



Monitoring and Evaluation Plan

JA-L1053

Integrated Support to
Jamaica's Social Protection
Strategy

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1. Introduction

This report presents the Monitoring and Evaluation (M&E) plan for the Investment Loan JA-L1053, Integrated Support to Jamaica's Social Protection Strategy. The information and results from this M&E plan will be used to monitor the progress of the project, as well as to identify implementation problems in order to implement corrective measures in a timely manner. Additionally, this plan includes impact evaluations that will shed light on how CCT programs in Jamaica—and potentially in the region—could be improved in the future to make them more effective in their goals of increasing human capital and improve parenting practices, which the literature shows has significant impacts in the development of young children.

Project's Objective: The objective of the Project is to support consumption, protect and promote the human capital accumulation of the beneficiaries of the Programme of Advancement Through Health and Education (PATH) Program, and strengthen the overall capacity of the Ministry of Labour and Social Security (MLSS) to improve quality and access to the network of social services provided by the MLSS to the poor and vulnerable population.

In order to achieve the above-mentioned objectives, the Project will finance the following components:

Component 1. Cash Grants

This component will finance cash transfers to children and pregnant and lactating women that live in households that are eligible beneficiaries of PATH and that comply with the health and education co-responsibilities. The transfers are usually paid to a named family representative of the household, who is typically female and are disbursed after verifying that school-aged children regularly attend classes, and that children younger than six and pregnant women comply with the health visits required by the protocols established by the Ministry of Health. In the case of families participating in the parenting program, this will serve as a pilot to determine whether attendance to the workshops can become conditionality. These transfers directly support consumption of the poor, increase their resilience to shocks and protect and promote the human capital accumulation of children in poor households. During the projected disbursement period, the Bank's financing will cover 41% of cash grants to children and pregnant women (about 29% of total PATH grants).

Component 2. Enhancing the services of PATH

This component will further the Bank's support to improve the efficiency and effectiveness of PATH with the aim of improving human capital of beneficiaries 0-6 years, enhancing labour market opportunities of PATH beneficiary households; and improving and strengthening financial and operational administration of the programme. Specifically, it will finance: (i) continued implementation of the parenting programme for families with children 2-6 years old and a communication campaign with social messages using technology to reinforce parenting messages delivered in the workshops and promote father's involvement; and compliance with conditionalities, as well as the strengthening of the National Parenting Support Commission (NPSC) for its strategic oversight of the pilot; (ii) further consideration and possible design of a new payment system for cash grants; (iii) continued development of stronger linkages between social assistance and employment, and strengthen institutional capacity for active labor market policies by expanding welfare-to-work schemes with the on –the-job training (OJT), as well as and strengthening Electronic Labour Exchange (ELE) programs and building stronger linkages with the private sector; (iv) updates of the PATH's Beneficiary Management Information System (BMIS) and Bank Reconciliation System (BRS) in keeping with good financial management practices; and (v) strengthen planning to deliver the school feeding subsidy to PATH beneficiaries.

Component 3. Modernization of social security services provided by the MLSS

The component will continue to support the sector and finance activities aimed at strengthening and consolidating the MLSS's capacity to oversee and provide a network of social and labour services as set forth in the Social Protection Strategy (SPS). This component will implement core management and information systems in the MLSS, namely: (i) a documentation management system for all social services; (ii) a client management system that will serve as a registry of beneficiaries of all social services provided by the MLSS with the capacity to monitor in real time the delivery of those services; and (iii) upgrade of the customer service facilities in line with the theme of improved service delivery. In addition, the component will provide resources to improve the organizational structure and functions of the MLSS to include reviews and strengthening of the organizational structure, systems, processes and human resources related activities. Finally, in keeping with the strategic focus of the SPS on the elderly, the component will strengthen the National Council for Senior Citizens (NCSC) through the development of a strategic plan to improve its effectiveness, and

delivery of services by the NCSC to include training of social workers, and assessment of day activity centers.

Component 4. Administration, and Evaluation

This component will support project administration with the recruitment of four additional IT support staff, two project associates to strengthen project management and procurement functions, one additional monitoring and evaluation staff as well as a senior management accountant and an internal auditor. The remaining resources in this component will finance evaluations for the Parenting pilot intervention and OJT and a tracer study on PATH beneficiaries.

The estimated cost of the Project is the equivalent of Fifty Million Dollars of the United States of America (US\$50,000,000) distributed in accordance with the following investment categories:

Table of Costs

COMPONENT / SUB COMPONENT	IDB US\$	Total (%)
1. Component 1. Cash Grants	45,000,000	90.0%
2. Component 2. Enhancing the Services of PATH	2,704,000	5.4%
Parenting Pilot Programme	435,000	
New technologies: Payment systems & social marketing	40,200	
Strategic Planning for PATH Feeding Subsidy	100,000	
Strengthening Financial Administration	173,000	
OJT and ELE	1,955,800	
3. Component 3. Modernization of Social Security Services	1,309,000	3.0%
Documentation management system	250,000	
Client management system	220,000	
Customer Service Centre Upgrade	589,000	
Organization review of the MLSS	50,000	
Strengthening services to elderly	200,000	
4. Component 4. Project administration, and evaluation	837,000	1.47%
Project Administration	437,000	
Evaluation (Parenting and OJT)	200,000	
Tracer study on PATH beneficiaries	200,000	
5. Contingency	150,000	0.3%
TOTAL	50,000,000	100%

EXECUTION

The Ministry of Labour and Social Security (MLSS) will be the Executing Agency of the Project. The existing PATH Unit, will serve as the Project Executing Unit (PEU) and will be

responsible for its the implementation. This will include all aspects of planning, activity execution, operations monitoring and evaluation and reporting to the Bank and internal MLSS management. The PATH Unit will report to the Chief Technical Director (CTD) who is responsible for the work of the Social Security Division of the Ministry and oversees social policy, and programme development and implementation.

Key staff in the existing PATH Unit that will serve the Project are: Director of the PATH Unit, Financial Manager, Procurement Manager, Management Information System Manager, and the Monitoring and Evaluation Manager. The Project will provide resources to augment manpower support to the Project Director and financing to strengthening Fiduciary Management in the form of one Internal Auditor, a Senior Management Accountant, a Procurement Specialist and a Monitoring and Evaluation Officer that will track the implementation of the evaluation plan and monitor the functioning of the Beneficiary Management Information System. The Component Coordinator for the Labour Market interventions and the Coordinator for the Parenting Pilot financed under the loan 2889/OC -JA will be retained under this Project. These coordinators will be responsible for the day to day implementation of the respective activities under both the existing and proposed loans.

Institutional Coordination. The National Social Protection Steering Committee (NSPSC) and by extension the Planning Institute of Jamaica (PIOJ), will oversee the monitoring and evaluation plans for this Project with particular emphasis on the design and implementation of the impact/process evaluations for the Parenting and OJT pilots and the evaluation of the use of new technologies.

The monitoring and evaluation will be carried out in three levels: (i) direct monitoring of the indicators agreed in the Results Matrix through the use of available information sources and data collection; (ii) application of the monitoring and evaluation mechanisms already in place; and (iii) external evaluations. The impact evaluation of the health-related PATH component, and the process evaluation of the OJT program will be conducted by independent specialists.

Data Sources: The Program's development objectives and intermediate outcome indicators will be monitored using the following sources: (i) administrative data, generated in PATH's BMIS; (ii) information generated by the impact and process evaluation surveys and analyses, and internal audits supported by the project, and (iii) reports and communications from the MLSS. The MLSS will be the focal point to collect all the data, including the data from the evaluations, and communicate with the IDB according to the frequency of reports planned.

Impact evaluation: An impact evaluation supported by this Project will provide further information to evaluate the parenting workshops for PATH health-related conditions. Baseline and follow-up data will be collected as part of the impact evaluation to measure learning of parenting skills. The impact evaluation includes short- to medium-term indicators that are easy to measure yet informative of the intended outcomes to the program according to the project logic and the evidence of what to expect from this kind of interventions.

Process evaluations and audits: Two process evaluations are funded for this project: (i) the parenting workshops of PATH health-related conditions; (ii) the OJT/STW program. Additionally, a process audit of the new technologies/social messages will be undertaken by the MLSS Internal Audit Department. These analyses will help assess project implementation, identify problems and establish timely correctives to maximize program effectiveness.. Agencies charged with administering the programs at hand will take part in monitoring and prepare progress reports so that remedial actions can be taken in a timely manner.

This document has four sections including this introduction. Section Two describes the Monitoring component of the project; Section Three presents the Evaluation of the change in PATH health-related conditions (parenting pilot); Section Four provides the Evaluation of the OJT/STW component; finally, Section Five presents the issues related to reporting results, coordination, work plan and budget.

2. Monitoring

The monitoring and evaluation plan is designed to track and report progress on the indicators for outputs and intermediate outcomes (monitoring) and for final results (evaluation), following the Program's Results Framework and Matrix of Indicators.

2.1 Indicators

Tables 1 and 2 present the indicators. Table 1 includes outputs, provides information on the data sources, planned data collection methods, reporting frequency and responsible entity. Table 2 provides the same information for indicators of intermediate/final outcomes.

- Output indicators include those measuring the grants funded, the number of messages to PATH beneficiaries, specific products within the modernization of social services such as the Client Management System, the document Management System, the upgraded

Beneficiary Management Information System (BMIS) as well as the number of participants of the OJT/STW program.

- Intermediate/Final outcomes include diverse measures of parenting skills, compliance with the health conditions and employment of PATH participants for the OJT component. These outcomes are intermediate for the human capital formation objectives of the CCT, but they represent final outcomes for purposes of this medium-term project.

Table 1. Monitoring Plan - Outputs

Products	Unit	Baseline	Year 1	Year 2	Year 3	Year 4	Final Goal	Means of verification / observations
<u>Component 1: Cash Grants</u>								
Beneficiaries of anti-poverty target programs	People ('000s)	0	175	100	100		375	PATH's information system (BMIS). First year retroactive financing will be used for grants. Average grant is US\$20 every two months. In 2014 no IDB funds were used to pay cash grants.
<u>Component 2: Enhancing the Services of PATH</u>								
Number of PATH beneficiaries participating in parenting education workshops as conditionality for health grants	#	0	600				600	See Monitoring and Evaluation Plan for details on parenting workshops. Data will be collected in BMIS.
Number of PATH beneficiaries participating in OJT steps-to-work training	#	0		400	400	300	1,100	In year 1 training will be funded by JA-L1037. Data will be collected in BMIS.
Number of new satellite stations established to strengthen partnership with private sector and provide online access to jobs	# stations	0	0	1	1	0	3	These are new satellite stations in addition to the five stations that are being established under JA-L1037, three will be set up under this loan. Evidence of ELE activity will be submitted by MLSS
National electronic labour exchange portal established and functioning	# electronic labor exchange	0	0	0	0	1	1	Report approved by the PS on the system design and operations and with information on vacancies, registered jobs and companies listed in the portal.
Number of cell phone text messages about parenting nutrition, discipline and cognitive stimulation advises and how to comply with the program to	# msgsg	125,000	0	0	65,000	60,000	125,000	PATH BMIS.

Products	Unit	Baseline	Year 1	Year 2	Year 3	Year 4	Final Goal	Means of verification / observations
both mothers and fathers								
PATH FEEDING SUBSIDY Strategic plan completed	plan	0	0	0	1	0	1	Cabinet approval and letter from PS confirming approval of the plan
Financial Systems review and upgrade completed (BMIS and Bank Reconciliation System)	#	0	2	0	0	0	2	BMIS and BRS Systems functioning according to financial and operational management standards. Completed upgrade verified by external auditor and letter from PS with Auditor's report
<u>Component 3: Modernization of social security services provided by MLSS</u>								
New Document Management System functioning	#	0	0	0	1	0	1	Systems will be considered to be functioning with reports of operational audit submitted by MLSS
New Client Management System for MLSS functioning	#	0	0		1	0	1	
New organizational structure of the MLSS defined and approved by Permanent Secretary	#	0	0	1	0	0	1	Approval document submitted by MLSS
Refurbished and upgraded Customer service centre	#	0	0	0	0	1	1	Final Inspection and report of activities in centre provided by MLSS
Strategic Plan National Council for Senior Citizens	#	0	0	0	0	1	1	This includes design (organization assessment/gap analysis; redesign of organization structure and functions) and implementation of the strategic plan and the electronic registry for senior citizens
<u>Component 4. Management and Implementation</u>								
Evaluation of OJT completed	Report	0	0	1	0	0	1	Evaluation report approved by

Products	Unit	Baseline	Year 1	Year 2	Year 3	Year 4	Final Goal	Means of verification / observations
Parenting Evaluation completed	Report	0	0	1	0	0	1	PIOJ and MLSS.
Tracer Study on PATH beneficiaries	Report	0	0	1	0	0	1	Report approved by PIOJ and MLSS

Table 2. Monitoring Plan - Intermediate/Final Outcomes

Project Objective	The objective of the program is to support consumption, protect and promote human capital accumulation of PATH beneficiaries, and strengthen the overall capacity of MLSS to improve quality and access to the wide range of social services provided by the ministry to the poor and vulnerable.
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IMPACT	Unit	Baseline		Goals		Means of verification	Observations
		Value	Year	Value	Year		
<u>EXPECTED IMPACT</u>							
Poverty gap of PATH beneficiaries $PG = \frac{1}{q} \sum_{i=1}^q \left(\frac{z - y_i}{z} \right)$	%	11%	2012	10%	2018	Survey of Living Conditions. Baseline is 2012, will be updated to 2014 when data is available. A SLC is planned for 2018.	Computed based on percapita consumption as provided in SLC. Reduction expected as economy recovers and welfare to work programs increase scale. Z is poverty line, Yi is consumption of household I, and q is the number of beneficiary households.
% of children in the parenting pilot at risk of delay on child development according to ASQ-3	%	TBC	2015	TBD	2018	Baseline and follow-up values will be collected as part of parenting pilot evaluation	See details in Monitoring and Evaluation Plan.

RESULTS	Unit	Baseline		Intermediate		Goals		Means of verification	Observations
		Value	Year	Value	Year	Value	Year		
<u>EXPECTED RESULT</u>									
Compliance with the parenting pilot conditionalities for the 2-6 year group	%	55%	2015	65%	2017	70%	2018	Beneficiary and Management Information System (BMIS). Refers to communities participating in new parenting conditionalities. Under this new scheme, the conditionality is defined by one visit to the health center and participation in the parenting program.	
Parenting skills index	Index (base=100)	100	2015	110	2017	120	2019	Home Observation for Measurement of the Environment (HOME) inventory, a measure of quality and quantity of stimulation and support available to a child at home, that will be collected in the baseline and follow-up of the impact evaluation	

RESULTS	Unit	Baseline		Intermediate		Goals		Means of verification	Observations
		Value	Year	Value	Year	Value	Year		
								of the parenting component.	
Percentage of children 2-6 years old in PATH households that were disciplined with one or more corporal punishment methods in the last month	%	54	2012	50	2016	45	2018	Baseline is from all children 2-6 in households receiving PATH in the 2012 SLC. Baseline will be adjusted with primary data from impact evaluation, with baseline data to be collected in 2015 and follow-up in 2016 and 2018.	
% of families in which the father participates in at least half of the sessions of the Parenting Pilot Workshops	%	0	2015	25	2017	45	2019	Report from PATH based on data that will be collected in the implementation of the parenting conditionality.	
% of PATH beneficiaries participating in on-the-job steps-to-work training that are employed 6 months after initial placement	%	0	2015	35	2017	40	2019	BMIS will include generate reports on trajectories of PATH beneficiaries participating in these modalities.	OJT modality has an incentive scheme embedded in its design so it is expected it will have higher placement rate that ELE.
% PATH beneficiaries receiving labor intermediation and training through Electronic Labor Exchange that are employed six months after initial placement	%	0	2015	25	2017	35	2018		
% of services provided by MLSS included in the Client Management System	%	0	2015	25	2017	70	2019	Reports from MLSS on the Client Management System submitted by MLSS	Services provided by MLSS include PATH, STW, Poor Relief, services to seniors services to disabled people, and national insurance.

2.2 Data Collection

The Program's development objectives and intermediate outcome indicators will be monitored using the following sources: (i) administrative data, generated in PATH's BMIS; (ii) information generated by the impact and process evaluation surveys and analyses, and internal audits supported by the project, and (iii) reports and letters from the MLSS. The MLSS will be the focal point to collect all the data, including the data from the evaluations, and communicate with the IDB according to the frequency of reports planned.

PATH BMIS. Most results indicators of the CCT and the OJT programs' will continue to be monitored through ongoing supervision and quarterly reports, based largely on administrative data from PATH's Beneficiary Management Information System (BMIS). The BMIS will be updated to incorporate all changes required to collect the required information of the new components. PATH will be responsible for providing data for the evaluations and progress reports.

2.3 Reporting

See Tables 1, 2 & 3 for mechanisms and instruments to report program-monitoring results. These tools will be a source of information for the PCR. The monitoring reports for this program are informed mainly by the IDB reporting requirements, which constitute contractual obligations under the loan agreement.

2.4 Monitoring Coordination and Work Plan

MLSS, under the stewardship of the Project Execution Unit, to be housed in PATH, will serve as executing unit for the Social Protection and Labor Programs, and will be responsible for monitoring results of the program and the evaluation agenda. The unit, with assistance from the Bank will develop a comprehensive monitoring and evaluation framework for the program. A Parenting Pilot Technical Working Group was formed under JA-L1037 for the parenting pilot and will continue to supervise the implementation of the pilot and its evaluation. The technical working group is comprised of representatives from MLSS, ECC, MOH, MOE and chaired by PIOJ. This committee validated the design and TORS for early stages of implementation, and

will continue to review reports, validate TORS and authenticate deliverables. They will meet monthly.

An OJT Pilot Technical Working Group was also formed for the OJT pilot and will also continue to work during the implementation of JA-L1053. The OJT technical working group is be comprised of representatives from the MLSS, Private Sector Organization of Jamaica, Heart Trust/National Training Agency, and the Employers Federation of Jamaica and chaired by the MLSS. This committee validated the design and TORS for early stages of implementation, and will continue to review reports, validate TORS and authenticate deliverables. They will meet monthly.

Table 3 presents the Monitoring Work Plan.

Table 3. Monitoring Work Plan

Key Monitoring Activities/Products per Activity	2016				2017				2018				2019				Responsible
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	
Planning																	
Validating M&E Plan with all relevant stakeholders of the project.	X	X															MLSS/PATH BMIS
Review M&E Plan	X	X	X														MLSS/PATH BMIS
Implement M&E Information System and modules supporting the M&E	X	X	X														MLSS/PATH BMIS
M&E Training																	
Procure basic training for all new staff associated with the M&E process (or new modules)	X	X															MLSS/PATH BMIS
Conduct Orientation for all stakeholders – share M&E Plan and explain implications for monitoring system	X	X															MLSS/PATH BMIS
Monitoring Progress Reports																	
Conduct periodic data gathering of performance indicators	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	MLSS/PATH BMIS
Quarterly Progress reports	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	MLSS/PATH BMIS
Final Monitoring report															X	X	MLSS/PATH BMIS

2 Evaluation – PATH Conditions for the Health Component

3.1 Parenting 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. Children in the early childhood period are identified as a special group within the PATH programme; they are required to make regular visits to health centres to make sure that they are fully immunised and parents are given information and support for maintaining their children's optimum nutrition and health. However, an extensive review of the overall social protection system suggested that the PATH programme could be strengthened by introducing parenting education with a focus on children 2 – 6 years, given that clinic attendance drops off after the child immunization series is complete at about 18 months and there are few other supports available to parents during this critical developmental period before children begin their formal schooling around age six. There is particular concern about rising incidence nationally, particularly among the poor, of iron deficiency and obesity among children. Research on parenting in Jamaica also suggested that conditions of poverty were related to high parental stress levels, more restricted interaction styles between parents and children, and harsh discipline practices. It was agreed that PATH recipient families could benefit from a programme that could address these issues.

2.2.1 Goals and Objectives

The parenting intervention is part of an experimental research design to determine whether, against a control group of similar PATH parents, the selected sample of parents experiencing the programme will show measurable positive behaviour and attitude change, and their children demonstrate benefits of their parents' participation. Although each session and visit will have specific objectives, many of these will be repeating and reinforcing the overall goal and objectives that the programme is designed to achieve.

The overall goal of the PATH Parenting Programme is to build parents' confidence, skills and knowledge as their children's most important teacher in the early years, so that their children are healthy and ready, at point of entry, for Grade One's academic and social-emotional demands.

To reach this goal, the programme's specific objectives include the following:

1. To strengthen parents' understanding and encouragement of normal child development and behaviour between the ages of two to six.
2. To build parents' confidence and capacity to stimulate children's early learning and development through regular play, language and reading activities with the child.
3. To increase parents' use of positive alternative discipline strategies and reduce levels of harsh verbal and physical punishment.
4. To promote positive parent-child communication strategies that encourage children's self-expression, problem-solving, self-esteem and self-help skills.
5. To provide parents with the information required for them to support their children's optimum health, nutrition and safety.

2.2.2 Main Evaluation Question(s)

The impact analysis in this subsection will assess the effect of an innovation that varies the conditions of the health component of the Jamaican CCT for children aged 2 to 6 years. Currently, beneficiaries of Health Grants are required to register in a Government Health Centre and maintain a prescribed schedule of visits once every 6 months (twice per year). The new conditionality will require one health check-up and participation in the parenting program, than includes parenting classes and home visits. The curriculum for the parenting workshops would rely on the curriculum developed by the Early Childhood Commission (ECC) and UNICEF. The impacts will be measured on three short-term outcomes measuring knowledge of parenting skills and compliance with healthcare check-ups. Particular questions of the evaluation are:

- Does the modified PATH condition improve the knowledge of parenting skills on parents of children aged 2 to 6 years in PATH (as measured by score of a parenting skills test and by the percentage of parents who approve the use of violent discipline), compared to the basic treatment? If so, how much?
- Does the modified PATH condition improve the compliance with the healthcare check-ups, compared to the basic treatment? If so, how much?
- Do children of parents participating in the modified PATH condition show different child development (as measured by the ASQ instrument), compared to the basic treatment? If so, how much?

- The benefits of the evaluation include to: i) determine whether the variation to the health condition of PATH is consistent with evidence that suggests that solving information problems and teaching good parenting practices can impact parenting skills and improve health outcomes; ii) define how important the parenting sessions may be to improve human capital at early ages for the most vulnerable populations in the Jamaican's context. These issues are essential for the GOJ and the IDB understand how PATH and other CCT programs in the region could be improved in the future to make them more effective. Lessons learned from the evaluation would be essential to this end.

3.2 Program Design

The sampling procedure for the parenting pilot program will be carried out as follows: ninety communities will be randomly selected in which there are at least ten families that are beneficiaries of PATH and that have at least one child in the 2-5 year old age group. With this framework, the sample will be representative of PATH beneficiaries. Of those ninety communities, sixty will be selected for the treatment group and the rest for the comparison group. In the treatment communities Thirty groups of 10 parents each will be selected for the intervention, for a total of 600 PATH recipients with children in the age group 2 to 5. Program administrators have manifested that random selection at the household level within communities is not feasible due to logistics and at this stage have decided not to pursue that option. The IDB will strengthen its participation in the Technical Working Group that oversees the parenting pilot and explore alternatives for individual-level randomization and/or to increase the sample size if possible, for example if and when the program enters a new implementation stage.

The programme is designed to engage participants in a course of group sessions twice a month, interspersed with home visits over a six-month period for a total of at least 25 contact hours. The home visit (after every two group sessions) gives opportunity for each participant to reflect one-on-one on the information and lessons learned from group sessions attended before the visit, and to practice specific activities with their child/ren with guidance from the home visitor. The home visitor can observe the parent within the home setting and with the child, and can reinforce the key messages of those sessions. At the end of the six-month

period participants would evaluate the overall programme to date and have opportunity to indicate which topics they would most value for review.

Subsequently participants would be provided with another three group sessions and three home visits over ten months as “booster” sessions to review lessons learned and reinforce positive practices. This would add a minimum of 9 contact hours. All groups would then engage in planning a graduation to celebrate their gains in parenting skills and new confidence in the tasks of parenting. A diagram of the programme follows; actual start-up date will depend on completion of all pre-programme requirements. The following diagram suggests how the intervention activities for these thirty groups could be timetabled over the 15 months between June 2016 and August 2017.

Figure 1. Delivery Framework

2015/6			
Month 1: All groups will start series: 2 GROUP SESSIONS, 1 HOME VISIT	Month 2: 2 GROUP SESSIONS, 1 HOME VISIT	Month 3: 2 GROUP SESSIONS, 1 HOME VISIT One-day review meeting for teams	Month 4: 2 GROUP SESSIONS, 1 HOME VISIT
Month 5: 2 GROUP SESSIONS, 1 HOME VISIT	Month 6: Session to Evaluate programme and select review topics	Month 7: One-day review for meeting teams, plan review sessions	Month 8: All groups will start booster series: 1 SESSION
Month 9: 1 HOME VISIT	Month 10: 1 SESSION	Month 11: 1 HOME VISIT	Month 12: 1 SESSION
Month 13: 1 HOME VISIT	Month 14: FINAL SESSION Overall Evaluation and Planning for Graduation	Month 15: GRADUATIONS	

3.1 The Curriculum

A complete curriculum for the ten group sessions has been developed and approved by the Technical Working Group for this component. Its development was guided by the topics most preferred by the 32 recipients in the focus groups, and the input from all other stakeholders and experts. Not all desired topics can be covered within this time period, but priority is being given to those seen as most important for both personal development of the parents as well

as the parenting knowledge and skills they need to strengthen their interactions with their young children. Handouts at some sessions will supplement the session's interactive learning, as will the home visits.

The topics for the initial ten sessions are:

1. Feeding the Brain with Food and Play
2. Positive parent-child communication
3. Throwing out baggage, building self-esteem
4. Understanding your child's misbehaviour
5. Managing misbehaviour with positive discipline
6. Young child nutrition—on a budget
7. Getting children ready for Grade One
8. Raising boys and girls: issues of gender and family
9. Keeping your children, yourself healthy
10. Goal-setting and positive decision-making

In the sixth month, groups will meet to evaluate the programme to date and confirm “booster” topics for subsequent follow-up sessions. It is suggested that the topics be selected related to three broad goals:

1. Personal development of the parent
2. Behaviour management of children
3. Parent-Child communication, interaction

After the three booster sessions and three interspersed home visits, a final group session for evaluating the programme and planning graduations will be held, and post-tests administered. Three final focus groups with ten persons each, each participant representing one of the thirty groups (randomly selected), would provide additional evaluation feedback.

3.2 Data Collection

- The basic data used to define the treatment and the control groups will come from PATH BMIS. Additional information used to select participants into PATH is also

available from this system, particularly regarding the poverty level at application and compliance with current conditionalities.

- The first data collection will correspond to the test applied to parents in the treatment and control groups. This will be taken at baseline and will be applied at the same time to treatment and control groups to avoid biases derived from timing. An ASQ module will also be applied to the kids in both groups to measure their overall development status.
- The second data collection will take place approximately one year after the baseline and will correspond to the same test applied at baseline.
- Additionally, information on the compliance with the health condition will be available from the PATH's BMIS. This information is reported by the Health Centers and will be collected from the system twice for the year following the end of the parenting sessions intervention.

3.3 Pre-Intervention

Prior to the start-up of the sessions, research assistants will be engaged in collecting baseline data from all intervention participants and obtaining their informed consent to participate. This stage is essential for helping to determine whether the overall objectives of the programme are achieved. This research team will also assist in monitoring the programme throughout the intervention period.

Also in the months prior to the intervention groups beginning, personnel will be contracted to implement the programme. The intervention team for each of the intervention groups will consist of a facilitator who will plan and conduct the ten parent group sessions and three “booster” sessions, a home visitor who will conduct eight home visits to all group members, a mobiliser selected from the community(-ies) from which each group is drawn to remind persons of sessions, arrange venue and refreshments, etc., and two local persons who will be selected to provide child care for children who accompany their parents to the group sessions. These teams will be provided training to familiarise them with their respective responsibilities. The facilitators and home visitors will be provided five days of residential training together, ensuring that the approach and the content of the curriculum is known to both. The mobilisers and child care providers will attend one-day training workshops. Once all data is collected, and all training workshops are completed, the intervention groups will begin their series of sessions and home visits.

A snapshot of the topics and pace of the intervention groups is contained in the following table. Each intervention team, guided by the Parish PATH offices and the Project Management team, will select the most auspicious venues and plan the timetable of sessions and visits for each group. The mobiliser will be responsible for ensuring that all PATH recipients expected to attend each group are notified in sufficient time for the first and all subsequent sessions and visits.

Figure 2. Proposed Schedule and Topics of Parenting Sessions and Home Visits

<u>Month One:</u> 1. Feeding the brain: food and play 2. Communicating effectively with children First home visit to all group members	<u>Month Two:</u> 3 and 4: Understanding and managing children's behaviour with positive discipline; two sessions to include personal anger management component. Second home visit	<u>Month Three:</u> 5. Unpacking personal baggage: self-reflection on obstacles in parenting 6. Gender issues in the family: raising boys and girls Third home visit
<u>Month Four:</u> 7. Developing early literacy: talking, reading with children. 8. Young child nutrition—on a budget Fourth home visit	<u>Month Five:</u> 9. Keeping children, yourself healthy and safe 10. Goal setting and positive decision-making Fifth home visit	<u>Month Six:</u> 11. Groups meet to evaluate programme, hear of subsequent follow-up sessions and visits.
Subsequently, three group booster/follow-up sessions will be scheduled every other month to reinforce topics related to nutrition and physical health, child cognitive development, parent-child interaction/positive discipline. Three additional home visits will be scheduled following these group sessions. Graduation events will follow on completion of the programme to award certificates and celebrate achievements.		

3.3 Monitoring

In order to determine the strengths, weaknesses and challenges associated with programme delivery, as well as to ensure adequate monitoring and evaluation of programme targets and objectives, a battery of instruments and questionnaires should be administered as part of the programme.

1. Programme Monitoring & Evaluation

a. Surveys and Report Forms that capture data on the following will be used:

- i. Enrolment
- ii. Attendance at group parent sessions and home visits
- iii. Evaluation of group parent sessions by participants
- iv. Evaluation of group parent sessions by facilitators
- v. Evaluation of facilitators by participants

- vi. Evaluation of home visits by participants
- vii. Evaluation of home visits by home visitors
- viii. Evaluation of home visitors by participants
- ix. Review of materials, questionnaires, activities, text messages (both by facilitators/home visitors and participants)
- x. Observation checklists for independent assessments of parenting sessions and home visits

2. Outcome Measures (Preliminary)

a. The following measures can be used as part of the preliminary assessment of intervention families vs. non-intervention families. These measures can help in the selection of the most appropriate outcome measures for the programme:

i. Parenting Questionnaire:

1. A questionnaire based on the ***Parents Are Teachers at Home*** Curriculum to assess parental knowledge on early childhood development and best practices in raising children 2 – 6 years will be administered. This questionnaire will also examine current parenting practices regarding nutrition, discipline, parent-child interaction, parental stress and self-esteem. It will be administered at start and conclusion of parenting programme.

ii. Parent Self-Score Card:

1. Parents will use this tool to set goals and track their progress during their participation in the ***Parents Are Teachers at Home*** Programme. The report card will also be used to assess self-reported changes in parenting behaviour and to examine participants' confidence in their parenting skills.

iii. Family Health:

- 1. Child Anthropometric Measures – height, weight, head circumference
- 2. Parent Anthropometric Measures – height, weight
- 3. Iron Deficiency – to be tested at the end of the project

iv. Child Development:

1. The Jamaican version of the Ages & Stages Questionnaire (ASQ-J) – The ASQ-J is a parent/caregiver completed screening tool. The ASQ-J system has a series of questionnaires for children 3 months to five years. The ASQ-J identifies children in need of further assessment for developmental concerns.

v. Home Environment

The Home Observation for Measurement of the Environment (HOME) Inventory (Caldwell & Bradley, 1984) will be used to assess the quality and quantity of stimulation available in the home setting to children from households in the treatment and control groups of the parenting pilot program. This instrument is administered as a questionnaire during a home visit of a duration of approximately 45 to 90 minutes where the presence of the target child and the primary caregiver is required. It is composed of a series of subscales and items that vary according to the type of inventory that is being administered. Items are presented as statements to be scored in a binary fashion. A high subscale score or total HOME score indicates a more stimulating home environment for the child's development. In this particular impact evaluation, two types of inventories will be administered according to the child's age: the Infant/Toddler (IT) HOME Inventory for children 3 years old or less, and the Early Childhood (EC) HOME Inventory for children 3-6 years old. In its original format, the former is composed of 45 items grouped into 6 subscales, whilst the latter contains 55 items and 8 subscales. Due to survey time and cost constraints as well as cultural adaptation, a subpart of the original scales of these two inventories will be administered in this experiment.

Figure 3. Monitoring and Evaluation Framework

INDICATOR	DATA SOURCE	FREQUENCY	RESPONSIBLE PARTY FOR DATA COLLECTION
<i>Programme Components</i>			
Number of PATH Parents with children between the ages of 2 – 6 years enrolled in the programme	Enrolment Register	At the start of programme	Project Coordinator
% PATH Parents with children between the ages of 2 – 6 years who complete group parenting sessions	Group Session registers	At each group parenting session	Group facilitators & Mobilisers
% of PATH Parents of children 2 – 6 years completing home visits	Home Visitors' reports	At each home visit	Home Visitors
% of PATH Parents of children 2 – 6 years who report receiving text messages related to positive parenting practices	Post-programme survey (Parents)	At end of programme	Research Officer
% of PATH Parents of children 2 – 6 years who can recall at least 3 key positive parenting messages sent via text messages	Post-programme survey (Parents)	At end of programme	Research Officer
Parents' Level of satisfaction with information provided in group sessions and home visits	Post-programme survey (Parents)	At end of programme	Research Officer
Programme Team's Level of satisfaction with	Sessional documentation	After each session/home visit	Parish Manager & Research Officer
curriculum	Mid-point review session Post-programme survey	Programme mid-point At end of programme	
% of PATH Parents of children 2 – 6 years who receive PATH benefit for participation in Parents Are Teachers at Home	PATH administrative records	Post-programme	Parish Managers
Number of referrals to additional services	Group Facilitators; Home Visitors	Post-programme survey	Research Officer

INDICATOR	DATA SOURCE	FREQUENCY	RESPONSIBLE PARTY FOR COLLECTION DATA
<i>Parent Capacity & Well-being</i>			
Parent knowledge score	Parent Knowledge & Behaviour Questionnaire	Pre-programme/post-programme	Research Officer
Proportion of parents reporting improved parenting practices	Parent Knowledge & Behaviour Questionnaire	Pre-programme/post-programme	Research Officer
Level of confidence in parenting abilities	Parent Score Card	Pre-programme/post-programme	Group Facilitators
Home environment score	HOME questionnaire	Pre-programme/post-programme	Research Officer
Proportion of parents reporting improved Parenting capacity	Parent Knowledge & Behaviour Questionnaire	Parent pre-survey Parent post-survey	Research Officer
Proportion of parents reporting increased use of positive parenting techniques	Parent Knowledge & Behaviour Questionnaire	Parent pre-survey Parent post-survey	Research Officer
Proportion of parents reporting lower levels of stress	Parent Knowledge & Behaviour Questionnaire	Parent pre-survey Parent post-survey	Research Officer
Level of Family functioning	Parent Knowledge & Behaviour Questionnaire	Parent pre-survey Parent post-survey	Research Officer
<i>Parent Capacity & Well-being</i>			
Achievement of milestones (score)	Ages & Stages	Pre-programme/post-programme	Research Officer
Growth	Anthropometry	Pre-programme/post-programme	Research Officer
Obesity in children	Body Mass Index (from Anthropometry)	Pre-programme/post-programme	Research Officer
Iron Deficiency	Haemoglobin level	Post-programme	Research Assistant (Project Coordinator to obtain results)

3.4 Key Outcome Indicators

The key impact indicators are related to three short-term health outcomes: (i) knowledge of parenting skills, measured by a score of an evaluation on parenting skills; (ii) Parenting

education measured by the percentage of parents that approve the use of violent discipline, and (iii) Parenting skills, as measured by the compliance with the health-related conditions. Indicators (i) and (ii) are largely used to measure parenting skills. Table 4 displays the Key Outcomes and Impact Indicators.

Table 4. Key Outcomes of Interest and Impact Indicators

Outcome of Interest	Impact Measure	Impact*	Data Collection	Source
Parenting Skills as measured by a score of a parenting skills test (PSS)	Difference in the mean score of a parenting skills exam between the treatment and control groups <i>PSS=Score in the exam</i>	$\overline{PSS}_t^T - \overline{PSS}_t^C$	Twice: baseline and one-year apart follow-up	Exam
Parenting education: % of parents that approve the use of violent discipline (VD)	Difference in the mean percentage of parents that approve use of violent discipline between treatment and control groups. <i>VD=1 if parent approves the use of discipline, 0 otherwise</i>	$\overline{VD}_t^T - \overline{VD}_t^C$	Twice: baseline and one-year apart follow-up	Exam
Parenting skills as measured by the compliance with health conditions (CHC)	Difference in the mean compliance with health conditions between the treatment and control groups <i>CHC=1 if compliant with the health-related conditions, 0 otherwise</i>	$\overline{CHC}_t^T - \overline{CHC}_t^C$	Thrice: Baseline and two follow-ups in the year after the sessions conclude	BMIS

* *T* refers to Treatment Group and *C* refers to the control. In most cases, even with an experimental design, these formulas will need to be adjusted to account for potential differences between the treatment and control groups, especially because the randomization will be conducted at the locality level.

An important concern relates to the effects of seasonality. However, the exam will take place in the same month of the year. Also, the information for health check-ups will come from the BMIS, and all participants are already in the program. Data on CHC will be available from before the baseline and after the year, which will allow for additional observations to make robustness checks. Also, the fact that the CHC is collected is at the health centers avoids potential biases due to self-reported information.

3.5 Evaluation Methodology

The approach for the evaluation will be an experimental design, where the randomization will be conducted at the community level, with communities with PATH participants in the health

component. This method will compare the outcomes of communities (with PATH participants) randomly selected to participate in the parenting sessions (i.e., the treated group) to outcomes of communities (with PATH participants) randomly selected to not receive the parenting component (i.e., the control group).

Technical Aspects of Selected Methodology

Treatment Group: Households with PATH participants in the health component that belong to communities randomly selected into the parenting sessions treatment will form the treatment group. The treatment group will be required to comply with 6 bimonthly conditions during one year: one health check-up participation in the parenting pilot described above. **Control group:** Those belonging to communities randomly selected not to receive the parenting sessions will make up the control group. The control group will be required to comply with the current conditions: two health check-ups during the year: one every 6 months.

Since the randomization is conducted at the community level, we may find differences at the individual level in the baseline measurement that should be addressed by controlling for characteristics that may be correlated with the outcomes of interest to avoid potential biases (e.g., poverty level as measured by the PMT, and distance to the healthcare center).

Equation (1) shows the formula to estimate the impact of the program. A simple mean difference of the outcomes of interest between the treatment and the comparison groups will suffice to estimate the impact of the program under a standard randomization. However, since the randomization is conducted at the community level, equation (1) also includes some additional controls, in case the treatment and control groups are not balanced at the individual level:

$$(1) \quad Y_{it} = \alpha + \delta T_i + \beta X_{it} + \varepsilon_{it}$$

where Y indicates any of the outcomes of interest (e.g., performance in the parenting skills exam, compliance with the health condition requirements, ASQ-J score for the children) for individual i at time t ($t=0,1,2$) with $t=0$ marking the baseline and $t=1,2$ the two follow-ups; T_i is the treatment indicator that equals one for individuals of the treatment group and zero for individuals in the control group; X_{it} are a set of time-variable characteristics to control for, particularly, those that may differentiate treatment and control groups at baseline, and could

be correlated to receiving treatment and to the outcomes of interest; δ is the parameter of interest and represents the impact estimate; and ε_{it} represents a set of random time-varying unobserved characteristics. This equation will be estimated through regression analysis with robust standard errors clustered at the community level.

The randomization will on average balance out the differences between treatment and control groups. If the randomization process has not been compromised, the treatment and control groups would be alike on average because the selection criterion does not depend on any characteristic that could affect the outcomes of interest, and we could claim that any differences in the outcome of interest are due to receiving the treatment vs. not receiving treatment.

A recurrent problem with parenting interventions is the low attendance of parents or their inability to finish the sessions. This is particularly important in the Jamaican case because of the low current compliance rate with the health conditions. Problems in this regard could compromise the ability of the evaluation to really measure the impact of the intervention. Also, it is important to try to involve fathers as well, which is a challenge given that about half of the children in Quintile one do not leave with their father. A process evaluation, will include measures of direct and indirect costs such as the opportunity cost of time for beneficiaries and look into difficulties for father involvement.

3.5 Power Calculations

The power calculations are based on information from PATH, in particular, we know that the compliance with health-related conditions is around 0.55, which implies a standard deviation of about 0.5 for that outcome. We estimate the sample size based on this outcome. We expect the program increase compliance by 0.20 percentage points, that is, an increase of about 0.27 of a standard deviation, which is the Minimum Detectable Effect we would like to be able to detect. The sample sizes have been defined based on the known outcome of compliance with the health conditions, for which precise data on the population is available. This outcome has the highest standard deviation for a binary variable (0.5). Therefore, this sample size has a very good standing in statistical terms for the other outcomes. Based on this information, and also considering that the randomization will be conducted at the community level, a sample size of nearly 600 children in the treatment group distributed in 60

communities with 10 families in each community, and a sample half the size in the comparison group (where PATH will continue to operate with business as usual health conditionalities) of thirty communities and also 10 families per community yields the desired minimum detectable effect. This assumes an inter-cluster correlation of 0.1 (based on similar work done for rural children in Peru)

For a prevalence

Design parameters

Power	$1 - \beta =$	80.0%	$(t_{1-\beta} = 0.8416$
Confidence level	$1 - \alpha =$	95.0%	$(t_{1-\alpha/2} = 1.9600$

Characteristics of the sample

Cluster size	$m =$	10	
Treatment clusters	$k_T =$	60	$(n_T = 600$
Control clusters	$k_C =$	30	$(n_C = 300$
Intra-Cluster Correlation	$IC_C =$	0.1	$(Deff = 1.9$

Characteristics of the indicator

Prevalence	$P =$	55.0%	$(\sigma = 49.7\%$
Minimum Detectable Effect	$\Delta =$	13.6%	

The evaluation will also follow child development indicators. For example in the case of ASQ we assume a baseline value of 20% for the share of children that are at risk of developmental delay, and given the power analysis, we would be able to measure a change of 0.27 standard deviations or 10%. This value is high, however the evaluation will include other variables that may change more than the dimensions measured by ASQ. Also, as mentioned before, the IDB team will try to increase the sample size if possible.

3.6 Progress in the implementation.

In order to implement the evaluation, the Technical Working Group decided to contract two processes. On the first stage, an individual consultant in order to complete the evaluation's design as a whole, carrying out tasks as selecting treatment and control groups, and designing instruments for the surveys. On the second stage, a firm will collect the data needed and carry out the impact evaluation of the program.

3.6.1 First Stage

A consultant will be engaged to identify and enroll a representative sample of eligible candidates from the PATH database for participation in the pilot study. The consultant will identify PATH families resident in the selected communities who have at least one child between the ages of 2 – 6 years. Communities will be randomly selected and assigned to treatment and control groups. The consultant will also design a survey instrument, to be administered to the treatment and control groups in the following areas:

1. Parent Practices
2. Child Health
3. Child Developmental Status (utilizing the Ministry of Health Child Passport)
4. Home Environment

The methodology and sampling techniques utilized in this preparatory assignment will be made available to the firm to assist with the sampling of families for the impact evaluation.

The consultant is expected to carry out all activities needed to ensure the successful execution of the evaluation of the Pilot Parenting Programme. As this assignment will provide information for an impact evaluation, activities will include, but may not be limited to:

1. Identifying and selecting parishes for inclusion in the Study
2. Utilize Community listing from the Social Development Commission to select communities and stratify PATH families for inclusion in the study.
3. Assign communities and respective PATH families to treatment and control groups.
4. Design a survey to collect baseline data from treatment and control groups. Information to be gathered should include that on parent knowledge, parent practices, child health, child development status, home environment.

5. Prepare statistical report on the number of PATH families in the treatment and control group: demographic information, compliance data on children participating in pilot, socio-economic profile of family etc

Reports and schedule of deliverables

This assignment will run for a period of six months. The following reports are to be submitted during the consultancy within timeframes stipulated under the contract:

1. **Inception Report:** This Report will be submitted within two weeks of the commencement date. It will raise with client any major concerns arising from the TOR, issues of data access, staffing or any other operational matter that may affect the execution of the project. This report should also include a detailed work plan of activities to be completed for the consultancy.
2. **Methodological Report:** This report will detail the evaluation design. It should describe tools and techniques, taking into consideration any adjustments that may need to be made based on the issues raised in the inception report or due to any change in the environment/circumstances. The report should provide methodological details relating to sample size, sample selection, significance levels and method of selecting treatment and control groups and all other relevant methodological issues.
3. **Database of Participating Families:** This database will detail inter alia all the characteristics of the households that have been selected for the treatment and control groups. This database should be submitted electronically.
4. **Statistical Report:** on the number of PATH families in the treatment and control group: demographic information, compliance data on children participating in pilot, socio-economic profile of family etc
5. **Tool for the collection of pre-treatment data, and related manual.** This Proposal of questionnaire for pre-treatment data collection, should contain all the information needed to assess the impacts along the dimensions of the parenting pilot curriculum, and related manual
6. **Manual and Workshop: A Manual which details the theoretical concepts and considerations as well as sampling, data collection and data analysis methodologies used to execute this project and research in general. A technical workshop to explain the methodologies and concepts explained in the manual**

3.6.2 Second Stage

The consulting firm utilizing the information from the preparatory work and the families assigned to both the treatment and control groups will conduct a baseline and follow up data collection which will be analyzed to ascertain whether there are differences between intervention and control groups. At the minimum the impact evaluation will seek to answer the following suggested questions:

1. Is there a difference between treatment and control families in their knowledge of parent practices? This aims to establish if the randomization was successful, i.e. if the families of the treatment and control group are similar before the workshops are implemented.
2. Have the parenting workshops improved parents' practices as it relates to good nutrition, wellness, disciplining, stress and money management?
3. Has the parenting workshops improved parenting skills?
4. Is compliance with attendance at parenting workshops better than compliance with visits to the health centre?
5. Does compliance with attendance at parenting workshop lead to an increased compliance with visiting to the health centre?
6. Are there differences in the health status/health development of children in the treatment and control groups as a result of the parenting workshops?
7. To what extent are families applying information from parenting sessions to their children (ascertained from home visits)?

The activities to accomplish this will include, but may not be limited to:

1. The design of an appropriate research strategy in the collection of data
2. The development of an appropriate methodology and sampling techniques
3. Development of survey and other data collection instruments where applicable (may require developmental psychology expertise)
4. Recruitment of interviewers and field supervisors
5. Preparation of field work and training of interviewers and field supervisors
6. Collection and analysis of data
7. Use of appropriate data analysis techniques to provide answers from the data for the main evaluation areas as outlined

8. Preparation of reports that address key evaluation objectives.

Reports and schedule of deliverables

This assignment will run for a one year period from 2015 – 2016. The following reports are to be submitted over the life of the project within timeframes stipulated under the contract:

1. **Inception Report:** This Report will be submitted within two weeks of the commencement date. It will raise with client any major concerns arising from the TOR, issues of data access, staffing or any other operational matter that may affect the execution of the project.
2. **Methodological Report:** This report will detail the evaluation design. It should be based on the firm's initial proposal, but will describe tools and techniques in greater depth, taking into consideration any adjustments that may need to be made based on the issues raised in the inception report or due to any change in the environment/circumstances. The report should provide methodological details relating to sample size, sample selection, significance levels, description of the treatment and control groups and all other relevant methodological issues. Report on training of field work and personnel selection (how were the interviewers selected)
3. **Manuals for field work**
 - Questionnaire and tools for data collection
 - Pilot of the survey tools
 - Plan of field work (with dates and plan to cover the sample)
 - Report on field work
 - Data sets without any type of cleaning
 - Data sets after cleaning of errors and do file used to clean the data
4. **Organizational Assessment:** This report will seek to review the supply side factors that impact on the effective implementation of the parenting education sessions. It will identify the gaps and make recommendations for strengthening and/or enhancement.
5. **Final report:** The final report will incorporate findings from the baseline; follow up surveys, organizational assessment and other relevant data to come to a determination whether the parenting intervention has made a difference between the treatment and control groups in the key areas identified and questions posed.

The final report will also provide policy advice to the Government of Jamaica as it relates to the outcome of the impact evaluation and considerations for island wide roll out of this intervention.

6. **Technical and dissemination workshop** to explain the methodologies and concepts used in the study and presentation of the findings to the MLSS, PIOJ, Technical Oversight Committee and other relevant social policy agencies within the Government of Jamaica.

4 Results Evaluation – On-the-Job Training/STW

The MLSS will undertake an implementation, process and results evaluation of the OJT/STW component in order to examine and analyse the operational procedures under the OJT implementation model, to review and assess the specific benefits of the OJT to participants and as means to conduct an institutional capacity assessment of the MLSS to continue the implementation of the OJT initiative.

This analysis will assess whether the OJT component of the STW program is implemented along the lines it is intended. Answering this question is helpful to identify timely what correctives to establish and to better understand how the program could be improved. In the case at hand, this process evaluation is extremely necessary given the already identified gaps in terms of inter-institutional coordination and implementation capacity of the STW program.

The Process Evaluation will evaluate the program's effectiveness in delivering services to the target population by evaluating (1) the various mechanisms through which services are delivered, (2) whether or not the components of the program address the intended issues, and (3) whether participants receive those components as the program intended (and in case they are not, why not). To answer these questions two categories for evaluation should be included: The target population, and services providers that in this case will be represented by a combination of the STW program (subsidy and support), and the private sector that provides the job-training component.

The evaluation will also respond the following question that have been identified as policy relevant by the MLSS:

- Was the implementation of the OJT carried out according to the guidelines in the OJT operations manual? What were the challenges and possible solutions? Were the guidelines in the Operations Manual practical in its application? What procedures may need to be amended?
- Did participants in the OJT intervention receive work experience and placement in employment? What type of employment were they engaged in (full time/ part time), remuneration, length of engagement, type of employment, etc?
- Were OJT participants satisfied with the programme - information received about the programme, enrolment, work experience, job placement, etc?
- What was the experience in the implementation of the OJT programme by the firm versus the Electronic Labour Exchange Programme within the MLSS? What gaps exist? What needs to be done to address these gaps? What should be the design/model of the OJT programme after the pilot? Should full implementation be carried out by the firm or by the MLSS through its parish offices in collaboration with the Electronic Labour Exchange Programme? If the programme is to be implemented by the firm what would be the ideal structure and similarly if the implementation is to be carried out by the MLSS. What would be the knowledge and skill levels, training and resources required for the efficient operation of the OJT intervention?
- What are the Administrative Procedures- Protocols, policies and resources needed to govern the management and execution of the OJT intervention, to ensure, consistency, responsibility, and accountability?
- What service standards should be developed in order to ensure timely access to the OJT intervention simultaneously managing the expectations of clients? Identification of a set of service standards that can be utilized.

1. Government of Jamaica.

5 Reporting, Coordination, Work Plan and Budget

a. Reporting Results

The results will be reported in documents that contain both the assumptions and technical methodological issues, as well, as the estimates and policy implications of the results. Likewise, the results of the evaluations should be contextualized and compared to similar

programs in Latin America. An analysis of what could be causing differences in the results is also expected.

The impact evaluation of the parenting conditionality should be published at least one year after end of the program. Its potential users are the GOJ and the IDB as a tool to improve this and other similar programs, as well as the academic audience and other governments and organization who are currently implementing CCT programs or planning on implementing one. The process evaluations should be circulated among main stakeholders after analyses are conducted to assure timely identification of potential problems and correctives.

b. Evaluation Coordination, Work Plan and Budget

Resources have been made available in the program's budget to finance activities within the M&E Plan. This will cover the cost of the baseline data collection, the follow-ups, the process evaluations, the process audit for the new technology component, and a financial audit. Resources have been allocated from the current operation JA-L1037 as well as from the new operation JA-L1053. During all of 2016 both operations will be active, so expenses after that year will necessarily be drawn from JA-L1053.

Independent consultants will be recruited through a competitive process to undertake the final evaluations. The consultancies will be recruited under the program and will be supervised by the MLSS. In the case of the final evaluation, the reports will be sent to the IDB as well as the MLSS, simultaneously.

An Indicative Work Plan for the Evaluation activities as well as the related Budget is presented in the following table.

Table 5. Evaluation Work Plan

Key Activities/Products Activity	Evaluation per	2015				2016				2017				2018				Responsible	Cost (USD)	Funding
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4			
<u>Impact Evaluation – PATH Health Conditions</u>																	<u>250,000</u>			
Development, validation and pilot of instruments, preparing BMIS					X													Independent Specialist	60,000	Funding is from both JA-L1037 and JA-L1053.
Collect data for baseline				X	X													Independent Specialist	90,000	
Analysis of baseline data					X	X												Independent Specialist	*	
Final report of baseline data							X											Independent Specialist	*	
Collection and analysis of first follow-up data – compliance data										X								Independent Specialist	15,000	
Collection and analysis of second follow-up data – parenting skills test and compliance data															X			Independent Specialist	85,000	
Final Report																	X	Independent Specialist	*	
<u>Process Evaluation – PATH Health Conditions</u>																	<u>80,000</u>			
Data collection								X	X									Independent Specialist	80,000	
Analysis of data and final report										X	X							Independent Specialist	*	
<u>Process Evaluation – OJT/STW</u>																	<u>25,000</u>			
Analysis of data and final report									X	X								Internal MLSS	25,000	
<u>Financial Audit</u>																				
Yearly financial audit					X				X				X				X	Independent Auditor	<u>100,000</u>	
Total Cost:																	455,000			

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