

**TABLE 4.5**  
**LEVEL OF CARE (PERCENTAGE OF RESPONDENTS)**  
**USED IN JAMAICA, 1989-1996**

SLC Year	Primary	Out-Patient	Hospitalisation (Total-in-patient)
1989*	75.7	18.9	2.9
1990	74.3	21.2	4.5
1991	75.7	18.5	5.8
1992	72.0	17.7	3.5
1993	68.3	24.8	3.8
1994	78.1	15.7	5.4
1995	76.6	17.9	6.2
<b>1996</b>	<b>74.6</b>	<b>20.8</b>	<b>5.4</b>

\* 2nd round of SLC 1989

#### HEALTH INSURANCE COVERAGE

The percentage of the population with health insurance coverage was low at 9.8 per cent. Among the regions, the highest rate of coverage was 15.8 per cent in the KMA and among the quintiles, 25.8 per cent in the wealthiest consumption quintile. Health insurance coverage was almost non-existent at 0.6 per cent of persons in the poorest consumption quintile (see Table C-5). When analyzed by age, individuals 40-49 years had the highest percentage of persons covered, 20.2 per cent, while the elderly, 65 years and older, had the lowest percentage of persons covered at 3.4 per cent. There was no significant difference in percentage of men and the percentage of women covered.

A similar pattern of health insurance coverage was observed for those seeking medical care. In particular, the KMA had the highest percentage of persons covered at 21.0 per cent, while 22.3 per cent of the health care seekers from the wealthiest consumption quintile had health insurance. Only 1.4 per cent of care seekers in the poorest consumption quintile were covered with health insurance.

**TABLE 4.6**  
**PERCENTAGE ILL/INJURED SEEING MEDICAL CARE BY AREA, CONSUMPTION QUINTILE AND SEX,**  
**1989-1996**

Classification	1989	1990	1991	1992	1993	1994	1995	<b>1996</b>
<b>AREA</b>								
KMA	56.7	40.5	48.0	58.8	60.1	55.9	52.6	<b>53.8</b>
Other Towns	45.5	40.9	45.6	52.4	51.6	59.0	57.5	<b>55.5</b>
Rural Areas	47.2	36.8	48.6	47.1	47.2	47.0	62.8	<b>55.4</b>
<b>QUINTILE</b>								
Poorest	43.7	35.7	38.7	34.7	39.0	44.3	55.4	<b>53.4</b>
2	49.8	38.0	52.0	45.8	48.7	44.6	60.1	<b>45.6</b>
3	47.5	38.8	48.7	53.5	45.4	50.8	58.4	<b>51.1</b>
4	52.7	40.2	50.6	55.9	63.4	56.8	63.4	<b>59.0</b>
5	51.6	39.7	47.8	60.3	60.3	63.4	58.4	<b>63.0</b>
<b>SEX</b>								
Male	44.7	37.9	48.5	49.0	48.0	49.0	59.0	<b>50.5</b>
Female	52.8	39.2	47.4	52.5	54.7	53.4	58.9	<b>58.5</b>
<b>JAMAICA</b>	<b>49.0</b>	<b>39.0</b>	<b>47.7</b>	<b>50.9</b>	<b>51.8</b>	<b>51.5</b>	<b>58.9</b>	<b>54.9</b>

**TABLE 4.7**  
**MEAN PATIENT EXPENDITURE (\$) ON HEALTH CARE IN PUBLIC AND PRIVATE FACILITIES**  
**IN THE FOUR-WEEK REFERENCE PERIOD**

VISITS					DRUGS			
PRIVATE			PUBLIC		PRIVATE		PUBLIC	
Year	Nominal	Real	Nominal	Real	Nominal	Real	Nominal	Real
	\$	1990 \$	\$	1990 \$	\$	1990 \$	\$	1990 \$
1989	57	74	11	14	48	62	5	6
1990	72	72	11	11	43	43	4	4
1991	82	44	11	6	95	51	8	4
1992	167	63	14	5	234	88	17	6
1993	298	85	115	33	331	94	131	37
1994	461	109	91	21	417	98	163	38
1995	496	98.8	130	26	509	101	234	47
1996	598	103.6	148	26	685	119	176	31

## CHILD HEALTH

### Immunization Coverage

An important preventive health intervention strategy in the prevention of childhood diseases is that of the immunization of children less than 5 years old. The four vaccines used in the Jamaican preventive health programme are; oral polio vaccine (OPV), the diphtheria-pertussis-tetanus (DPT), the anti-tuberculosis (BCG), and a vaccine against measles. The vaccines OPV and DPT, which form part of the primary vaccination series, are given by 6 months and the vaccine against measles is given at 12 months. The immunization target set by the Ministry of Health is 100.0 per cent coverage, full immunization for all vaccine categories.

Reported vaccination rates ranged from 79.0 per cent for the vaccine against measles to 96.6 per cent for the BCG vaccine (See Table C-6). The rate of coverage was 88.2 per cent for the OPV vaccine and 83.2 per cent for DPT. Immunization rates were highest in the Rural Areas and among girls in all vaccination categories. In the OPV and DPT vaccine categories children from the poorest consumption quintile displayed lower immunization rates than children from the wealthiest consumption quintile. This compared to coverage for the vaccine against measles with respect to which children from the poorest consumption quintile had higher coverage (78.5 per cent) than children from the wealthiest consumption quintile (70.1 per cent), perhaps as a result of interventions and effective targeting choices by the Ministry of Health.

The low rates of full immunization in the vaccine categories OPV, DPT and the vaccine against measles needs further investigations. They appear to be related to the age of children, the need for mothers to return to paid work soon after giving birth, and the inability of mothers to keep appointments for children with medical practitioners. It is important that appropriate arrangements be explored to achieve full immunization, including increased use of mobile units or the reintroduction of the community health nurse to monitor communities with high levels of poverty and large populations of children 0-59 months old.

As a result of design changes in the immunization portion of the questionnaire, it is not appropriate to compare immunization data over the life of the Survey.

### Birth Registration

In 1996, some 97.2 per cent of the children in the 0-59 month age group were reportedly registered. There was no marked difference in the rate of registration by geographic area, while registration rates were high across all consumption quintiles for both boys and girls.

## NUTRITION

The nutritional status of children 0-59 months was estimated using anthropometric measures, weights and heights. The outcome of these simple physical examinations were compared with reference standards set by the World Health Organization (WHO). This analysis reveals whether growth and development has faltered.

The survey estimates nutritional status using three anthropometric indices, weight for age<sup>3</sup>, height for age<sup>4</sup> or stunting, and weight for height<sup>5</sup> or wasting. This chapter focuses on undernutrition expressed as low weight for age, low height for age, and low weight for height. Levels of undernutrition were estimated using Z scores and the WHO's recommendation that Z scores of < -2 standard deviations from the reference mean be used as indicators of low weight for age, low height for age, and low weight for height.

#### Prevalence of Undernutrition<sup>6</sup>

Of the 744 infants (0 -59 months old) examined, 5.8 per cent were low weight for age, 5.8 per cent low height for age and 2.6 per cent low weight for height ( see Tables D-1 to D-4).

#### Undernutrition by Area

Table D-1 shows the prevalence of undernutrition by the three geographic classifications of the survey. No real differences were documented for the levels of undernutrition by Area. The prevalence of low weight for age was higher in the KMA at 7.9 per cent and Other Towns at 6.0 per cent than in the Rural Areas at 4.6 per cent. The levels of low height for age documented for the KMA, Other Towns, and Rural Areas were 5.5, 4.1, and 6.3 per cents, respectively. Low weight for height was estimated at 3.0 per cent for the KMA, 2.0 per cent for Other Towns and 2.6 per cent for Rural Areas.

#### Undernutrition by Consumption Quintile

The levels of undernutrition by consumption quintile are documented in Table D-2. The limitations created from the disaggregation of a small sample into smaller population groups made it difficult to assess true differences of undernutrition by consumption quintile. Multivariate Regression models were used to investigate which children were at higher risk of undernutrition. No true differences in the levels of undernutrition by consumption quintile were

observed.

#### Undernutrition by Sex and Age (see Tables D-3 and D-4)

There was a tendency for more boys to be undernourished; 6.1 per cent compared with 5.5 per cent for low weight for age; 6.3 compared with 5.2 for low height for age; and 2.9 compared with 2.2 for low weight for height. However, these gender differences were not statistically significant. Children in the 0-11 month age group were at greater risk of undernutrition.

These findings suggest that the programmes aimed at preventing childhood under nutrition have more or less achieved their goals. However, these programmes should not be abandoned since continued surveillance is necessary to ensure that the problem does not recur. Programmes should also be revisited to ascertain the underlying reasons why the boys are marginally undernourished compared to girls.

#### CONCLUSION

For the period 1989-1996, the generally positive trends in the health indicators suggest an improvement in the health status of the population. However, the 1996 survey data indicated that the 'at risk' health groups in the Jamaican population were individuals from the Rural Areas, women, children 0-4 years old and individuals 65 years and over. The Rural Areas reported the highest percentages of individuals with illness/injury and the highest proportions of these with severe illness/injury as measured by protracted illness/injury and duration of illness.

In 1996, over 50 per cent of the ill/injured sought medical care for their reported conditions. In the Rural Areas, where high rates of poverty have been documented<sup>7</sup>, up to 66.0 per cent of the health care seekers used private sector care providers. This coincided with reports of shortages of public sector health care services in the Rural Areas during the year, due mainly to shortages of health care personnel. In 1996, the Ministry of Health continued to report health personnel shortages in critical areas such as physicians, nurses, and pharmacists with shortages ranging from 4 per cent for physicians to 65 per cent for pharmacists<sup>8</sup>.

<sup>3</sup> Weight for age, is the most common measure of health and nutritional well-being. It allows for the weight of the child to be compared with the reference standard set by WHO for the child of the same age.

<sup>4</sup> Height for age, measures the cumulative effect of poor health.

<sup>5</sup> Weight for height, is the most sensitive measure of the three and gives an indication of the current nutritional status of the child.

<sup>6</sup> Trend analysis of nutritional status from 1989 will be presented in a separate report at a later date.

<sup>7</sup> Policy Development Unit (1995), *Estimates of Poverty, 1990-1993*, presented at the Policy Development Unit First Annual Research Symposium, Jamaica Conference Centre, June 20-21.

<sup>8</sup> Planning Institute of Jamaica (1996), *Economic and Social Survey of Jamaica*, Kingston, Jamaica, pgs. 22.1 - 22.13

Private health care expenditure on visits was highest in the Rural Areas. Government, aware of the burden this places on rural communities which also tend to be poorer communities, continued to implement programmes that increased the equitability of access to health care services by individuals in all geographic locations.

Significant inequality of access needed health care services were also clearly evident between men and women and across consumption quintiles.

Elderly individuals 65 years and over are generally an extremely vulnerable population group because of adverse financial circumstances during retirement. Their health condition usually warrants high health care expenditure, especially with the high cost of drugs. This in conjunction with inefficiencies in the operation of the MOH's drug windows due to staff and supply shortages tends to increase the risk of the elderly to many severe, chronic conditions, as their quality of life is adjusted to economic constraints. In response to these needs and as a part of the Ministry's Health Reform Programmes, the Jamaica Drug Elderly Programme (JADEP) was launched in August, 1996 to improve access to much needed drugs to the elderly at low cost and hence to increase their ability to receive treatment for diseases such as hypertension, diabetes, arthritis, glaucoma and asthma.

Primary health care services continued to be the highest utilized level of care. Despite the preferred use of private

sector care providers by those seeking care and medication, there was an increased use of public sector providers for both visits and drugs between 1995 and 1996. This can be attributed to the success of the Ministry of Health's effort at increasing efficiency of delivery of better health care services over the period.

During the year, there was a significant decline in mean patient expenditure on drugs from the public sector drug windows which might be attributed to the promotion and introduction of the use of the cheaper generic drugs by the Ministry of Health.

Health Insurance coverage continued to be low particularly for the poor, the residents of Rural Areas and the elderly. This, coupled with high health care costs to these vulnerable groups, led to the formulation of a draft proposal for a National Health Insurance Plan during the year.

Levels of undernutrition were low by all indicators. When analyzed by the regional classifications of the survey, the geographic pockets of undernutrition reported by health officials in the past were not evident. Differences in the levels of undernutrition by population groups such as age, sex and consumption quintile were also not evident. These suggest that Jamaica is close to achieving its goal of less than 4.0 per cent undernutrition by the year 1998 and the elimination of malnutrition by the year 2000.

# Food Stamp Programme

## INTRODUCTION

The Jamaican Food Stamp Program (JFSP) was introduced after the elimination of general food subsidies in 1984, under the newly initiated Stabilization and Structural Adjustment Program (SSAP). The JFSP is a social program designed to transfer income in the form of food purchasing power to low income households. It was aimed at protecting certain target groups from the erosive effects of the rising cost of living, especially the rising cost of basic domestic and imported food items. A supplementary goal was to maintain the nutritional status of the target groups at some minimum acceptable level.

The JFSP forms part of a larger social welfare package, including additional income transfers to food stamp and other beneficiaries to boost food consumption, designed both to assist the vulnerable in society to meet consumption needs and to assist in their self-reliant initiatives to escape poverty.

The programme is divided into income and health related components. The income related component grants benefits to targeted poor individuals, identified as individuals whose incomes fall below a defined poverty line or who satisfy some other criteria. Some of these are identified by the registration lists for the Poor Relief and Public Assistance programmes. Others are identified by Food Stamp Investigators, Community Leaders, or Members of Parliament. The other dimensions of the programme give benefits to pregnant and lactating women, and children six years and under who register at pay stations. This part of the programme is self-targeted. Food Stamps are distributed through pay stations and public health clinics which upper income groups tend not to use. The time cost of standing in line to register and pick up stamps acts as a disincentive to these persons.

As in earlier reports, the food stamp analysis seeks to determine the success of the food stamp programme in assisting the vulnerable groups in society. Thus, the chapter looks as usual at the distribution of food stamps by

beneficiary category, area, quintile, and number of recipients per household, the reasons for not applying for food stamps, problems in collecting food stamps, and the level of coverage of the programme. Coverage identifies the percentage of the target group who received benefits.

This year, however, the analysis is extended in several ways to increase our understanding of the efficiency of delivery of service and the extent to which the program facilitates initiatives to escape poverty. In particular, the analysis now includes an evaluation of the level of benefits by category of beneficiaries, the level of leakage, the level of education of beneficiaries, and the degree of dependence by category of beneficiaries. Here leakage defines the percentage of beneficiaries who are not in the target group. Leakage and coverage are not complements.

Unlike in previous rounds, the analysis this year is conducted mainly at the level of the individual. Since the 1996 food stamp module was adjusted to collect data on individuals and thereby better reflect official targeting. Household level evaluation is used only when the need for clarity arises. It is recognized that some intra household transfers of stamp benefits occur, especially within households in the lower quintiles where there are multiple recipients. While it is necessary to investigate such transfers for a complete picture of the distribution of benefits, such an investigation is not adequately achieved by using household level analysis; indeed without additional investigation, analysis at this level of aggregation would cloud the required picture of the level of benefits accruing to the eligible individuals within a household.

## DISTRIBUTION OF FOOD STAMP: COVERAGE AND LEAKAGE

Table 5.1a shows that 7.5 per cent of individuals received food stamps in 1996 compared with 7.2 per cent in 1995. The percentage of individuals in Jamaica receiving food stamps over the past five years has stabilised at approximately 7.0 per cent. Over the period 1989 to 1996 the average rate of increase in the number of beneficiaries

**TABLE 5.1a**  
**PERCENTAGE OF INDIVIDUALS RECEIVING FOOD STAMPS BY AREA AND QUINTILE, 1989-1996**

Category	1989	1990	1991	1992	1993	1994	1995	1996	Average
<b>Area</b>									
KMA		1.2	1.5	2.0	2.6	3.5	2.6	4.0	2.5
*			25.0	33.3	30.0	34.6	-25.7	53.8	25.2
Other Towns		3.9	4.5	5.4	6.7	5.4	4.7	8.2	5.5
*			15.4	20.0	24.1	-19.4	-13.0	74.5	16.9
Rural Areas		4.9	7.9	8.5	10.4	9.5	12.3	9.5	9.0
*			61.2	7.6	22.4	-8.7	29.5	-22.8	14.9
Jamaica		3.7	5.5	6.9	7.2	6.8	7.2	7.5	6.4
*			48.6	25.5	4.3	-5.6	5.9	4.2	13.8
<b>Quintile</b>									
Poorest	7.2	6.7	9.8	11.5	12.9	14.2	16.8	15.3	11.8
*		-6.9	46.3	17.3	12.2	10.1	18.3	-8.9	12.6
2	6.1	5.0	7.7	9.2	10.1	8.1	13.0	7.4	8.3
*		-18.0	54.0	19.5	9.8	-19.8	60.5	-43.1	9.0
3	4.2	3.2	5.4	6.9	6.3	6.8	6.6	7.8	5.9
*		-23.8	68.8	27.8	-8.7	7.9	-2.9	18.2	12.5
4	2.5	3.2	3.6	4.5	5.1	3.5	3.3	4.9	3.8
*		28.0	12.5	25.0	13.3	-31.4	-5.7	48.5	12.9
5	1.5	1.1	1.8	2.3	2.2	1.5	2.0	2.9	1.9
*		-26.7	63.6	27.8	-4.3	-31.8	33.3	45.0	15.3
Jamaica	4.2	3.7	5.5	6.9	7.2	6.8	7.2	7.5	6.1
*		-11.9	48.6	25.5	4.3	-5.6	5.9	4.2	10.1

\* Year over year percentage change

was 10.1 per cent. Between 1990 and 1991, the percentage of beneficiaries increased from 3.7 per cent to 6.9 per cent reflecting a rate of growth of 86.5 per cent. Thereafter, the percentage of individuals receiving food stamps stabilized. The increase in the food stamps registration roles during 1991-1992 possibly reflects efforts by the Ministry of Labour, Social Security, and Sports (MLSSS) to clean the roles of unqualified beneficiaries and increase the number of beneficiaries. The programme was suspended during 1990-1991 and new registration done in order to ensure that those who got food stamps were those who needed it most. The efforts to improve registration may have been made easier by the increase in the price of basic food items, following the implementation of a number of structural adjustment policies in 1991. The stabilization of the percentage receiving food stamps may also reflect a reduction in the number of individuals seeking assistance and the relative improvement in consumption status of the poorest quintiles.

#### Distribution By Category Of Beneficiary

The data in Table 5.2 indicate the proportionate distribution of benefits among the recipients. The beneficiaries in the two categories Children Aged Less Than Six and Elderly/Poor/Disabled accounted for 71.0 percent of the total number of food stamps distributed in 1996. This represents a reduction from 91.8 percent in 1995 and may

be due to a reduction in the number of children receiving the benefit and the addition of a new category, kerosene stamp. This new category seems to have been captured in the category Family Plan since the category Kerosene Stamp was not included as an option in the 1996 SLC questionnaire. The increase in the proportion of food stamps allocated to the Family Plan category from 1.3 percent in 1995 to 19.8 per cent in 1996 seems to reflect this change.

The inclusion of the Kerosene Stamp into the Food Stamp Programme possibly points to the government's commitment to reduce the burden of inflation on the pockets of the poor and vulnerable. The stamp was also intended to reduce the likelihood that individuals will turn to the use of coal as a source of energy in response to the removal of the kerosene subsidy. To complement this effort MLSSS also planned to distribute gas stoves to food stamp (FS) beneficiaries. This is yet to take place.

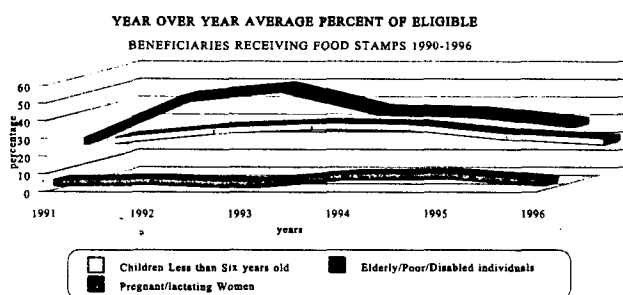
The analysis of the proportion of eligible individuals receiving food stamps focuses on the categories Children Aged Less Than Six Years, Elderly/Poor/Disabled and Pregnant/Lactating Women, since the eligibility criteria are clear and easily established. The criterion used for the Single Member and Family Plan households is income. However, the criteria used for the selection of individuals receiving kerosene stamps are not clear.

**TABLE 5.1b**  
**PERCENTAGE DISTRIBUTION OF FOOD STAMPS BY AREA AND QUINTILE, 1989-1996**

Category	1989	1990	1991	1992	1993	1994	1995	1996	Average
<b>Area</b>									
KMA	12.8	8.7	7.3	10.1	11.8	16.1	14.3	17.1	12.3
*		-5.3	-16.1	38.4	16.8	36.4	-11.2	19.6	11.2
Other Towns	14.0	18.4	15.1	16.4	16.7	14.6	13.4	20.9	16.2
*		31.4	-17.9	8.6	1.8	-12.6	-8.2	56.0	8.4
Rural Areas	73.2	72.9	77.6	73.5	71.5	69.3	72.4	62.0	71.6
*		-0.4	6.4	-5.3	-2.7	-3.1	4.5	-14.4	-2.1
Jamaica	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
*									
<b>Quintile</b>									
Poorest	33.4	36.1	34.5	32.8	34.2	41.6	32.7	38.8	35.5
*		8.1	-4.4	-4.9	4.3	21.6	-21.4	18.7	3.1
2	28.1	27.1	27.5	26.9	28.1	23.7	30.2	19.2	26.3
*		-3.6	1.5	-2.2	4.5	-15.7	27.5	-36.4	-3.5
3	19.5	17.3	19.1	20.2	18.2	19.9	19.7	20.0	19.2
*		-11.3	10.4	5.8	-9.9	9.3	-1.0	1.5	0.7
4	11.6	13.4	12.6	13.5	14.1	10.4	10.6	13.9	12.5
*		15.5	-6.0	7.1	4.4	-26.2	1.4	31.8	4.0
5	7.3	6.1	6.3	6.6	5.4	4.4	6.9	8.2	6.4
*		-16.4	3.3	4.8	-18.2	-18.5	55.7	19.7	4.3
Jamaica	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	

\* Year over year percentage change

**FIGURE 5.1**



During 1996, 25.3 per cent of the eligible children in Rural Areas received food stamps, while 12.6 per cent and 7.7 per cent in Other Towns and the KMA, respectively, received stamps (Table 5.2a). The proportion of eligible children in the KMA and Other Towns showed slight increases over 1995. On the other hand, there was a marginal reduction in the Rural Areas. Over the period 1990-96, the proportion of eligible children receiving stamps increased noticeably in all regions; from 3.8 per cent in 1990 to an average of 8.6 per cent in the KMA, from 14.2 per cent to an average of 17.8 per cent in Other Towns and from 17.9 per cent to an average of 29.3 per cent in Rural Areas.

The data show that over the period an average of 29.5 per cent, 23.6 per cent and 21.9 per cent of the eligible children in quintiles 1, 2 and 3 received stamps, compared with 14.1 per cent and 11.0 per cent of quintiles 4 and 5, respectively. Over the period, the proportion of stamps received by eligible children of each quintile increased. For Jamaica as a whole, an average of 23.8 per cent of eligible children received food stamps, up from 13.7 per cent in 1990 (Table 5.2a). The growth in the proportion of children receiving food stamps represents on-going efforts by the MLSSS to register babies. However, data from the Ministry of Health seem to suggest that there is a growing number of malnourished children who should be on the Food Stamp Programme but are not receiving food stamps. To stem this problem, it is important that investigators of the MLSSS visit health centres within their community periodically to register and ensure that malnourished children are given priority access to the programme.

The data also show that coverage for eligible Elderly/Poor/Disabled individuals ranged from an average of 20.7 per cent in the KMA to 38.4 per cent in Rural Areas (Table 5.2c). Also, coverage of eligible Pregnant/Lactating Women varied between 1.5 per cent and 10.0 per cent in the

**TABLE 5.2**  
**DISTRIBUTION OF FOOD STAMPS BY CATEGORY OF RECIPIENT BY AREA AND QUINTILE, 1996**

Classification	Children Aged Less Than Six	Pregnant/Lactating Women	Elderly/Poor/Disabled	Single Person	Family Plan	Total
<b>Area</b>						
KMA (N=76)	26.3	1.3	36.8	5.3	30.3	100.0
Other Towns (N=108)	26.9	6.5	38.0	2.8	25.9	100.0
Rural Areas (N=336)	39.0	4.4	35.7	5.4	15.5	100.0
<b>Quintile</b>						
Poorest (N=203)	29.6	2.9	29.6	6.4	31.5	100.0
2 (N=106)	38.7	6.6	39.6	0.9	14.2	100.0
3 (N=105)	36.2	3.8	39.1	1.9	19.1	100.0
4 (N=76)	46.3	2.9	37.3	7.5	5.9	100.0
5 (N=39)	48.7	10.2	30.8	10.3	0.0	100.0
Jamaica (N=520)	34.6	4.4	36.4	4.8	19.8	100.0

**TABLE 5.2a**  
**PERCENTAGE OF ELIGIBLE CHILDREN AGED LESS THAN SIX YEARS RECEIVING FOOD STAMPS BY AREA AND QUINTILE, 1990-1996**

Classification	1990	1991	1992	1993	1994	1995	1996	AVERAGE
<b>Area</b>								
KMA	3.8	6.4	8.6	11.6	15.1	6.9	7.7	8.6
*		40.6	25.6	25.9	23.2	-118.8	10.4	1.1
Other Towns	14.2	19.9	23.9	24.0	19.1	10.8	12.6	17.8
*		28.6	16.7	0.4	-25.7	-76.9	14.3	-7.1
Rural Areas	17.9	31.7	33.2	38.8	31.7	26.5	25.3	29.3
*		43.5	4.5	14.4	-22.4	-19.6	4.7	2.6
<b>Quintile</b>								
Poorest	18.6	36.5	32.7	38.7	36.5	23.0	20.5	29.5
*		49.0	-11.6	15.5	-6.0	-58.7	12.2	-4.0
2	16.3	22.8	32.7	30.4	22.2	21.4	19.5	23.6
*		28.5	30.3	-7.6	-36.9	-3.7	9.7	0.1
3	13.9	20.0	27.8	30.0	25.2	16.3	20.0	21.9
*		30.5	28.1	7.3	-19.0	-54.6	18.5	1.8
4	7.8	18.6	16.2	16.4	13.5	12.1	13.9	14.1
*		58.1	-14.8	1.2	-21.5	-11.6	12.9	4.1
5	6.3	10.9	15.3	13.1	10.8	9.1	11.5	11.0
*		42.2	28.8	-16.8	-21.3	-18.7	20.9	5.8
Jamaica	13.7	23.3	24.9	28.3	23.7	17.9	34.6	23.8
*		41.2	6.4	12.0	-19.4	-32.4	48.3	9.3



**TABLE 5.2b**  
**PERCENT OF ELIGIBLE PREGNANT/LACTATING WOMEN RECEIVING FOOD STAMPS BY AREA AND QUINTILE, 1990-1996**

Classification	1990	1991	1992	1993	1994	1995	1996	Average
<b>Area</b>								
KMA	0	5.5	0	0	5	0	0	1.5
*		100.0			100.0			
Other Towns	0	3.2	0	12.8	13.4	0	40.9	10.0
*		100.0		100.0	4.5		100.0	50.7
Rural Areas	0.9	9.9	4.2	1.5	11.3	8	16.1	7.4
*		90.9	-135.7	-180.0	86.7	-41.3	50.3	-21.5
<b>Quintile</b>								
Poorest	1.8	8	3.8	6.7	18.2	2.9	16	8.2
*		77.5	-110.5	43.3	63.2	-527.6	81.9	-62.0
2	0	7.3	3.8	2.8	6.5	10	26.1	8.1
*		100.0	-92.1	-35.7	56.9	35.0	61.7	21.0
3	0	9.3	3.1	0	12.5	5.3	12.5	-6.1
*		100.0	-200.0		100.0	-135.8	57.6	-13.0
4	0	9.5	0	5.3	16.7	0	9.1	5.8
*		100.0		100.0	68.3		100.0	61.4
5	0	0	0	0	0	0	12.5	1.8
*							100.0	16.7
Jamaica	0.5	7	2.3	3.4	11.3	4.6	4.4	4.8
*		92.9	-204.3	32.4	69.9	-145.7	-4.5	-26.6

\* Year over year percentage change

KMA and Other Towns. The average rate of growth of eligible Elderly/Poor/Disabled individuals of quintiles 1 and 3 decreased by 1.3 per cent and 4.3 per cent respectively, while quintiles 2, 4 and 5 grew at an average rate of 2.1 per cent, 2.3 per cent and 0.3 per cent, respectively.

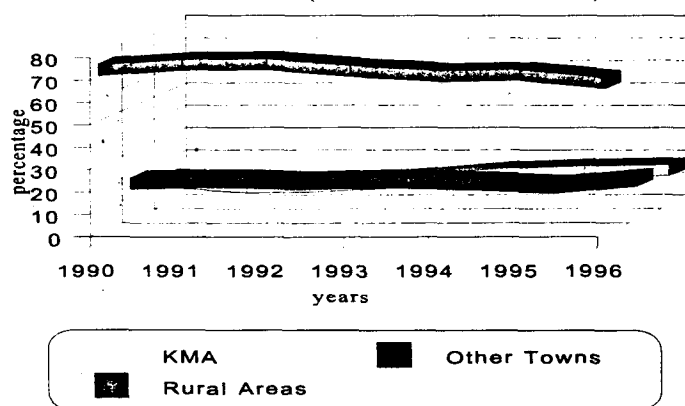
Table 5.2b shows that the percentage of eligible Pregnant/Lactating Women receiving food stamps continued to exhibit low coverage, varying from 8.2 per cent of quintile 1 to 1.8 per cent of quintile 4. Officials of the MLSSS have recognized the need to provide quick access to benefits for pregnant and lactating women, and accordingly, have shortened the registration process for this category. On registration at primary health care clinics, pregnant and lactating women automatically qualify for food stamps. In addition, the Ministry has devised a payroll system to facilitate easy recognition of beneficiaries who may have missed one or two payments, so that Ministry investigators can encourage them to collect their stamps and remain active beneficiaries. This system also allows officials to recognise when the benefit expires and facilitates easy removal of such persons from the registration roles.

#### Distribution by Area (of total individuals receiving FS)

Table 5.1b shows that 62.0 per cent of food stamps went to individuals in Rural Areas in 1996, compared with 72.4 per cent in 1995. The KMA received 17.1 per cent in 1996, compared with 14.3 per cent in 1995, while Other Towns received 20.9 per cent in 1996 as compared with 13.4 per cent in 1995.

**FIGURE 5.2**

DISTRIBUTION OF TOTAL INDIVIDUALS  
RECEIVING FOOD STAMPS (YEAR OVER YEAR AVERAGE)



**TABLE 5.2c**  
**PERCENTAGE OF ELIGIBLE ELDERLY/POOR/DISABLED PERSONS RECEIVING FOOD STAMPS**  
**BY AREA AND QUINTILE, 1990-1996**

Classification	1990	1991	1992	1993	1994	1995	1996	Average
<b>Area</b>								
KMA	10.1	9.1	13.4	17.6	32.9	27.3	34.6	20.7
*		-11.0	32.1	23.9	46.5	-20.5	21.1	15.3
Other Towns	19	22.3	32.9	36.4	31.2	31.5	39.3	30.4
*		14.8	32.2	9.6	-16.7	1.0	19.8	10.1
Rural Areas	21.4	33.6	39.1	46.9	45.2	39.8	42.9	38.4
*		36.3	14.1	16.6	-3.8	-13.6	7.2	9.5
<b>Quintile</b>								
Poorest	31.6	42.1	94.2	52.1	57.1	48.7	49.3	53.6
*		24.9	55.3	-80.8	8.8	-17.2	1.2	-1.3
2	22.9	38.3	79.5	50.8	38.2	35.9	43.1	44.1
*		40.2	51.8	-56.5	-33.0	-6.4	16.7	2.1
3	16.3	27.1	67.8	27	40.9	33.3	38.9	35.9
*		39.9	60.0	-151.1	34.0	-22.8	14.4	-4.3
4	17.8	16.8	48.8	32.7	32.9	32.6	33.9	30.8
*		-6.0	65.6	-49.2	0.6	-0.9	3.8	2.3
5	5.3	8.9	31.7	19.5	9.3	21.9	22.9	17.1
*		40.4	71.9	-62.6	-109.7	57.5	4.4	0.3
Jamaica	18.9	26.6	67.2	37.7	40.9	35.3	36.4	37.6
*		28.9	60.4	-78.2	7.8	-15.9	3.0	1.0

\* Year over year percentage change

Over the period 1989-1996, the distribution of food stamps among the regions changed in favour of the KMA and Other Towns (Figure 5.2). The average rates of increase were approximately 11.2 per cent and 8.4 per cent in the KMA and Other Towns, respectively, and -2.1 per cent in Rural Areas. There was a steady increase in the proportion of stamps allocated to the KMA, from 12.8 per cent in 1989 to 17.1 per cent in 1996, while the proportion of stamps allocated to Other Towns and Rural Areas seem to be trending downwards, averaging 16.2 per cent and 71.6 per cent, respectively. The increase in the proportion of stamps allocated to the KMA was a result of deliberate efforts by the MLSSS to recruit poor individuals from this urban centre since analysis had shown that they were under served. Rural Areas, however, continued to benefit from the highest level of coverage under the Food Stamp Programme. Since approximately 60 per cent of the poor reside in Rural Areas, this also reveals that regional targeting in Jamaica continued

to be very successful.

The approach to targeting used by the MLSSS seems to be a combination of self targeting and regional targeting. This approach may be particularly appropriate in the absence of data on individual and household incomes. Although there is bound to be some leakage of benefits, the leakage of benefits to those who are non-poor is likely to be less expensive than administrating the ideal solution where no leakage occurs. The regional distribution of stamps closely mirrors the regional distribution of the poor. However, while the approach to targeting the poor may be most appropriate there seems to be a problem in registering individuals in relation to the nutritional component of the programme. This seems to be reflected by the under-registration of Pregnant/Lactating Women and Children Six Years and Under. Targeting of heterogeneous groups and the optimal allocation of resources across these groups have remained a matter of considerable official concern. It is,

however, important to note that these two categories have the highest level of beneficiary turnover and the eligibility criteria are clear and easily monitored.

#### Distribution By Quintile

The Survey data indicated that the Food Stamp Programme was successful in targeting the poor. The data consistently show an inverse relationship between consumption status and food stamps received. The distribution to each category of beneficiary by quintile also revealed that in general, the proportion of benefits decreased with increasing consumption levels. The relative proportion of stamps allocated in 1989 to the wealthiest consumption group (quintile 5) was 7.3 per cent, while the poorest quintile accounted for 33.4 per cent. The ratio of benefit remained largely unchanged in 1996, with the wealthiest and poorest consumption groups receiving 8.2 per cent and 38.8 per cent, respectively (Table 5.1b).

its share of benefits at an average rate of 3.1 per cent, moving from an average of 8.1 per cent of benefits in 1990 to 18.7 per cent in 1996. The share of food stamps allocated to the wealthier quintiles (4 and 5) also increased at an average rate of 4.3 per cent. This was achieved at the expense of quintiles 2 and 3. The increase in the proportion of stamps allocated to quintiles 4 and 5 is evident for all beneficiary categories (Tables 5.1b and 5.2).

The poorest quintiles accounted for 58.0 per cent of beneficiaries in 1996 compared with 61.5 per cent in 1989, while the wealthiest quintiles accounted for 22.1 per cent of the beneficiaries, compared with 18.9 per cent in 1989. The data show that an average of 61.8 per cent of food stamps went to consumption quintiles 1 and 2, and 81 per cent to the consumption quintiles 1, 2 and 3. In contrast, an average of 18.9 per cent went to consumption quintiles 4 and 5, indicating that the level of leakage into non-targeted groups is fairly small (Table 5.1b).

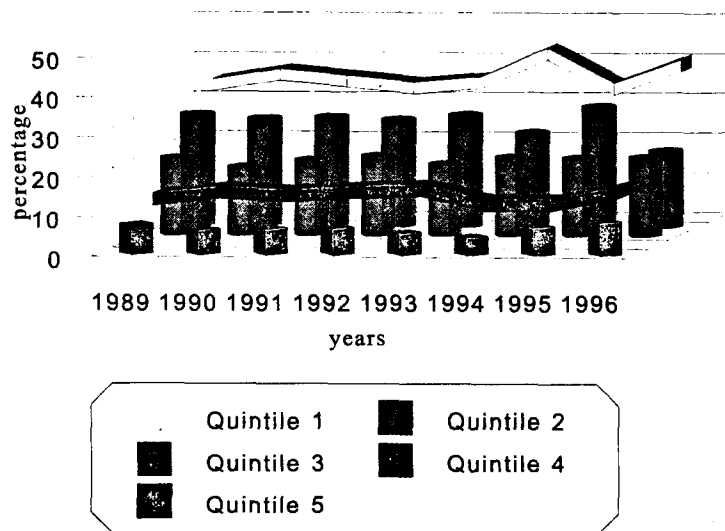
#### Level of Food Stamp Coverage

Table G-1 shows the percentage of individuals who receive food stamps by area and by consumption level and those who did not receive. Compared with other areas, the KMA continued to record the lowest percentage of individuals receiving food stamps (4.0 per cent), while the Rural Areas remain the region with the highest percentage of coverage (9.5 per cent).

Of all the individuals who reported non-receipt of food stamps, 4.6 per cent had in fact applied. Some 84.0 per cent of the individuals in the sample never applied for food stamps and 4.0 per cent were no longer receiving food stamps (See Table G-1). The fact that there are quotas for each category of beneficiary implies that not all individuals who apply might be able to get onto the programme as is seen in Table G-1. Some 1.9 per cent and 2.7 per cent of individuals applied within the past 12 months and before the past 12 months, respectively, but were unsuccessful, yet data from the MLSSS show that there is under registration of some categories. It may be desirable therefore, to adjust the targets in light of the needs of individuals.

FIGURE 5.3

#### DISTRIBUTION OF TOTAL INDIVIDUALS RECEIVING STAMPS



Over the period 1989-1996, the poorest quintile increased

TABLE 5.3  
PERCENTAGE OF ELIGIBLE INDIVIDUALS NOT RECEIVING FOOD STAMPS, 1990-1996

CATEGORIES	1990	1991	1992	1993	1994	1995	1996
Children Six Years and Under	86.3	76.7	75.1	71.7	76.3	82.1	65.4
Pregnant/Lactating Women	99.5	93.0	97.7	96.6	88.7	95.4	95.6
Elderly/Poor/Disabled	81.1	73.4	32.8	62.3	59.1	64.7	63.6

Table 5.3 shows that of eligible children, Pregnant/Lactating Women and Elderly/Poor/Disabled a large proportion 65.4 per cent, 95.6 per cent, and 63.6 per cent, respectively, are not receiving food stamps. This is in spite of the fact that the quotas for these categories have not been exhausted. On the other hand, the category Family Plan is fully subscribed, while the number registered under Single Member household has exceeded the quota by more than three times. According to the MLSSS, the quota for Single Member Household has been exceeded because many of the elderly are classified as single member households and are therefore unable to obtain benefits under the more appropriate category - Elderly/Poor/Disabled.

The fact that there is under-registration of most of the categories and that a large percentage of eligible individuals are not receiving food stamps suggest that either there is need for better categorization of beneficiaries and improved efforts to register them, or that the net benefit is so small or negative that some sections of the poor do not bother to register and collect food stamps.

Based on SLC data, 22.7 per cent of the individuals in quintiles 1 and 2, and 30.5 per cent of individuals in quintiles 1, 2 and 3 received food stamps in 1996, compared with 13.3 per cent and 17.5 per cent for 1989, respectively. Stamps distributed to poor individuals in quintiles 1 and 2 cover 220,000 individuals and quintiles 1, 2 and 3, 283,500 individuals or approximately 67.7 per cent and 72.2 per cent of the individuals in quintiles 1 and 2 and 1, 2 and 3, respectively. The Food Stamp Programme which targets 350,000 individuals represents approximately one-half of the estimated poor but is in keeping with the 14.0 per cent level to which poverty is expected to fall within the poverty eradication programme.

During 1996, the level of leakage (percentage of food stamps going to individuals who are not poor) has increased from 17.5 per cent in 1995 to 22.1 per cent. This represents a rate of increase of 20.8 per cent and seems to be caused by an increase in the proportion of stamps allocated to the wealthier consumption quintiles of single member households.

**TABLE 5.4**  
**DISTRIBUTION OF TARGET AND**  
**PERCENTAGE ATTAINED, 1995 AND 1996**

Categories	Target	Target Registered		Target Registered	
		1995		1996	
			%		%
Pregnant/Lactating Women	30,000	2,853	9.5	25,362	84.5
Child Six Years and Less	150,000	98,730	65.8	125,494	84.3
Elderly/Poor/Disabled	100,000	39,103	39.1	48,836	48.8
Single Member Household	20,000	71,691	358.5	69,822	349.1
Family Plan	20,000	18,965	94.8	19,192	96.0
Kerosene Stamp	30,000	-	-	30,000	100

Source: Ministry of Labour, Social Security and Sports Food Aid Project, Jan 13, 1997.

#### **STAMPS AS A FRACTION OF HOUSEHOLD FOOD CONSUMPTION EXPENDITURE**

Table 5.5 shows that the proportion of food stamps in total household expenditure was higher during 1991-1993 than 1994-1996, possibly reflecting the fact that the value of food stamp was increased for each of the former years but remained unchanged since 1993. This possibly indicates that the value of the stamp increased at a faster rate than the non-food stamp component of total expenditure up to 1993. During 1994 and 1995, the decline in the proportion of food stamps in total expenditure suggested that total expenditure increased, but declined subsequently in 1996. This trend was more evident for the poorer quintiles who are more dependent on the stamp.

**TABLE 5.5**  
**PERCENTAGE OF FOOD STAMPS IN TOTAL**  
**EXPENDITURE BY QUINTILE, 1991-1996**

Quintile	YEARS					
	1991	1992	1993	1994	1995	1996
1	3.203	3.599	3.934	2.681	1.726	3.082
2	2.036	2.082	1.880	1.662	1.295	1.893
3	1.467	1.915	1.392	1.360	1.140	1.005
4	1.352	1.577	1.435	0.938	0.804	1.133
5	1.103	1.300	1.239	0.738	0.658	0.799

Table 5.6 shows that Children Six Years and Under are less dependent on food stamps than Family Plan and Single Member households and the Elderly/Poor/Disabled. This result is in keeping with the fact that Children Six Years and Under account for 46.3 per cent and 48.7 per cent of beneficiaries in quintiles 4 and 5, respectively. Table 5.6 also shows that the level of dependence of Pregnant/Lactating Women is less than the Elderly/Poor/Disabled category and the income related categories, even though the value of the stamp received by this category is the same as that received by the single person household. We need, however, to be cautious about how this result is interpreted. The benefit received by Children Six Years and Under and Pregnant/Lactating Women is smaller than that received by the Family Plan, Elderly/Poor/Disabled and, to a lesser extent, the Single Member categories. This suggest that total expenditure of households that receive the benefit either for a child or pregnant/lactating woman is greater than that received by the other categories. The lower level of dependence on food stamps by these households is possibly reflected in the inability to reach the quota. This does not mean that they should be removed from the programme, but rather, that we need to redesign the programme to reflect the current pattern of demand for food stamps.

During 1991 - 1994, food stamps as a per centage of total expenditure was highest for the Elderly/Poor/Disabled category. From 1995 onwards, the Elderly/Poor/Disabled individuals was not as dependent as the Family Plan and Single Member Households (Table 5.6). The fact that the Elderly/Poor/Disabled category can be separated into three types of individuals means that one or two members of the group may or may not be more dependent on food stamps. The SLC report shows that 37.3 per cent and 30.8 per cent of the beneficiaries, respectively, of quintile 4 and 5 are from this category. Most of the persons in the wealthiest consumption groups (4 & 5), according to the MLSSS, are elderly individuals. It is important to note that this category is also made up of poor relief and public assistance

recipients and disabled individuals. For the purpose of policy analysis, it is important that this category be delineated separately and this would be attempted in future rounds of the report. However, the data seem to suggest that the ultra-poor (poor relief and public assistance recipients) are more dependent on food stamps than the poor (family plan and single member households).

#### NUMBER OF RECIPIENTS PER HOUSEHOLD

Table 5.7 shows that, as in previous years, the majority of households (80.3 per cent) receiving benefits were those with single recipients, while 19.7 per cent of households had two or more recipients. This trend is common among all areas and quintiles.

For Jamaica as a whole, the distribution of stamps between single and multiple recipient households remained fairly stable relative to 1995 at 80.3 per cent and 19.7 per cent, respectively. Since 1992, the proportion of stamps allocated to single recipient households increased from 74.2 per cent to 80.3 per cent. At the same time, the proportion allocated to multiple recipient households declined from 25.8 per cent to 19.7 per cent in 1996. Given the consumption trend of the poorer quintiles, this may indicate that the mean level of dependence per household on food stamps is declining.

The proportion of stamps allocated to single recipient households was 82.5 per cent, 77.1 per cent and 80.8 per cent for the KMA, Other Towns and Rural Areas in 1996 compared with 83.5 per cent, 70.5 per cent and 81.8 per cent for the KMA, Other Towns and Rural Areas, respectively, for 1995 (Table 5.7). Over the period 1991-1996 the proportion of single recipient households in the KMA declined at an average rate of 2.2 per cent, while the proportion in Other Towns and Rural Areas increased at an average rate of 0.69 per cent and 1.3 per cent, respectively.

TABLE 5.6  
PERCENTAGE OF FOOD STAMPS IN TOTAL EXPENDITURE  
BY CATEGORY OF RECIPIENT, 1991-1996

CATEGORIES	1991	1992	1993	1994	1995	1996
Pregnant/Lactating Women	1.06	1.357	0.537	1.3	0.725	0.833
Children Six Years and Under	1.414	1.128	0.711	0.917	0.64	0.828
Elderly/Poor/Disabled	2.815	3.66	4.516	3.088	2.752	2.382
Single Member Household	2.278	3.053	3.021	1.869	3.538	3.164
Family Plan	0.76	1.8	2.996	2.387	4.137	2.715

**TABLE 5.7**  
**PERCENTAGE DISTRIBUTION OF NUMBER OF RECIPIENTS IN HOUSEHOLDS RECEIVING FOOD STAMPS**  
**BY AREA AND QUINTILE, 1991-1996**

SINGLE								MULTIPLE						
	1991	1992	1993	1994	1995	1996	Average	1991	1992	1993	1994	1995	1996	Average
<b>Area</b>														
KMA	96.4	84.8	86.0	70.0	83.5	82.5	83.9	3.6	15.2	14.0	30.0	16.5	17.5	16.1
*		-12.0	1.4	-18.6	19.3	-1.2	-2.2		322.2	-7.9	114.3	-45.0	6.1	77.9
Other Towns	75.6	78.9	72.2	77.0	70.5	77.1	75.2	24.4	21.1	27.8	23.0	29.5	23.0	24.8
*		4.4	-8.5	6.6	-8.4	9.4	0.7		-13.5	31.8	-17.3	28.3	-22.2	1.4
Rural Areas	76.5	71.4	74.4	74.0	81.8	80.8	76.5	23.5	28.7	25.6	26.0	18.2	19.2	23.5
*		-6.7	4.2	-0.5	10.5	-1.2	1.3		22.1	-10.8	1.6	-30.0	5.5	-1.9
<b>Quintile</b>														
Poorest	72.8	59.0	62.9	71.0	76.7	69.9	68.7	27.2	41.0	37.1	29.0	23.3	30.1	31.3
*		-19.0	6.6	12.9	8.0	-8.9	-0.1		50.7	-9.5	-21.8	-19.7	29.2	5.8
2	70.4	66.8	76.5	71.0	83.7	77.5	74.3	29.6	33.2	23.5	29.0	16.3	22.5	25.7
*		-5.1	14.5	-7.2	17.9	-7.4	2.5		12.2	-29.2	23.4	-43.8	38.0	0.1
3	86.4	83.0	78.7	78.0	73.3	81.7	81.2	13.6	17.0	21.4	22.0	26.7	12.3	18.8
*		-3.9	-5.2	-0.9	-6.0	19.6	0.7		25.0	25.9	2.8	21.4	-53.9	4.2
4	86.4	88.4	83.9	91.0	89.7	88.0	87.9	13.6	11.6	16.1	9.0	10.3	12.0	12.1
*		2.3	-5.1	8.5	-1.4	-1.9	0.5		-14.7	38.8	-44.1	14.4	16.5	2.2
5	90.9	91.5	96.8	95.0	88.0	89.3	91.9	9.0	8.5	3.2	5.0	12.0	10.7	8.1
*		0.7	5.8	-1.9	-7.4	1.5	-0.3		-5.6	-62.4	56.3	140.0	-10.8	23.5
Jamaica	78.2	74.2	75.4	76.1	80.6	80.3	77.5	21.8	25.8	24.6	23.9	19.4	19.7	22.5
*		-5.1	1.6	0.9	5.9	-0.4	0.6		18.3	-4.7	-2.8	-18.8	1.5	-1.3

The proportion of stamps going to multiple recipient households by geographical regions shows that 16.5 per cent, 29.5 per cent and 18.2 per cent were allocated to the KMA, Other Towns, and Rural Areas in 1995, respectively. In 1996 the distribution changed slightly with 17.5 per cent, 22.9 per cent and 19.2 per cent distributed to the KMA, Other Towns and Rural Areas, respectively. There was an increase of multiple recipient households in the KMA and Other Towns at an average rate of 77.9 per cent and 1.4 per cent, respectively and an average rate of decline in Rural Areas of 1.9 per cent. This seems to suggest that beneficiaries in urban centres are becoming relatively more dependent on food stamps (Table 5.7).

The proportion of households with multiple recipients increased with declining welfare status while the opposite is

seen for single recipient households. The poorer quintiles, therefore, have the smallest proportion of single recipient households and the largest proportion of households with multiple recipients.

#### EDUCATIONAL ATTAINMENT

The data in Table 5.8 show that the beneficiaries, 56.8 per cent of the Pregnant/Lactating category, attained grades 10 or 11 in comparison with 2.3 per cent of the Elderly/Poor/Disabled, 4.2 per cent of Single Member Households, 6.8 per cent of Family Plan, and 24.3 per cent of the heads of the household in which a child is a beneficiary. Elderly/Poor/Disabled was the category with the largest proportion of its members (74.2 per cent) attaining as their highest grade 6 or below.

**TABLE 5.8**  
**EDUCATIONAL (HIGHEST GRADE ACHIEVED) STATUS OF FOOD STAMP BENEFICIARIES, 1996**

SINGLE MEMBER HOUSEHOLD				PREG/LACTATING WOMEN			HEAD OF HOUSE WITH CHILD 0-6 YRS.			
AREA	Grades 1-6 Primary	Grades 7-9 Lower Secondary	Grades 10-11 Upper Secondary	Grades 1-6 Primary	Grades 7-9 Lower Secondary	Grades 10-11 Upper Secondary	Grades 1-6 Primary	Grades 7-9 Lower Secondary	Grades 10-11 Upper Secondary	Grades 12-13 Sixth Form
KMA	23.6	76.4	0.0	0.0	0.0	0.0	12.2	38.1	49.7	0.0
Other Towns	27.6	72.4	0.0	20.3	28.8	50.8	7.7	58.3	34.0	0.0
Rural	25.4	66.1	8.5	0.0	37.9	62.1	22.4	57.7	17.4	2.6
Quintiles										
Poorest	28.6	57.1	14.3	0.0	25.0	75.0	34.4	50.0	12.5	3.1
2	33.3	66.7	0.0	0.0	33.3	66.7	21.4	67.9	10.7	0.0
3	40.0	60.0	0.0	0.0	50.0	50.0	15.4	50.0	30.8	3.9
4	33.3	66.7	0.0	0.0	100.0	0.0	0.0	50.0	50.0	0.0
5	0.0	100.0	0.0	100.0	0.0	0.0	0.0	62.5	37.5	0.0
Jamaica	25.7	70.1	4.2	9.6	33.6	56.8	18.9	55.0	24.3	1.8

ELDERLY/POOR/DISABLED				FAMILY PLAN		
AREA	Grades 1-6 Primary	Grades 7-9 Lower Secondary	Grades 10-11 Upper Secondary	Grades 1-6 Primary	Grades 7-9 Lower Secondary	Grades 10-11 Upper Secondary
KMA	94.0	6.0	0.0	43.5	56.5	0.0
Other Towns	65.4	28.5	6.1	0.0	100.0	0.0
Rural	71.5	26.8	1.8	29.5	55.9	14.7
Quintiles						
Poorest	80.8	15.4	3.9	33.3	50.0	16.7
2	72.0	24.0	4.0	0.0	100.0	0.0
3	64.7	35.3	0.0	33.3	66.7	0.0
4	72.2	27.8	0.0	0.0	100.0	0.0
5	66.7	33.3	0.0	0.0	0.0	0.0
Jamaica	74.3	23.5	2.3	21.5	71.7	6.8

The Single Member Households who completed some or all of upper secondary education (grades 10-13), resided in Rural Areas and represented 14.3 per cent of those in quintile one. A similar pattern obtained for Pregnant/Lactating women. As stated before, most of the Pregnant/Lactating Women attained grades higher than grade 10. In spite of this, none of them belonged to the wealthiest quintiles (4 and 5) and they all resided outside of the KMA. The same trend was seen for the

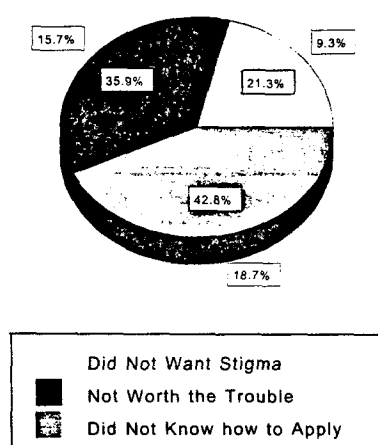
Elderly/Poor/Disabled and Family Plan categories. Approximately 2.8 per cent of the Elderly/Poor/Disabled attained grades higher than 9, belonged to the poorest quintiles (1 and 2) and accounted for 6.1 per cent and 1.8 per cent residing in Other Towns and Rural Areas, respectively. In like manner, all of the beneficiaries in the Family Plan category who attained grades higher than grade 9 belonged to the poorest consumption quintile and lived in Rural Areas. Unlike other categories, the grades attained by

the head of the household in which there is at least one child six years and under receiving food stamps varied from grades 1-6 to 12-13. The consumption status and the geographical area of residence of the heads of these households that attained grades 12-13 exhibit a trend similar to that of food stamp beneficiaries who had attained either grade 10 or 11.

This finding has some implications for the method of targeting used by the Skills 2000 Programme, since beneficiaries attained varying levels of grades. The low grades attained by beneficiaries other than Pregnant/Lactating Women show that the current strategy of targeting all individuals of household in which there is a beneficiary is the correct one. The distribution of highest grade achieved for all categories of food stamp beneficiaries by quintile seems to suggest that completion of grades higher than nine do not lead to an improvement in consumption status. This may be so since most of the

**FIGURE 5.4**

FACTORS THAT DETER APPLICATION FOR FOOD STAMPS



beneficiaries who completed grades 10 and above did not reside in the urban centres. The relatively narrow economic base of Rural Areas coupled with the apparent low payback from educational investment above grade 9 will tend to lead to continued migration of rural dwellers to the KMA.

#### REASONS FOR NOT APPLYING FOR FOOD STAMPS

Table G-2 shows that in all the regions, a large per centage of individuals did not consider themselves eligible for food stamps. It is interesting to note that although the rate of poverty is lowest in urban centres, a larger per centage of individuals in Other Towns (58.2 per cent) and Rural Areas (53.9 per cent) consider themselves ineligible for food stamps, than in the KMA (49 per cent). The main problems faced by households who desired stamps were (1) fear of

being stigmatized, (2) lack of knowledge of how to apply and (3) the low net value of the stamp. Figure 5.4 shows the per centage distribution of these factors. The problem of stigma has fluctuated between a high of 20.9 per cent in 1992 and a low of 6.4 per cent in 1993. The increase in the proportion of individuals citing stigma as a problem in 1992 may reflect the fact that new registration was done for all categories during this period and, therefore, more prospective beneficiaries may have been contacted by officials of the MOLSSS. Since 1993, the problem of stigma has remained fairly stable, varying between 6.4 per cent and 7.8 per cent of the reasons why households did not apply for food stamps (Table 5.9).

The stigma attached to the programme, though declining, has implications for targeting, leakage and programme objectives. Some individuals might not participate in a finely targeted programme because of the psychological costs of the social stigma of participating in programmes meant specifically for the poor.

The per centage of individuals who thought that the stamps were not worth the trouble remained fairly stable, averaging 15.7 per cent over the period. In 1993/94, the numbers increased to approximately 19.0 per cent, but have since declined to 13.3 per cent in 1996. Between 1991 and 1992, the rate of growth was 36.9 per cent, thereafter declining at an average rate of 7.4 per cent. During the period 1990-1996, an average of 18.7 per cent of individuals did not know how to apply for stamps.

Unlike in the previous year, Rural Areas had the smallest per centage of households (16.5 per cent) who were unaware of how to apply for food stamps. On the other hand, KMA had the largest proportion of households who thought that it was 'not worth the trouble' (18.2 per cent) (Table G-2). In Other Towns, those who did not consider their households eligible comprised 58.2 per cent.

As in previous years, the reasons most frequently given by households for not applying for food stamps continued to be perceived ineligibility, the lack of knowledge of how to apply, and the perception that it was 'not worth the trouble'. These seem to be recurring problems that need to be addressed if targets and quotas are to be achieved. Any effort to increase the number registered and the level of participation in the programme must also seek to reduce the prevalence of these problems.



**TABLE 5.9**  
**SELF REPORTED REASONS FOR HOUSEHOLDS NOT APPLYING FOR FOOD STAMPS, 1990-1996**

	1990	199		1992		1993		1994		1995		1996		Average
Did not want stigma	9.4	6.8		20.9		6.4		7.8		7.1		6.5		9.3
*			-38.2		67.5		-226.6		17.9		-9.9		-9.2	-33.1
Not worth trouble	15.0	9.2		14.6		18.9		19.7		18.2		15.7		15.7
*			-63.0		37.0		22.8		4.1		-8.2		-36.8	-7.4
Did not know how	16.7	23.3		8.1		21.4		20.7		21.1		18.7		18.7
*			28.3		-187		62.1		-3.4		1.9		-19.2	-19.6

\* Year over year percentage change

## PROBLEMS

### Reason Why Missed a Payment Cycle:

In the survey, respondents were asked why they did not collect their stamp during the months of March or April (the months immediately preceeding the survey). Responses are taken as reflective of some of the general problems faced by beneficiaries in collecting their food stamps. Of those who missed a cycle, 44.4 per cent reported that they did not go for the stamp(See Table G-8). This is composed of KMA 24.2 per cent, Other Towns 18.9 per cent and Rural Areas 56.9 per cent. The high rate at which beneficiaries tend to miss a payment cycle seems to be related to the value and cost incurred in picking up the stamp. The MLSSS recognized this problem and now allow beneficiaries to receive at most the value to two arrears and the current stamp. This system allows beneficiaries to delay the receipt of stamps until the benefit of the stamp exceeds the perceived cost of collection, at least for some beneficiaries.

Some 27.3 per cent of the individuals who missed a payment cycle reported that on turning up at the pay station there was no official. This problem is predominant in Other Towns (13.2 per cent) and Rural Areas (86.8 per cent). The dispersion of pay stations in Rural Areas, inadequate transportation, and the lack of staff resulted in the payment period in most Parishes extending for about a month. To reduce this problem, it is important that the days of payment for each pay station are published widely and are standardised so that beneficiaries know the exact day of the month on which payments would be made. The other three reasons for missing a payment cycle were all peculiar to Rural Areas. It may be necessary to investigate the particular conditions and reasons why Rural Areas are faced with these problems.

Of those who missed a payment cycle because of one or more problems, 28.2 per cent were from quintile 1 and 14.9 per cent from quintile 2. Quintiles 1, 2 and 3 accounted for

67.3 per cent of the individuals who missed a payment cycle because of one or more problems.

### Problems in Obtaining Food Stamps

Pay stations vary depending on the availability of facilities and the willingness of the owners to make them available. As a result pay stations may take the form of Health Clinics, Police Stations, Poor Relief Pay stations, abandoned buildings or Grocery Shops.

As shown in Table G-9, the most prevalent problems encountered when picking up food stamps are disorderly behaviour of the crowd (35.2 per cent), transportation difficulties (15.2 per cent), lateness of officers (11.4 per cent), and long lines (11.3 per cent). Unlike other problems, there was an increase in the self-reported problem of disorderly lines and rudeness of officers from 14.7 per cent and 6.5 per cent in 1995 to 35.2 per cent and 8.1 per cent, respectively. Over the period 1992-1996, the proportion of reported cases of rudeness of officers averaged 6.5 per cent. A number of reasons have been posited for the increase in this problem over the period, notable among which are poor conditions of some pay stations, the lack of adequately trained payment clerks, and the less than desirable behaviour of some beneficiaries. Nonetheless, it is important that the MLSSS train and encourage pay clerks to be courteous and helpful if there is to be a reduction of the stigma attached to the programme and the negative effects on the poor.

The proportion of beneficiaries reporting lateness of officer as a problem in picking up their food stamp decreased consistently from 17.8 per cent in 1994 to 11.4 per cent in 1996. This possibly reflects the acquisition of a fleet of vehicles from World Food Programme (WFP) in 1995. Pay clerks were able to move quickly to and from payment centres in 1996. The same trend is seen for the problem of long lines. The proportion of beneficiaries reporting long lines as a problem decreased from 18.3 per cent in 1994 to 11.3 per cent in 1996.

**TABLE 5.10**  
**SELF-REPORTED REASONS WHY HOUSEHOLDS DID NOT RECEIVE FOOD STAMPS, 1992-1996**

Reason	1992	1993	1994	1995	1996	AVERAGE
Lateness of Officer	16.3	16.4	17.8	17.2	11.4	15.8
		0.6	8.8	-3.7	-33.7	-7.0
Rudeness of Officer	4.3	5.8	7.8	6.5	8.1	6.5
*		35.8	33.4	-17.1	25.2	19.3
Disorderly Lines	29.9	22.3	15.5	14.7	35.2	23.5
*		-25.5	-30.6	-4.8	138.9	19.5
Inadequate Accom.	0.5	3.7	2.5	0.0	5.5	2.5
*		648.0	-32.4	-100.0		128.9
Transportation Diff	8.4	9.8	13.3	15.5	15.2	12.4
*		16.5	36.0	16.6	-2.3	16.7
Long Lines	7.8	18.0	18.3	15.9	11.3	14.3
*		131.0	1.8	-13.4	-28.9	22.6
Not in Mail	7.7	7.5	0.0	15.3	5.3	7.2
*		-3.0	-100.0		-65.3	-42.1
Other	25.0	16.5	24.7	14.9	8.1	17.8
*		-34.2	50.1	-39.5	-46.1	-17.4

\* Year over year percentage change

**TABLE 5.11**  
**CHANGES IN CATEGORIES AND ANNUAL VALUE OF STAMPS, 1990-1996**

Category	Base Year Aug. 1990		Sept. 1990 - August 1991		Sept. 1991 - Dec. 1992		Jan 1993		1994		1995		1996	
	Nominal	Real	Nominal	Real	Nominal	Real	Nominal	Real	Nominal	Real	Nominal	Real	Nominal	Real
Pregnant Women	240	240	360	195.4	540	209	900	264	900	207.7	900	162.8	900	145.2
Lactating Mothers	240	240	360	195.4	540	209	900	264	900	207.7	900	162.8	900	145.2
Children Age less than Six Years	240	240	360	195.4	540	209	720	211.2	720	166.1	720	130.2	720	116.2
Elderly/Poor/Disabled	240	240	360	195.4	720	278.4	1080	316.9	1080	249.2	1080	195.3	1080	174.3
Single Person Household	-	-	-	-	720	278.4	900	264	900	207.7	900	162.8	900	145.2
Family Plan	-	-	-	-	720	278.4	1800	528.1	1800	415.3	1800	325.5	1800	290.5
Avg. Plan	240	240	360	195.4	630	243.7	1050	308	1050	242.3	1050	189.9	1050	169.4

Note: In 1990 two new categories were introduced: Single Person Household and Family Plan.  
These replaced the categories Public Assistance Pensioners and Poor Relief/Registered Poor.

## LEVEL OF BENEFITS

Table 5.11 above outlines the value of the benefit received by beneficiaries.<sup>1</sup> The real levels of benefits have been eroded significantly in the past 7 years. The data show that in real (1990) terms, the average real value of benefits received by the typical recipient was \$169.50, approximately 44.9 per cent below the average value of stamps issued in 1993 when nominal value of the stamps increased to the current average of \$1,050, and of 29.3 per cent below the average real (and nominal) value of \$240 in 1990. The associated loss of real welfare may have been eased by growing household incomes and substitution among goods and services purchased but it is highly likely that most of the burden was borne by the beneficiaries. Recipients are very conscious of this erosion and now consider the value of issued stamps to be much too low.

It is important to note, however, that the food stamp is an economic supplement, and is not meant to be the main source of income. The fact that some categories receive food stamp and public assistance or poor relief makes an analysis of the welfare impact of targeted subsidies (food stamps) less simplistic.

Individuals receiving Public Assistance or poor relief benefits automatically qualify for food stamp. Unlike the two-month payment cycle of food stamps and public assistance, the poor/destitute get poor relief benefits (\$40-\$60, depending on circumstance) fortnightly. Table G-1 shows that 73.8 per cent of persons receiving public assistance and 45.0 per cent of poor relief beneficiaries receive food stamps. On the other hand, 2.5 per cent and 6.8 per cent of public assistance and poor relief beneficiaries, respectively, had applied but are not receiving food stamps, while 22.9 per cent and 46.3 per cent of the persons receiving public assistance and poor relief benefits never applied. This result is clearly contrary to the fact that these beneficiaries should automatically qualify for food stamps. These individuals may not be aware that they qualify for food stamps and those who applied but are not receiving may not have indicated that they receive public assistance or poor relief. It is therefore important that a mechanism be put in place to ensure that these individuals automatically get the food stamp. This analysis also points to the fact that any attempt to estimate the welfare impact of the food stamp programme cannot be done in isolation from other safety-net programmes.

<sup>1</sup> When a family is expected to travel long distances or wait in long lines the cost in terms of household production or leisure forgone increases. At times these costs may outweigh the benefits.

Although it is a foregone conclusion that the food stamps benefit should be increased, equally important is the fact that we need to be sensitive to the needs of the family. This may be done by allowing the value of the stamp to vary depending on the size and needs of the family and the other supplemental programmes to which they have access, with a ceiling imposed for some maximum family size.

These interventions must be seen by policy makers as short-term, palliative solutions rather than permanent, long-term ones. In light of the termination of support funds from WFP, the Food Stamp Programme will pose a strain on government resources since it cannot be self-sustaining. To this end, the MLSSS needs to explore a number of alternative broad-based approaches, such as Skills 2000 and other skills training programmes. This will allow the Ministry to remove from the programme those persons who can help themselves. It is important, however, that programme aspirations are in keeping with labour market information, seek to improve labour productivity, and include agricultural policies and programmes.

## CONCLUSION

In 1996, there was no significant increase in the percentage of individuals who received assistance from government in the form of food stamps. In fact, this percentage has generally stabilized at approximately 7.0 per cent since 1991 following efforts by the MLSSS to clean the roll and improve coverage and targeting.

The Food Stamp Programme continued to target the poor with reasonable success. The poorest quintiles (1, 2 & 3) accounted for 78 per cent of benefits in 1996 while the wealthiest quintiles accounted for 22.0 per cent of the benefits, an increase of 4.6 percentage points over the figure for 1995.

The quotas for all the categories except children Six Years and Under, Pregnant/Lactating Women and Elderly/Poor/Disabled are met. The under-registration in these categories seems to persist and it might be desirable to adjust the categories, targets and quotas in the light of the needs of individuals.

In 1996, the percentage of food stamps going to individuals in Rural Areas fell relative to that in 1995 and over the period 1989-1996. Much of the redistribution was to the KMA. Some of this was the result of efforts by the MLSSS to recruit poor individuals from this urban centre. Nevertheless, since approximately 60 per cent of the poor reside in Rural Areas, regional targeting continued to be very successful.

Food stamps continued to be an important source of income for households in the poorest consumption quintile and low levels of academic education. However, the mean level of dependence on stamps is declining. The proportion of food stamps in the total expenditure of the poorer quintiles declined to just over 1.2 per cent in 1995 but increased in 1996 to over 3.0 per cent. In 1996, the proportion of households with more than one food stamp beneficiary increased with declining welfare status while the opposite was seen for single recipient households. This finding supports the view that most of the stamps went to poor households.

A significant number of recipients continued to complain about problems with the programme, such as direct cost of travel, waiting time, stigma and other inconveniences to the recipients, especially the elderly and the heads of very poor families. Recipients were very conscious of these costs and many considered the value of issued stamps to be much too low. This problem has recently been addressed with an increase in the value of stamps for the 1997-1998 budget year. Some of these problems might also be addressed by improving the level of coordination and information sharing among the agencies executing various aspects of social welfare policy.

# Housing

## INTRODUCTION

This chapter examines the broad patterns of change in the national housing stock. Its primary aim is to determine the current level and quality of Jamaica's housing stock and household access to that stock. A related goal is to determine the direction and pace of change of available housing over the period 1990 to 1996, with particular attention to changes in the quality of the stock and household access to any improvements. To develop this analysis, information is provided on various characteristics of the stock, such as dwelling type, construction materials, amenities and tenure.

The chapter also describes household expenditure on housing and shelter-related services for the year 1996 and any significant trends since 1990. The household expenses which will be examined are mortgage, rent and property tax payments, as well as the cost for services such as electricity, water and telephone. These expenses will be examined in terms of the mean real value of payments made by households, and the expenditure as a percentage of the households' total consumption expenditure.

Housing expenditures are expressed as a percentage of the consumption expenditure of the household since consumption expenditure is used in the SLC to estimate

household income.

The chapter also follows standard SLC practice of disaggregating into three geographic locations, the Kingston Metropolitan Area, Other Towns, and the Rural Areas, as well as socio-economic groups identified by consumption quintiles.

## CHANGES IN THE HOUSING STOCK

### Dwelling Type

The data in Table 6.1 indicate that in 1996, an estimated 76.0 per cent of dwelling units in Jamaica were detached units. The proportion of detached units decreased between 1990 and 1996. Specifically, it fell from 79.0 per cent in 1990 to 77.3 per cent in 1993. There was a marginal increase to 78.6 per cent in 1994 but the share accounted for by this category has declined continuously since then to 76.0 per cent in 1996. The marginal increase in 1994 is statistically significant and may have been due to changes in sample size and sample design. It should be noted that the 'Part of House' category was excluded from the 1991 SLC questionnaire and was therefore subsumed under the 'Separate House' category in that year. This accounts for what appears to be an outlier of 93.3 per cent of stock in this category for 1991.

TABLE 6.1  
PERCENTAGE DISTRIBUTION OF DWELLING TYPES, 1990-1996

DWELLING TYPE	SLC 90	SLC 91	SLC 92	SLC 93	SLC 94	SLC 95	SLC 96
Separate House, Detached	79.0	93.3a	83.5	77.3	78.6	76.1	76.0
Part of House	17.8	N/A a	9.5	14.3	13.7	14.1	14.4
Semi-detached House	2.0	4.3	3.0	5.4	4.6	5.7	5.7
Apartment/Townhouse	0.4	1.1	3.1	2.2	2.4	3.6	3.3
Part of Commercial Bld.	0.7	1.0	0.8	0.3	0.4	0.2	0.3
Other	0.2	0.3	0.2	0.4	0.2	0.2	0.3

a. The 'Part of House' category was excluded from the 1991 SLC questionnaire, hence the figure presented for 'Separate House, Detached' includes this.