>H-03</b>	Has there been any recent experience of coordination between, or integration of, social protection and DRM policies?
<b>H-04</b>	Is there space for dialogue and collaboration between these two sectors? How could this dialogue be promoted?
<b>H-05</b>	Have early warning systems been used to trigger social protection or humanitarian assistance responses? What kind of responses? Have these responses been effective and timely?
<b>H-06</b>	Do national emergency response plans provide a role for social protection in the immediate response? What kind of role?



## Annex C PATH's Eligibility criteria and benefits

Category	Eligibility criteria
<b>Children aged 0–71 months</b>	Members of the family who are below the age of 6
<b>Children aged 6–18 years</b>	Members of the family who are over the age of 6 and under the age of 18 on 01 September of the school year (September of year N to August of year N+1) in which they are expected to receive the cash benefit. However, students who are 18 years old and still attending secondary school will continue to receive programme benefits until the end of the school year. Beneficiaries who are over 18 as of 01 September and remain in school are expected to receive the cash benefit.
<b>Pregnant/lactating mothers</b>	Members of the family who, on the date expected to receive the cash benefit, are pregnant or have not passed 6 months after the birth of their last child according to health centre or doctor's certification. If the mother did not request benefits during the pregnancy, she will be eligible to receive benefits for six months after the child is born.
<b>Elderly</b>	Members of the family who are 60 years or older on the date they are expected to receive the cash benefit.
<b>Disabled</b>	Family members who have been certified by a doctor or by the Jamaica Council for Persons with Disabilities as being permanently disabled. If a child has a severe disability which prevents him/her from attending school, he should be treated as disabled, and compliance conditions will be the same as for health. Persons who are registered as disabled will be transferred to the elderly category upon attaining the age of 60 if they still qualify as a beneficiary.
<b>Adult poor</b>	Members of the family who are over the age of 18 and under the age of 60 are expected to receive the cash benefit.

NOTE: Each member of the family who qualifies is entitled to receive only one benefit. The priority ranking for selection is: children (1st), elderly (2nd), disabled (3rd), pregnant (4th), and adult poor (5th). Individuals who are in receipt of NIS benefit or an overseas pension and are part of a family that qualifies for PATH are not eligible for benefits. Other members of the family are, however, eligible to receive benefits.

Source: MLSS (2018a)

[PATH's cash benefits](#)

Category	Grade	Monthly benefit as of 01 June 2017 (JM \$)
<b>Children aged 6-18</b>	1 to 6	1,350.00
	7 to 9	1,800.00
	10 to 13	2,100.00
<b>Health (children aged 0-71 months)</b>		1,300.00
<b>Pregnant and lactating mothers</b>		1,600.00
<b>Elderly</b>		2,250.00
<b>Disabled</b>		1,600.00
<b>Poor relief</b>		1,600.00
<b>Adult poor</b>		1,600.00
<b>Minimum benefit<sup>30</sup></b>		600.00

Source: MLSS (2018a)

<sup>30</sup> The minimum benefit is provided to beneficiaries who have not met the compliance requirement to ensure provision of social protection.



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