**ANNEX : B**

**TERMS OF REFERENCE FOR INDIVIDUAL CONTRACTORS/ CONSULTANTS**

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| **PART I** | | |
| Title of Assignment | **Technical support for development of guidance and training materials to social workforce for de-institutionalization of children with disabilities** | |
| Category of the Consultancy | **National** | |
| Proposed level of Consultancy | **Minimum 5 years experience (mid-level)** | |
| Section | **Child Protection** | |
| Location | **consultant to operate from own premises in Rwanda** | |
| Duration | **11.5 Months** | |
| Start date | **From:01/05/2019** | **To: 15/04/2020** |

1. **Back Ground**

In March 2012, the Government of Rwanda (GOR) endorsed the Strategy for National Child Care Reform.[[1]](#footnote-1) The implementation mechanism for the Child Care Reform Strategy is the Tubarerere Mu Muryango (TMM) programme (‘Let’s raise children in families’) led by the National Commission for Children (NCC). The Tubarerere Mu Muryango (TMM) programme aims to ensure that children living in institutional care in Rwanda are reunited with their families or placed in suitable forms of family based alternative care and that children in families are prevented from separating. The programme uses the child care reform as a springboard for wider strengthening of the child protection system. A baseline study of the number of children in institutional care was conducted by the Ministry of Gender and Family Promotion (MIGEPROF) in 2013 with support from Hope and Homes for Children. The baseline revealed that 3,323 children and young adults were residing in institutions. 70% of the children had biological or extended family in Rwanda. Through the implementation of TMM Programme, 3216 children and young adults have been placed in family-based environment or supported in independent living by December 2018. The TMM first phase did not have a specific focus on specialized institutions for children with disabilities but did cover a small number of children with disabilities who were residing in the target institutions. The evaluation of the TMM first phase (2017) showed that placement of children with disabilities into families utilizing the existing model was challenging.

In July 2016, an assessment of the institutional care for children with disabilities was conducted in Rwanda. The assessment estimates that there were 49 centres providing care to approximately 4,349 children and youth with disabilities.[[2]](#footnote-2) The majority of these centres were founded since 2000 and most are operated either by non-governmental organizations (NGOs), church-based organizations or parents’ groups[[3]](#footnote-3). The number of children with disabilities registered in these centres increased by 18% in 3 years (2013-2015).

It is well understood that institutionalization, especially of children less than three years and children with disabilities,[[4]](#footnote-4),[[5]](#footnote-5),[[6]](#footnote-6),[[7]](#footnote-7) negatively impacts various domains of child development and predisposes them to intellectual, physical, behavioral and social problems later in life. It is the right of every child to be raised in a family environment. The Rwanda Government is committed to ensuring the rights of all children with disabilities are protected and upheld. This right is enshrined in the United Nations Convention on the Rights of the Child (UNCRC) (ratified by Rwanda on January 24, 1991), the Convention on the Rights of Persons with Disabilities (UNCRPD) (ratified by Rwanda on December 15, 2008)[[8]](#footnote-8) and Rwandan law No 01/2007 of 0/01/2007 (Article 5) on the protection of persons with disabilities in general, which states that *“a disabled person has the right to live in the family in the same conditions as others*”[[9]](#footnote-9). The Child Care Reform strategy developed in 2012 provides the framework to ensure that all children can grow up in family care.

1. **Justification**

The Rwandan Constitution notes that the family is the “natural foundation of Rwandan society…” and that children not only belong to the biological parents, but also to extended family and the community.

Evidence worldwide shows that children with disabilities are often the last to be de-institutionalized[[10]](#footnote-10),[[11]](#footnote-11),[[12]](#footnote-12) This can be the result of a belief that an institution is the best place for a child with disability. However, some practical examples show that with appropriate support, children with disabilities can fully enjoy their rights within the family life[[13]](#footnote-13) and that it is only a very small minority of children with complex needs who require specialized services that cannot be met in a family-based setting.[[14]](#footnote-14)

Practical examples show that children and adults with disabilities who have transitioned from institutions to the community have shown improvements in quality of life and personal functioning.[[15]](#footnote-15) Meanwhile, given the multiple deprivations that they face, there is always need for multi-sectoral support. It is in this spirit that the Ministry of Local Government is putting in place the national policy on disability inclusion, and at the same time elaborating minimum standards for care for children with disabilities in care (namely residential, daycare and home-like centres). Also, the family care setting is promoted through the development of the national strategy on inclusion of children with disabilities in the national childcare reform that gives some points to be considered to promote family-based care for children with disabilities.

The summative evaluation of the TMM Programme -Phase I which was carried out in September 2016 identified a gap in reaching children with disabilities that should be addressed. The evaluation highlighted the following concerns as far as de-institutionalization of children with disabilities is concerned:

* Parents/caregivers felt that they lacked the skills to care for children with disabilities. Key informant interviews revealed that provision of special services to their children is still limited; this might explain the low rates of reintegration among this group of boys and girls.
* Further support is needed for children with disabilities and their families/caregivers to ensure that they get appropriate care in families.
* Although the TMM programme has led to improvements in attitudes towards institutional care, children from institutional care, particularly those with disabilities, are still facing discrimination and stigma. Efforts are needed to change social norms.

The evaluation clearly showed that the processes utilized during the first phase of TMM are not sufficiently adapted for children with different forms of disabilities. It is therefore necessary to ensure that the national programme that is currently operationalizing child care reform is adapted and equipped to adequately provide relevant services to children with disabilities and their families, provide on-going psychosocial support and relevant referral links. Considering the significance of social dimensions of disability, where social norms play a key role in shaping attitudes and behaviours towards personse with disabilities, technical support for the social welfare work would also need to include strategies for confronting and addressing negative norms that perpetuate stigma and discrimination against persons with disabilities.

1. **Objectives – Assignments, Deliverables and timelines**

The main objective of the consultancy is to review and map the current tools and processes utilized under the TMM programme, as well as within other programmes, and develop practical guidance, training materials and working tools to effectively apply the 12-TMM steps for reintegration of children with disabilities, starting from individual child and family assessment, community strenghts/opportunities analysis, placement and post-reunification support.

UNICEF will also be hiring an international expert on disability and child care reform who will be providing the overall technical leadership on the different tasks. This international expert will not be based in Rwanda but will make several in-country visits. The national consultant will be expected to work alongside, and under techncial guidance of the international expert and report to the UNICEF and National Commission for Children team.

Specific Objectives are as follow:

1. Collaborate with the international consultant for identification and compilation of all tools with relevance to 1) the placement of children with disabilities back into families and 2) supporting families to care for children with disabilities. This includes the national training curriculum utilized in the TMM programme, national tools utilized within the ECD, education or health programmes, as well as tools available from other countries and globally.
2. To contribute to development and delivery of training modules for the national facilitators’ team, the social workforce including volunteers and other government service providers and Civil Society Organisations. The training modules will be based on the 12-TMM steps for reintegration of children including post-placement support.
3. To develop an operational guide aligned to the TMM programme for the placement of children with disabilities from institutions into families including all the relevant tools.
4. To collaborate with the international consultant for development of a guide to support parents and families caring for children with disabilities in order to strengthen their ability to care and to access services and ensure its relevance to national/local context.
5. To develop a model implementation plan with indicative timelines and milestones for de-institutionalisation of children with disabilities in two identified institutions as a guide to national roll out of the de-institutionalisation process.

**Major tasks, delibverables and milestones**

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|  | **Major Tasks** | **Deliverable** | **Deliverable date** | **Milestone payment %** |
| 1 | Identify and collect for compilation: exisiting national tools relevant to1) the placement of children with disabilities back into families and 2) supporting families to care for children with disabilities. This includes the national training curriculum utilized in the TMM programme, national tools utilized within the ECD, education or health programmes, as well as tools available from other countries and globally. | Tools at national level available for Inception Report  Covering all relevant issues highlighted in major tasks. | 30 May 2019 | 20 |
|  | Facilitate the international consultant in-coutry visits and coordinate with all key stakeholders (NCC, NCPD, UNICEF…) for provision of administrative and logistic support for organization of different consultations (eg: inception report, trainings, validation workshop …) | Aligned to different deliverables across the consultancy. |  | Not tied to payment |
| 2 | Contribute to development of training modules, including guidance documents, for the national facilitators’ team, the social workforce including volunteers and other government service providers and Civil Society Organisations; and deliver training to the national facilitators . The training modules will be based on the 12-TMM steps for reintegration of children including post- placement support. The national consultant will provide hands-on support for compilation of existing tools at national level for desk review and screening. | 1. Training modules and guides for:    1. National Facilitators    2. Social workforce at all levels 2. Training report from training of national facilitators team | 30th of July 2019 | 15 |
| 3 | Contribute to development an operational (user step by step) guide aligned to the TMM programme for the placement of children with disabilities from institutions into families including all the relevant operational tools. The national consultant will ensure that the operational guide is rooted in Rwandan context and reflects national priorities. | Practical user operational guide with annexture of relevant tools. | 30th of September 2019 | 15 |
| 4 | To develop a guide to support parents and families caring for children with disabilities in order to strengthen their ability to care and to access services. Ensure that the guide is aligned to national context and takes into account of existing referral mechanisms to increase access to existing opportunities in the community and access to services like education, health and social protection, among others.  The guide should pay particular attention to children with disabilities special needs throughout life-cycle. | Simple, standard information sheets/packs/aids on appropriate care and referral links to assist families in caring for children with different types of disabilities. | 30th of November 2019 | 15 |
| 5 | Contribute local knowledge and expertise to the development of a model implementation plan with indicative timelines and milestones for de-institutionalisation of children with disabilities in two identified institutions as a guide to national roll-out of the de-institutionalisation process. | De-Institutionalisation implementation plan with clear timelines, milestones, indicators and indicative resource requirements for two institutions. | 30 December 2019 | 15 |
| 6 | Submit a summary final report documenting all the consultance deliverables and processes, including a compilation of samples of all materials -manuals, guides, modules, tools etc | Summary final report | March 2020 | 20 |

1. **Desired competencies, technical background and experience**

* Advanced university degree, preferably in social work, social sciences, child psychology, Disability studies, development studies or other related education background.
* Minimum of 5 years work experience in social welfare with a focus on either child protection, or disability, or child care and de-institutionalization or a combination of some or all.
* A combination of bachelor’s degree with relevant academic background and work experience may be accepted in lieu of the advanced university degree.
* Good knowledge of the national socio economic context with existing referral mechanisms in the education, health and social protection sector at national, community and local level with specific knowledge of existing community-based systems at grassroot and local level.
* Knowledge of disability inclusion and social care is desired
* Ability to work with people from different abilities and diversity
* Fluent in English and Kinyarwanda, knowledge of French is an asset

1. **Evaluation Criteria**

The Technical proposal is weighted at 75% and 25% for the Financial proposal.

**Please note that the final remuneration will be negotiated by HR.**

1. **Payment Schedule**

Payment is linked to agreed deliverables upon satisfactory completion and certification of deliverables by the supervisor

*(see above under Section III. Objectives, assignments, deliverables and timelines)*

1. **Risks associated with the contract**

*All reasonable and likely risks should be identified and a relevant risk response and possible mitigating action defined.*

**Risk:** Considring that the assignment involves multiple state and non-state entities, the anticipated timelines may potentially be missed as approvals and sign offs on documents may be delayed in some key government institutions.

**Mitigation:** During the inception phase, there will be considerable investment in consensus building on key approaches and methodologies and the work modalities between the consultant, UNICEF, NCC and other government institutions that will be part of the technical steering committee, and this will be included in the execution roadmap. UNICEF and NCC will try as much as possible to identify potential bottlenecks, promote active discussions and secure concessus through the technical steering committee in order minimise, as much as possble, the potential delays in approvals and sign-offs.

1. **General Conditions: Procedures & Logistics**

The national consultant will work under technical guidance and supervision by the international consultant, and and will ensure close work relationships with NCC and NCPD and UNICEF. The documents to be produced will be reviewed and approved by the National Commission for Children (NCC) and the National Council of Persons with Disabilities and certified by UNICEF for technical compliance and payment purposes.

In case of field visits, the national consultant will be reimbursed for reasonably incurred costs for accommodation and meals. UNICEF will provide transport

All the documents remain the property of the Government of Rwanda and UNICEF Rwanda Country Office.

**How to Apply**

UNICEF is committed to gender equality in its mandate and its staff. Well qualified candidates, particularly females are strongly encouraged to apply.

Interested candidates should send their complete Personal History (P11) form, which can be downloaded form (<http://www.unicef.org/about/employ/files/P11.doc>). or a CV/resume, as well as a cover letter explaining what makes them suitable for this consultancy.

Qualified and experienced candidates are requested to submit a letter of interest including a **Technical Proposal** outlining a road map for review and implementation timeline. In their letter of interest, candidates should highlight their previous work experience relevant to the assignment, the attributes that make them suitable, their proposed approach to the assignment.

The applicant should also submit a **Financial Proposal** outlining the total costs for this consultancy with payment linked to the main deliverables outlined above. The financial proposal should indicate an all-inclusive lumpsum fee. .

*UNICEF has a zero-tolerance policy on sexual exploitation and abuse, and on any kind of harassment, including sexual harassment, and discrimination. All selected candidates will, therefore, undergo rigorous reference and background checks.*

**Only shortlisted candidates will be contacted.**

1. *Cabinet Brief: Strategy for National Child Care Reform* (n.d.). [↑](#footnote-ref-1)
2. National Council of Persons with Disabilities, National Commission for Children, & UNICEF. (2016). *Report on National Assessment of Centres Caring for Children with Disabilities in Rwanda.* p.18. Retrieved from <http://ncc.gov.rw> [↑](#footnote-ref-2)
3. Ibid. [↑](#footnote-ref-3)
4. World Health Organization. (2010). *Better health, better lives: children and young people with intellectual disabilities and their families* *Transfer care from institutions to the community* p. 8. Retrieved from <http://www.euro.who.int/intellectual_disabilities> [↑](#footnote-ref-4)
5. Disability Rights International. (2013). *Left Behind: The Exclusion of Children and Adults with Disabilities from Reform and Rights Protection in the Republic of Georgia.* Retrieved from http://bettercarenetwork.org [↑](#footnote-ref-5)
6. European Commission. (2007). De-Institutionalising and Transforming Children’s Services: A Guide to Good Practice, Directorate for General Justice and Home Affairs in Collaboration with the World Health Organization (WHO) and The University of Birmingham, UK. (p. 139) Retrieved from www.bettercarenetwork.org [↑](#footnote-ref-6)
7. Mulheir G. (2012). Deinstitutionalisation – A Human Rights Priority for Children with Disabilities. The Equal Rights Reivew, Vol.9. [↑](#footnote-ref-7)
8. United Nations. (2006). United Nations Convention on the Rights of Persons with Disabilities. Articles 19 and 23. Retrieved from http://www.un.org [↑](#footnote-ref-8)
9. Republic of Rwanda, Ministry of Justice, Law No -1/2007 of 20/01/2007 relating to protection of disabled persons in general. [↑](#footnote-ref-9)
10. United Nations Children’s Fund. (2013). *State of the Worlds Children: Children with Disabilities* Retrieved from <https://www.unicef.org/sowc2013/> [↑](#footnote-ref-10)
11. Rosenthal E., & Mental Disability Rights International. (2009). *The Rights of Children with Disabilities in Vietnam: Bringing Vietnam’s Laws into Compliance with the UN Convention on the Rights of Persons with Disabilities*. Retrieved from https://www.unicef.org [↑](#footnote-ref-11)
12. European Commission. (2007). De-Institutionalising and Transforming Children’s Services: A Guide to Good Practice, Directorate for General Justice and Home Affairs in Collaboration with the World Health Organization (WHO) and The University of Birmingham, UK Retrieved from www.bettercarenetwork.org p.43 [↑](#footnote-ref-12)
13. Hope and Homes for Children & Eurochild (2013*). De-institutionalization – Myth busting* p.5. [↑](#footnote-ref-13)
14. European Commission. (2007). *De-Institutionalising and Transforming Children’s Services: A Guide to Good Practice,* Directorate for General Justice and Home Affairs in Collaboration with the World Health Organization (WHO) and The University of Birmingham, UK Retrieved from www.bettercarenetwork.org [↑](#footnote-ref-14)
15. World Health Organization and The World Bank. (2011). World Report on Disability [↑](#footnote-ref-15)