



PROGRAMME DOCUMENT OVERVIEW

JOINT SUSTAINABLE DEVELOPMENT GOALS PROJECT

Project Title: Improving efficiency, effectiveness and equity in Public Expenditure in Jamaica for SDG acceleration.

Project Overview

The Government of Jamaica (GoJ) has made significant strides in localizing and integrating the SDGs in its planning framework, evidenced by over 91% alignment with the country's Vision 2030 National Development Plan (NDP). The NDP is currently financed through the national budget; however, this financing model is challenged by tight budgetary constraints and limited fiscal space for additional debt.

The Joint Programme (JP) will strengthen the Public Finance Management capacity of the Ministries of Finance and Public Service; Education, Youth and Information; and Health and Wellness thereby ensuring efficient, effective and equitable resource allocation towards the achievement not only of the SDGs, but also of the country's national outcomes reflected in Jamaica Vision 2030. This increased capacity, together with diagnostic budget analyses, development of financial simulation models and budget tracking systems, will enable the reprioritization of funds to services which affect the most deprived and vulnerable populations including children and women and people with disabilities.

By building capacity, promoting accountable and transparent financial management systems and processes, and linking the budget programs of the country to the SDGs, the JP will contribute to achievement of SDG 16 and 17. The JP will thus accelerate progress to achieve SDGs 3 and 4, and in addition has the potential to contribute indirectly to SDGs 1, 8 and 10 by improving the health and education status of citizens, and focusing on the most marginalized groups of society. It will also contribute to achieving SDG 5 by prioritizing gender transformative interventions when conducting public expenditure analyses and defining key performance indicators.

More specifically, the project aims to:

1. Provide support to two of the largest Ministries to improve their implementation of Results Based Budgeting (RBB) so as to reprioritize expenditure towards strategies and programmes that are more efficient and effective in supporting the achievement of SDGs;
2. Assist in conducting diagnostic budget analyses such as Public Expenditure Tracking Surveys or Value for Money Analysis to identify efficiencies, leakages and wastages in resource usage and highlighting areas where performance of service delivery in strategic areas is sub-optimal so they may take corrective action in this regard.



3. Develop financial models that will enable the planning team to cost the financial sustainability of policy options and assess the potential impact of certain expenditure decision on outcome indicators;
4. Assist the setup of a budget tracking system to identify spending on priority Vision 2030 and SDG targets, which will begin to provide information on finances directed specifically at improving attainment rates.

By end of the 2 years, it is envisioned that the GoJ will have performed a thorough diagnosis of how much government is investing in actions related to the National Outcomes and SDGs using the systems designed for tracking specific expenditure. This analysis is now the backbone of the budget process and the MoFPS has increased spending on Vision 2030 and SDGs priority areas which were identified as under-resourced and where additional allocations are required. There will also be a significant shift in education and health budget allocations towards priority areas, targeting previously marginalized groups and ensuring a more equitable allocation towards achieving quality education and good health and well-being for all. There will be a dedicated team of MoEYI and MoHW staff who are capacitated in financial management, results-based budgeting and budget analysis techniques which will allow for deeper analysis and understanding of how expenditures meet policy objectives. Furthermore, there will be enhanced capacity for monitoring and evaluation to assess service delivery implementation. The analysis and recommendations for resource allocation will be informed by a financial simulation model which enables the financial sustainability of policy options to be tested.

It is expected that over the medium term, these interventions will result in enhanced capacity in public financial management, results based budgeting and budget analysis which contributes to SDGs 3 and 4 especially 3.1, 3.8, 3.C, 4.1, 4.2 and 4.5 . Improving the equity, efficiency and effectiveness of budget allocations within the Education and Health sectors will enable a paradigm shift toward increased budget allocations to priority areas, specifically addressing marginalized youth, girls, and children with disability under the SDG principle of ‘leave no one behind’. Furthermore, the progress on the above-mentioned SDGs will be improved by enhancing the capacity of the GoJ to specifically track expenditures on SDGs through the budgeting system.

This approach could be replicated in the future to cover more Ministries thereby impacting additional SDG targets.

Baseline and Situation Analysis

In 2013, following a long period of low and volatile growth coupled with large fiscal deficits and deteriorating debt dynamics, the Government of Jamaica (GoJ) embarked on a program of fiscal consolidation with the support of the International Monetary Fund (IMF), the Inter-American Development Bank (IDB) and the World Bank Group (WBG). The Government undertook an Economic Reform Programme (ERP) that included a wide range of reforms primarily to stabilize the economy, reduce debt, and fuel growth. Actions to achieve the objectives of this program included reducing the public debt, maintaining macroeconomic stability, facilitating job creation and improving labour force productivity.

Jamaica has succeeded in reducing its public debt-to-GDP ratio from 145 percent of GDP at the start of FY 2013/14 to 94.4 percent in FY 2018/19. Furthermore the national poverty rate has



reduced from 24.6 percent in 2013 to 17.1 percent in 2016 as growth resumed. The rate of unemployment also fell to a historic low of 7.8 percent in April 2019, which is almost half the rate at the start of the reform program.

Notwithstanding the valiant efforts to improve the economic situation, Jamaica continues to grapple with several social development challenges including poverty and inequality, unemployment, crime and violence, especially in poor and disadvantaged communities. These challenges are exacerbated by the diminishing fiscal space, the less than optimal allocation of resources across and within line ministries, as well as inefficiencies in service delivery implementation. Baseline information on the SDGs suggests that Jamaica still faces issues with certain education and health targets. In the Education sector, challenges include participation levels (especially among boys), lack of children progressing through the system, chronic under-performance and, in some cases, even the failure of children to complete their education¹. This is particularly evident in the higher dropout rates of boys at the upper secondary level, and from schools located in lower socio-economic communities in rural and urban areas. In the Health sector, challenges include high teen-pregnancy rates and poor maternal and child-health outcomes, particularly the stagnation in the downward trend of maternal mortality and under-five mortality rates.

Diminishing Fiscal Space

The GoJ has made significant progress in fiscal management and has successfully put in place a fiscal rule to entrench fiscal discipline. Despite this, Jamaica remains one of the world's most indebted countries. A large proportion of revenue is dedicated to interest payments and salaries, resulting in the crowding out of social expenditure which compromises social outcomes and the achievement of the SDGs. In the 2019/20 budget, debt servicing costs amounted to roughly 34 percent of the total budget whereas the MoEYI and the MoHW received only 13.8 percent and 9.1 percent respectively. This means that Jamaica is challenged in adequately investing in its citizens and advancing Vision 2030 and the SDGs because it still has a relatively high debt burden.

Since it is unlikely that there will be additional resources available for social spending, it becomes increasingly important to improve the management of public finances so as to focus on strategic priorities and maximize service delivery outcomes. The GoJ introduced Medium Term Results Based Budgeting (RBB) in 2015 aiming to reform the budget process and better align spending with anticipated results. The objective of RBB is to link budgeting with Government policy priorities through a gradual transition from annual expenditure planning to a fully functional Medium Term Results Based expenditure framework which will improve accountability and ensure more efficient and effective allocation of resources.

The successful implementation of RBB across Government is taking longer than anticipated. There are still gaps in the MDAs' capacity to fully implement the reforms. This has resulted in the need for improvements in resource allocation to policy priority areas as well as efficiencies in service delivery.

Persistent resource allocation and implementation inefficiencies: Education and Health

¹ UNICEF and CAPRI, (2018), Situation Analysis of Jamaican Children



To reap the benefits of the budget reform initiatives requires capacity and capability within the MDAs. To date, there are capacity constraints to fully realizing the benefits of the RBB system. The National Medium Term Socio-Economic Policy Framework 2018 – 2021 prioritizes establishing mechanisms towards sustainable financing, strengthening the capacity for evidence-based decision making, and developing human capital in the state. In the quest for prioritizing investments towards achieving the SDGs, it is therefore necessary to strengthen capacity within MDAs on public finance management and RBB, especially in the health and education sectors.

Jamaica has been noted for its impressive investment in education which compares favourably with developed countries; however, the allocation of expenditure shows disparities. There remains a disconnect between policy priorities and expenditure allocations. For example, a priority in the Education Strategy is to increase access to early childhood education and development programmes, requiring more resource allocation in the sector to improve the quality of early childhood education and to implement the various life cycle-based intervention programmes. Yet, in 2019/2020, despite roughly 14 percent of the national budget (J\$109.4 billion) being allocated to the education sector, the early childhood sector received only 3.1 percent (J\$3.4 billion) of this. The lack of monitoring and evaluation capacity is also a challenge, as there are gaps in collecting information and data on the efficiency and effectiveness of long-standing programmes.

MoEYI

Although the MoEYI has been implementing RBB and there has been a concerted effort in the most recent budget to reduce the number of programmes to 5 with 18 sub-programmes, there are still weaknesses in the approach. There is no explicit policy context for the budget, and spending/policy trade-offs are unclear. The linkage between expenditure and results is also weak. The RBB should be providing better information on the link between government's policy priorities and plans, and the use of its resources. Strengthening the implementation of RBB would improve budget allocations to strategic priorities resulting in more efficient and effective service delivery.

MoHW

Previously ranked eighth worldwide in terms of efficiency², the health system has also been challenged by the decreasing fiscal space. By almost every measure, public health expenditure has increasingly lagged behind comparator countries, and remains below levels recommended to achieve universal health coverage. Currently, public expenditure in health represents 3.47% of GDP, however international experience has shown that 6% of GDP is a useful benchmark and a necessary condition to achieve Universal Health (MoHW, 2019).

There are also weaknesses in the MoHW's distribution of expenditure. The Assessment of the Public Healthcare Delivery Services in Jamaica undertaken by the Pan American Health Organisation (2017) and the report on the Review of Public Health Expenditures developed by the World Bank (2017) outlined several deficiencies in the stewardship of the MoHW. These deficiencies include (i) inadequate capacity for health planning at the level of the Ministry and at the level of the Regional Health Authorities (RHAs) which has resulted in poor implementation of health policies; (ii) challenges to develop evidence-based policy and monitor outcomes; (iii) Lack of accountability and monitoring and evaluation at the RHA level hampers evidence-based

² Evans, D. B., Tandon, A., Murray, C. J., & Lauer, J. A. (2000). The comparative efficiency of national health systems in producing health: an analysis of 191 countries. *Geneva: World Health Organization.*



decision making; and (iv) institutional arrangements for service delivery are challenged by poor reporting requirements, performance targets set on an ad hoc basis, and a lack of action for noncompliance with reporting or missed targets.

Overall strategy

The 2018 Jamaica Voluntary Review Report³ recognizes that achieving the SDGs requires the prioritization of catalytic actions that can drive progress across multiple goals and targets simultaneously. It also states a need to establish mechanisms for the sustainable financing of the implementation of priorities aligned with the SDGs.

This Joint Programme (JP) is transformational (will deliver results at scale) as it supports increased transparency and accountability of MDAs to utilize budget allocations in a more efficient, effective and equitable manner towards the achievement not only of the SDGs, but also of the country's national outcomes. It will do this by building on the efforts of the Jamaica PSMP, supported by the World Bank since 2014, to improve planning, budgeting and implementation within the RBB context and provide detailed information and evidence for health and education fund allocations, actual expenditure and beneficiaries.

Furthermore, by encouraging a more credible budget process where funds are channelled to priority areas in a coordinated manner, possibilities may arise for attracting additional funding for the education and health sectors from development partners as well as the private sector involved in education and health projects.

The JP is innovative in that it tackles the problem from a budget perspective, motivating MDAs to change their behaviours when formulating and implementing their budgets. Capacity will be created within the MDAs to allow for more effective budget processes with a particular focus on monitoring the implementation of budgets. The strategy moves away from working in silos to a more collaborative, integrated approach where project managers, finance staff and human resource managers work together to identify budget priorities and take responsibility for implementation. It also aims to deepen the implementation of RBB in a more holistic manner than previous interventions by using a three-pronged approach to improving PFM which takes into account political, managerial and oversight functions. From a political perspective, deepening the RBB will allow government to be clearer on the link between policies, expenditure, and outcomes. From a managerial perspective, it encourages management within MDAs to be more committed to achieving policy results by linking resource allocations and key performance indicators. From an oversight perspective, it provides better information on the link between government's policy priorities and plans, and the use of its resources. Furthermore, once the JP has been implemented in these two MDAs it can easily be rolled out to additional MDAs without much additional cost.

By improving the capacity for PFM and RBB implementation, as well as providing more detailed information on expenditure allocations and performance information, the JP enables a paradigm shift towards increased budget allocations to both health and education thus accelerating progress on achieving SDGs 3 and 4. In addition, the JP has the potential to contribute indirectly to SDGs

³ Presented to the ECOSOC High-Level Political Forum in July 2018

1, 8 and 10 through improving the health and education status of citizens, and focusing on the most marginalized groups of society. The JP is guided by the core principle of ‘Leaving No One Behind’ as it takes an intersectional approach that will ensure interventions related to strategic areas of improvement address key social factors such as socio-economic status, gender and disability. The targeted budget analyses will focus on the distribution of expenditure across income groups, aiming to redistribute resources in a more equitable approach to programmes and service delivery affecting the most disadvantaged groups with the hope of reducing inequality over time. The JP will also contribute to SDG 5 by addressing gender disparities in education and promoting access to maternal and reproductive health care and health services for adolescents; SDG 16 through promoting accountable and transparent financial management systems and processes, and SDG 17 because capacity development and partnerships are the bedrock of this initiative including three different ministries, multiple government agencies collaborating with three UN Agencies (UNICEF, UNDP and WHO) and financial institutions such as the WB and IDB.

The UN Multi-Country Sustainable Development Framework (UN MSDF) for the English and Dutch Caribbean⁴ that extends from 2017-2021 establishes the framework for partnerships between the United Nations and governmental partners. The current JP aligns with these existing frameworks and will be an opportunity to further leverage, expand upon and consolidate these partnerships. The project will draw on the mandates and collaborative advantages of UNICEF, UNDP and PAHO/WHO existing programmes and their capacity to convene different actors and mobilize resources to support the progress of GoJ goals.

Project Alignment

The project is aligned to the United Nations Multi-Country Sustainable Development Framework in the Caribbean (2016), that in turn is aligned to SAMOA Pathway and the Jamaican Vision 2030 National Development Plan.

Outcomes

- Access to quality education and life-long learning increased, for enhanced employability and sustainable economic development.
- Universal access to quality health care services and systems improved.
- Capacities of public policy and rule of law institutions and civil society organizations strengthened.

Outputs

- Output 1.1.2 - Improved institutional capacity to ensure the availability of and demand for quality education services
- Output 2.1.1 - National capacity to integrate and improve access to sexual and reproductive health services targeting underserved populations increased
- Output 2.2.2 - Strengthened institutional capacity for delivery of quality health services for newborns and their caregivers
- Output 3.1.1 - National systems to collect, analyze and use data and evidence are able to regularly monitor and report on the situation of women and children and inform legal reform, policies and budgets

⁴ <https://www.undp.org/content/dam/unct/caribbean/docs/UN-MSDF-2017-5-spread.pdf>



- Output 3.1.13 - National systems to collect, analyze and use disaggregated data and evidence enhanced to regularly monitor and report on priority/ vulnerable population and inform legal reform, policies and budgets

SDG Targets directly addressed by the Joint Programme

The project contributes directly to **SDG 17** (Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development) and **SDG 16** (Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions) by working on Target 17.9 and Target 16.6. Enhanced international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the Sustainable Development Goals

- # of Ministries applying RBB principles and have functioning monitoring systems in place (baseline:0 target (2022):2 ministries and all their depending Agencies)
- # of education and health programmes that show efficiency gains (baseline:0 target (2022):6)
- Develop effective, accountable and transparent institutions at all levels
- Government budgeting system available to track expenditures by strategic targets (SDGs/Vision 2030) (Baseline:n/a target: (2022):Exists and publicly available)

Expected SDG impact

The JP will accelerate progress on achieving SDGs by improving the effectiveness of PFM institutions (SDG 16) and by building capacity to support the achievement of Jamaica Vision 2030 National Development Plan (SDG 17). Working on the financial capacities of MoEYI and MoHW to aid more efficient, effective and equitable public spending, the JP is expected to accelerate the progress in the following SDG targets:

- Target 4.1: By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
- Target 4.2: By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education
- Target 4.5: By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations
- Target 4.A: Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all
- Target 4.C: By 2030, substantially increase the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially least developed countries and small island developing state.
- Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age
- Target 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being



- Target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
- Target 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
- Target 3.C: Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

Relevant objective(s) from the national SDG framework

Jamaica has demonstrated its commitment to achieving sustainable development through its national development planning process and frameworks. Vision 2030 Jamaica National Development Plan, the country's first long-term national development plan, commenced implementation in 2009 and has been sustained through bi-partisan support. Vision 2030 Jamaica represents an integration of the three dimensions of sustainability, underpinned by the core principles of sustainable development and inclusive growth, equity and good governance. Another central guiding principle of the plan is people-centeredness. The achievement of the goals and outcomes is designed to improve the lives of all people and provide them with opportunities to achieve their fullest potential as change agents and beneficiaries in achieving social security, economic prosperity and safeguarding the planet.

The Joint Programme is aligned to 3 national outcomes spread across 2 national goals within Vision 2030 Jamaica.

- Goal 1: Jamaicans are empowered to achieve their full potential
 - A healthy and stable population
 - World-class education and training
- Goal 2 The Jamaican Society is secure, cohesive and just
 - Effective governance

Theory of Change of the Joint programme

The JP is multidimensional and requires high levels of coordination and information sharing among implementing agencies, government institutions and international financial institutions such as the World Bank and Inter-American Development Bank. Effective governance arrangements include establishing a multi-agency steering committee, supported by a project management office that coordinates the dissemination of information to each agency and enables whole-of-package reporting to the steering committee. The activities of the overall project are interdependent and therefore all agencies need to be aware of delays and/or issues across initiatives to manage risks to their own initiatives.

If the MoEYI and MoHW officials have the capacity to prepare a Results Based Budget which prioritizes expenditure to achieve the delivery of quality education and good health and well-being results, and

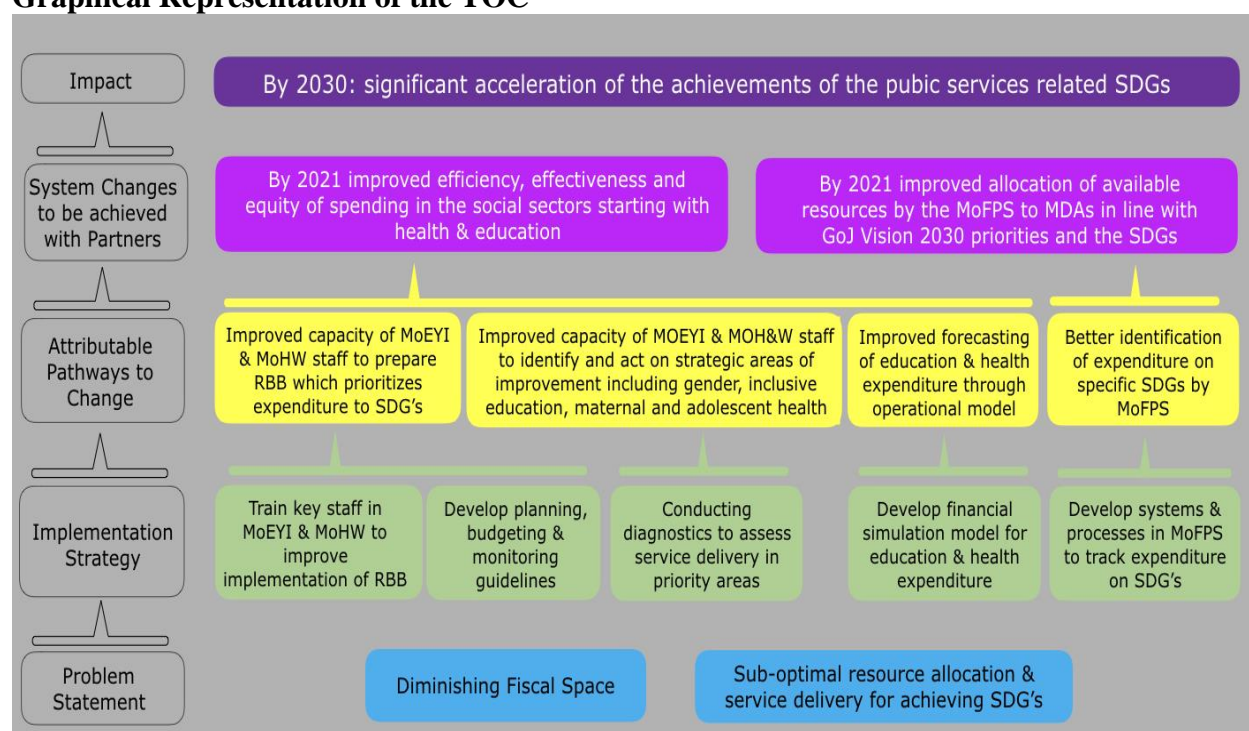


If the MoFPS has the systems and processes in place to identify actual expenditure allocated to prioritized Vision 2030/SDGs targets so as to focus expenditure on strategic priorities and maximize SDG/Vision 2030 service delivery outcomes

Then the budget allocation and expenditure for education and health, will be both optimally used and attract higher allocations for priority targets.

Because a well performing PFM system improves allocative and operational efficiency and leads to more confidence from donors, partners, IFI's and the private sector to invest, and by doing this, increases the likelihood of achieving the SDGs.

Graphical Representation of the TOC



Overview of budget

Joint SDG Fund contribution	USD 992,425.00
Co-funding Resources UNICEF, PAHO, UNDP	USD 220,800
TOTAL	USD 1,213,225.00

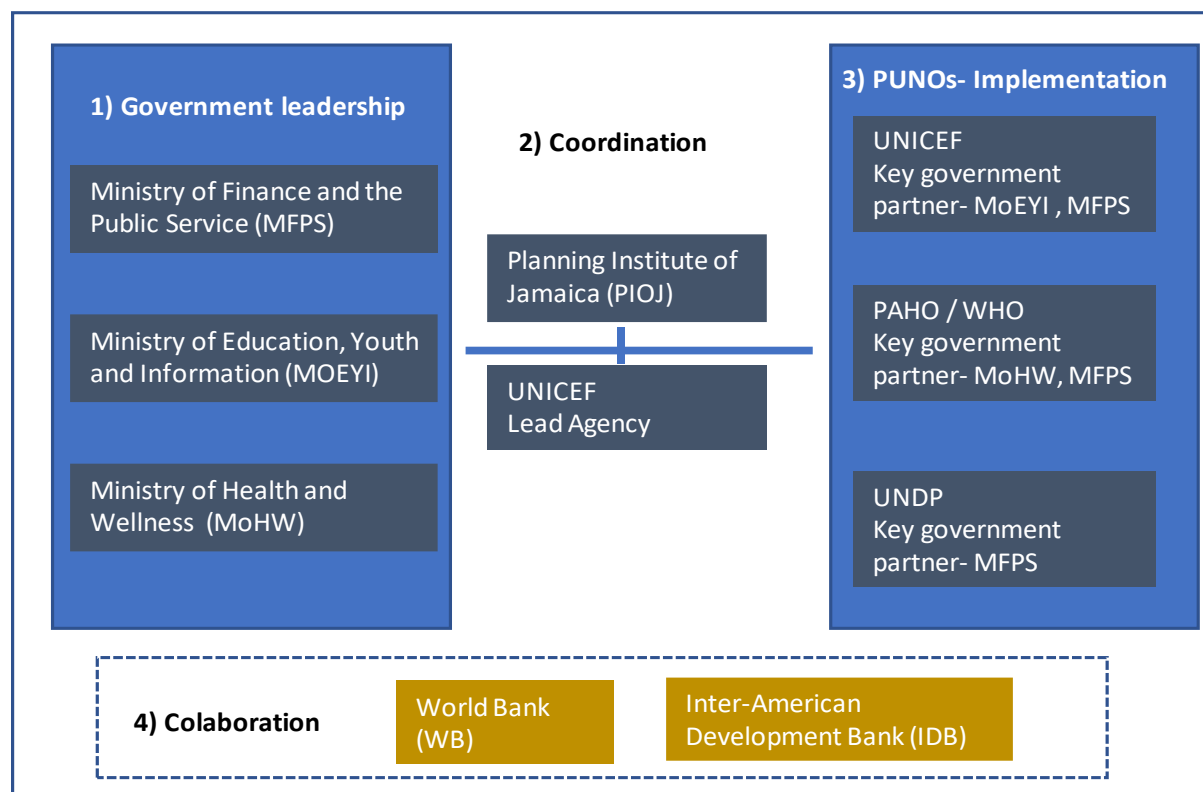
Timeframe:

Start date	End date	Duration (in months)
<u>1/7/2020</u>	<u>30/6/2022</u>	<u>24</u>

Project Collaborators:



The following national Ministries, Department and Agencies (MDAs) will be involved in the design and implementation of the JP. The programme collaborators and management arrangements are summarized in the diagram below.



Ministry of Finance and Public Service (MoFPS)

The MoFPS has overall responsibility for developing Government’s fiscal and economic policy framework; collecting and allocating public revenues and playing an important role in the socio-economic development of the country by creating a society in which each citizen has every prospect of a better quality of life. The MoFPS has embarked on the implementation of Medium-Term Results Based Budgeting (MTRBB) with the support of World Bank Strategic Public Sector Transformation Project. The objective of this process is to link budgeting with GoJ policy priorities through a gradual transition from annual expenditure planning to a medium-term results-based expenditure framework. The MTRBB reform was achieved with 50 MDAs presenting their 2019/2020 budgets with revised programs. However, additional support is still required to support MoFPS and MDAs to establish solid KPIs and strengthen their capacities for establishing monitoring frameworks and perform efficiency analyses of their expenditure.

Planning Institute of Jamaica (PIOJ)

The PIOJ is an agency of the Ministry of Finance and the Public Service (MoFPS) and is the foremost planning agency of the government that seeks to initiate and coordinate the development of policies, plans and programmes for the sustainable development of Jamaica. Therefore, PIOJ plays an important role in advising government on major issues related to economic, environmental and social policy and managing external cooperation agreements and programmes.



As part of its coordinating role, PIOJ will play an instrumental role in coordination, facilitation and oversight of the activities under this project.

Ministry of Education, Youth and Information (MoEYI):

The MoEYI is responsible for providing quality education to the population and is one of the main drivers for national development and the achievement of the education and reduce violence against children targets of the SDGs and Vision 2030. The MoEYI has 15 agencies under its purview that directly or indirectly will also be targeted from this project. These include: the National Education Inspectorate, Jamaica Teaching Council; Overseas Examinations Commission; University Council of Jamaica; Nutrition Products Limited; Early Childhood Commission; Jamaica Library Service; National Council on Education; Overseas Examinations Commission (OEC); Council of Community Colleges of Jamaica (CCCJ); the National Council for Vocational Education and Training (NCVET); Vocational Training and Development Institute (VTDI) Jamaica Tertiary Education Commission (J-TEC); National Education Trust (NET); National College for Educational Leadership (NCEL); and National Parenting Support Commission (NPSC).

Ministry of Health and Wellness (MoHW)

The MoHW is responsible for providing quality health services and promoting healthy lifestyles and environmental practices. The Ministry, together with its Regional Health Authorities (RHAs), Agencies and related organizations make up the public health system and are responsible for health care delivery across the island. The MoHW has 4 Regional Authorities and several agencies under its purview that directly or indirectly will also be targeted from this project. These agencies include the Pesticides Control Authority; National Health Fund; Government Chemist; National Public Health Lab; National Blood Transfusion Service Jamaica; National Family Planning Board; National Council on Drug Abuse; Medical Council of Jamaica; Nursing Council of Jamaica; Dental Council of Jamaica; Pharmacy Council of Jamaica; and the Council of Professions Supplementary to Medicine.

UNICEF

UNICEF is a resident agency in Jamaica since 1964. The annual programme delivery is around US\$3 million, with 20 staff members. UNICEF has a multi-disciplinary team with expertise in education, child protection, social policy, adolescent health, monitoring and evaluation and communication. UNICEF also benefits from having a strong operational support team.

UNICEF Jamaica already has several ongoing initiatives on Public Finance for Children (PF4C) that aim to improve the use of domestic resources for services of importance to children. In this vein, UNICEF has recently embarked on a joint project with World Bank to support MoEYI and MoFPS to conduct a Public Expenditure Review for the Education Sector. UNICEF Jamaica also has a long-lasting collaborative relationship with MoEYI and some of its agencies with Joint Work Plans renew annually on areas related to early childhood education, special and inclusive education, primary and secondary education and child protection. UNICEF also works closely with MoHW to strengthen the access to, and quality of, health and related services and systems for children and adolescents.



Pan American Health Organization: PAHO/WHO

PAHO works with the Government of Jamaica to improve and protect people's health. PAHO is engaged in technical cooperation with Jamaica to fight communicable and noncommunicable diseases and their causes, to strengthen health systems, and to respond to emergencies and disasters. PAHO is committed to ensuring that all people have access to the health care they need, when they need it, with quality and without fear of falling into poverty. PAHO promotes the inclusion of health in all public policies and the engagement of all sectors in efforts to ensure that people live longer, healthier lives, with good health as their most valuable resource. PAHO has developed an assessment of the public health system in Jamaica, identifying areas for restructuring the MoHW in order to improve the stewardship role of the MoHW and ensure the RHAs optimize the use of resources in the health sector. The PAHO assessment has further informed the development of the 10 year Strategic Plan for Health. PAHO has also provided technical support for the development of the National Health Insurance Plan.

UNDP

UNDP Jamaica supports the Government of Jamaica in achieving its development agenda in the areas of Sustainable Development, Democratic Governance and Peace-building, Gender Equality and Crisis Prevention and Recovery aligned to Vision 2030 Jamaica. UNDP has a diversity of demonstrated expertise in policy advice; planning; programme design and implementation (including Joint Programmes); monitoring and evaluation; partnership building; facilitation of participatory and consultative processes; coordination; research (including data management and dissemination); resource mobilization; financial and operations management; capacity development (including institutional strengthening); and innovation mapping. In addition, UNDP has solid expertise in women's empowerment, multi-stakeholder/partnership mapping and engagement; gender mainstreaming and addressing issues related to inequality. With an average delivery of approximately US\$ 5 million annually, UNDP supports and implements a diversity of projects in Jamaica including supporting the MoFPS in change management and moving towards a centre of excellence to ensure fiscal efficiency and effectiveness. UNDP also works closely with the PIOJ to support Jamaica's development priorities. UNDP has also been instrumental in supporting the localization and advancement of the SDGs in Jamaica.

International Financial Institutions

World Bank Group (WBG):

Since 2013, the World Bank Group (WBG) has provided more than US\$500 million worth of development policy and investment financing to Jamaica. As part of the current Country Partnership Strategy, the WBG has engaged in a Public Sector Modernization Program (PSMP) to enhance the government's capacity and effectiveness with a loan of 35 million from 2014 to 2019. One of the components of this project is Strengthening the Budget Preparation Process and Results Based Budgeting. This JP will build on the efforts led by the World Bank to deepen the implementation of RBB with specific actions to increase efficiency and effectiveness of the expenditures of two of the largest Ministries (Education and Health). The World Bank, together with UNICEF, is also supporting the PER in the Education sector and in 2017 it completed a PER for the Health Sector whose results will be used in the interventions planned in this project.

Inter-American Development Bank (IDB)



IDB’s 2016-2021 Country Strategy with Jamaica aims at supporting the Government’s development agenda through addressing constraints to economic growth with a focus on three overarching strategic objectives: improve public sector management; increase private sector productivity and growth; and reinforce human capital protection and development. IDB is supporting MoEYI in several instances complementary to this JP. IDB has embarked on a School financing study and recently undertook a diagnostic of the MoEYI’s education sector reform, including a review over time of learning outcomes and accountability measures to improve sector performance. IDB is also a partner to WB and UNICEF in the implementation of the Public Expenditure Review of the Education Sector and will be a strategic partner to consolidate the changes aimed by this Joint Project.

Monitoring, reporting, and evaluation

Reporting on the Joint SDG Fund will be results-oriented, and evidence based. Each PUNO will provide the Convening/Lead Agent with the following narrative reports prepared in accordance with instructions and templates developed by the Joint SDG Fund Secretariat:

- *Annual narrative progress reports*, to be provided no later than one (1) month (31 January) after the end of the calendar year, and must include the result matrix, updated risk log, and anticipated expenditures and results for the next 12-month funding period;
- *Mid-term progress review report* to be submitted halfway through the implementation of Joint Programme⁵; and
- *Final consolidated narrative report*, after the completion of the joint programme, to be provided no later than two (2) months after the operational closure of the activities of the joint programme.

Targets and Indicators

SDG Targets Prioritized-MoEYI	Indicators - Baseline – Targets (2025)
Target 4.1: By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes	<ul style="list-style-type: none"> • Mean Score in Grade Six Achievement (GSAT)– Mathematics 57%(2016) Target 75% • Out of School adolescents - 4,000 Target -5,000 • % students in grade 11 who passed CSEC Examination on Mathematics 33% (2018) Target 50%
Target 4.2: By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education	<ul style="list-style-type: none"> • % Children Age 36-59 Who Are Developmentally On Track - 89% (93% girls/86% boys) Target:95% • % of MoEYI budget allocated to Early Childhood Education Baseline: 3.1% (2019) Target:5%
Target 4.5: By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and	<ul style="list-style-type: none"> • Net enrollment secondary (%) - Female 76% Male 72% (2018 UNESCO) Target: 90% (both sexes)

⁵ This will be the basis for release of funding for the second year of implementation.



<p>vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations</p>	<ul style="list-style-type: none"> • Ratio of Proportion of students in grade 11 who passed English and Mathematics CSEC Examination (male vs female) - 0.60 (2017) Target: 0.9 • Proportion of students in grade 11 who qualified to go to University in CSEC Examination: 36.2% (among 10 top performing schools: 98.1% and 10 lowest performing schools 2.5%) (2018)
<p>Target 4.A: Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all</p>	<ul style="list-style-type: none"> • % of schools with access to adapted infrastructural and materials for students with disabilities Primary-13% Secondary-25% Target: 70% Primary Target 75% Secondary • % of schools with Internet for pedagogical purposes Primary-70% Secondary-100% Target 100%
<p>Target 4.C: By 2030, substantially increase the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially least developed countries and small island developing state.</p>	<p>Proportion of teachers who have received at least the minimum organized teacher training (e.g. pedagogical training) pre-service</p> <ul style="list-style-type: none"> • Pre-primary 83% (2017)- Target: 100% • Primary 93% (2017) Target: 100% • Secondary 83% (2017) Target: 100%

SDG Targets Prioritized-MoHW	Indicators - Baseline -Target 2025
<p>Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age</p>	<ul style="list-style-type: none"> • Under 5 Mortality Rate(2019)- 14 death per 1,000 newborn Target:10 per 1,000 • Neonatal Mortality Rate (2019) 10 death per 1,000 newborn Target:6 per 1,000
<p>Target 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being</p>	<ul style="list-style-type: none"> • Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 2014 (67%) Target: 60% • Suicide mortality rate 2015 (2 per 100,00 population) Male:3.5 Female 0.6 Target: 1 per 100,00 population
<p>Target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education</p>	<p>Adolescent birth rate aged 15–19 years) per 1,000 women in that age group (2011)-72 per 1,000 adolescent girls Target: 45</p>
<p>Target 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines</p>	<ul style="list-style-type: none"> • Population reporting having a health problem who do not seek formal health care services: 15.6% (Household survey) Target: 10% • Out-of-pocket health expenditure vs % total expenditure (2016) 22.4% Target: 20%
<p>Target 3.C: Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States</p>	<p>Public health expenditure as percentage of GDP Baseline (2019) 3.47% Target 2030 6%</p>

Targets for Joint SDG Fund Results Framework

Joint SDG Fund Outcome 2: Additional financing leveraged to accelerate SDG achievement

Result / Indicators	Baseline	2021 Target	2022 Target	Means Verification	of Responsible partner
Joint SDG Fund Outcome 2: Additional financing leveraged to accelerate SDG achievement					
Indicator 2.1: Ratio of financing for integrated multi-sectoral solutions leveraged in terms of scope ⁶	To be compiled in the first 6 months	Tbc	tbc	tbc	UNICEF, UNDP, PAHO
Indicator 2.2: Ratio of financing for integrated multi-sectoral solutions leveraged in terms of scale ⁷	To be compiled in the first 6 months	Tbc	tbc	tbc	UNICEF, UNDP, PAHO
Joint SDG Fund Output 4: Integrated financing strategies for accelerating SDG progress implemented					
Indicator 4.1: #of integrated financing strategies that were tested (disaggregated by % successful / unsuccessful)	0	3 financing strategies for SDG acceleration with MoEYI, MoHW and MOFPS initiated	3 strategies (MoEYI, MoHW and MOFPS successfully implemented	Project evaluation	UNICEF, UNDP, PAHO
Indicator 4.2: #of integrated financing strategies that have been implemented with partners in lead	0	3 strategies lead by 3 ministries	3 strategies lead by 3 ministries	Project evaluation	UNICEF, UNDP, PAHO

⁶Additional resources mobilized for other/ additional sector/s or through new sources/means

⁷Additional resources mobilized for the same multi-sectoral solution.



2.2. Joint programme Results framework

Result / Indicators	Baseline	2021 Target	2022 Target	Means of Verification	Responsible partner
JP Outcome 1: Improved efficiency, effectiveness and equity of education spending which prioritizes investments towards the realization of SDG 4 and the philosophy of “leaving no one behind” through building capacity on public financial management (PFM) and RBB in the MoEYI.					
Indicator 1.1: Increased investment for SDG 4/Vision 2030 education targets	0	2%	10%	Project evaluation	UNICEF
Indicator 1.2: Efficiency gains promoted by JP activities	0	0	5 million dollars	Project evaluation	UNICEF
Output 1.1 Improved capacity of MoEYI staff to prepare a RBB which prioritizes expenditure to achieve the delivery of quality education					
Indicator 1.1.1 Key Staff trained in RBB	0	60 Key MoEYI and agency staff trained RBB Education Guidelines produced	60 Key MoEYI and agency staff trained	Project progress reports	UNICEF
Indicator 1.1.2 Revised KPIs	0% of programmes have KPI revised	50% of programmes have KPI revised	100% of programmes have KPIs revised and reflecting gender sensitivity; monitoring report produced	Project progress reports	UNICEF

Indicator 1.1.3 MoEYI budget submission is fully aligned with RBB principles	tbc	2021 budget submission includes RBB principles	2022 budget submission is fully aligned with RBB principles	Project progress reports	UNICEF
Output 1.2 Improved capacity of MoEYI staff to identify and act on strategic areas of improvement around SDG 4 including gender and inclusive education					
Indicator 1.2.1 Trained staff on budget analysis techniques	0	25 MoEYI and agency staff trained on budget analysis techniques		Project progress reports	UNICEF
Indicator 1.2.2 Diagnostic reports produced	0	Diagnostics initiated by trained staff	3 diagnostic reports produced	Project progress reports	UNICEF
Output 1.3 A financial simulation model for education expenditure operational					
Indicator 1.3.1 Model developed and tested	Non existent	Model developed	Financial sustainability of policy options and targets tested	Project progress reports	
JP Outcome 2: Improved efficiency, effectiveness and equity of health spending which prioritizes investments towards the realization of SDG 3 and the philosophy of “leaving no one behind” through building capacity on public financial management (PFM) and RBB in the MoHW.					
Indicator 2.1: Increased investment on SDG 3/Vision 2030 health targets	0	2%	10%	Project evaluation	PAHO, UNICEF
Indicator 2.2 Efficiency gains promoted by JP activities	0	0	5 million dollars	Project evaluation	PAHO, UNICEF



Indicator 2.3 MoHW budget submission is fully aligned with RBB principles	tbc	2021 submission includes RBB principles	2022 submission is fully aligned with RBB principles	Project evaluation	PAHO, UNICEF
Output 2.1 Improved capacity of MoHW staff to prepare a RBB which prioritizes expenditure to achieve good health and well being					
Indicator 2.1.1 Key Staff trained in RBB	0	60 Key MoHW, RHAs and agency staff trained RBB Health Guidelines produced	60 Key MoHW, RHAs and agency staff trained	Project progress reports	PAHO, UNICEF
Indicator 2.1.2 KPIs revised		50% of programmes have KPI revised	100% of programmes have KPIs revised and reflecting gender sensitivity; monitoring report produced	Project progress reports	PAHO, UNICEF
Output 2.2 Improved capacity of MoHW staff to identify and act on strategic areas of improvement around SDG 4 including gender and inclusive education					
Indicator 2.2.1 Trained staff on budget analysis techniques		25 Key MoHW and agency staff trained on budget analysis techniques	2 diagnostics initiated led by MoHW staff trained	Project progress reports	PAHO
Indicator 2.2.2 Diagnostic reports produced			2 diagnostic reports	Project progress reports	PAHO
Output 2.3 A financial model for health expenditure developed					
Indicator 2.3.1 Improved Health expenditure information		National Health Accounts developed	Fiscal Space study conducted	Project progress reports	



JP Outcome 3: Improved efficiency, effectiveness and equity of government spending to achieve the SDGs and the National Outcomes (NOs) as defined in Vision 2030 Jamaica, by improving the linkages of the country’s budget programmes to national targets so as to clearly identify expenditure invested on the programmes and activities which relate to them.					
Indicator 3.1 Budget programmes linked to priority SDG/Vision 2030 targets	non existent	Partial linkage of budget programmes to SDG/Vision 2030 targets	Full linkage of budget programmes to SDG/Vision 2030 targets	Project evaluation	UNDP, UNICEF
Output 3.1 Improved capacity of GoJ to identify expenditure on specific National SDGs linked to NOs through mapping Budget Programmes and Key Performance Indicators to each of these					
Indicator 3.1.1 Staff trained to track and analyse expenditure	0	20 staff in MoFPS and POIJ trained in tracking and analysing expenditure on SDGs and NOs	MoFPS and PIOJ assigned staff to work on SDG/Vision 2030 tracking system	Project progress reports	UNDP, UNICEF
Indicator 3.1.2 Tracking reports produced	0	Methodology developed	Initial tracking and analysis report produced	Project progress reports	UNDP, UNICEF

2.3 Expected results by outcome and outputs

JP Outcome 1

Improved efficiency, effectiveness and equity of education and health spending which prioritizes investments towards the realization of SDG 4 and the philosophy of “leaving no one behind” through building capacity on public financial management (PFM) and Results Based Budgeting (RBB) in the MoEYI.

JP Outputs

Output 1.1: Improved capacity of MoEYI staff to prepare a RBB which prioritizes expenditure to achieve the delivery of quality education (UNICEF lead)

Key results

- A dedicated RBB team established within the Ministry led by a RBB resident technical adviser
- Training conducted for key staff within the Ministry and its agencies on (i) improving the quality of Key Performance Indicators (KPIs) which are linked to both national priorities and SDGs; (ii) strengthening the capacity



- for monitoring and evaluation; and (iii) improving the allocation of resources which are aligned to key priorities
- Education specific planning, budgeting and monitoring guidelines developed

Output 1.2: Improved capacity of MoEYI staff to identify and act on strategic areas of improvement around SDG 4 including gender and inclusive education

Key results (UNICEF lead)

- Training conducted for key staff within the MoEYI (and their agencies) on Budget Analysis techniques
- Diagnostics conducted to assess the service delivery of at least 3 key programmes in priority areas by MoEYI staff. These might include the Textbook and Furniture Programme, programmes aimed to reduce the dropout rates, especially of boys (ASTEP and Career Advancement Programme) and the Special/Inclusive Education Programme

Output 1.3: A financial simulation model for education expenditure operational (UNICEF lead)

Key results

- A financial simulation model for education expenditure developed which is adapted to Jamaica, based on quantitative reference scenarios projecting the development of the education system needs and resource requirements according to policy assumptions and targets
- The financial sustainability of policy options and targets tested by the model

JP Outcome 2

Improved efficiency, effectiveness and equity of health spending which prioritizes investments towards the realization of SDG 3 and the philosophy of “leaving no one behind” through building capacity on public financial management (PFM) and RBB in the MoHW.

Output 2.1: Improved capacity of MoHW staff to prepare a Results Based Budget which prioritizes expenditure to achieve the delivery of good health and well-being whilst aligning the Regional Health Authorities (RHAs) with the National level

Key results

- A dedicated RBB team established within the Ministry led by a RBB resident technical adviser
- Training conducted for key staff within the Ministry and at RHAs on (i) improving the quality of Key Performance Indicators (KPIs); (ii) strengthening the capacity for monitoring and evaluation; and (iii) improving the allocation of resources which are aligned to key priorities
- Health specific planning, budgeting and monitoring guidelines developed

Output 2.2: Improved capacity of MoHW staff to identify and act on strategic areas of improvement around SDGs 3 including a gender and equity focus (UNICEF/ WHO lead).

Key results

- Training conducted for key staff within the MoHW (and the RHAs) on Budget Analysis techniques



- Diagnostics conducted to assess the service delivery of at least 2 key programmes in priority areas within the health sector by MoHW staff. These might include the Maternal Health Programme and the Adolescent Health Programme

Output 2.3: A financial model for health expenditure operational.

Key results

- National Health Accounts developed
- A Fiscal Space Study conducted with policy options for health financing

JP Outcome 3

Improved efficiency, effectiveness and equity of government spending to achieve the SDGs which are linked to its National Outcomes (NOs) as defined in Vision 2030 Jamaica, by improving the linkages of the country's budget programmes to the SDGs so as to clearly identify expenditure invested on the programmes and activities which relate to them.

JP Outputs

Output 3.1: Improved capacity of GoJ to identify expenditure on specific SDGs linked to NOs through mapping Budget Programmes and Key Performance Indicators to each of these (UNICEF/UNDP lead).

Key results

- Systems and processes developed to map Budget Programs with NOs and SDGs
- Training conducted for key staff within the MoFPS and POIJ to analyze and track expenditure on NOs and SDGS



Annex 3. Gender marker matrix

Indicator		Score	Findings and Explanation	Evidence or Means of Verification
<i>N°</i>	<i>Formulation</i>			
1.1	Context analysis integrate gender analysis	2	The proposed budget analysis techniques and diagnostic reports for Health and Education include a gender analysis of inequality and discrimination using sex-disaggregated and gender sensitive data	Project Results Matrix
1.2	Gender Equality mainstreamed in proposed outputs	3	For both the Health and Education sector all KPIs will be revised to reflect gender disaggregation and sensitivity. The MoFPS will also be able to track expenditure and efficiency of expenditures on gender transformative programmes.	Project Results Matrix
1.3	Programme output indicators measure changes on gender equality	2	There are output level indicators related to gender equality specifically for the budget diagnostic analyses which will have a gender focus; for capacity building related outputs, the number of trainees will be disaggregated by sex;	Project Results Matrix
2.1	PUNO collaborate and engage with Government on gender equality and the empowerment of women	2	PUNO has engaged with both the MoEYI and the MoHW and agreed on diagnostic analyses on issues affecting women and children including Maternal Health, teenage pregnancies and inclusive education	Project Results Matrix
2.2	PUNO collaborate and engages with women's/gender equality CSOs	0	There has been no engagement with CSOs	
3.1	Program proposes a gender-responsive budget	3	Almost all of the activities and outputs for Health and Education have a gender-sensitive component and the activities and outputs for the MoFPS will promote a gender sensitive RBB	Project Results Matrix
Total scoring		12		

Risk Management Plan

The key assumptions that underlie the risk management approach are that:

- There is political will and commitment by the government, specially by MoEYI, MoHWS and MoFPS
- GOJ is committed to the successful implementation of Results Based Budgeting
- Understanding by key stakeholders of the linkages between the overall culture of violence direct relation to family violence and VAWG and children.
- Staff from MDAs involved in the project are interested and motivated
- Political stability and enabling environment prevail
- Ending of Covid 19 emergency and requirements for social distancing

Risks	Risk Level: (Likelihood x Impact)	Likelihood: Certain - 5 Likely - 4 Possible - 3 Unlikely - 2 Rare - 1	Impact: Essential - 5 Major - 4 Moderate - 3 Minor - 2 Insignificant - 1	Mitigating measures	Responsible Org./Person
Contextual risks					
Human and economic impact of Covid 19 emergency	Very high	5	5	<p>Trainings are postponed until the COVID 19 emergency is resolved</p> <p>Budget areas to be prioritized may change according to the line ministries needs</p> <p>The project could prioritize the analysis and the development of tools for the public finance system to absorb shocks</p>	UN Joint Team
Jamaica faces the annual threat of storms, rainfall-induced landslides, seismic events	High	4	3	The project will increase the capacity of the government to measure the investment in	UN Joint Team



and other natural disasters, all of which can have significant fiscal impacts.				climate change adaptation targets and DRR investments as well as emergency relief.	
2020 General Elections	High	4	2	Continuous consultations with key national and local Government institutions and mainstreaming of the human security approach in development strategies should keep national focus on advancing human security	Resident Coordinator UN Joint Team
Programmatic risks					
Insufficient ownership/buy-in from Government decision-makers could delay or impede achievement of programme results	Medium	3	3	The relevant decision-makers and national partners are participants in the design, implementation and monitoring of the programme. Key entities will participate on the Programme Steering Committee.	Resident Coordinator UN Joint Team
Unavailability of data	Medium	3	3	Develop materials to support MDAs to collect and document data appropriately for future exercises	UN Joint Team
Sustainability of the outcomes	Medium	3	3	The programme is designed using an empowerment (bottom up) approach to promote sustainability of programme results. The objectives of the programme are already aligned to priorities of the government and the IFIs such as WB and IDB.	UN Joint Team
Institutional risks					



Some institutions, especially those which have participated in capacity development activities in other projects may experience 'overload' and view this initiative as another distraction from their 'real' jobs.	Medium	3	3	Demonstrate the value-added possible from full acceptance and participation. Share information on good practices in other countries	UN Joint Team
Insufficient human resources and limited capacity to make full use of the available institutional strengthening	Medium	3	3	Use methodologies and structure activities to facilitate the existing organizational resources. Conduct a midterm assessment with partners to assess progress and take corrective measures.	UN Joint Team
Fiduciary risks					
Crises (national disasters) may absorb resources and technical expertise needed for the programme	Medium	2	3	Programme employs a robust risk management strategy with financed mitigation measures	RCO

Abbreviations and Acronyms

ASTEP	Alternative Secondary Transition Education Programme
CAP	Career Advancement Programme
CDB	Caribbean Development Bank
GDP	Gross Domestic Product
GoJ	Government of Jamaica
ERP	Economic Reform Programme
IDB	Inter-American Development Bank
IFI	International Financial Institution
IMF	International Monetary Fund
JP	Joint Programme
KPI	Key Performance Indicator
MDA	Ministry, Department, Agency
MIND	Management Institute for National Development
MoEYI	Ministry of Education, Youth and Information
MoFPS	Ministry of Finance and Public Service
MoHW	Ministry of Health and Wellness
MTF	Medium term Socio-Economic Policy Framework
MTRBB	Medium term Results Based Budgeting
NDP	National Development Plan
NO	National Outcome
PAHO	Pan American Health Organisation
PER	Public Expenditure Review
PF4C	Public Finance for Children
PIOJ	Planning Institute of Jamaica
PFM	Public Financial Management
PSMP	Public Sector Modernization Programme
RBB	Results Based Budgeting
RC	Resident Coordinator
RCO	Resident Coordinator Office
RHA	Regional Health Authority
SC	Steering Committee
SDG	Sustainable Development Goal
SLA	Service Level Agreement
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund
UN MSDF	UN Multi country Sustainable Development Framework
WBG	World Bank Group
WHO	World health Organisation