|  |
| --- |
| **Heading****: International Consultant for technical support for development of certificate and diploma programs for Early Childhood Intervention (ECI)****Section in Charge**: **Education****How does the consultancy relate to work plan:** **Output 1 Sub activity 1.3. Early Childhood Intervention Services piloted through establishing coordination mechanism and capacity development of key partners****Outcome reference**: **203 Education Programme: By 2022, children, especially the most disadvantaged, will acquire knowledge and skills in an inclusive, safe, quality learning environment to complete pre-primary, primary, transition to secondary, and complete lower secondary education** **Output reference**: **Output 1 Early Learning: MOE and other partners at National and Subnational level have increased capacity to give a head start to children 3-5 years old through quality preschool and kindergarten education (0600/A0/05/203/001/018)**  |
| 1. Background:

Committed to achieving SDG Goal 4.1 on Primary Education and 4.2 on early learning, the Government of Myanmar is implementing the Early Childhood Intervention (ECI) System. Myanmar Policy for ECCD (2014) Objective 3 stated: “Improve the development and status of children 0 to 5 years with developmental delays, malnutrition, chronic illnesses, disabilities and atypical behaviours, with a special focus on achieving the full acceptance and inclusion of children with special needs”. Since 2015 as part of the Country Programme Document and Multi Year Work Plans, UNICEF has been supporting MoSWRR to lead other relevant ministries, professional associations, academic institutions, INGOs, NGOs working for young children and the Disable Persons’ Organizations to develop the National ECI System. The Leprosy Mission Myanmar (TLMM) has been engaged through a Partnership Cooperation Agreement as per agreement with MoSWRR. With technical support from international and national consultants and facilitation by TLMM, the ECI Strategic plan was launched in April 2017. The National Action Plan was also developed to initiate the pilot phase of service delivery in 2018.The new Country Programme Document (2018-2022) and joint multiyear workplan (2020-21) with MoE and MoSWRR, focus on continuing support to Early Childhood Intervention system development.Early childhood intervention (ECI) services are intensive and serve children principally from birth to age three and up to five years of age. They are tailored to meet the needs of individual children with fragile birth status, developmental delays, disabilities, malnutrition, chronic health issues that affect their development, and atypical behaviours, such as autism spectrum, attention deficit and hyperactivity disorders. ECI services include a process for conducting the following activities: community outreach to identify children with special needs, universal screening of child development, referrals to ECI services, initial ECI intake, comprehensive child and family assessments using Routine Based Interviews, establishment of eligibility for ECI services, preparation of an Individualised Family Service Plan, regular home visits or visits to a daily childcare centre (usually once or twice a week), including the parents and the child caregiver, regular re-assessment and plan revision, transition services to inclusive preschools or primary schools or, if needed, special services for children with complex disabilities, and follow-up services, as needed. All visits are conducted in the natural environment of the child and family and use the child and family’s daily routine as a basis.Through the implementation of ECI, all children from birth to 60 months of age will benefit from improved knowledge and care of their parents and caregivers on early childhood care and development. More importantly, children with developmental delays, disability and chronic illnesses will benefit most from early intervention and can transition into the inclusive preschools and schools smoothly. Developing, improving, and expanding ECI services will help children not only achieve their full potential, but also prevent the discrimination and stigmatisation of those with special needs. The essence of ECI services is the individualized family service plan for eligible children. This is to be developed by a transdisciplinary team consisting of an early child development specialist, psychologist, physiotherapist, and social worker, as per current availability of human resources in Myanmar. In an ideal professional team, an early childhood interventionist, speech language pathologist, and occupational therapist are also to be involved. In Myanmar, early childhood development and early childhood intervention are very new areas. Only one post graduate diploma course on early childhood development is currently provided by Yangon University of Education. There is no institutionalization of pre-service training for early childhood development. The Psychology Departments of Universities of Arts and Science have been underdeveloped. Recently, there has been renewed interest from Psychology Departments in areas of applied psychology including ECI, stemming from their engagement in the ECI Task Force and also in Transdisciplinary Teams at Early Childhood Intervention pilot sites as professionals. While implementing the ECI pilot service in 7 pilot sites since 2018, preparatory work on long term human resource development has been carried out. The international consultant was engaged to do awareness-raising, mapping of post graduate programs across the world, getting consensus on the competencies for early childhood interventionist for Myanmar among the academic institutions and the service providers, and drawing a road map for development of post graduate courses and a certificate course. Through development of pre- and in-service training programs on ECI, in the long run, Myanmar will be equipped with trained professionals to support the ECI transdisciplinary teams who in turn will provide technical support to paraprofessionals doing the outreach work of empowering the parents and families to provide nurturing early stimulation and interventions. |
| 1. Objectives of the consultancy:

This technical support will help MoSWRR and its collaborating ministries, the Ministry of Education and Ministry of Health and Sports in developing a long term sustainable human resource development program to expand and maintain Early Childhood Intervention Services in Myanmar. Technical support to the Pre- and In-Service Training Technical Working Group will also help link theory into practice and improve the quality of services provided by paraprofessionals and professionals The following specific tasks are identified 1. Support development of online self-pace certificate program for ECI Paraprofessionals 2. Support development of face-to-face three-month certificate program for ECI Paraprofessionals3. Support development of one-year post-graduate diploma program for ECI4. Mentor and coach ECI trainers on specific thematic areas |
| 1. Geographic Area: Duty station will be Yangon with occasional visits to Nay Pyi Taw and pilot sites: Dagon East in Yangon Region, Monywa, and Chaung U in Sagaing Region, Pathein and Kangyidaunt in Ayeyarwaddy Region, Paung and Thathon in Mon State
 |
| 1. Duration (including potential extension): 167 working days spread across 11.5 months (1st January 2021 to 15TH December 2021) of which 72 days are for work from home. 95 days are in-country working days. 85 days maximum is expected to be in duty station out of the in-country working days. The remaining days are estimated for visits to elsewhere (Nay Pyi Taw and pilot sites)

Maximum 3 in-country visits expected: between 1st Feb-Mid April, Mid-June-Mid September, and in Mid Oct-November. Travel to Myanmar will be subject to COVID-19 travel restrictions. *(with possibility for extension if planned activities were delayed due to conditions beyond UNICEF’s control)* |
| 1. Supervisor: Education Specialist, Early Childhood Development
 |
| 1. Type of Supervision/support required from UNICEF:

Periodic update on the progress and identification of key stakeholders for pre- and in-service training design development.  |
| 1. Description of assignment:
 |
| **Tasks** | **End Product/deliverables** | **Duration/****Deadline/ % of fee Payable** |
| 1. Online Self-pace Certificate Program for ECI Paraprofessionals
 |
| 1.a. Review and finalize draft standards and competencies for paraprofessionals and professionals. **(Home base)**1.b. Create an online instructional module and handbook for paraprofessionals and professionals on how to develop a portfolio of ECI practice which provides evidence of knowledge and skills aligned with the required standards and competencies. Develop portfolio assessment rubric for paraprofessionals and professionals.**(Home base)** | 1.a. Standards and competencies for ECI paraprofessionals finalized and submitted for Steering Committee approval. 1.b. Portfolio module, handbook and Portfolio assessment rubric developed for paraprofessionals and professionals.  | 18 days(January 2021) 31st January 2021**10%** |
| 2.Develop online, self-paced training modules for a paraprofessional certificate program linked to required competencies and standards based on mapping of existing training materials.**(Home base)** | 2.Online self-paced Modules for paraprofessional certificate course developed. Report on delivery recommendations prepared. | 14 days(February to May 2021)30 May 2021 **10%** |
| 1. Pre-service face-to-face three-month Certificate Program for ECI Paraprofessionals
 |
| 3.Provide orientation training on participatory approaches to teaching and learning for paraprofessional certificate working group. **( 12 days In country**[[1]](#footnote-1)**)** | 3.Report with recommendations for orientation training on participatory approaches  | 12 days (February 2021) **28 February 2021,10%****10%** |
| 4. Supervise and support a technical working group’s development of a three-month face-to-face paraprofessional certificate program and ensure content is linked to required standards and competencies (180 hours of instruction and 180 hours practicum)(20 days **In country**[[2]](#footnote-2) **and** 10 days **Home base)** | 4. Draft modules developed for three-month face to face paraprofessional certificate program with complete course outlines that are mapped to required standards and competencies. Certificate review framework developed. | 30 days(March to May 2021) **30 May 2021****14%** |
| 5.a. Supervise, support, monitor, evaluate, and provide recommendations for the improvement of the preliminary pilot offering of the face-to-face paraprofessional three-month certificate course through feedback, coaching, reflection, and evaluation. (20 days **In country**[[3]](#footnote-3) **and** 10 days **Home base)** | 5.a. Report on preliminary offering along with strengths and areas for improvement based on regular supervisory meetings and in-country observations and review. | 30 days(June to August 2021)  |
| 5.b. Support revision of the pilot three-month paraprofessional certificate.**(Home base)** | 5.b. Three-month certificate program for paraprofessionals finalized. | 10 days (September 2021,)15 September 2021 **24%** |
| 1. One-year Post Graduate Diploma Program for Early Childhood Intervention
 |
| 6.Co-create one-year post graduate ECI diploma content with curricula developers from two universities by explicitly linking content to required standards and competencies; sourcing reference materials; co-creating assessment of student learning; and building the capacity of lecturers to deliver the course. (14 days **In country**[[4]](#footnote-4) **and** 4 days **Home base)** | 6.First draft of course outlines, content, reference materials, and assessments for one-year post graduate ECI diploma program developed and mapped to required standards and competencies. | 18 days(October to November 2021) 30 November 2021**12%** |
| 1. In-service Mentoring Coaching of ECI Trainers
 |
| 7.Provide training of trainers on a.) Routine Based Interview (RBI) and b.) Hands in Hand module including collaborative coaching/supervision.Two phased-trainings of 3 days each with practicum in between for each thematic area a and b (**In country**[[5]](#footnote-5)**)** | 7.Report with recommendations for RBI, Hands in Hand training of trainers | 29 days(June to August 2021)31 August 2021 |
|  |  | **10%** |
| 8.Prepare final report with recommendations for follow-up.**(Home base**) | 8.Final narrative report (20 pages) and PowerPoint with recommendations for follow-up for 1) online paraprofessional training; 2) pre-service paraprofessional three-month face-to-face certificate; and 3) one-year university face-to-face diploma course 4) in-service mentoring coaching of trainers. | 6 days(November 2021)30 November 2021**10%** |
| 1. Advertisement / Invitation / Request for Expression of Interest

This TOR will be posted in UNICEF Intranet, UN Job List, UNICEF Website, LinkedIn and also in MIMU. |
| 1. Selection process (EOI to be attached to TOR) Interested candidates are required to complete the Expression of Interest Form circulated with the call for proposals, answering the technical questions included.

The consultant will be identified by UNICEF based on a competitive selection process, taking into account the candidate’s experience, the quality of the answers produced, and of the lump-sum requested.All expenses inclusive (except for local travel costs for necessary meetings, visits which will be reimbursed on actual and approved rates, not higher than ICCS rates) and other related costs should be reflected in the proposed budgetIf deemed opportune, UNICEF will require a telephone interview with shortlisted candidates.  |
| 1. Qualification and specialized knowledge/experience required for the assignment:

 The consultancy is expected to be conducted by a qualified professional who has extensive experience using screening and assessment tools and who has experience starting up early child intervention training programs both online and also face to face in developing countries. At a minimum, the consultant is expected to meet the following qualifications:A. An advanced university degree in one of the following fields is required: sociology, child development, public health, family health, health or educational research, or other relevant technical fields;B. More than 7 years of experience in early childhood development programmes, preferably in the Asia Pacific Region or countries with a situation similar to Myanmar;C. Demonstrated expertise on setting up an early child intervention certificate and post graduate diploma training program for professionals and paraprofessionals both online and face to face;D. Demonstrate experience in capacity building of government officials and multidisciplinary teams including academic institutions; E. Experience working in Myanmar/ understand the context of Myanmar as an asset;F. Able to show examples of similar work done for past clients;G. Demonstrate ability to deliver on time and with exceptional results;H. Capable of working in sensitive situations and under tight deadlines; |
| 1. Other conditions:

The consultant has to work closely with National Consultant(s) of the MoSWRR and focal persons from the Ministry of Social Welfare Relief and Resettlement and The Leprosy Mission Myanmar. Periodic meeting and reporting as agreed upon will be submitted.The consultant is required to use his/her own laptop and submit all deliverables in digital format. While group meetings will be organized with logistical support from the Leprosy Mission Myanmar, no desk space will be available during in-country visits. The consultant may need to travel to Nay Pyi Taw for meetings with key ministries and technical working groups.If the travel permit is granted by the Government, the consultant may visit some project sites in selected townships such as Dagon East in Yangon Region, Monywa, and Chaung U in Sagaing Region, Pathein and Kangyidaunt in Ayeyarwaddy Region, Paung and Thathon in Mon State.The consultant to observe the intellectual property rights of reference materials used and should properly reference.**Life and health insurance** UNICEF does not provide or arrange life or health insurance coverage for consultants and individual contractors, and consultants and individual contractors are not eligible to participate in the life or health insurance schemes available to United Nations staff members. Consultants and individual contractors are fully responsible for arranging, at their own expense, such life, health, and other forms of insurance covering the period of their services as they consider appropriate. The responsibility of UNICEF is limited solely to the payment of compensation for service-incurred death, injury, or illness as per the provisions detailed below.**Insurance for service-incurred death, injury, or illness**Consultants and individual contractors who are authorized to travel at UNICEF’s expense or who are required under their contract to perform services in a UNICEF or United Nations office shall be provided with insurance coverage through a UNICEF-retained third party insurance provider, covering death, injury, and illness attributable to the performance of official UNICEF duties. Compensation in the event of service-incurred death, injury, or illness shall be equivalent to amounts stipulated in the agreement between UNICEF and the insurance provider. **Payment**Payment schedules should be directly linked with deliverables at specific time intervals. Payments should be processed based on satisfactory delivery of the services/products as certified by the supervisor/ manager.**Confidentiality:** The documents produced during the period of this consultancy will be treated as strictly confidential, and the rights of distribution and/ or publication will reside solely with UNICEF. The contract signed with the consultant will include the other general terms defined by UNICEF. |
| 1. Nature of Penalty Clause to be stipulated in the contract:

UNICEF Myanmar reserves the right not to pay the Contractor or withhold part of the payable amount if one or more requirements established for this assignment is not met or deadline set for the accomplishment of the tasks is missed. |

1. Depending on COVID travel safety and restrictions [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. Depending on COVID travel safety and restrictions [↑](#footnote-ref-3)
4. Depending on COVID travel safety and restrictions [↑](#footnote-ref-4)
5. Depending on COVID travel safety and restrictions [↑](#footnote-ref-5)