

TC ABSTRACT

I. Basic Project Data

▪ Country/Region:	JAMAICA/CCB - Caribbean Group
▪ TC Name:	Innovative Approaches to the Development of Children with Intellectual Disability
▪ TC Number:	JA-T1153
▪ Team Leader/Members:	EDMONDSON-NELSON, CHARMAINE (CCB/CJA) Team Leader; PEREZ CUEVAS, RICARDO ENRIQUE (SCL/SPH) Alternate Team Leader; JAINAUTH-UMRAO, NAVEEN (VPC/FMP); SAMUELS, ROCHELLE KAYE (CCB/CJA); BEUERMANN MENDOZA, DIETHER WOLFGANG (CCB/CCB); VERISSIMO DA SILVA, CAROLINA (LEG/SGO)
▪ Taxonomy:	Client Support
▪ Number and name of operation supported by the TC:	N/A
▪ Date of TC Abstract:	05 Jun 2019
▪ Beneficiary:	Children with developmental disabilities
▪ Executing Agency:	Jamaica Association on Intellectual Disabilities
▪ IDB funding requested:	\$US600,000.00
▪ Local counterpart funding:	US\$60,000.00 (In Kind)
▪ Disbursement period:	42 months
▪ Types of consultants:	Firms
▪ Prepared by Unit:	Country Office Jamaica
▪ Unit of Disbursement Responsibility:	Country Office Jamaica
▪ TC included in Country Strategy (y/n):	Yes
▪ TC included in CPD (y/n):	Yes
▪ Alignment to the Update to the Institutional Strategy 2010-2020:	Social inclusion and equality

II. Objective and Justification

- 2.1 To support the Government of Jamaica with a framework for policy and actionable interventions aimed at improving social and health services for children with intellectual disability. The current project will analyse existing policies and identify, adapt, and test, parent-centred, therapeutic approaches for the management of children with intellectual disability (ID).
- 2.2 The Sustainable Development Goals (SDGs) mandate monitoring the health and wellbeing of children to achieve optimal early childhood development. Therefore, it is within this mandate to address the social and health needs of children with developmental disabilities (DD) and their families. DDs are conditions resulting from impairments that affect the child's physical, learning, or behavioral functioning. Children with DDs are at higher risk of poor health, lower educational attainment and wellbeing than children without disabilities. Furthermore, DDs are associated with social disadvantage and pose significant caregiving challenges. In 2016, there were 52.9 million children with DDs worldwide; 94.5% in low and middle-income countries.
- 2.3 DDs comprise intellectual disabilities (IDs), which are lifelong conditions that appear during the developmental years and visible by below-average general intellectual function and limitations in children's movement, language, and social functioning. Genetic abnormalities, pregnancy, and delivery complications are known as risk factors. IDs comprise intellectual disability, autism spectrum disorder (ASD) and Down syndrome, among others. The prevalence of IDs is difficult to ascertain due to

variabilities in data sources, case definitions, and range of age. In 2016, the global prevalence of ID in under-fives was 1,983 per 100,000, and of ASD was 723 per 100,000. In Jamaica, the number of estimated cases with ID was 4,073 (1,472.2 per 100,000) and with ASD, 2,106 cases (728.8 per 100,000).

- 2.4 The Government of Jamaica issued the Disabilities Act 2014 to make sure that people with disability receive fair and equal treatment. The operating arm of disability policies is the Jamaica Council for Persons with Disabilities (JCPD) that protects the rights for social inclusion and accommodations (education, labor) of persons with disabilities. Non-governmental organizations, such as the Jamaica Association on Intellectual Disabilities (JAID) provide services for children with IDs through schools for special education; early intervention programs; resources and professional partnership and adult continuing education programs among others.
- 2.5 Provision of social and health services for ID children requires building the capacity of the public sector. It is justifiable to strengthen current policies and develop actionable interventions due to: (i) Weak functional health and social care systems for ID children who are a vulnerable group that face barriers to access healthcare, rehabilitation, and social support services, and less opportunity for formal education. Access to effective therapeutic interventions remains a deficit. Speech and occupational therapists and behaviorists are few. (ii) Significant lifetime costs of care and rehabilitation, making them inaccessible to low-income families that are at high risk of further impoverishment. (iii) Children with ID are stigmatized and at risk of neglect and violence. (iv) Caregivers and families have a low quality of life and a heavy emotional burden.
- 2.6 Interventions for children with ID comprise primary prevention, oriented at reducing the occurrence of ID, secondary prevention focused on early detection and diagnosis, and tertiary prevention that provides community-based comprehensive development programs. This project will reinforce current policies and provide data, tools, and techniques to improve the delivery of effective and sustainable care for ID children.

III. Description of Activities and Outputs

- 3.1
- 3.2 **Component I: Systematic Literature Review.** The review will inform about best international policies and community-based parent-centered practices to provide social and healthcare services for children with ID applicable to the Jamaican context
- 3.3 **Component II: Development procedures of the intervention.** The development procedures comprise (i) Design of the intervention (ii) adaptation of suitable digital technology to train and support children, parents, and providers in administering the intervention .
- 3.4 **Component III: Implementation of the intervention for children with ID.** The implementation includes (i) training of parents and providers, (ii) intervention of screening, recruitment, therapeutic and rehabilitation activities for children with ID, autism and Down Syndrome , and (iii) monitoring of the quality, adherence, and progress.
- 3.5 **Component IV: Evaluation activities and feasibility analysis to disseminate and scale-up the intervention.** Evaluation of the effectiveness of the intervention and feasibility study to design a program to deploy the intervention

IV. Budget

Indicative Budget

Activity/Component	IDB/Fund Funding	Counterpart Funding	Total Funding
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Systematic Literature Review	\$US25,000.00	\$US0.00	\$US25,000.00
Development procedures of the intervention	\$US140,000.00	\$US0.00	\$US140,000.00
Implementation of the intervention for children with ID	\$US376,000.00	\$US60,000.00	\$US436,000.00
Evaluation activities and feasibility analysis to disseminate and scale-up the intervention	\$US59,000.00	\$US0.00	\$US59,000.00
Total	\$US600,000.00	\$US60,000.00	\$US660,000.00

V. Executing Agency and Execution Structure

- 5.1 The executing agency will be the Jamaica Association on Intellectual Disabilities (JAID) per the letter of request from the government of Jamaica. Procurement of consulting and non-consulting services will be carried out in accordance with the policies for the selection and contracting of consultants financed by the IDB (GN-2765-1) for firms, (AM-650 CWEs) for individuals and (GN-2303-20) for non-consulting services if required, as well as in keeping with the provisions established in the procurement plan. Through this TC the Government of Jamaica is receiving support to strengthen its capacity to provide social, therapeutic and rehabilitation services to children with intellectual disability. While JAID will execute the TC, the GoJ through the Jamaica Council for Persons with Disabilities (JCPD) will provide general oversight on progress and on the selection and no objection of candidates to perform the activities and interventions of this project.
- 5.2 JAID has a longstanding experience of fifty years of advocacy, implementation and facilitation of interventions and measures to strengthen the rights of persons with intellectual disabilities and promotion of their participation in society. Its Early Intervention Programme provides stimulation for children with ID and other developmental disabilities from birth to six years of age.

VI. Project Risks and Issues

- 6.1 An experimental pilot of this nature which is introducing new and innovative approaches into an institutional space which may have capacity issues, has its inherent risks. A well designed M&E system will mitigate some of these risks, as well as the rigorous assessment and identification of the therapeutic model best suited and most adaptable for the operational environment.

VII. Environmental and Social Classification

- 7.1 The ESG classification for this operation is "undefined".