

FINAL REPORT

for the

PATH PARENTING PILOT DEVELOPMENT 2 – 6 YEARS

**For Beneficiaries Registered on the PATH Programme
of the Ministry of Labour and Social Security**

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**Janet Brown, MSW
Dr. Charlene Coore Desai**

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FINAL REPORT

on the Consultation to Develop the PATH PARENTING PROGRAMME PILOT 2014 – 2015

INTRODUCTION AND BACKGROUND

This programme pilot is an outcome of the decision by the Government of Jamaica with its international partners, through the Ministry of Labour and Social Security, to strengthen its poverty-reduction programme PATH (the Programme for Advancement through Health and Education) by the provision of parenting education supports in the early childhood years as a conditionality for receipt of cash and other benefits. A consultant team was contracted to design a pilot programme to provide such supports and the administrative and monitoring structure that would implement it. The Terms of Reference for this consultancy are attached as Appendix A. Appendix B outlines the approach taken by the consultants to gather background information, review the relevant literature, and consult with a range of stakeholders to inform the ultimate design of the programme pilot.

Social Protection Programmes Internationally

Social protection programmes are generally aimed at the most vulnerable sections of the population: the young, elderly and the disabled. The provision of a social safety net for children in particular is considered to be a long term investment that has the potential to see returns in human capital development and break the cycle of poverty¹. Such programmes, which may include conditional or unconditional cash transfers for families, have been found to be effective across the world in improving access to health services by the poor as well as increasing access to education through higher levels of school enrolment at the primary and secondary levels. These programmes also help to protect families from some economic hardships and reduce the likelihood of participation in risky behaviours such as child labour and prostitution.

Conditional Cash Transfer Programmes

Conditional Cash Transfer programmes (CCTs) provide money to beneficiary households, subject to compliance with programme conditionalities.² These conditionalities typically set minimum requirements for beneficiaries' attention to the education, health, and nutrition of their children (e.g. regular school attendance or basic preventative health

¹ Barrientos, A. & DeJong, J. (2006). Reducing child poverty with cash transfers: A sure thing? *Development Policy Review*, 2006, 24 (5): 537-552

² de la Brière, B., & Rawlings, L.B. (2006). Examining conditional cash transfer programs: A role for increased social inclusion? SP Discussion Paper No. 0603, *Social Safety Net Primer Series*.

care).³ CCTs are becoming an increasingly popular approach in the poverty reduction strategies of several middle- and low-income countries and they have shown considerable achievements under a variety of circumstances.^{4,5} In many cases, evaluation results show that CCT programmes increase school enrolment, raise household consumption and improve health conditions in children.⁶ While these results are encouraging, CCTs face many challenges and should not be seen as a cure-all against poverty and social exclusion. There is evidence to suggest that the typical CCT does not have as much of an impact on Child Development Outcomes such as cognitive skills and behaviour problems.^{7,8,9} This has led to recommendations that CCTs place more emphasis on early childhood development, stimulation and parenting support.¹⁰

Social Protection in Jamaica: The Programme of Advancement through Health and Education (PATH)

In 2002, the Government of Jamaica consolidated its various social safety net programmes including the Food Stamp, Old Age and Incapacity, and Poor Relief Programmes into one major CCT programme--the Programme of Advancement through Health and Education (PATH). The social protection programmes for the poor were amalgamated, as it was found that the various programmes were neither effectively targeting nor meeting the needs of the poor. Jamaica was also experiencing negative growth and higher increasing levels of poverty with the most recent data from the Jamaica Survey of Living Conditions (2010) indicating that 20% of Jamaicans are living in poverty. It was therefore critical that the social safety programmes effectively target the poor. The new programme represented a simpler way to direct benefits to the most vulnerable groups in the society.

³ de Janvry, A. & Sadoulet, E. (2005). Conditional cash transfer programs for child human capital development: Lessons derived from experience in Mexico and Brazil. *World Bank Development Economics Research Group*

⁴ de Janvry, A. & Sadoulet, E. (2006) Making conditional cash transfer programs more efficient: designing for maximum effect of the conditionality. *World Bank Econ Rev*, 20 (1),1–29

⁵ Countries such as Bangladesh, Brazil, Burkina Faso, Cambodia, Chile, Colombia, Ecuador, Honduras, Jamaica, Kenya, Lesotho, Mexico, Mongolia, Nicaragua, Pakistan, South Africa and Turkey are either using or experimenting with adopting CCT programmes.

⁶ Ozer, E.J., Fernald, L.C.H, Manley, J.G. & Gertler, P.J. (2009). Effects of a conditional cash transfer program on children's behavior problems. *Pediatrics*, 123, 4, e630 - e637.

⁷ de la Brière, B., & Rawlings, L.B. (2006). Examining conditional cash transfer programs: A role for increased social inclusion? SP Discussion Paper No. 0603, *Social Safety Net Primer Series*.

⁸ Ozer, E.J., Fernald, L.C.H, Manley, J.G. & Gertler, P.J. (2009). Effects of a conditional cash transfer program on children's behavior problems. *Pediatrics*, 123, 4, e630 - e637.

⁹ Macours, K., Schady, N., & Vakis, R. (2008). Can conditional cash transfer programs compensate for delays in early childhood development?

¹⁰ Macours, K., Schady, N., & Vakis, R. (2008). Can conditional cash transfer programs compensate for delays in early childhood development?

The aim of the PATH programme is to improve the human capital of the poor within Jamaica with specific focus on providing support for poor children and the elderly. The cash transfer to date has been conditional on the attendance of children under six at health centres (bi-annually for the 2 – 6 years age group) and the regular attendance at school for children 7 to 17 years of age. The programme logic postulates that increased human capital for the poor will result, over the long term, from the poor having higher levels of education, better health, and access to funds to meet basic needs. The programme is implemented on a national scale and currently has more than 400,000 beneficiaries on roll.

Introducing Parent Education as a co-responsibility in PATH

Social protection for children as a vulnerable group is one of the primary aims of the social safety net programme in Jamaica with children being the priority group for the receipt of benefits. As part of this programme, children in the early childhood period are identified as a special group that is required to make regular visits to health centres. As such, it is anticipated that due to the increased access to health care services children on the PATH programme should have better health and nutritional outcomes.

An extensive review of the overall social protection system indicated that the PATH programme could be strengthened through the introduction of parent education for households with children 2 – 6 years. This is supported by research on parenting in Jamaica which indicated that economic deprivation was related to parents having higher stress levels, more restricted interaction styles with their children, and harsh discipline practices.¹¹ It is known that a few countries are beginning to explore the option of parenting education supports as a conditionality for cash transfer programmes. Unfortunately for this consultancy, the explorations are too young to provide guidance at this point. PATH introduced parenting workshops on a trial basis in 2007-2008, which experienced several administrative and logistical problems, but results suggested that parents generally welcomed the group education experience and thought it beneficial. The parenting program is expected to increase the effectiveness and efficiency of the social protection system through higher rates of compliance with PATH co-responsibilities. Through parents' participation in parenting education classes it is expected to increase their skills and confidence in the areas of child nutrition, child behaviour management, discipline practices, early stimulation activities, and health and safety practices. There is specific concern to address within the parenting sessions issues of increasing incidence of obesity and iron deficiency among children in Jamaica. An external impact evaluation will assess the degree to which these expectations are realized within the pilot programme.

¹¹ Ricketts, H. & Anderson, P. (2009). Parenting in Jamaica. Working Paper 09. Planning Institute of Jamaica, Policy research Unit.

COMMENCEMENT OF THE CONSULTANCY

This project consultancy was delayed till late October 2013, and was scheduled for completion on December 30, 2013. The consultancy is being shared by Janet Brown (the signatory) and Dr. Charlene Coore-Desai, both of Parenting Partners Caribbean.

Proposed Methodology

The consultants submitted a draft workplan on October 28 (Appendix B), which outlined the following tasks as achievable within the tight timetable; some were amended in subsequent discussions with the PATH staff team overseeing the consultancy:

1. A review of relevant research literature, international and local, to inform the project.
2. The preparation of standardized questions for all technical consultations and focus groups with key stakeholders.
3. Interviews individually or in small groups of key persons whose input would inform the programme's development.
4. Conduct focus groups with PATH beneficiaries.
5. Prepare a presentation to the project's Technical Advisory Committee for review of progress and discussion of possible implementation model options.
6. Compile a draft curriculum for the parenting programme to include objectives, topics, activities, and evaluation formats, for review by specialists
7. Based on feedback from the Technical Advisory Committee, develop the implementation training plan for the preferred model, including budget, logistics and modalities for delivery, and recommendations for the Monitoring and Evaluation (M and E) consultancy that will design the pilot programme assessment.
8. Compile an Operations Manual to guide the implementation of the pilot parenting programme.
9. Compilation of a final report.

Some tasks proposed within the initial workplan were unrealistic given the timeframe available and the inevitable complications of the Christmas season. It was agreed with the PATH project team in early December that detailing of the curriculum will have to be continued into early 2014. This will have implications for the specific requirements of the later M and E team; these specifics will be available on completion of all curriculum sessions and accompanying materials. The consultants agreed to submit the Implementation Plan for the parenting programme, and the Operations Manual draft by deadline; they will continue to work beyond December 30 on all remaining tasks, guided by feedback from the PATH staff team and Advisors.

THE EVIDENCE BASE FOR THE PATH PROGRAMME DESIGN

In addition to the literature review that informed the development of the ECC parenting programme strategy and the programme standards in 2010, a later update of this review in early 2013, for an assessment of an existing set of programmes for the ECC, provided further support for the above programme criteria, and for the benefits of parenting education within supportive group environments. The review of the best practices literature is Appendix C.

As recently as November 2013 at an IADB research presentation, a visiting international early childhood specialist suggested that the PATH programme look at two US-based programmes which target low-income/minority populations via parenting education groups which focus on the early childhood years. Both these programmes—Legacy for Children¹² and Opening Doors/Abriendo Puertas¹³—were rigorously pilot tested for effectiveness before going to scale. Both pilot studies documented gains for parents (knowledge, confidence in parent role), and in developmental indicators for their children. Both demonstrated the benefits of building on personal and cultural strengths of parents while supporting new and more positive parenting behaviours. In both of these programmes, facilitators were trained to deliver the programme sessions within community groups of parents, using participatory methodology and a packaged curriculum.

The benefits of home visiting were also examined¹⁴; home visiting is a model of parenting education delivery that has proven effective within the Caribbean as well as more developed countries. While the literature is mixed in terms of the effectiveness of this mode of parent engagement¹⁵—suggesting primarily that a sufficient level of qualification and specific training of the home visitor is essential for effectiveness—the positive outcomes of the longitudinal study of impact from the 1980’s UWI Tropical Metabolism Research Institute’s (TMRI’s) home visiting programme for malnourished children¹⁶, plus the evaluation of positive gains in parent knowledge within the Roving Caregivers Programme¹⁷, assessed in Jamaica and elsewhere in the Caribbean, were

¹² www.cdc.gov/ncbddd/childdevelopment/legacy

¹³ www.familiesinschools.org/abriendo-puertas-opening-doors; materials also sent from headquarters in California.

¹⁴ Family Violence Prevention Fund (2010). Realizing the Promise of Home Visitation: Addressing Domestic Violence and Child Maltreatment. A Guide for Policy Makers.

¹⁵ Samms-Vaughan, M. (2008) Integrating Home Visiting Programmes with Health Services, CCSI Learning Community Research Meeting, St. Kitts, reported in Early Learning in the Caribbean 2008: Literature Review and Summary Report

¹⁶ Walker, Susan P. et al (2007) Child development: risk factors for adverse outcomes in developing countries, *The Lancet*, [Volume 369, Issue 9556](#)

¹⁷ Powell, Christine A. (2004), An Evaluation of the Roving Caregivers Programme of the Rural Family Support Organisation, Tropical Medicine Research Institute,

sufficiently convincing to include home visiting in the recommended model of programme delivery for PATH recipients, to add support to the parent group sessions.

FOCUS GROUPS AND STAKEHOLDER INTERVIEWS

To inform the development of the recommended model for implementation, the consultants were able to undertake two focus groups with PATH beneficiaries, a focus group with PATH workers from four parishes, a focus group with parenting group facilitators, and interviews with key stakeholders from the Ministry of Health, the National Parenting Support Commission, the Early Childhood Commission's Community Interventions and Parenting sub-committee, UWI's Department of Child Health and the TMRI Child Development Group at UWI. A few other persons were not available over the period, or time did not permit the interview. Two representatives particularly—from the National Family Planning Board, and Rufamso, which operated the Roving Caregivers programme, will be consulted before completing the curriculum. One consultant attended the two-day workshop sponsored by the Inter-American Development Bank (IADB) on Monitoring and Evaluation with one of the world's leading experts; he was also very conversant with evaluations of Cash Transfer programmes elsewhere in the world. Both consultants also attended the research symposium on two major longitudinal research studies related to parenting and child development in Jamaica and the wider Caribbean, both supported by IADB. Both were relevant in lessons learned for possible application in the design of the PATH parenting intervention. The Child Development Group's recent intervention to integrate audio-visual messages into clinic visits for parents has been recently evaluated, as well as its related home visiting programme which carries the same messages from the clinic visits into the home.¹⁸ Their experience with both methodologies was informative.

FOCUS GROUPS WITH PATH BENEFICIARIES

Questions for PATH Beneficiaries

The consultants developed a set of questions which were used with both focus groups; after registration and a warm-up exercise, the following topics and questions were used to guide the discussion:

Kingston, Jamaica: University of the West Indies, Mona

¹⁸ Walker, Susan P. et al, Pilot Study on parenting interventions in the Caribbean Region (2013), IADB/UWI Symposium on Early Childhood Development in the Caribbean.

Past experience of parenting workshops:

How many have attended one or more parenting workshops? On what topics?
Where? (type of setting, organised by what organizations)
One-shot or series of sessions?
Rank your experience of parent workshop(s) from 1 (low) to 5 (high)
Why low/high rankings? What made the difference?

Discussion of prospective topics:

What topics/areas for discussion would you most like to learn more about? That would be helpful to you as a parent or to your family?
If you could only have FOUR topics, what would you want most?

Discussion of delivery modalities:

Think back to when you were in school as a young child. How did you learn best in the classroom? At home?
In what ways would you prefer to learn within a parenting programme?
How many have access to technologies? Could these be used?

Preferred venues:

Where would you prefer to attend a group session?
Would you prefer someone to come to your home? Or to a small group of neighbours (on the PATH programme)?
Would you prefer to have individual activities you could do in your home/at a community centre/computer centre?

Preferred facilitators:

Who would you be most comfortable talking with about the topics? e.g. PATH social worker, other social worker, guidance counsellor, teacher, pastor, nurse/ community health aide, etc.

Focus Groups in Waterhouse (St. Andrew) and in Port Maria (St. Mary)

Fourteen persons from the Waterhouse area and eighteen served by the Port Maria PATH office met for almost two hours each. The purpose of the meetings, to obtain their input in designing a new parenting programme for PATH recipients was explained. This idea was positively received by both groups. Their responses to the questions are reported together.

Prior experience of parenting workshops

At least six persons in the first group and three in the second had attended parenting workshops before and rated them as very helpful to them. The things that contributed to

high ratings of workshops were the person who facilitates, the appeal of a topic that is relevant, and seeing the future benefit. These workshops seemed to have been series of sessions organised by the Citizens Security and Justice Programme (CSJP) and Sistren Theatre Collective (Waterhouse), and by a local Youth Club and guidance counsellor (Port Maria). Topics the Waterhouse group considered most memorable from these sessions were (a) anger management, (b) self-esteem, (c) disciplining your child, and (d) how to communicate with your child. The Port Maria three recalled (a) anger management, (b) how to show love to your children, (c) discipline/punishment of children, and (d) information about Amber Alert (concerned with locating missing children).

Desired Topics

Both groups were asked what topics would be of greatest interest to them; a long list was generated in both instances. Stars indicate the topics that, when asked, they indicated would have greatest interest:

WATERHOUSE	PORT MARIA
*How to talk to my kids (at all ages)	*Health issues: over-feeding, under-feeding proper hygiene—both personal and the environment
*How to deal with acting out behaviour (e.g. when child's reaction makes you ignorant)	* How parents can help children be ready for formal school, early stimulation, especially if not literate themselves
*Anger management	How to access basic school; no funds
*Stress : in relation to no money, depression, anger management	*Anger management
*Handling your children when you are depressed	Training for work—if there's real work
Children's peer pressure	*Dealing with children's misbehaviour, learning positive discipline instead of physical punishment
How to mother, not smother your child (with over-protection)	
Cutting food costs/school lunches	Early development: ages and stages
How to access basic school/no funds	*How to raise boys and girls: gender issues
How to say "no" and mean it	<i>Healthy foods for children on small income</i>
Handling challenges at different ages, especially teenage years	<i>Importance of talking and reading with children</i>
How to deal with school, teachers	<i>Importance of play</i>
Developing positive communication with your child	<i>Handling family conflicts</i>
<i>Importance of play for child's development</i>	<i>Personal health and fitness</i>
<i>Understanding brain development</i>	

<i>Gender issues in raising boys and girls</i>	
<i>Dealing with family conflicts</i>	
<i>Income generating projects and budgeting</i>	

NB: Topics in italics at the end of both group lists were added from a pre-prepared list read by the facilitator to sound out interest; most topics on this list were already selected, but these were added, with handling family conflicts and gender issues in the family both getting strong support.

Methods of Delivery

When asked how the topics should be presented or organised for a workshop series, the Port Maria group recalled teachers when they were young who “made learning fun”, who “put up with our foolishness”, and in the parent workshops experienced more recently, who used activities and role plays to keep everyone active. The Waterhouse group was voluble on this point. When one participant suggested that parents want to ‘get something out of coming to a workshop [even money]’, others said that it had to be “appealing”, “relevant”. For this to happen, these were the suggestions:

- Activities.
- Let us know specifics beforehand.
- Not boring—not just talk, talk.
- Sistren is a good example, they do role play. Sometimes at Sistren we learn new things about ourselves, learn to accept ourselves more
- We live in the garrison: hair, nails, beauty are our skills. So workshops should build on what we can do, help persons earn. Skills development should be part of parenting workshops.
- We don’t want to be talked to, but we want more interaction, more hands on activities.
- DON’T SPEAK DOWN TO US! All concurred.
- We sometimes would like one-on-one support/advice.
- Demonstrations, Presenter needs to be more interactive, responsive
- Ten people all will learn differently. Have something visual with a projector, some learn best when seeing images

When both groups were asked if they would want to learn in groups or individually via home visits, they were strongly in favour of groups—they asserted that they liked to hear the experiences of others, share their own, learn from others in the group. Waterhouse also suggested small “breakaway” groups so that everyone gets to participate. The Waterhouse group said that ideally such a parent group should have its own facilitator in order to develop a relationship with the participants. But if this were not possible, they thought that facilitators for different topics would be OK, “as long as they were good facilitators”.

But both groups thought home visits would be good AS WELL as group sessions, to give the opportunity for one-on-one support. Port Maria likened this idea to the visit from the Community Health Aide when the child is very ill or having a problem.

Preferred Venues

The Waterhouse group had no preference for institutional venue, but only that the sessions could be reached without having to pay for transportation—health centre, church halls, schools were considered fine. The Port Maria group rejected the health centre as too small for any group session to take place; they suggested the Civic Centre, schools or church halls, as long as there were no rental fees. The PATH officers attending this session (held in the PATH meeting room) said that this room could be booked and available for such sessions, and participants thought this would be good. The room can comfortably hold about 20 persons.

Preferred Times/Days

The Port Maria group also suggested that meetings could be ideally held on a Wednesday afternoon when shops/markets close half-day, but said that since most of them were not working, afternoons during the week or on Sunday would also be OK. The Waterhouse group did not discuss a choice of time.

FOCUS GROUPS AND INTERVIEWS WITH PROFESSIONAL STAKEHOLDERS

Questions for Professional Stakeholders

For the professional/technical stakeholders who met in groups or were individually interviewed, a set of questions was devised to help focus responses in ways helpful to the project's objectives. These eight questions were:

1. What help/supports do PATH parents of children 2-6 most need?
2. What are the most critical messages from your sector's perspective for PATH parents of children 2-6?
3. If you could send one or two TEXT messages to all PATH parents (of 2-6), what would these be?
4. What are PATH parent behaviours that if addressed could change outcomes for their families, children?
5. What are the possibilities for delivering the parenting programme in your sector (personnel, departments, organizations, etc.)?
6. What could be possible in other sectors for delivering the parenting programme (personnel, depts., organizations, etc.)?
7. In your experience, which methods have been most successful in delivering programmes/information to parents?

8. Any additional comments?

Although not all questions were asked or fully answered, considerable guidance was garnered from the use of these questions, which will be detailed in the responses from the focus groups of facilitators/trainers and of PATH social workers. The responses of others interviewed will be summarized rather than risk repetitiveness. Many similar suggestions were made by several persons, and most differences reflected the particular emphasis of the sector which the person(s) represented.

Focus Group with Facilitators/Trainers

A two-hour session was held with seven experienced facilitators/trainers who had worked with Parenting Partners Caribbean and/or within the Hope for Children parenting courses over the years. Unfortunately representatives from the Mothers Union group of trained facilitators and two trainers who had taught in the Early Childhood Commission's test course of the HEART/NTA curriculum and in the Coalition for Better Parenting course were unable to attend.

Suggested topics, approaches

The discussion was thorough and very useful in bringing "front-line" perspectives. When asked what topics they thought would be most useful to PATH recipients and/or would most impact on child outcomes from changed behaviour of parents, many noted topics already suggested by the beneficiaries in their focus groups. They added emphasis to personal development of the participants themselves, in areas such as personal and economic empowerment and positive decision making (especially re life choices). This last accompanied the observations that many PATH parents are unfulfilled; haven't lived, don't see a way out, became mothers very young, etc.). When asked, "What are the most critical messages from your sector's perspective for PATH parents of children 2-6?" the group reiterated many of the topics noted already, but added the following:

- Unearth and celebrate [parents'] own good practices; facilitators sometimes tend to be prescriptive, speak out of our own values. Affirm the positive. A paradigm shift is needed [in programme organizers, facilitators] from "those people" thinking.
- I dream of a [comprehensive] monitoring system for persons from prenatal stage through all stages, follow up with services in neighbourhoods, etc.
- Need to create support networks within neighbourhoods for parents
- "Two is better than too many": How to raise consciousness, confidence to relate number of children to economic status and personal well-being.

- PATH needs to profile this programme as a DEVELOPMENTAL one for parents—could help take away the stigma from being a recipient, and help beneficiaries see their situation as more temporary.

Who can best deliver the programme?

This group gave serious attention to questions about who/what institutions and organizations are best placed and equipped to deliver the PATH parenting programme.

Basic schools were first suggested as closest to most communities and linked to the age group to be served by the PATH programme. However, many may not be appropriate either because of no adult-size chairs, overcrowded space, and sometimes no electricity. Church halls, community centres, Parents' Places were seen as better when available. It was noted that the MOE's Quality Education Circles designates one high school for hosting training/developmental group meetings for all age groups. This could be a possibility for either training facilitators or parent groups themselves.

There was general agreement that no one sector could easily take this on "as part of their work", even though this would be best for long-term sustainability. They saw guidance personnel, teachers, social workers, community development workers, community health aides as appropriate with relevant skills, but too overloaded to stretch their work to include this without extra pay and with sufficient attention. They thought the idea of contracting a cadre of persons for so many hours a week/month could work and draw on a wide range of persons who have been sufficiently trained as facilitators already.

Training of Facilitators

The training of the facilitators to deliver this programme was seen as key; in recruitment and training prospective facilitators need to be culled for "affirming" attitudes, comfort, skills and experience in using participatory methods, and if possible, certified by one of the known/recognized parenting training programmes (PPC, HEART/NTA, Mothers Union). It was also felt that both the programme and the list of facilitators for the programme should be endorsed by the new National Parenting Support Commission.

The role of the NPSC

They thought the NPSC should be visible as an umbrella organization, overseeing the implementation of this pilot programme, eventually to become a national programme for PATH recipients. They believed, however, that the NPSC should not implement the programme directly—it is too young. Instead it needs to partner with all sectors to coordinate and ensure delivery of this and other parenting programmes in Jamaica—working with NGOs, Parents' Places, the Coalition for Better Parenting, the Child Development Agency, trained facilitators, etc.

Further suggestions

This group recommended a Secretariat for this Pilot Project alone, to be overseen by a Technical Advisory Committee (of PATH or of NPSC, not sure). The Secretariat would have to develop a network of regional coordinators to enlist/schedule the facilitators to deliver the grid of sessions, collect the attendance, test data, etc.

In concluding, this group re-iterated the importance of using participatory methods, affirming the strengths of parents, taking a developmental approach for parents as well as children, using sequenced topics in sessions that are not spread out too far (they opposed an initial suggestion for workshops weeks apart stretched over the year), and the use of a local community mobiliser per group (provided a stipend if possible) who can remind people of meetings, check on no-shows, provide referral information if required, and send text messages to all members. The Hope for Children parenting courses used mobilisers very effectively as “anchors” for each group who then experienced rotating facilitators.

Focus Group with PATH Social Workers

Six PATH social workers, two each from St. Thomas, Clarendon and St. Catherine attended this 2 ½-hour discussion. The two designated from Kingston did not attend. The discussion was lively and demonstrated the depth of care and commitment shown by these workers who carry extremely large caseloads. These six are the senior workers responsible for Case Management; they are responsible for dealing with the most vulnerable or at-risk families.

When asked *what supports are most needed by PATH parents* of young children, their responses were:

- Education and training: many are secondary school dropouts with few skills. The Steps-to-work programme is not effective in addressing many of their issues. The Jamaica Foundation for Lifelong Learning (JFLL) is similarly not effective enough with this population.
- Parents are stressed and need help with basic parenting skills.
- Budgeting and meal planning.
- Becoming self-reliant through income-generation pursuits.
- Family planning (strongly emphasized in discussion)
- Dressing appropriately (self and children); hygiene issues for some
- Giving priority to the welfare of the children
- Accommodation issues: modifying homes to permit adult/child privacy
- Dealing with young children with disabilities
- Boosts in self-confidence, particularly when interacting with children’s schools

They suggested that the *most “critical messages”* from PATH’s perspective for these parents would be:

- Family planning: families too large for sources of support
- Critical importance of school attendance for their children, from basic school
- The relationship between good nutrition and success at school
- Put your children first when deciding how to spend limited funds
- We need to find better ways to inform parents about resources available to them. A help line was urged for parents to gain immediate counsel.

They suggested *ONE text message* they’d like to send to the parents:

We know you love your children and you want the best for them, so it’s important not to have so many children so that you can dedicate more time and resources to the ones you do have.

When asked *what changes in parenting behaviours they believe would have the greatest impact* on their children’s and family’s outcomes, they had three suggestions:

- Proper budgeting and meal planning
- Self-reliance
- Encouraging help-seeking behaviour (vs. complacent, accepting)

They reflected on *how their own sector (PATH), and other sectors could play a role in delivering the new parenting programme*. They thought that PATH social workers and guidance counsellors were capable of delivering the programme, if freed from other responsibilities. Whether they deliver the programme or not, this group expressed the desire to be trained and certified as parenting facilitators in order to better support the programme and their clients. They favour an inter-sectoral approach, using facilitators with specific expertise from different Ministries and organizations. They thought that home visiting aspects could be supported by the PATH workers, but the present caseload would preclude reaching everyone using this approach.

In terms of *delivery methodologies*, this group believed that drama, DVDs, role play and the arts should be used within interactive sessions. The facilitators need to be fluent in Patois and have a good understanding of the sub-cultures of PATH recipients in order to build from their strengths. They reminded us that not everyone started off in the dire situations most now find themselves. They supported the idea that the programme should be for PATH recipients alone, not with other parents [fearing dilution of impact, or recipients’ stigmatisation].

The group closed with the final additional comments:

- They think the parenting programme is a good idea.
- They wondered why the programme does not take into account children under the age of 2, as this is a critical formative stage.

- They again stressed the importance of “selling” family planning; some believe that PATH parents have more children in order to “get more money” from PATH.
- They took issue with their broad job descriptions which leave too little room for “real” case management, as much of their work is administrative. There are three categories of social workers: one is mostly administrative, a second level does “moderate” case management, and the highest level is supposed to be mostly case management. Their caseloads are extremely large. For the most difficult cases, they often have to liaise with the Child Guidance Clinics.
- They noted that few persons come off the PATH programme voluntarily; some are taken off. [Thus their concern for recipients developing more self-reliance and “help-seeking” behaviours.]

Summary of Other Stakeholder Interviews

Nine other persons were interviewed using the same format of questions, representing a former senior medical officer/representative of the Violence Prevention Alliance, the chair of the Community Intervention and Parenting sub-committee of the Early Childhood Commission, the Executive Director and the Programme Assistant of the National Parenting Support Commission, three senior members of the TMRI Child Development Group, MOH’s acting head of the Nutrition Unit and the Head of the Maternal and Child Health Department, the Head of the Child Health Department at UWI Hospital/Chair of the Early Childhood Commission. Appendix D provides names and organisational affiliations of these ten persons. Their responses to the eight questions are summarized below. Numbers beside the responses indicate that more than one person made this suggestion/comment.

What help or supports do PATH parents of young children most need?

- Help with the frustrations of two-year-old behaviour: when “cutie” becomes “terror”
- Understanding and handling different developmental phases, understanding what behaviours are normal (3)
- Understanding the importance of parental role in play/stimulation/reading in children’s development (3)
- Often parents know what they should do, but are *overwhelmed* by their circumstances, under high stress; need help to cope, deal with schools, stressors (2)
- Need links to skills training, job markets
- Need literacy supports, link programme to JFLL?
- Over- and under nutrition issues
- Encouragement for exclusive breastfeeding in early months and help with appropriate early complementary feeding
- Knowledge of ways to feed toddlers—patience, finger foods, being creative

- Uses of the Child Health and Development Passport, especially the Anticipatory Guidance and Screening sections
- Knowledge of health-seeking behaviours—when and how; disease prevention
- Assistance with own/children's anaemia
- Safety in the home
- The importance of parents' modelling the behaviour they want in children
- Appropriate disciplinary methods, prevention of abuse
- Managing children's behaviour appropriately (3)
- Understanding children's social and emotional development
- Specific ways in which to enhance children's cognitive and language skills
- Focus on parent needs: e.g. family planning, HIV Aids prevention.
- How to monitor children's uses of technology
- Spending time with your children
- Making homemade toys

Most critical messages to parents

- Re nutrition: how to avoid sugar and salt snacks, parents modelling healthy eating habits (4); eating habits largely set by age six/long-term effects
- Focus on parent wellness as well as children (3); family exercise activities
- Give reasons to children for what you want them to do, not do.
- Children need boundaries consistently enforced from all caregivers
- Encourage creativity and curiosity in children
- Play and read with children (4), importance to early literacy, numeracy
- How to maintain mental health, deal with stress
- Importance of parent-child communication, early bonding
- You can still be a good parent even if poor
- Strategies to handle children's negative behaviour and own frustrations positively
- Focus on family relationships (parent-child, partners), importance of father's role, extended family
- How to relate to child's school effectively, confidently

Suggestions for Parenting Text Messages

- Talk with, not at your child
- Talk—hug—play
- Children are blessings and an investment in the future for the family. So you should love, nurture and cherish your children.
- Talk and play with your children to stimulate language development
- Only positive messages: Love your child! No mention of negative parent behaviours.

- Parenting tips, healthy Apps for children (some locally developed)

NB: One person advised to check on length of text messages allowed (daily/weekly arrangements with LIME, Digicel have word limits). Also suggested checking to see if global text messages could be answered by parents, e.g. quizzes, feedback on messages. Could information be obtained (from providers) on how many sent messages were received.

What parenting behaviours, if changed, would have greatest impact on child outcomes?

- *Caution raised here by 2 persons:* many behaviours are linked to external systemic conditions, poverty; we must be careful bringing judgment here, or losing sight of the broad context of person's lives.
- Choices of food—child's eating habits have long-term effects
- Feeding strategies—feeding children with love and patience, especially in introducing new foods (2)
- Understanding the developmental needs of children
- Parents praising their children: changing the nature of daily parent-child interactions (stopping cursing, hitting)
- Parenting engaging in activities with child to enhance cognitive development

What possibilities for delivering this proposed parenting programme do you see within your sector, or in other sectors?

a) Choice of settings:

Health sector generally: should be moving towards more preventive work, health promotion. Health centres should be used for these parenting programmes as they are “safe” zones and accessible in most communities; these programmes could kickstart health centres becoming Parents’ Places. On evenings and weekends the Health Centres could host exercise classes, health talks/panels, parenting sessions. Costs for outside-hours operations, refreshments and small rental fees would have to be considered.

Health Centres: Yes. (2) But many do not have space for these activities; some do, especially rural ones. Waiting room noise is deterrent.

Parents’ Places: USAID establishing 60 in primary schools by end of 2013. Other established Parents’ Places should become venues as well.

Libraries: Have space for meetings, destigmatising; advantage of getting parents comfortable with library use with children.

Early Childhood Resource Centres, one per parish (some already denoted Parents' Places), might be able to take some of the courses on; some staff have appropriate skill sets. however, Centre hours are restricted (no evenings, weekends at this point), and management systems weak. Could go out to school settings, but travel funds are restrictive.

Basic Schools: Logical because of high rate of coverage for age group 3-6. (2) One raised question of PATH parents attending sessions with other parents at school to satisfy compliance and thought this might be destigmatising. Some basic school teachers need greater awareness of needs of PATH families. Logistics for PATH-only groups raised by another.

PTA meetings: National PTA body not strong enough to take this on; most early childhood institutions don't have PTAs.

b) Personnel to deliver programme:

PATH workers: Senior level workers could be trained to deliver the programme, but only if administrative/caseload duties lessened to allow for this, work given to less-technical officers.

Community Health Workers: 1. CHAs/nurses could deliver some aspects of the programmes if workload permits. (4) 2. CHA's are overwhelmed; their knowledge and capacity would have to be strengthened. (3) Home visiting can be important for persons at high risk or who stop attending group sessions. Dental nurses used for home visiting in MOH/Scott resiliency study; sometimes paraprofessionals can facilitate sessions if training is good and on-going. 2. Health staff overburdened; this might impact the quality of the programme. Some worry about level of documentation required.

MOH Nutrition Team: Perhaps could deliver specific nutrition sessions within programme. Staff comprised of 14 nutritionists, 11 dieticians, 26 +/- nutritionist assistants and 30 dietician assistants.

RADA extension staff: can provide health/nutrition-related demonstrations.

Health Promotion Workers: 2-3 per parish; could be facilitators with specific training; have appropriate skill-set and could deliver some of the health-related content. (2)

Child Development Therapists graduating soon from first two-year associate degree course.

ECC Development Officers: high workloads, although some trained as facilitators. (3)

Other government workers: Social Development Commission community workers, mental health aides, Victim Support Unit teams.

Persons to deliver in other community settings: trained church workers, community guidance counsellors. Jamaica Council of Churches/UNICEF project in 2014 will train large numbers of facilitators to deliver effective discipline parenting programmes; these should be enlisted once trained.

Community mobilisers were mentioned by two persons as very useful to assist the logistics and rallying attendance for parenting sessions. They are respected members of local communities.

Four persons specifically mentioned the **importance of an inter-sectoral approach**, engaging all relevant expertise across Ministries, in public-private partnerships, drawing on community-level resources.

Preferred modes of programme delivery (from experience):

Parent sessions at a venue for 1-2 hours per session. Short presentation (specialized personnel) followed by activities and discussion, which is essential for reinforcing messages. Uses of role play, active adult participation, adults sharing their own stories (3) *Look at Hope for Children model:* Group sessions, rotating facilitators, local mobiliser the constant, parent self-reporting mechanism. (1)

Home visits: Favour this model overall, visits two times a month, better if weekly, up to age four, then follow-up sessions linking with education sector.

Mixed model with group sessions plus home visits could be useful. (1) Home visit component for difficult cases that may need additional intervention (1).

Visual Aids, demonstrations: e.g. Use of Food models (approx US\$650). Visuals are key due to low literacy levels. Food demonstrations and on-site feeding as part of programme

Uses of Technology

- *Audio-visual materials:* More attractive than talk alone. Have been tried in clinic settings from 80s, recently in Child Development Group study. Some information “goes in with repetition”, but sometimes issues with availability, functioning/loss of equipment, noise, lack of space to see.

- *Text messaging:* most persons have cell phones, this technology has possibilities. Studies from India, Africa indicate successful uses by health sector to convey messages to widespread populations.
- *Interactive computer programmes for self-learning:* possible access through local libraries, schools.

Additional Comments:

- Health sector “loses” families after child turns 2 and is immunized. Health centres therefore not logical for group interventions after this age. Would need mechanism to follow-up non-attendees.
- Mixing PATH beneficiaries with other parents in sessions might destigmatise them.
- Paperwork with any Bank project is horrendous; bogs down social workers, can do little else; files not digitized (so PATH workers couldn’t likely deliver).
- Query re how present Parenting Hotline deals with PATH callers
- Make use of several tools that have already been developed including MOH/ECC Child Health and well-being teaching aids, PAJ Safety in the Home.
- Concern raised that critical development years 0-2 are not covered in this programme; health centre programmes are insufficiently intense or structured to provide enough parenting support to this group.
- Reminder of the importance throughout pilot of the monitoring and evaluation component (and to build in for future).
- Group facilitation is a skill; easier for some to work one-to-one with parents (e.g. home visiting model).
- Text messages to parents (notices as well as parenting tips) successfully used; not evaluated but anecdotal evidence positive from parents.
- The role of the NPSC in either directly delivering programmes or providing oversight, coordination, endorsement is yet to be made clear. The NPSC is new and “feeling its’ way” with limited staff at present; its role with the PATH programme will likely emerge as it clarifies its mandate in relation to all the sectors with which the NPSC is interacting.

PRESENTATIONS TO THE PATH PROJECT TECHNICAL ADVISORY COMMITTEE AND THE INTER-AMERICAN DEVELOPMENT BANK

The consultative process was extremely useful—if at times overwhelming in the proposed ramifications—in helping shape the possibilities for a national parenting programme for PATH that would be manageable for pilot testing within a

sample/control experimental design, as well as potentially able to go to scale after the pilot is evaluated, elements adjusted on the basis of the evaluation, etc.

A preliminary discussion at IADB headquarters on November 11th with IADB staff on site and via audiolink, the PATH project staff team and the consultants, provided helpful guidance for thinking through possible models, understanding compliance requirements, expectations for timeframe and assessment, etc.

This collective input resulted in the preparation of programme model options for presentation by Janet Brown to the PATH Project's Technical Advisory Team, scheduled for November 19th. Unfortunately, only two members of the TAT were able to come to this meeting, and one of these came quite late, missing much of the discussion. However, the occasion was used to discuss with those present (including an expanded PATH staff team) the draft model framework, as well as to discuss a presentation of the data on PATH recipients prepared by Elsa Marks-Willis, the PATH Monitoring and Evaluation officer. This presentation provided us with the figure of 16,390 current PATH recipients who have children between the ages of 2 and 4. These figures are to be confirmed, as there was a query as to the small number of 4-year-olds compared to the other age groups.

It was agreed that another meeting would be scheduled in order to facilitate discussion and a decision on the model to take forward as the preferred framework. On December 13th, a meeting of the technical advisory committee was called with members of the IADB team, and the model for the PATH project was one of the agenda items. Dr. Coore-Desai presented on behalf of the consulting team, and although the presentation was rushed for lack of time, there was ultimately an agreement on the outlined programme model.

On January 6, 2014, the Draft Operations Manual and Draft Implementation Plan were submitted for review by the PATH Management team, along with a preliminary introduction and three curriculum sessions with accompanying materials. As a result of comments received by consultants from the PATH team and subsequent discussions with them on January 20th, the following were agreed:

- The presentations provide a solid foundation for the project. Most of the comments provided had to do with suggested additional content or re-organisation of the material.
- The two documents—the implementation plan and the operations manual—contain some overlapping information, and some of the information provided in the implementation plan was more suitable for the final report. It was therefore decided that:
 - Much of the background work noted in the implementation plan (e.g. the literature review, focus group and interview summaries) would be

- transferred to the Final Report. Those requiring the Operations Manual would not need to have all this background detail.
 - The Operations Manual should absorb most of the Implementation Plan remaining—providing more limited background information for those who will be using the Manual.
 - The language of the Operations Manual should be practical and user-friendly, suitable for the range of persons who will need to be guided by it throughout the implementation of the pilot project.
- The curriculum section will, as planned, contain the rationale for the programme (in brief), the standards agreed for parenting programmes in Jamaica, background on the key role of the facilitator, the objectives for the parenting sessions and home visits, as well as all the materials required to deliver the programme for all personnel involved.
- The curriculum will remain a stand-alone document as it will need to be used by all implementing personnel after selection and training.
- There was some considerable discussion among PATH team members and the consultants as to the required sample size for the pilot programme to be tested, and how the sampling frame should be derived to ensure sufficient group sizes for the eventual impact assessment. It was agreed to seek further consultation on this issue. The sampling questions and research design were discussed with two research design experts, Dr. Mohammed Rahbar, Professor of Statistics in the Mathematics Department, University of Michigan) and Prof. Patricia Anderson (recently retired from UWI Department of Sociology) led to the final sampling frame and research design contained in the Operations Manual (attached with this report).
- The draft budget was reviewed and considered low on some items. The revised budget attached has addressed these concerns, and added other costs that were not considered in the first draft.

At a subsequent meeting at IDB on March 18, two IDB officers and an IDB consultant, the PATH parenting programme Manager Mrs. Scarlett, and the two consultants had a final discussion of the curriculum and the project design, with two of the IDB persons communicating via distance technology. Additional helpful comments had been received from two early childhood colleagues (obtained by the project consultants) and from Professor Sue Walker (obtained by IDB). These comments plus the discussion of this meeting led to the further need to clarify the objectives, ensuring they are consistent throughout the documents, as well as directing both the curriculum and pilot study in terms of measurable outcomes.

The research advisor from IDB HQ was concerned about the size of the sample for all the things that were to be measured. Discussion led to the decision to keep the intervention total sample the same size (300), but make it consist of THIRTY GROUPS OF TEN persons each, rather than 20 groups of 15. This group size also will be better for prospective benefits to participants. In discussing how to measure the impact of

the use of text messages, it was agreed that there would be a second control group that would receive the text messages only. Thus the benefits of receiving the text messages could be compared with the benefits of the more costly group/home visiting intervention. Further positive suggestions were made about ensuring that the group sessions had as much practical content as possible to ensure that the participants have opportunity to practice some of the recommended parenting activities. The home visitor sessions will reinforce the practice of parent-child interactions in keeping with the curriculum.

CONCLUDING COMMENTS

Our recommendations have been translated into the framework and all elements of the intervention programme and its accompanying pilot test. We add our thoughts on two other considerations:

1. **Compliance of families in programme for payment:** The question arose as to how compliance would be effected within this new programme. To date, payments to the family are based on the compliance of each CHILD to meet the age-appropriate requirements. For children below formal school age (6/7) this means that when each child attends the health clinic twice a year for inoculations and follow-up check-up visits, the qualifying parent is entitled to payments for that child. After the child is enrolled in primary school, school attendance of each child determines the payment regime.

This “per child” requirement will still obtain for children below the age of two and at school enrolment. However, after age two, up till starting formal schooling, compliance with the two health visits has not proven a satisfactory benchmark. After the children have been immunized (by 18 months), there is less incentive for attending clinic if the child is basically healthy.

This parenting programme is intended to replace one health clinic visit per year between the ages of two and six. Because many of the parents attending this programme will have more than one child in this age band, it doesn’t make sense to base compliance on a “per child” basis. It is suggested instead that once a parent completes the course, this attendance becomes the basis for compliance for all his or her children within this age category. It is further suggested that attendance should be linked to the level of payment. The complete course consists of thirteen group sessions and eight home visits. A base payment could be made on completion of 8 or 9 of the sessions (62% - 69%) and 5 of the home visits (63%). If the beneficiary completes more than this base number, a higher rate of payment should be considered.

2. **Programme replicability.** The consultants throughout this project have been encouraged to develop a programme of quality that meets locally developed parenting standards and will prove to be effective in positively impacting parenting behaviours among participants and improving the life chances of their children. We believe that, if implemented as designed, this programme will meet these expectations.

However, we have raised the obvious concern from the outset about replicability of the programme when the target group to be served will be ALL PATH parents with children from 2-6. For this to be truly viable long-term, the programme would need to be delivered by personnel who already exist within the service sector, or for whom posts will be created. Our interviews with sector representatives suggested that such an existing cadre do not exist, or at least not in sufficient numbers; each sector spoke of their staff being overloaded, unable to take on such additional tasks as required by the implementation teams. This includes the MLSS management team as well as the National Parenting Support Commission.

The need for such parenting support interventions is being demonstrated daily throughout the society of Jamaica. We therefore see the MLSS as having a tremendous opportunity, with IADB's support, to build the case with all other related sectors for taking seriously the requirements for establishing a viable delivery mechanism for such interventions.

The Preliminary Budget

<i>Line Item</i>	<i>Cost (USD)</i>	<i>Frequen cy</i>	<i>No. Sessio n/Day s/Mo nth</i>	<i>No. of persons/ items</i>	<i>Total: USD</i>	<i>Comments</i>
PERSONNEL						
<i>Management/Administrative</i>						
Project Director	% of Time	N/A	24	1	MLSS	MLSS can put in actual costs if preferred
Project Manager	% of Time	N/A	24	1	MLSS	MLSS can put in actual costs if preferred
Project Coordinator	\$ 1,850.00	Monthly	24	1	44,400.00	
Administrative Assistant	\$ 700.00	Monthly	24	1	16,800.00	
Parish Manager/PATH Social Worker ¹⁹ .	% of Time	N/A	24	6	MLSS	MLSS can put in actual costs if preferred
Sub-total					61,200.00	
<i>Implementation Teams</i>						
Research Officers	\$ 1,200.00	Monthly	24	15	432,000.00	
Data Entry Clerks	\$ 620.00	Monthly	24	3	44,640.00	

¹⁹ There was some concern expressed about whether extra assistance may be required to allow the Parish Managers to take on these responsibilities. One suggestion is to see how much the Research Assistants could offer to support the PMs, or additional support personnel may need to be costed.

<i>Line Item</i>	<i>Cost (USD)</i>	<i>Frequen cy</i>	<i>No. Sessio n/Day s/Mo nth</i>	<i>No. of persons/ items</i>	<i>Total: USD</i>	<i>Comments</i>
Group Facilitators	\$ 185.00	Session	14	30	77,700.00	
Home Visitors	\$ 65.00	Session	8	30	15,600.00	
Mobilisers	\$ 40.00	Session	14	30	16,800.00	
Child Caregivers	\$ 20.00	Session	14	60	16,800.00	
Sub-total					603,540.00	
TRAINING						
M & E Trainer	\$ 300.00	Days	4	1	1,200.00	2 days preparation & 2 days training
Research Officer Training	\$ 2,400.00	Days	2		2,400.00	2 days, 1 overnight for 10 persons, meals for 15
Data Entry Training	% of Time	Days	2		MLSS	PATH Management Team to arrange/train
Consultant Trainers for Group Facilitators/ Home Visitors	\$ 300.00	Days	8	3	7,200.00	
Transportation for Trainees (2 training events)	\$ 30.00	N/A	N/A	60	1,800.00	
Meals & Coffee breaks for 5-day event	\$ 40.00		5	65	13,000.00	
Reproduction of Materials	\$ 6,500.00				6,500.00	
Accommodation	\$ 150.00	Days	4	65	39,000.00	50 persons allows for PATH staff, trainers
Mobiliser/Caregiver Training (transport, lunch , materials, venue)	\$ 50.00	Groups	2	90	9,000.00	
Refresh Training/Evaluation	\$ 105.00	Days	2	65		

<i>Line Item</i>	<i>Cost (USD)</i>	<i>Frequen cy</i>	<i>No. Sessio n/Day s/Mo nth</i>	<i>No. of persons/ items</i>	<i>Total: USD</i>	<i>Comments</i>
sessions (2 one-day events)					13,650.00	
Sub-total					93,750	
IMPLEMENTATION COSTS						
Purchase test instruments	\$ 150.00			5	750.00	
Purchase hemoglobin test equipment (Hemocue HB201 Analyser (15analyzers); Cuvettes Hb 201 Analyzer; 200/PK (5 packs); Other supplies (alcohol, cotton, bandages, batteries)	\$15,200.00				15,200.00	For testing at end of project
Reproduction of all other tests, log books	\$ 3,000.00				3,000.00	Tests for 600 participants; Log books for 44 persons
Supplies and Equipment	\$ 40.00			30	1200.00	Tape measure, scale, paper, pens, pencils etc
Participant recruitment costs, e.g. phone, transport etc.	\$ 250.00			6	1,500.00	Staff costs are in-kind, MLSS
Transportation support for research officers	\$ 500.00			15	7,500.00	Provided to each Research Officer
Reproduction of materials for participants, evaluation, documentation	\$ 35.00			300	10,500.00	
Communication specialist for text message focus group(s)	\$ 250.00	Day	2		500.00	

<i>Line Item</i>	<i>Cost (USD)</i>	<i>Frequen cy</i>	<i>No. Sessio n/Day s/Mo nth</i>	<i>No. of persons/ items</i>	<i>Total: USD</i>	<i>Comments</i>
Purchase text bundles from phone networks ²⁰						
Refreshments	\$ 40.00	Session	13	30	11,700.00	
Caregiver kits	\$ 100.00			20	3,000.00	
Venues	\$ 200.00			30	6,000.00	One-time contribution fee
Phone credit re mobilisation	\$ 100.00			30	3,000.00	
Graduation (food, venue, certificates, sound, décor, transportation)	\$ 8,000.00			500	8,000.00	Consider large venue such as the auditorium at JC
Post-Programme Focus Group Session (transport, venue, refreshment)	\$ 120.00		4	10	4,800.00	4 focus groups, 10 persons each
Sub-total					76,650.00	
					835,140.00	
CONTINGENCY: 5%					41,757.00	
TOTAL					876,897.00	

²⁰ At the time that this report was submitted, we were unable to get information on bulk text message packages and rates from the major telecommunications provider. This will need to be costed before decisions are made regarding the study design as number and frequency of parenting text messages.

The remaining work of the consultancy is subsumed within the accompanying revised Operations Manual and Curriculum.

Appendices follow. Pages 37 through 45 must be printed on legal size paper.

APPENDICES

APPENDIX A:

Annex A: Terms of Reference



JAMAICA

INTEGRATED SOCIAL PROTECTION AND LABOR PROGRAM

JA-L1037

PARENTING PILOT DEVELOPMENT (2-6 YEARS)

TERMS OF REFERENCE

BACKGROUND

SOCIAL SAFETY NET REFORM IN JAMAICA

In 2000, Jamaica embarked on a programme to reform the provision and structure of its main social assistance programmes. The main area of concern was the multiplicity of programmes which appeared disconnected and not clearly articulated to comprehensively address the needs of the poor. In addition, social welfare programmes were not very effective in bringing the poor within the safety net due to imprecise targeting mechanisms. Existing programmes were also largely focused on poverty alleviation, rather than poverty reduction. Hence, the main objectives of this reform effort were:

- Improve the accuracy and transparency in the targeting of social assistance programmes
- Rationalize provisions to remove duplication and waste
- Ensure that there is state support and provision for the poor
- Attain efficiencies through the operation of a single comprehensive system of social security benefits
- Link benefits to investment in human capital formation

THE PROGRAMME OF ADVANCEMENT THROUGH HEALTH AND EDUCATION (PATH)

The centre-piece of the social safety net reform was the introduction of The Programme for Advancement through Health and Education (PATH) which began operations in 2002. PATH was designed not only to streamline the social welfare system, but the programme was built around the larger concept of social protection, rather than poverty alleviation. As such it was concerned with the long term effects of social welfare interventions and sought to provide an opportunity for families to escape the intergenerational transmission of poverty. PATH is a consolidation of three previously existing income transfer programmes and is itself designed as a conditional cash transfer (CCT) programme. The specific objectives of PATH are to:

- Improve consumption of the poor in the short term.
- Promote the formation of human capital to break the intergenerational transmission of poverty in Jamaica.

DESIGN AND OPERATION OF PATH PARENTING PILOT

PATH is managed by the Ministry of Labour and Social Security, with funding from the Government of Jamaica supported by World Bank and the Inter American Development Bank. As of February 2013 PATH had over 400,000 registered beneficiaries.

The Government of Jamaica has embarked on an extensive process of developing and implementing a long-term development Plan (Vision 2030). Four Task Forces comprising a wide representation of stakeholders was involved in the drafting of goals and strategies towards enhanced social protection for Jamaica's citizens. The broad areas covered have been Poverty Reduction, Social Welfare, Social Security and Disabilities. In this connection, Social Protection issues have been identified as one of the key areas of focus, and the design and focus of the new Integrated Social Protection and Labour Project (financed by the IDB) have to dovetail into, and aims at contributing towards the achievement of objectives in these areas.

The process has recognized that gaps remain in the provision of social protection, be they in welfare and amelioration issues, or in coverage by social insurance and pensions. Addressing these gaps require in most instances, further social investigation to determine needs, numbers, and appropriate responses. Some of the areas identified include homelessness, plight of ex-wards of state institutions, the informal sector from a social security perspective, and the profile of other vulnerable groups.

The general objective of Integrated Social Protection and Labour Project is to support GOJ efforts to improve human capital and labour market outcomes of the poor by enhancing the efficiency and effectiveness of key social protection programs. One of the main aims of the programme is to support PATH conditional cash grants, and strengthen the program through: the introduction of parenting education for households with children two to six years old. The program is expected to increase the effectiveness and efficiency of the social protection system through higher rates of compliance with PATH co-responsibilities. Through participation in parenting education classes it is expected to increase parenting skills in the areas of nutrition, discipline, safety, learning, and health needs. In the medium term, this should lead to an increase in the rate of compliance with health conditions for 2-6 years old beneficiaries from 55% to 75% by year 4. This and related outcomes (such as parenting skill test score and knowledge on nutrition) will be monitored through the impact evaluation of the parenting education pilot, which will constitute the basis for future roll-out to the whole PATH beneficiary population.

PILOTING OF THE PARENTING CONDITIONALITY FOR PATH HOUSEHOLDS

PATH currently provides benefits to poor families through a conditional cash transfer. This mechanism requires targeted families to meet co-responsibilities in Health and Education. Appendix IV outlines the co-responsibilities for families in the different benefit groups.

In 2007-2008 the MLSS conducted a parenting pilot in two phases over the period July to December 2007 and January to June 2008 in four health regions: St. Catherine, St. Mary, Manchester and Westmoreland. The Pilot targeted 1,330 Family Representatives who attend the Mandeville, St. Jago Park, Sav la mar and Oracabessa health centres. An evaluation of the pilot was conducted using three methods of assessment: quantitative assessment (telephone survey); qualitative inquiry (focus group discussions and semi-structured interviews) and compliance assessment. Some of the findings from evaluation are as follows:

- i) The Family Representative found the sessions to be very useful: 90 per cent learnt something new, 98 per cent said the knowledge will be helpful in taking care of their children, and 91 per cent said they would attend another workshop.
- ii) While the majority of Family Representative preferred to attend the workshops, they believed that attending the health centres would be in their children's best interest. Others expressed an interest in having the flexibility to choose between workshops and health centre visits

- iii) There was a lack of communication between the MLSS and some family representatives, which affected attendance.
- iv) The Family Representatives of non-compliant children were more likely to be absent from the workshops
- v) The evaluation report concluded that if the appropriate administrative framework is not in place there will be implications for Family Representative's compliance. Consequently the parenting education workshops might not be a suitable replacement for the health conditionality for children 1-6 years old at this time.
- vi) Poor records management - Data analysis was hampered by missing data.

In October 2012, the MLSS was advised by the Ministry of Health that co-responsibilities in Health especially for children 2 – 6 years have been adjusted and there is no longer a requirement for bi-annual visits to the health clinics. There is however an annual visit. Given this adjustment and owing to the fact that there are other emerging health issues that affect human capital acquisition such as iron deficiency and obesity, the MLSS wishes to adjust the co-responsibilities for PATH households to mitigate the impact of these issues on the health outcome of families.

As part of the technical management of the outcomes of the Parenting Conditionality Pilot and in an effort to ensure coordination of activities among key agencies related to the Pilot a technical oversight committee has been established. The component will finance the development and implementation of a pilot initiative to assess the viability of a parenting condition for PATH families with children in the age cohort 2– 6 years. Attendance to these parenting workshops will form the basis of a new co-responsibility with the families that have been selected.

OBJECTIVES OF THE CONSULTANCY

The overall objective of this consultancy is to design the Parenting Pilot (PP) for PATH beneficiary mothers of children between the ages of 2 and 6 years. The consultancy will produce a design of the parenting pilot which includes a set of concrete recommendations and operational guidelines regarding a potential parenting pilot for PATH beneficiaries.

SCOPE OF WORK

In order to achieve the objectives of this activity the consultant will be required to provide direction in based on policy and operational analysis and support for the implementation of the pilot. The following are the activities:

1. The consultant will develop a proposed preliminary design for a parenting pilot with draft operational guidelines/manual provided after consultation with key stakeholders and agreement with MLSS on key operational aspects. Key operational aspects to be included are but not limited are the following: modality for delivery of parenting workshops, the recommended schedule of parenting workshops for PATH beneficiaries, proposed mechanism for execution (e.g. via third party execution or direct execution by MLSS), data collection needed at outset, during execution of the pilot, mechanisms for stakeholder input and participation, requirements for impact evaluation on pilot, and whether a pre-pilot stage is needed to test distinct methodologies.
2. Based on consultant recommendations and feasibility review with MLSS/Technical Working Committee, the consultant will develop draft operational guidelines/manual for the implementation of the proposed pilot.

3. Based on consultations with the technical working committee the consultant will design preliminary workshop curriculum covering a set of topics to be agreed as appropriate at each developmental stage between 2 and 6 years
4. Provide technical support for the implementation of the parenting pilot
5. Provide information as required for the evaluation of the pilot
6. Provide inputs into the design of social media messages on parenting to be delivered via cell phone.
7. Participate in IDB missions as appropriate to inform supervision of the parenting pilot.
8. The consultant will review existing parenting curricula including the Early Childhood Commission and the Ministry of Education and institute an appropriate operational structure for the hosting and delivery of parenting workshops. The structure should also speak to the different modalities for delivering curriculum.
9. The consultant will also examine mechanism for incentives for completing the parenting curriculum and the attainment of specified scores based on a designed evaluation/assessment tool.
10. Adjunct to the development of the workshops is the development of the monitoring and evaluation matrix to guide the assessment of the pilot. The consultant will design an M&E Framework/Results Framework with suggested indicators to track implementation progress and the desired outputs and outcomes to be achieved during the life of the pilot.
11. The consultant will also examine existing parenting policy and existing parenting programs to ensure that the parenting pilot is in line with parenting policy and the existing parenting curriculum that has been developed by the Early Childhood Commission and the Ministry of Education.
12. Prepare at least 3 different models for implementing the pilot (Third Part, MLSS OR Strengthening of a group of NGOs to deliver the training. A SWOT analysis on each model should be done to inform the Ministry on the way forward.
13. The Consultant will prepare final report including all documents that have been developed for the pilot. The report should also include recommendations (SWOT analysis).

It is estimated that this analysis will required 65 days of consulting work total.

DELIVERABLES:

The consultant will submit the following product:

1. Work Plan
2. Curriculum for the Parenting Workshops
3. Training Plan for the parenting pilot (plan should also include Budget, logistic plan, M&E/Results Framework, assessments of current parenting infrastructure indicating best practices and gaps and areas where the MLSS needs to collaborate, and modalities for programme delivery etc.)
4. Final operational guidelines/manual
5. Final Report (include documents and SWOT analysis)

Report must be submitted to MLSS/Steering Committee in hard and soft copies.

PAYMENTS:

DELIVERABLES	TIMELINE FOR SUBMISSION	PAYMENT
Approval of work plan	10 days after signing of Contract	10%
Curriculum for Parenting Pilot	18 days after signing of contract	20%
Training Plan	28 days after signing of contract	25%
Final Operational Guidelines	41 days after signing of contract	25%
Final report implementation of the Parenting Pilot	57 days after signing of contract	20%

COORDINATION

The consultant's work will be coordinated/supervised by the Project Director for PATH/Integrated Social protection and Labour Program. The consultant is responsible for providing all required office space and communications. The MLSS will assist in scheduling meetings and making appointments as required. Remuneration will be determined in accordance with MLSS/Bank regulations and criteria.

CHARACTERISTICS OF THE CONSULTANCY

Type of Consultancy: Individual

Time Frame: Work will start on October 18, 2013 and is expected to be completed by December 30, 2013

Place of Work: Jamaica

Qualification:

- a) Academic Background: Masters in Social Science or Education.
- b) Project Management Skills
- c) Experience: At least ten years of experience working with parenting programs, preferably in Jamaica or other Caribbean country.
- d) Experience in education and programme/curriculum development.
- e) Experience in developing Operations/procedure Manual
- f) Experience in developing monitoring and evaluation framework
- g) Knowledge of SMS technology would be an asset

WORKPLAN OCTOBER – DECEMBER 2013

OVERALL GOAL	ACTIVITIES	TASKS	TIMELINE (INCLUDING DUE DATE, FREQUENCY)	ANTICIPATED OBSTACLES	SOLUTION
Design the parenting pilot for PATH beneficiary parents of children 2 – 6 years	1. Development of curriculum for parenting programme	Requesting/Sourcing documents from PATH, ECC, MOE, PPC, DGMT	Weeks 1 & 2	Not receiving documents in a timely fashion	1. Put requests in early 2. Identify liaison persons at each agency to follow-up with requests
	2. Development of an Implementation (training) plan for the parenting pilot	Reviewing Literature	Weeks 1 & 2	No major obstacles anticipated	-
		Setting up technical consultations (individual & small group)	Weeks 1 & 2	Difficulty scheduling consultations in a short time frame	1. Enlist the help of key individuals to mobilize small groups 2. Send frequent reminders about meeting dates and times

<i>OVERALL GOAL</i>	<i>ACTIVITIES</i>	<i>TASKS</i>	<i>TIMELINE (INCLUDING DUE DATE, FREQUENCY)</i>	<i>ANTICIPATED OBSTACLES</i>	<i>SOLUTION</i>
		Preparation of standardized questions for technical consultations & focus groups	Week 1	No major obstacles anticipated	-
		Conducting technical consultations (individual & small groups including Technical Advisory Meetings) ²¹	Weeks 1 – 3; Weeks 5 – 6 Meeting 1 November 18 Meeting 2 December 16	Not obtaining adequate information on important issues	1. Preparing standardized questions to guide discussions
		Setting up focus groups with beneficiaries (including identifying beneficiaries in selected areas, indentifying facilitators and venues)	Weeks 1 – 2	Difficulty finding willing participants	1. Utilise key individuals and snowball techniques to enlist participants 2. Utilise key individuals to identify venues and suitable day/times in selected weeks

²¹ See Appendix A for a preliminary list of consultations

OVERALL GOAL	ACTIVITIES	TASKS	TIMELINE (INCLUDING DUE DATE, FREQUENCY)	ANTICIPATED OBSTACLES	SOLUTION
		Conducting focus groups with beneficiaries	Week 3 & Week 6	Not obtaining adequate information on important issues	<ol style="list-style-type: none"> 1. Preparing standardized questions to guide discussions 2. Engaging competent and experienced facilitators
		Preparation of presentations for Technical Advisory Group on conclusions/ recommendations based on consultations/focus groups	Week 3 & 7	No major obstacles anticipated	-
		Compiling curricula for parenting programme (including topics, activities, learning outcomes, evaluation).	Weeks 1 – 4 Due November 17 th	No major obstacles anticipated	-
		Send parenting programme curricula for review by at least 2 parenting specialists.	Weeks 4 & 5	Not receiving feedback in a timely fashion	<ol style="list-style-type: none"> 1. Giving specialist enough time to review document

OVERALL GOAL	ACTIVITIES	TASKS	TIMELINE (INCLUDING DUE DATE, FREQUENCY)	ANTICIPATED OBSTACLES	SOLUTION
					2. Setting clear timelines for returning feedback
		Compiling Implementation (training) plan for parenting pilot (including 3 different models, budget, logistics plan, assessment of current parenting infrastructure, modalities for programme delivery, sampling, M&E/results framework)	Weeks 4 – 8 Due December 15 th	Not completing document within the timeline	1. Ensure that all essential activities and tasks are completed on time
		Send Implementation (training) plan for review by an M&E specialist and a Research specialist	Weeks 7 & 8	Not receiving feedback in a timely fashion	1. Giving specialists enough time to review document 2. Setting clear timelines for returning feedback
		Liaise with PATH MLSS Advisory team for guidance and critical decisions on the direction of the parenting programme	Weekly contact/meetings via email, telephone or face-to-face meetings	No major obstacles anticipated	-

OVERALL GOAL	ACTIVITIES	TASKS	TIMELINE (INCLUDING DUE DATE, FREQUENCY)	ANTICIPATED OBSTACLES	SOLUTION
			Decision Meeting Week 6		
	3. Preparation of final operational guidelines/manual	Compiling final operational guidelines/manual	Week 4 – 7 Due December 22 nd	Not completing document within the timeline	1. Ensure that all essential activities and tasks are completed on time
		Send operational guidelines/ manual to a communications specialist for guidance on language and presentation. guidelines/manual	Weeks 7 & 8	Not receiving feedback in a timely fashion	1. Giving specialist enough time to review document 2. Setting clear timelines for returning feedback
	4. Preparation of final report	Compiling the final report including all pilot documents, recommendations and SWOT analyses	Weeks 4 – 9 Due December 30 th	Not completing document within the timeline	1. Ensure that all essential activities and tasks are completed on time

WORKPLAN TIMELINE

October – December 2013

Tasks	W1 Oct 28 – Nov 3	W2 Nov 4 – 10	W3 Nov 11 – 17	W4 Nov 18 – 23	W5 Nov 25 – Dec 1	W6 Dec 2 – 8	W7 Dec 9 – 15	W8 Dec 16 – 22	W9 Dec 23 – 30
Literature Review	<ul style="list-style-type: none"> Request Documents from PATH MLSS Request documents from ECC, NPSC MOE and local Parenting groups on Parenting policy, local parenting programmes & parenting curricula Review literature on PATH & CCTs Review literature on Parenting Programmes locally and internationally (modes of delivery, content, cost effectiveness, evaluations) 	<ul style="list-style-type: none"> Review literature on PATH & CCTs Review literature on Parenting Programmes locally and internationally (modes of delivery, content, cost effectiveness, evaluations) 							
Technical Advisory group set up & Meetings	Setting up Technical Advisory Group in collaboration with PATH	Setting up Technical Advisory in collaboration with PATH team		1 st group meeting (November 18 th)				2 nd group meeting (December 16 th)	

Tasks	W1 Oct 28 – Nov 3	W 2 Nov 4 – 10	W 3 Nov 11 – 17	W 4 Nov 18 – 23	W5 Nov 25 – Dec 1	W6 Dec 2 – 8	W7 Dec 9 – 15	W8 Dec 16 – 22	W9 Dec 23 - 30
	team								
Technical Consultations	Individual meetings or small group consultations	Individual meetings or small group consultations	Individual meetings or small group consultations		Individual Technical meetings	Individual Technical Meetings			
PATH beneficiaries Focus Groups			Exploratory Phase focus groups: <ul style="list-style-type: none"> Waterhouse, Kingston Gayle, St. Mary 			Decision Phase focus groups: <ul style="list-style-type: none"> Waterhouse, Kingston Gayle, St. Mary 			
Development of parenting curricula			Complete draft 1 (Topics & Training Delivery Methods) by November 17 th for presentation at the 1 st Technical group meeting. Draft based on Literature review, consultations, individual meetings and focus groups.						
Development of models (logistics & preliminary budgeting)					Complete draft 1 of 3 different models for implementing parenting pilot				
Assessment of models (MLSS advisory team)						Meet with MLSS Advisory team to select final model			
Report Writing				Preparation of final reports & documents	Preparation of final reports & documents	Preparation of final reports & documents	Preparation of final reports & documents	Preparation of final reports & documents	Preparation of final reports & documents

<i>Deliverables</i>	Workplan (October 29, 2013)		Curricula for Parenting pilot (November 17, 2013)				Implementation Plan (December 15, 2013)	Final Operations guidelines (December 22, 2013)	Final Report (December 30, 2013)
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APPENDIX D

Table 1. Technical Consultations

<i>Technical Consultations</i>	<i>Interview focus</i>	<i>Responsible Person</i>
Maureen Samms-Vaughan, ECC	Programme content; programme delivery; pilot design	CCD
Karen Lewis Bell, MOH	Programme content; programme delivery; pilot design (CHAs with training)	CCD
Public sector nutritionist, MOH	Programme content; programme delivery	CCD
Public Health/Paediatric Nurse, MOH	Programme content; programme delivery	CCD
Statistician	Pilot design (stratification; power calculations)	CCD
Rebecca Tortello, ECD Specialist	Content; programme delivery	JB
Allison Hickling, Communication Specialist	Use of media in programme delivery	JB
Lady Rheima Hall, NPSC	Role of the NPSC	JB
Patrice Charles-Freeman, NPSC	Role of the NPSC	JB & CCD
Roving Caregivers (small group)	Programme content; programme delivery	JB & CCD
PATH Social Workers (small group)	Programme content; programme delivery	JB & CCD
Trained Parent Facilitators (small group)	Programme content; programme delivery	JB & CCD
MOH Community Health Aides (small group)	Programme content; programme delivery	JB & CCD