

TC Document

I. Basic Information for TC

▪ Country/Region:	Jamaica
▪ TC Name:	Reach Up Jamaica: Evaluation of process, impact and cost at scale
▪ TC Number:	JA-T1175
▪ Team Leader/Members:	Florencia Lopez-Boo, Team Leader (SCL/SPH); Maria de la Paz Ferro (SCL/SPH); Ricardo Perez Cuevas (SPH/CJA) Maria Fernanda Garcia (ORP/REM); Cesar Negret (LEG/LEG); and Alejandra Aguilar (SCL/SPH).
▪ Taxonomy:	Research and dissemination
▪ Date of TC Abstract authorization:	April 17, 2019
▪ Beneficiary:	The Ministry of Health (MOH) Jamaica
▪ Executing Agency:	Inter-American Development Bank Jamaica Country Office (CCB/CJA)
▪ Donors providing funding:	Early Childhood Development Innovation Multi-Donor Fund (ECD Fund)
▪ IDB Funding Requested:	US\$597,574
▪ Local counterpart funding, if any:	Local counterpart (in kind) will be provided by the MOH as follows: J\$ 9,800,000 (J\$7,800,000 program implementation, J\$2,000,000 baseline interviews; total approx. US\$76,500)
▪ Disbursement period:	36 months, with 30 months of execution
▪ Required start date:	June 2019
▪ Types of consultants:	Consultancy services: Individual and firms Non consultancy services: travel costs, accommodation and some materials (paid by the firm).
▪ Prepared by Unit:	Social Protection and Health Division (SCL/SPH)
▪ Unit of Disbursement Responsibility:	Social Sector (SCL/SCL)
▪ TC Included in Country Strategy:	No
▪ TC included in CPD:	No
▪ Alignment to the Update to the Institutional Strategy 2010-2020:	Social inclusion and equality; Productivity and innovation. Aligned with social policy for equity and productivity, especially through the promotion of equity in health outcomes. Aligned with the Bank's institutional strategy 2010-2020 (AB-3008) by supporting policies that strengthen investments in child development and therefore human capital throughout the lifetime

II. Objectives and Justification of the TC

- 2.1 **Justification.** The need for parenting interventions is well recognized in LAC and was highlighted in the Early Years: Child Well-Being and the Role of Public Policy (Berlinski and Schady, 2015) and the recent Lancet Series on Child Development (2016). The World Health Organization (WHO) Nurturing Care Framework places responsive caregiving and opportunities to learn for children 0-3 years as critical components of

care for young children and calls on governments to provide support and services for families who are the primary providers of care for young children. While there is some evidence of effective strategies to build parents' capacity to support child development, careful evaluations of the process of scaling up these interventions are lacking. There is a lack of evidence on how to implement at a national level, and on the critical components when scaling up including program design and intensity, staff training, maintaining quality, and resources. Integration with existing government services, particularly the health sector, has been recommended for sustainability. However, there is little information on how to achieve successful integration with adequate intervention quality within the capacity constraints of the service. This project will provide evidence for these knowledge gaps.

- 2.2 **Objectives.** The main objective of the TC is to improve children's development through integration of an evidence-based parenting program in primary care health services in Jamaica. Implementation will be through phased roll out beginning in one health district per parish. Our overall goal is to use the very valuable opportunity of the phased roll out to increase understanding of the factors that influence implementation success and effectiveness as a parenting program is integrated with services through evaluation of phase 1 of the roll out. These lessons will be relevant globally as efforts are made to expand these and other Early Childhood Development (ECD) programs.
- 2.3 The specific objectives are: (i) to evaluate implementation processes to inform continued roll-out of the program and scale up more broadly; (ii) to assess the impact of the intervention on child development and parenting;¹ and (iii) to perform a cost assessment and cost-benefit analyses.
- 2.4 The Reach Up early childhood parenting program is based on the Jamaica supplementation and stimulation intervention (the program methods and content are the same as the original intervention). The Jamaica supplementation and stimulation intervention was conducted from 1986 to 1989. It consisted of a weekly home visit intervention delivered by community health workers which gave parents the skills to interact with their children in ways that promoted development and early learning. Grantham-McGregor et al. (1991) demonstrated substantial benefits to children's development. At the most recent follow-up at age 22 years, benefits to IQ and educational achievement continued, there were benefits to mental health and reduced involvement in violent behavior and 25% increase in average monthly income (Walker et al, 2011b; Gertler et al, 2014). The study is one of very few from low and middle-income countries to demonstrate long term benefits from this type of intervention and has been highly influential internationally (Tanner et al, 2015; World Bank Human Development Network, 2014).
- 2.5 The Jamaica Ministry of Health plans to implement Reach Up as a national home-visiting program. The project will be the only example of a highly successful trial of the efficacy of an ECD parenting intervention taken to scale nationally in the same country. The impact results in comparison to the original Jamaica study will be particularly informative. Understanding of impact when fully integrated with services and comparison with the efficacy impact will inform any extrapolation of long term benefits. Furthermore, few studies have included detailed implementation evaluation yet these

¹ The theory of change behind the intervention is that, first, training of health staff (nurses, health educators, nutritionists) in the Reach Up Program will enable them to train and supervise community health aides (CHAs) for sustainable program delivery. Secondly, CHAs will deliver the program to parents and build their capabilities and motivation to support their child's development through interactive, stimulating activities. This will lead to gains in child development.

are essential to understanding what makes interventions successful and for identifying any weaknesses that can be addressed as the program continues to scale. The project provides a unique opportunity to examine the process of scale up and integration, yielding much needed information for scale up and sustainable integration in Jamaica and elsewhere.

- 2.6 The program will be fully integrated with health services and managed by the Family Health Unit of the MOH. Implementation costs will be provided by the MOH (training, materials, staff time). Within primary health centers the program will be supervised by nurses and the intervention delivered by community health aides (CHAs) who are full time staff in the centers. The program will initially target families where the child is below defined nutritional criteria or where the family receives benefits through the Jamaican Conditional Cash Transfer program (PATH). It is worth noting that, while the Reach Up home visits intervention will be fully managed by MOH, the evaluation of the processes, impact and costs of Reach Up will be executed by the IDB, in tandem with UWI, through this TC. Therefore, the costs for supervision missions will be assigned, as well as a designated focal point in COF (Ricardo Perez Cuevas, SPH/CJA) who will work in close coordination with the sector specialist responsible for execution of the TC (Florencia Lopez Boo, SCL/SPH).
- 2.7 **Strategic Alignment.** The program is consistent with the Update to the Institutional Strategy (UIS) 2010-2020 (AB-3008) and is strategically aligned with the development challenges of: (i) social inclusion and equality through the promotion of equity in health outcomes; and (ii) productivity and innovation; by developing quality human capital with the support of policies that strengthen investments in child development and therefore human capital throughout the lifetime. Additionally, the program will contribute to the Corporate Results Framework (CRF) 2016-2019 (GN-2727-6) by expanding the number of beneficiaries receiving health services. It is also consistent with the Sector Framework Document of Health and Nutrition Sector Framework's (GN-2735-7), all have timely and continuous access to high quality health services and nutrition. The objectives and topic of this TC are also consistent with the IDB Country Strategy with Jamaica 2016-2021 (GN-2868) through the strategic objective to improve the public health system. Finally, the TC is aligned with the objectives of the Early Childhood Innovation Fund, in particular with the Funds' results framework outcome Improve the capacity of governments to innovate and bring to scale approaches that enhance the quality of services in early childhood. The partners of the ECD Fund selected this project as part of a competitive process. The project met the eligibility criteria of the Fund and stood out for its relevance, innovation and contribution to close knowledge gaps in the ECD field.

III. Description of Activities/Components and Budget

- 3.1 **Component 1. Evaluation of Implementation Processes.** To inform continued roll-out of the program and scale up more broadly, evaluation of the program implementation will be conducted. Evaluation instruments will be developed or revised including: (i) focus group and interview guides; (ii) home visit quality checklist; (iii) observations for supervision; and (iv) visit record sheet for supervisor. Research assistants will be trained, and data collected through focus groups, in-depth interviews and observations. Following transcription, coding and thematic analysis a report will be prepared on implementation quality, program strengths, facilitators and challenges in areas such as training, conduct of visits, supervision and management. These will inform any modifications to the program for the subsequent implementation phases.

Strategies will be developed for strengthening key aspects as needed for scale up of programs.

- 3.2 This component will fund: (i) development of the implementation evaluation package that will be used by trained research assistants to collect information on the implementation process successes and challenges; (ii) training and coordination of data collection; and (iii) analysis, reporting and development of modifications and strategies.
- 3.3 **Component 2. Impact Evaluation on Children's Development and Home Environment.** The impact of the program will be evaluated by a randomized controlled trial with children randomized to receive the program now or to a waitlist group. We expect to reach 500 children beginning enrollment in May 2019 and 500 children after the end line evaluation.² The details are described in Appendix 1. A survey will be conducted at baseline and a follow-up round after 10 months of intervention. Power calculations are provided in Appendix 1. Baseline information - maternal, family and child characteristics, mother's attitudes on child development and stimulation in the home – will be collected. Endline measurements will be conducted following the 12-months intervention and include measures of child development and the environment.
- 3.4 Child development will be measured with the Griffiths Mental Development Scales. This test has been used previously in Jamaica and was used in previous efficacy trials of the intervention. Use of the same measure will facilitate comparisons of impact on development when the intervention is fully integrated with health services. To measure the environment the: i) Home Observation for Measurement of the Environment (HOME) Infant Toddler version, which measures aspects such as maternal interaction, responsivity and learning materials; ii) parenting attitudes questionnaire; and iii) maternal depression using the CES-D questionnaire will be used. All these measures have been used previously in Jamaica. Furthermore, they are likely mechanisms for any gains in development.
- 3.5 The use of a randomized controlled design is a strength of the study. The team is highly experienced, and the quality control of data collection will be strong. The sample size is a potential limitation as it is determined by the capacity of Phase 1 roll out (all families in Phase 1 will comprise the evaluation sample). These issues are further discussed under the section Power calculations in Appendix 1.
- 3.6 This component will fund all activities from the evaluation. The impact evaluation will require research assistants for data collection, training of Research Assistant in interviews and testing. The firm will supervise logistics and data collection. Local travel and accommodation costs will be required and some materials (e.g tablets for data collection, computers, refreshments test sessions and gifts for participants).³ Training, analysis and reporting will require research team time.
- 3.7 **Component 3. Cost assessment.** A framework will be developed of all required inputs and implementation costs collected. These will include staff time dedicated to program delivery as well as new investments required such as training costs, materials, and any additional staff.

² An experimental intervention of SMs reminding parents on the importance of good parenting practices will be implemented in the time elapsing between home visits. This intervention will be funded with RG-T3213, ATN/OC-16686-RG.

³ Gifts are toys/books or things that the children need like lunch kits or a kid's backpack.

- 3.8 The cost of program implementation will be calculated under varying assumptions. Cost-effectiveness and cost-benefit ratios analysis will be conducted and a paper on costs and cost effectiveness prepared, possibly combined with impact paper (Component 2). This component will require personnel for data collection and a research assistant to conduct analyses.
- 3.9 The total cost of this TC will be US\$674,074, of which US\$597,574 will be financed by the Early Childhood Development Innovation Multi-donor Fund (ECD Fund, SC-448). And US\$76,500 is the local counterpart funding from MOH (in-kind).

Indicative Budget (US\$)

Component /Activities	ECD Fund	Local counterpart ⁴	Total Funding
Component 1. Evaluation of Implementation processes	185,780	61,115	246,895
Development of instruments, data collection, analysis and reporting	185,780	61,115	246,895
Component 2. Impact evaluation	342,480	15,385	357,865
Baseline – sample identification, interviews and random assignment	61,080	15,385 ⁵	76,465
Endline – training and data collection	254,260	-	254,260
Analysis and reporting	27,140	-	27,140
Component 3. Cost assessment	69,314	-	69,314
Collection of costs, analysis and reporting	69,314	-	69,314
Total	597,574	76,500	674,074

IV. Executing Agency and Execution Structure

- 4.1 As set out in Annex 10 of GN-2629, beneficiary and Bank agree that contracting by the Bank would enhance independence of the impact evaluation. Additionally, as per section 4.5 of policy GN-2470-2, the project will be executed by the Bank (through the Jamaica country office) because of the Bank's expertise in executing impact and process evaluations of ECD projects such as those with the Program Cresca com Seu Filho (ATN/OC-15544-BR; ATN/OC-14475-BR; RG-K1454) and the Nicaraguan Program Amor (2725/BL-NI and ATN/OC-16167-NI) as well as with Cuna Mas in Peru, among others. It is also relevant to mention that SCL/SPH has already executed two TCs with the MOH of Jamaica and with UWI (ATN/SF-12300-RG and RG-E1841). Both TC have resulted in excellent products, have been published in prestigious journal articles and were widely cited in media.
- 4.2 **Procurement.** The activities to be executed are included in the Procurement Plan (Annex IV) and will be contracted in accordance with Bank policies as follows: (i) AM-650 for Individual consultants; (ii) GN-2765-1 and Guidelines OP-1155-4 for Consulting Firms for services of an intellectual nature; and (iii) GN-2303-20 for logistics and other related services.
- 4.3 Consistent with one of the reasons stated in section 4.1.3 of the GN-2765-1 policy, OP-1155-4 guidelines (point (a) about continuity of services), the IDB recommends directly hiring the local University of the West Indies (UWI - <https://www.mona.uwi.edu/>) not only because UWI's research team are the authors of the curriculum being implemented by MOH, but also because they have been implementing and evaluating pilots of home visit program in Jamaica since the

⁴ The US\$61,115 of local counterpart will be devoted to the implementation of the program.

⁵ J\$2,000,000 (approx. US\$15,385).

mid-1980s⁶. Moreover, UWI also complies with the reason stated in point (d) of section 4.1.3 of the GN-2765-1 because it is exceptionally qualified to implement evaluation activities. This team will coordinate with Government counterparts and donors the implementation of activities and the evaluation of results as well as being the lead investigators together with IDB staff.

- 4.4 **Team.** The team is composed of investigators from the University of the West Indies (Susan Walker, Susan Chang-Lopez, Joanne Smith, Amika Wright, Helen Henningham) and from Jamaica's Ministry of Health (Dr. Julia Rowe-Porter and Melody Ennis) in collaboration with the IDB TL and team. For Component 3 the IDB team will include a Research Assistant for data analysis.
- 4.5 The IDB project team will be responsible for the preparation and submission to the donor of the project reporting in compliance with the stipulation of the Administration Agreement.
- 4.6 If at the end of project execution, the project is closed with a positive uncommitted and unspent balance, the project team will be responsible for telling ORP/GCM to transfer such balance as agreed by the donor and the Bank.

V. Major Issues

- 5.1 No major issues or risks have been identified at this stage. Close coordination between the Bank team and local counterparts in Jamaica, as well as partners in the ECD Fund will be extremely important.

VI. Exceptions to Bank policy

- 6.1 The TC does not contain exceptions to IDB policies.

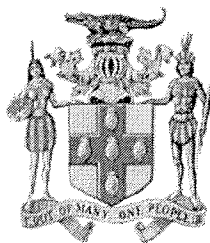
VII. Environmental and Social Strategy

- 7.1 This TC has an ESG classification of "C" according to the Safeguard Classification Tool and the Bank's Environment and Safeguard Compliance Policy (OP-703), as it will not have any negative environmental or social impact. No Bank resources will be used to finance investments in infrastructure or largescale equipment. (See [SSF](#) and [SPF](#) filters).

Required Annexes:

- Annex I: [Request from the client](#)
- Annex II: [Results Matrix](#)
- Annex III: [Terms of Reference](#)
- Annex IV: [Procurement Plan](#)
- Appendix 1: [Methodological Annex](#)

⁶ Grantham Mc Gregor S. and Smith J., Jamaican Early Childhood Intervention (Journal of Applied Research on Children: Informing Policy for Children at Risk, vol 7 (2), 2016).



MINISTRY OF HEALTH

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Website: www.moh.gov.jm

ANY REPLY OR SUBSEQUENT REFERENCE
SHOULD BE ADDRESSED TO THE PERMANENT
SECRETARY AND THE FOLLOWING REFERENCE
QUOTED:

REF NO:

8 March 2019

Ms. Therese Turner-Jones
General Manager
Country Department Caribbean Group &
Country Representative in Jamaica
Inter-American Development Bank
6 Montrose Road
Kingston 6

Dear Ms. Turner-Jones:

Re: Request for Technical Cooperation for Implementation Evaluation of the Ministry of Health's Early Stimulation Programme

The Ministry of Health is implementing an Early Stimulation Programme in health centres across Jamaica using the Reach Up home visiting parenting curriculum developed by the Caribbean Institute for Health Research (CAIHR) at the University of the West Indies. The programme is being implemented on a phased basis with Phase One beginning in February 2019.

The Ministry is interested in generating evidence about the programme implementation processes and impact to inform the continued roll out of the programme. Our overall goal is to use the very valuable opportunity of the phased roll out to increase understanding of the factors that influence implementation success and effectiveness as the programme is scaled. These lessons will be relevant globally as efforts are made to expand these and other programmes that support early childhood development.

For this purpose, the Ministry requests from the Inter-American Development Bank a non-refundable technical cooperation of USD\$597,574. Given the nature of the work the technical cooperation would be carried out by CAIHR, in collaboration with the Social Protection and Health Division of the Bank.

Thank you for the opportunity to further advance national development through the enhancement of child health services.

Yours sincerely,



Mr. Dunstan Bryan
Permanent Secretary




Results Matrix

Outcomes

Outcome: [1 Evidence on the effectiveness of Reach Up parenting program in Jamaica when implemented at scale](#)

 CRF Indicator

Outputs: Annual Physical and Financial Progress

1 Evaluation of Implementation Processes						Physical Progress				Financial Progress				Theme	Fund	Flags			
Outputs	Output Description	Unit of Measure	Baseline	Baseline Year	Means of verification	2019	2020	2021	EOP	2019	2020	2021	EOP						
1.1 Process evaluations conducted	Evaluation of Reach Up implementation processes	Evaluation Final Report (#)	0	2019	Final report of implementation process	P	0	0	1	1	P	86863	76868	22049	185780	Social Development	ECD		
						P(a)					0	P(a)							0
						A					A								
2 Impact Evaluation on Children's Development and Home Environment.						Physical Progress				Financial Progress				Theme	Fund	Flags			
Outputs	Output Description	Unit of Measure	Baseline	Baseline Year	Means of verification	2019	2020	2021	EOP	2019	2020	2021	EOP						
2.1 Experimental impact evaluation (ex-ante or ex-post) performed	Experimental impact evaluation of Reach Up at scale in Jamaica performed	Evaluation Final Report (#)	0	2019	Final report of impact evaluation	P	0	0	1	1	P	0	146240	196240	342480	Social Development	ECD		
						P(a)					0	P(a)							0
						A					A								
3 Cost assessment						Physical Progress				Financial Progress				Theme	Fund	Flags			
Outputs	Output Description	Unit of Measure	Baseline	Baseline Year	Means of verification	2019	2020	2021	EOP	2019	2020	2021	EOP						
3.1 Surveys conducted	Evaluation of Reach Up at scale : baseline survey	Surveys (#)	0	2019	Baseline survey	P	1	0	0	1	P	69314			69314	Social Development	ECD		
						P(a)					0	P(a)							0
						A					A								

Other Cost

Total Cost

 CRF Indicator

 Standard Output Indicator

	2019	2020	2021	Total Cost
P	\$156,177.00	\$223,108.00	\$218,289.00	\$597,574.00
P(a)				
A				

TERMS OF REFERENCE*Reach Up Jamaica: Evaluation of process, impact and cost at scale*

Consulting services for the evaluation of processes, impact and costs of an evidence-based parenting program at scale in primary health care services in Jamaica

JA-T1175**1. Background and Justification**

- 1.1. The Jamaica Ministry of Health (MOH) plans to implement an evidence-based parenting program, the Reach Up Early Childhood Parenting Program, as a national home-visiting program. This program is based on the Jamaica home-visit program. The Reach Up will be fully integrated with health services and managed by the Family Health Unit of the MOH. Within primary health centers the program will be supervised by nurses and the intervention delivered by community health aides (CHAs) who are full time staff in the centers. Jamaica has 13 administrative parishes. Implementation will be through phased roll out beginning in one health district per parish.
- 1.2. In 2010 the Inter-American Development Bank (IDB) approved a technical cooperation (TC) grant to improve children's development through integration of the Reach Up Early Childhood Parenting Program in primary care health services in Jamaica. The project will be the only example of a highly successful trial of the efficacy of an ECD parenting intervention taken to scale nationally in the same country. The phased roll out component of the implementation offers a very valuable opportunity to increase understanding of the factors that influence implementation success and effectiveness as a parenting program is integrated with services.
- 1.3. The TC resources will be used to evaluate implementation processes, assess the impact of the intervention on child development and parenting practices, and carry out a cost assessment and cost-benefit analyses. The impact results in comparison to the original Jamaica study will be particularly informative. Few studies have included detailed implementation evaluation, yet these are essential to understanding what makes interventions successful and for identifying any weaknesses that can be addressed as the program continues to scale. The project provides a unique opportunity to examine the process of scale up and integration, yielding much needed information for scale up and sustainable integration in Jamaica and elsewhere.
- 1.4. The University of the West Indies developed the original intervention and collaborated with many agencies (including a long-standing collaboration history with the IDB) to evaluate it. For these reasons, the IDB is seeking to engage The University of West Indies through sole source selection to evaluate the implementation at scale of the Reach Up Early Childhood Parenting Program in Jamaica.

2. Objectives

- 2.1. The main objectives of this consultancy are: 1) to evaluate implementation processes to inform continued roll-out of the program and scale up more broadly; 2) to assess the impact of the intervention on child development and parenting; and 3) to conduct cost assessment and cost-benefit analyses.

3. Scope of Services

- 3.1. The research group from the University of West Indies will evaluate phase 1 of the program implementation. These results will inform any modifications to the program for the subsequent implementation phases. Additionally, they will do an impact evaluation on children's development and home environment. To this end, eligible children will be randomized to receive the program now or to a waitlist group. Before the start of the program, information for 80 children per parish (40 from treatment group and 40 from control group) and their families will be collected (total children surveyed 1040). After 10 months of exposure to the program the research team will collect a follow-up survey for baseline sample. In each round data on family and child characteristics, child development, child weight and length, maternal depression, attitudes on child development and stimulation in the home will be collected. Finally, the research group will conduct a cost assessment (cost-effectiveness and cost-benefit ratio analysis). To this end, cost information will be collected.

4. Key Activities

- 4.1. Under this consultancy, the University of West Indies will be required to undertake the following activities:

For process evaluation:

- Develop observation guides and visit records for supervisors (the home visit quality checklist that is already available will be revised).
- Collect data of the implementation process including:
 - Visit frequency and activities completed by CHAs..
 - Quality of visits using the evaluation checklist.
 - Record of supervisions.
 - Quality of the supervision.
- Conduct focus groups with CHAs and in-depth interviews with other members of the health team.
- Analyze all data collected.
- Design a set of materials (templates to measure quality, interview guides to capture challenges and strengths within the delivery system, guidelines on synthesis of information, etc.) for evaluation processes that can be easily used (adapted) by other countries.

- Prepare reports.

For impact evaluation:

- Identify eligible children for the program, select sample for the evaluation and assign children to treatment or control group.
- Select and adapt instruments and tests to measure child development and parenting practices.
- Design a baseline survey.
- Collect baseline information of children and their families.
- Generate a baseline data-set.
- Design a follow-up survey.
- Monitor (follow-up) children that are part of the evaluation.
- Generate a follow-up data-set for the final impact evaluation of children's development.
- Collect endline information.
- Generate an endline data-set.
- Analyze all data-sets.
- Prepare reports.

For costs evaluation:

- Design a cost framework of all required inputs to determine implementation costs, including staff time dedicated to program delivery and new investments required.
- Collect cost information.
- Analyze data collected and calculate costs of program implementation under varying assumptions.
- Prepare reports.

5. Expected Outcome and Deliverables

5.1. Expected deliverables include:

Product 1. Work plan (time frame and allocation of responsibilities).

Product 2. Set of materials designed for Jamaica program supervision: i) observation guides for supervision, ii) revised home visit quality checklist, iii) record/log to collect information of visit frequency and activities completed by CHAs.

Product 3. Report with initial findings from focus groups and interviews with the different members of the health team.

Product 4. Set of final materials to evaluate implementation process that can be adapted to other countries.

Product 5. Final report with findings, conclusions and recommendations from the process implementation activities. This report should include analysis and reporting program strengths, facilitators and challenges, in areas such as training, conduct of visits, supervision and management; characteristics of staff that are associated with implementation quality; and strategies developed to strengthen key aspects.

Product 6. Baseline questionnaires.

Product 7. Baseline database

Product 8. Report on descriptive analysis of baseline information

Product 9. Follow-up questionnaires

Product 10. Follow-up database

Product 11. Report on descriptive analysis of follow-up information

Product 12. Impact analysis and reporting

Product 13. Cost survey.

Product 14. Report on cost information field work.

Product 15. Report with cost-effectiveness and cost-benefit ratio analysis.

Product 16. Final report on scaling that synthesizes findings and lessons learnt across all the components.

6. Project Schedule and Milestones

6.1. This project is expected to take place over a 31-month period commencing May 1st, 2019. The timing of the expected deliverables is presented below.

Deliverable/activity	Date
Signature of the contract	July 2019
Baseline questionnaires	July 2019
Baseline fieldwork	July-August 2019
Revision and/or development of instruments for process implementation evaluation of Reach Up	July-September 2019
Data collection on process evaluation	August 2019-August 2020
Cost framework/survey	September 2019
Baseline data base and final report	October 2019
Cost fieldwork ¹	December 2019-July 2020

¹ During this time period a partial report on cost fieldwork will be presented to the IDB.

Follow-up questionnaires	March 2020
Follow-up fieldwork	April – October 2020
Transcription, coding and analysis of process implementation data ²	July 2020-June 2021
Follow-up data base and final report	April 2021
Final report on implementation evaluation	June 2021
Impact analysis on child's development and report	July 2021
Final set of materials for evaluation of implementation processes	September 2021
Final report on cost analysis	September 2021
Final report	December 2021

7. Reporting Requirements

7.1. For each component of the project with the reports and a ppt will have to be submitted. Additional reporting and ppt presentations might be needed ad hoc for workshops and seminar presentations. All reports must be in English.

8. Acceptance Criteria

8.1. The acceptance of the deliverables depends on the reception and satisfaction of requirements determined by IDB team.

9. Other Requirements

9.1. The firm must have a record of excellent research and expertise in conducting qualitative analysis, longitudinal studies and impact evaluations. Experience of the firm working with international organization as IDB, especially in Jamaica, will be highly valued.

10. Supervision and Reporting

10.1. The person responsible for overseeing the progress of the firm in the IDB is the specialist of Social Protection and Health Division (SCL/SPH) assigned as the team lead (Florencia López-Boo: florencial@iadb.org, +1 (202) 623-2378).

11. Schedule of Payments

11.1. Payments will be paid in the following manner according to consultancy advancement, and the reception and summary of a satisfactory manner as determined by the IDB team.

² During this time period a partial report with findings from focus groups and interviews will be presented to de IDB.

Payment Schedule		
<i>Deliverable</i>	%	Estimated date
1. <i>Signature of the contract and product 1 and 6</i>	15%	April 2019
2. Products 13, 2, 7 and 8	15%	October 2019
3. Product 3 and 9	20%	May 2020
4. Products 10,11, 14	15%	December 2020
5. Product 5 and 12	15%	June 2021
6. Products 4 and 15	10%	September 2021
7. Product 16	10%	December 2021
TOTAL	100%	

Overall support for evaluation of Reach Up in Jamaica Consultant**JA-T1175**

Background: The Social Protection and Health Division is looking for a professional with Economics background (or related) to support a set of activities to better understand the impact of the Reach Up parenting programs in Jamaica.

The team's mission: The Social Sector (SCL) is a multidisciplinary team convinced that investing in people is the way to improve lives and overcome the development challenges in Latin America and the Caribbean. Jointly with the countries in the region, the Social Sector formulates public policy solutions to reduce poverty and improve the delivery of education, work, social protection, and health services. The objective is to advance a more productive region, with equal opportunities for men and women, and greater inclusion of the most vulnerable groups.

The Social Protection and Health Division (SPH) is tasked with the preparation and supervision of IDB operations in borrowing member countries in the areas of social protection (safety nets and transfers and services for social inclusion which include: early childhood development, youth programs, care services for dependency, among others), health (health capital investment strategies, health networks strengthening, health system financing, organization and performance, etc.) and nutrition.

What you'll do: The objective of this consultancy is to provide technical assistance through the analysis of existing empirical data, as well as through general support for producing high quality analytical studies.

The selected candidate will:

- Assist in the empirical analysis of the impact evaluation to assess the effect of the Reach Up intervention on child development and parenting. This includes the application of advanced econometric models using STATA
- Assist in the preparation of research studies and presentations
- Assist in the implementation of impact evaluations and surveys
- Assist in the preparation of administrative documents, blog posts, and reports
- Assist in the cost-effectiveness, cost assessment and cost-benefit analysis.

What you'll need:

Citizenship: You are a citizen of one of our 48-member countries. We may offer assistance with relocation and visa applications for you and your eligible dependents.

Consanguinity: You have no family members (up to fourth degree of consanguinity and second degree of affinity, including spouse) working at the IDB Group.

Education: Bachelor's degree or equivalent.

Experience: two years of relevant professional experience or the equivalent combination of education and experience in economics and statistics/econometrics.

Languages: English and Spanish (both required).

HRD Terms of Reference

Consultants

Core and Technical Competencies: Statistics. Ability to work well in teams, to multi task and to work independently. Experience with tests of cognitive and no cognitive development for children (selection and application of instruments, basic analysis of results, scores' standardization, etc.), and data collection in any field is highly desirable.

Opportunity Summary:

- **Type of contract:** Consultant
- **Length of contract:** 28 months
- **Starting date:** July XX, 2019
- **Location:** IDB Headquarters, Washington D.C.
- **Responsible Person:** Lead Economist (SCL/SPH); Florencia Lopez Boo
- **Requirements:** You must be a citizen of one of the IDB's 48-member countries and have no family members currently working at the IDB Group.

Our culture: Our people are committed and passionate about improving lives in Latin-America and the Caribbean, and they get to do what they love in a diverse, collaborative and stimulating work environment. **We are the first Latin American and Caribbean development institution to be awarded the EDGE certification, recognizing our strong commitment to gender equality.** As an employee you can be part of internal resource groups that connect our diverse community around common interests.

We encourage women, afro-descendants, people of indigenous origins, and persons with disabilities to apply.

About us: At the IDB, we're committed to improving lives. Since 1959, we've been a leading source of long-term financing for economic, social, and institutional development in Latin America and the Caribbean. We do more than lending though. We partner with our 48-member countries to provide Latin America and the Caribbean with cutting-edge research about relevant development issues, policy advice to inform their decisions, and technical assistance to improve on the planning and execution of projects. For this, we need people who not only have the right skills, but also are passionate about improving lives.

Our team in Human Resources carefully reviews all applications.

PROCUREMENT PLAN FOR BANK EXECUTED OPERATIONS														
Country: Jamaica					Executing Agency: IDB					UDR: CCB/CJA				
Project number: JA-T1175					Title of Project: Reach Up Jamaica: Evaluation of process, impact and cost at scale									
Period covered by the Plan: 30 months					Total Project Amount: \$ 597,574									
Component	Procurement Type (1) (2)	Service type (1) (2)	Description	Estimated contract cost (US\$)	Selection Method (2)	Type of Contract	Source of Financing and Percentage				Estimated date of the procurement notice	Estimated contract start date	Estimated contract length	Comments
							IDB/MIF		Other External Donor					
							Amount	%	Amount	%				
Component 1	A. Consulting services	Consulting Firm (GN-2765)	The University of West Indies will be in charge of conducting the evaluation of the implementation process, the impact evaluation to assess the effect of the intervention on child development and parenting, and a cost assessment and cost-benefit analysis.	\$ 572,574	SSS	Lump Sum	\$ 572,574	100%	\$ -	0%	July 10 2019	August 10st 2019	30 months	This consultancy will be also funded with Component 2.
Component 2	A. Consulting services	Individual Consultant (AM-650)	Research assistant for cost effectiveness analysis	\$ 25,000	IICQ	Lump Sum	\$ 25,000	100%		0%	August 1st 2019	September 1st 201	28 months	Consultant will also support activities from Component 3.
										0%				
										0%				
										0%				
										0%				
Prepared by:			TOTALS	\$ 597,574			\$ 597,574	100%	\$ -	0%				

(1) Grouping together of similar procurement is recommended, such as publications, travel, etc. If there are a number of similar individual contracts to be executed at different times, they can be grouped together under a single heading with an explanation in the comments column indicating the average individual amount and the period during which the contract would be executed. For example: an export promotion project that includes travel to participate in fairs would have an item called "airfare for fairs", an estimated total value od US\$5,000, and an explanation in the Comments column: "This is for approximately four different airfares to participate in fairs in the region in years X and X1".

(2) (i) **Individual consultants:** ICQ: Individual Consultant Selection Based on Qualifications; SSS: Single Source Selection. Selection process to be done in accordance with AM-650.

(2) (ii) Consulting firms: Per GN-2765-1, Consulting Firm selection methods for Bank-executed Operations are: Single Source Selection (SSS); Simplified Competitive Selection (<=250K) (SCS); Fully Competitive (>250K) (FCS); and Framework Agreement Task Order (TO). All Consulting Firm selection processes under this policy must use the electronic module in Convergence.

(2) (iii) Goods: Per GN-2765-1, par. A.2.2.c: "The procurement of goods and related services, except when such goods and related services are necessary to achieve the objectives of the Bank-executed Operational Work and are included in the consulting services contract and represent less than ten percent (10%) of the consulting services contract value."