

JA-T1153

Innovative Approaches to the Development of Children with Intellectual Disability

I. Basic Information for TC

▪ Country/Region:	JAMAICA
▪ TC Name:	Innovative Approaches to the Development of Children with Intellectual Disability
▪ TC Number:	JA-T1153
▪ Team Leader/Members:	Edmondson-Nelson, Charmaine (CCB/CJA) Team Leader; Perez Cuevas, Ricardo Enrique (SCL/SPH) Alternate Team Leader; Beuermann Mendoza, Diether Wolfgang (CCB/CCB); Hibbert, Chevelle Shantol Kamalla (CCB/CJA); Jainauth-Umrao, Naveen (VPC/FMP); Samuels, Rochelle Kaye (CCB/CJA); Verissimo Da Silva, Carolina (LEG/SGO)
▪ Taxonomy:	Client Support
▪ Operation Supported by the TC:	None
▪ Date of TC Abstract authorization:	05 Jun 2019.
▪ Beneficiary:	Jamaican Children with Intellectual disabilities
▪ Executing Agency and contact name:	Jamaica Association On Intellectual Disabilities
▪ Donors providing funding:	Japan Special Fund Poverty Reduction Program(JPO)
▪ IDB Funding Requested:	US\$600,000.00
▪ Local counterpart funding, if any:	US\$66,700.00 (In-Kind)
▪ Disbursement period (which includes Execution period):	36 months (30 months of execution)
▪ Required start date:	January 1st, 2020
▪ Types of consultants:	Individuals and Firms
▪ Prepared by Unit:	CCB/CJA-Country Office Jamaica
▪ Unit of Disbursement Responsibility:	CCB/CJA-Country Office Jamaica
▪ TC included in Country Strategy (y/n):	Y
▪ TC included in CPD (y/n):	Y
▪ Alignment to the Update to the Institutional Strategy 2010-2020:	Social inclusion and equality

II. Description of the Associated Loan/Guarantee

II.1 This TC is not associated to a loan/guarantee

III. Objectives and Justification of the TC

- III.1 The primary objective of this TC is to provide direct support to children with intellectual disability (ID) and their parents, through identifying, adapting, and testing, effective parent-centred, neuroplasticity-based therapeutic approaches.
- III.2 The Sustainable Development Goals (SDGs) mandate monitoring the health and wellbeing of children to achieve optimal early childhood development. Therefore, it is within this mandate to address the social and health needs of children with developmental disabilities (DD) and their families.

- III.3 Developmental disabilities (DDs) are conditions resulting from impairments that affect the child's physical, learning, or behavioural functioning. Children with DDs are at higher risk of poor health, lower educational attainment and wellbeing than children without disabilities. Furthermore, DDs are associated with social disadvantage and pose significant caregiving challenges. In 2016, there were 52.9 million children with DDs worldwide; 94.5% in low and middle-income countries. DDs comprise intellectual disabilities (IDs). The DSM-5 diagnosis of ID requires the satisfaction of three criteria (i) Deficits in intellectual functioning – reasoning, problem solving, planning, abstract thinking, judgment, academic learning and learning from experience – confirmed by clinical evaluation and individualized standard IQ testing. (ii) Deficits in adaptive functioning that significantly hamper conforming to developmental and sociocultural standards for the individuals' independence and ability to meet their social responsibility; and (ii) the onset of the deficits in childhood. Genetic abnormalities, pregnancy, and delivery complications are known as risk factors.
- III.4 Children with intellectual disability are more likely than their nondisabled peers to have associated and/or secondary conditions. These conditions are most common with greater severity of intellectual disability. The most common is Down syndrome, while the most common secondary condition is speech and language impairments. Some secondary conditions are autism, physical disabilities, speech and language impairment and health problems.
- III.5 The prevalence of IDs is difficult to ascertain due to variabilities in data sources, case definitions, and range of age. In 2016, the global prevalence of ID in under-fives was 1,983 per 100,000, and of ASD was 723 per 100,000. In Jamaica, the number of estimated cases with ID was 4,073 (1,472.2 per 100,000) and with ASD, 2,106 cases (728.8 per 100,000).¹
- III.6 From social perspective, children with ID face important challenges. Their parents often must coordinate on their own a variety of social, medical and educational support services, adding to the heavy financial, logistical and emotional challenges of raising a child with special needs.² A recurring problem is the delay in the diagnosis of ID, which in part might be due to denial of the parents, that keep their children in the mainstream, or they are unable to identify the condition of their child.³ Also, screening activities are scarce in health clinics or day care centres, due to lack of training of health personnel or social workers to identify this condition in a timely manner.

¹ Global Research on Developmental Disabilities Collaborators. Developmental Disabilities among children younger than 5 years in 195 countries and territories, 1990-2016: a systematic analysis for the Global Burden of disease Study 2017. *Lancet Global Health* 2018;6:e1100-21

² National Academies of Sciences, Engineering, and Medicine 2016. Ensuring Quality and Accessible Care for Children with Disabilities and Complex Health and Educational Needs: Proceedings of a Workshop. Washington, DC: The National Academies Press. <https://doi.org/10.17226/23598>.

³ JAID. The Jamaican Association on Intellectual Disabilities. Persons with Intellectual Disability. Annual Report 2016.

- III.7 The Government of Jamaica issued the Disabilities Act 2014 to make sure that people with disability receive fair and equal treatment. The operating arm of disability policies is the Jamaica Council for Persons with Disabilities (JCPD) <http://jcpdja.com/> that protects the rights for social inclusion and accommodations (education, labour) of persons with disabilities. Non-governmental organizations, such as the Jamaica Association on Intellectual Disabilities (JAID) <http://www.jaid.org.jm/contact.html> provide services for children with IDs through schools for special education; early intervention programs; resources and professional partnership and adult continuing education programs among others. Children with ID who receive appropriate personalized support over a sustained period improve their intellectual and adaptive behaviour and quality of life.
- III.8 The social and health needs of children with ID and their families require the provision of specialized social and health services that the public sector must be prepared to provide. In the case of Jamaica, it is justifiable to strengthen current policies and test actionable interventions to respond properly to the problem of childhood ID. The situation can be broken down into four challenges. (i) Children with ID are a vulnerable group facing barriers to accessing healthcare, rehabilitation, and social support services and has less opportunity for formal education due to weak functional health and social care systems. For example, access to effective therapeutic interventions remains a deficit. Speech and occupational therapists and behaviourists are few. (ii) Intellectual disability implies high lifetime costs of care and rehabilitation. These costs might be inaccessible to low-income families who face a high risk of further impoverishment due to the expenses related to the condition of their children. (iii) Children with ID are stigmatized and at risk of neglect and violence. (iv) Caregivers and families have a low quality of life and a heavy emotional burden.
- III.9 Interventions for children with ID comprise primary prevention, oriented at reducing the occurrence of ID, secondary prevention focused on early detection and diagnosis, and tertiary prevention that provides community-based comprehensive development programs.
- III.10 Strategic Alignment: The TC is consistent with the Update to the Institutional Strategy 2010-2020 (AB-3008). It is aligned with the development challenges of social inclusion and equality by promoting access to high-quality healthcare services. The TC is congruent with the cross-cutting theme of institutional capacity and the Rule of Law by strengthening the institutional capability to administer, evaluate and monitor outcomes of development projects to improve health systems. Moreover, the TC contributes to the outcomes of the Corporate Results Framework (CRF) 2016-2019 (GN-2727-6) by providing operational support to projects that increase the number of beneficiaries receiving healthcare services. Besides, the TC is aligned with the Country Strategy of Jamaica 2016-2021 (GN-2868), in which objective 3 aims at reinforcing human capital protection and development of poor and vulnerable population in Jamaica. The TC is congruent with the eligibility criteria of the

Japan Special Fund Poverty Reduction Program (JPO). The Operating Guidance for Application and Implementation establishes that JPO will support well-targeted poverty reduction and social development activities that respond directly to the needs of socially and economically disadvantaged people, such as is the case of children with intellectual disability and their families. This project will reinforce current policies and provide data, tools, and techniques to improve the delivery of effective and sustainable care for children with ID.

IV. Description of activities/components and budget

IV.1 The government of Jamaica has requested TC funds to support the following three components to improve the health and social services for children with ID and their families.

IV.2 **Component I: Design of the intervention for children with ID. (US\$95,000).** This component will finance the design of the intervention protocol that will be implemented with children with ID and their families. The design comprises (i) Systematic Literature Review to ascertain best international policies and community-based parent-centred practices (neuroplasticity interventions⁴). The review will inform about the pertinence of neuroplasticity interventions to the Jamaican context. (ii) Development of the intervention protocol: Definition of the objectives, sampling design, inclusion criteria, individualized program of services and developmental therapies that involve screening, recruitment, evaluation and medical work-up. (iii) Definition of the evaluation parameters of the progress of children with ID in the areas of cognition, language and social competencies, among others. (iv). Adaptation of digital technology to train and support the intervention and follow up activities of participating children, parents, and providers. An ethics review board (i.e. the Caribbean Institute for Health Research at the University of West Indies) will be asked to review the thoroughness and ethics of the protocol. The expected result of this component is an intervention with rigorous design that introduces modern techniques and digital technology to manage children with ID.

IV.3 **Component II: Implementation of the intervention for children with ID and their families (US\$420,000, Plus Counterpart Funding of \$66,700).** This component will finance the implementation of the intervention for children with ID and their families. The intervention comprises (i) Training of parents/caretakers and health providers, (ii) Screening, recruitment, comprehensive evaluation, medical work-up, individualized program of services and developmental therapies and parents counselling. (iii) The follow-up actions to promote adherence to the program activities by both

⁴ Neuroplasticity is a term that refers to the brain's ability to modify, change, and adapt both structure and function throughout life and in response to experience. Voss P, Thomas ME, et al., Dynamic Brains and the Changing Rules of Neuroplasticity: Implications for Learning and Recovery. Front Psychol. 2017;8:1657.

health providers and parents/caretakers. The expected result of this component is to include 120 children with intellectual disability and their parents/caretakers and train health providers in an innovative intervention that is expected to be effective.

IV.4 Component III: Evaluation activities and feasibility analysis to scale-up the intervention. (US\$78,000). This component will finance the activities to monitor and evaluate the quality and outcomes/effectiveness of the intervention on the intellectual function, such as the progress in children's cognition, language, and social functioning. Also, the evaluation comprises the acceptance and satisfaction of parents/caretakers and providers. The feasibility analysis will identify the strengths and weaknesses and the resources necessary to scale up the intervention and set the basis to design a national program. The expected results of this component is the effectiveness and outcomes evaluation of the intervention and the analytical work to define whether the intervention is replicable and can be scaled up.

IV.5 Other Costs: US\$7,000 Audit: The executing agency will contract independent, bank eligible auditors to undertake the project audit, from funds provided for under the TC. The independent auditors to carry out ex-post reviews of procurement processes and of supporting documentation for disbursements. Ex post reviews will include the analysis of the financial statements that the EA should prepare annually as part of its financial management.

Indicative Budget

Activity/Component	Description	IDB/Fund Funding	Counterpart Funding	Total Funding
Component 1. Design of the intervention for children with ID	Intervention protocol design	50,000	0	50,000
	Adaptation of digital technology	45,000	0	45,000
Component 2. Implementation of the interventions for children with ID	Project Coordination and supervision	50,000	0	50,000
	Implementation of interventions on site	350,000	66,700	416,700
	Purchasing of computing equipment	20,000	0	20,000

Activity/Component	Description	IDB/Fund Funding	Counterpart Funding	Total Funding
Component 3. Evaluation activities and feasibility analysis	Monitoring and evaluation of the intervention	68,000	0	68,000
	Feasibility study	10,000	0	10,000
Other costs	Audit	7,000	0	7,000
Total		600,000	66,700	666,700

IV.6 The total cost of this TC will be US\$666,700. The JSF Poverty Reduction Program (JPO) Community Based Project (CBP) will provide US\$600,000 and the Jamaican Association for Intellectual Disabilities will provide US\$66,700 as counterpart contribution in the form of personnel and utilities related to physical spaced used to implement the project. See Annex for letter of commitment from JAID.

IV.7 The TC will be jointly supervised by CCB/CJA and SPD/SPH. The designated focal point in the COF is Charmaine Edmondson-Nelson (Team Leader) and the Sector Specialist is Ricardo Cuevas – Health Specialist (Alternate Team Leader).

IV.8 Monitoring arrangements. At the project execution level, the Jamaica Council for Persons with Disabilities (JCPD) will provide general oversight on progress in line with the TC results matrix. The Bank will monitor and evaluate the project progress as part of the project supervision. As part of the execution reporting requirements, the Jamaican Association of Intellectual Disabilities, which is the Executing Agency (EA) will submit the reports to the Bank that comprise Semi-annual Reports, annual operating plan, and final audited financial statements (within 120 days following the date stipulated for the final disbursement of the funds). The semi-annual reports will be presented by the executing agency by Aug 30 and Feb 28 of each year and will include progress against indicators in the results framework, project implementation status, financial status, review of risks and issues, and updated disbursement projections. A final evaluation report will be presented by JAID within six (6) months after project completion to include lessons learned, effectiveness of the intervention and critical success factors.

V. Executing agency and execution structure

v.1 The executing agency will be the Jamaican Association on Intellectual Disabilities (JAID) Limited, which is a not-for-profit organization established in 1959. JAID has a longstanding experience of more than fifty years of advocacy, implementation and facilitation of interventions and measures to strengthen the rights of persons with intellectual disabilities and promotion of their participation in society. It also has experience executing funds from national and international donors such as the United Nations Development Programme, the

United Nations Population Funds and Chase Funds among others. JAID is a transparent organization, its financial accounts of JAID are audited by an external Auditing Company annually. The financial statements are published each year in JAID's Annual Report. The Early Intervention Programme of JAID provides stimulation for children with ID and other developmental disabilities from birth to six years of age. While JAID will execute the TC, the GOJ through the Jamaica Council for Persons with Disabilities (JCPD) will provide general oversight on progress and the selection and no objection of candidates to perform the activities and interventions of this project. A technical working group will be formed comprising representatives from JCPD, JAID and IDB to provide technical oversight.

- v.2 The Government of Jamaica through the Ministry of Finance and Planning have requested support for the TC, including endorsement of the project funding of US\$600,000 and the recognition of JAID as the Executing Agency. See Annex.
- v.3 JAID will be responsible for program implementation, specifically (i) presenting the annual operating plan and progress reports to the Bank, (ii) managing compliance of project outputs/activities, (iii) procurement and processing of contracts required for the implementation of agreed program interventions and (iv) monitoring activities to ensure planned results are achieved. These activities will be overseen by its Director. A project coordinator will be contracted under the project to coordinate and provide guidance in all matters pertaining to the successful administration and implementation of the project through the efficient management of the resources, in accordance to the stipulations contained in the technical cooperation agreement.
- v.4 Procurement of consulting and non-consulting services will be carried out in accordance with the policies GN-2349-9 "Policies for the Procurement of Goods and Works Financed by the IADB" and GN-2350-9 "Policies for the Selection of Consultants Financed by the IADB", if required, as well as in keeping with the provisions established in the procurement plan.
- v.5 As per the Bank's Financial Management policies, OP-273-12, which provides the option to convert local currency expenditure into the operating currency (US\$), the exchange rate applicable on the date of each payment will be used. The project fiscal year will be aligned to the country's fiscal year which runs from Apr 1 to Mar 31 of the following year. JAID will contract independent bank eligible auditors to undertake the project audit, from funds provided for under the TC. The final audited financial statements will be presented within 120 days following the date stipulated for the final disbursement of the funds.

VI. Major issues

- VI.1 A study of this nature, which involves introducing innovative approaches into an institutional space which may have capacity issues, has its inherent risks. A well-designed M&E system will mitigate some of these risks, as well as the rigorous assessment and identification of the therapeutic model best suited and most adaptable for the cultural and institutional environment. It is the first time that JAID will receive funds from IDB, it will be necessary to provide to JAID

administrative staff training in IDB's procurement and fiduciary arrangements. As mentioned earlier, a technical working group with members from JCPD, JAID and IDB will provide technical oversight.

VII. Exceptions to Bank policy

VII.1 This TC does not contain exceptions to IDB's policies.

VIII. Environmental and Social Strategy

VIII.1 The safeguard policy filter categorized this TC as a 'C' project indicating that this project's net environmental and social impacts are likely to be positive for beneficiaries who will have increased access to health services (see Filters).

Required Annexes:

[Request from the Client_4987.pdf](#)

[Results Matrix_52941.pdf](#)

[Terms of Reference_50730.pdf](#)

[Procurement Plan_17642.pdf](#)