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

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| **Title:** International Consultant for technical support for Speech-Language Therapy for Early Childhood Intervention (ECI) | **Funding Code**  Non Grant | **Type of engagement**  Consultant  Individual Contractor Part-Time  Individual Contractor Full-Time | **Duty Station:** Remote  (with possibility of an in-country visit/mission later in the assignment) |
| **Purpose of Activity/Assignment:** This consultancy will help improve the capacity of professionals and paraprofessionals who are providing Early Childhood Intervention Services in two pilot sites in Myanmar. The consultant has to conduct following tasks;  1. Provide technical support to the ECI professionals and paraprofessionals in terms of assessment, functional goals setting, Individualised family service plan development and Routine based intervention (Based on Home Based, Routine Based, Transdisciplinary Approach)  2. Provide in-service training for professionals and paraprofessionals to be able to use **A**ssessment, **E**valuation and **P**rogramming **S**ystem for Infants and Young Children (**AEPS**) focusing on Speech Language Pathologist’s professional domains, including adaptation as required  3. Provide in-service training and coaching for professionals and paraprofessionals on Routine Based Intervention Activities through monthly case discussions | | | |
| **Scope of Work:**  Children need to develop holistically. Speech language development is crucial for socio emotional development of the children. Language delays in early childhood also could be a sign of a learning problem that may not be noticed until the school years. However, children in Myanmar are facing many challenges to develop optimally in this area of development. The 2015-16 Myanmar Demographic and Health Survey indicates that 37% of the live births, in the 5 years preceding the survey, were delivered in a health facility and 63% were delivered at home. This is alarming. For those children who are not delivered at health facility, there is increase chance of complications during birth and after delivery which may lead to cerebral palsy. Though the average incidence of cerebral palsy, one of the causes for speech delay, is approximately 2-2.5 per 1000 live births, up to 80% of children with cerebral palsy have at least some impairment of speech.  Lancet estimated that around 43% of children under five in low-and-middle-income-countries like Myanmar needs Early Childhood Intervention (ECI) services. Using proxy indicators like malnutrition, severe anaemia and congenital and acquired disabilities, it was estimated that at least 42% to 45% of young Myanmar children and families require Early Childhood Intervention services. However, evidence on impact of ECI is very encouraging. The earlier children with potential developmentally delayed are discovered and are given ECI services, the better the outcomes are. Usually about 70% of children become as close to typical levels of development by age 3, though follow up is encouraged up to age 5.  While most developmental delays and disabilities can be intervened early, there lacks a system of integrated early intervention services in Myanmar. Most services of government are hospital based and only in urban, hence, unable to support majority of children in their most important early years. Furthermore, in most universities and institutions, there lacks academic programs that put special focus in child development or speciality in speech and language therapy.  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 Country Programme and Multi Year Work Plans, UNICEF supported Ministry of Social Welfare Relief and Resettlement (MoSWRR) to lead other relevant ministries, professional associations, academic institutions, INGOs, NGOs working for young children and the Disabled Persons’ Organizations to develop National ECI System. The Leprosy Mission Myanmar (TLMM) has been engaged through a Partnership Cooperation Agreement as per agreement with the MoSWRR. With technical support from international and national consultants and facilitation by TLMM, the ECI Strategic plan was launched in April 2017. National Action Plan was also developed. A pilot ECI service has been initiated since November 2018 in 7 pilot sites, in phases, after preparatory work on development of program guideline, procedures, M&E manuals and pre-service training of professionals and paraprofessionals. Since the takeover of the administration by military, due to non-engagement principles, service delivery model was adapted to be implemented by TLMM and its partner Civil Society Organizations. The new pilot sites were selected. New paraprofessionals and professionals have been recruited as those trained were not working for the program anymore.  ECI services are to 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 difficult circumstances during birth, developmental delays including children with feeding and swallowing difficulties and speech and language difficulties, 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 using **A**ges and **S**tages **Q**uestionaire (ASQ), coaching parents to use ***daily routines more intentionally but with joy and fun to*** enhance child development, referrals to ECI services, initial ECI intake, comprehensive child and family assessments, 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, follow-up services, as needed. All visits are conducted in the natural environment of the child and family and using the child and family’s daily routine as a basis. The fundamental strategy of the early intervention uses daily routines of family as key to look for opportunities through the parent's daily routines and addressing their priorities set for their children, instead of recommending “activities” for the children. Important role play by parents in their child’s development and strength-based approach are other key principles of ECI model in Myanmar.  While developmental screening activities are facilitated by trained paraprofessional outreach workers, once children are identified as risk for developmental delay, detailed child and family assessment is carried out by the transdisciplinary team which consists of at least two professionals out of the six disciplines, in an ideal situation, namely early child development professional, psychologist, social workers, physiotherapist, occupational therapist and speech therapist. In Myanmar, there is still no occupational therapist nor speech therapist at present. Myanmar ECI program uses Assessment Evaluation and Programming System for Infants and Young Children (AEPS) as assessment tool. This tool is in the process of review and adaptation. When assessing developmental domain of social and social communication there are area that need to adapt according to Language and Grammar structure as well as language development milestone. In this case, the program needs inputs from Speech Therapist who is familiar with the assessment tool used in program as well as Language and culture of our country.  Some progress has been made in the field of ECI with contribution by different stakeholders. The University of Nursing of the Ministry of Health and Sports in Yangon has included seminars on early childhood intervention in their training programs. Mobile team was set up by the Paediatric Neurology Department of the Yangon Children’s Hospital, to provide outreach service in six States and Regions across Myanmar, until February 2021. Developmental milestone become compulsory question in Master Program for Paediatricians. Two professionals of Ministry of Health and Sports are currently attending degree program in speech therapy in Japan.  The Universities of Medical Technology (Yangon and Mandalay) of the Ministry of Health and Sports have initiated to integrate module on early childhood intervention in their program for physiotherapists. These universities of Medical Technology are interested to initiate Speech Therapy Diploma Program for short term and subsequently bachelor degree program to train a very new type of professionals which is much needed yet lacking in Myanmar. UNICEF, with support from the Catholic University, organized psychomotricity, feeding and swallowing training for members of Physiotherapy Faculties of Universities of Medical Technology, in 2019, to initiate better understanding on speech and feeding mechanisms and to help fill the gap for short term shortage in this area of expertise.  However, since February 2021 after military takeover, there is switch from UNICEF to service delivery rather than system building.  Through this technical support to pool of professionals trained for ECI, Myanmar will be equipped with trained personnel to support the ECI transdisciplinary teams who in turn will provide technical support to paraprofessionals doing the outreach work. Ultimately parents and families will be empowered to provide nurturing early stimulation and interventions to their young children for smooth transition to inclusive preschool and primary schools. | | | |
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| **Child Safeguarding**  Is this project/assignment considered as “[Elevated Risk Role](https://unicef.sharepoint.com/sites/DHR-ChildSafeguarding/DocumentLibrary1/Guidance%20on%20Identifying%20Elevated%20Risk%20Roles_finalversion.pdf?CT=1590792470221&OR=ItemsView)” from a child safeguarding perspective?       YES       NO     If YES, check all that apply:      **Direct contact role** YES       NO   If yes, please indicate the number of hours/months of direct interpersonal contact with children, or work in their immediately physical proximity, with limited supervision by a more senior member of personnel:     |  | | --- | |  |     **Child data role** YES      NO   If yes, please indicate the number of hours/months of manipulating or transmitting personal-identifiable information of children (name, national ID, location data, photos):     |  | | --- | | Only selected case discussion with paraprofessionals and professionals from project sites |   More information is available in the [Child Safeguarding SharePoint](https://unicef.sharepoint.com/sites/DHR-ChildSafeguarding/SitePages/Amendments-to-the-Recruitment-Guidance.aspx) and [Child Safeguarding FAQs and Updates](https://unicef.sharepoint.com/sites/DHR-ChildSafeguarding/DocumentLibrary1/Child%20Safeguarding%20FAQs%20and%20Updates%20Dec%202020.pdf) | | | |
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| **Budget Year:** | **Requesting Section/Issuing Office:** | | **Reasons why consultancy cannot be done by staff:** | | | |
| *2022* | *Education* | | *This is highly specialist area: speech and language therapy which none of the staff members in education section has expertise* | | | |
| **Included in Annual/Rolling Workplan***:*  Yes  No, please justify: | | | | | | |
| **Consultant sourcing:**  National  International  Both  **Consultant selection method:**  Competitive Selection (Roster)  Competitive Selection (Advertisement/Desk Review/Interview) | | | | | **Request for:**  New SSA – Individual Contract  Extension/ Amendment | |
| **If Extension, Justification for extension:** | | | | |  | |
| **Supervisor: Aye Aye Yee** | | **Start Date: 1st March 2022** | | **End Date: 31st January 2023** | | **Number of Days (working) 45 days in 10 months** |
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| Tasks/Milestone: | Deliverables/Outputs: | Timeline |
| 1. a) Provide technical support using online platforms to ***professionals*** in areas of social development and social communication development in order for them to do developmental assessment, functional goals setting, Individualised family service plan development and Routine based intervention plan development more competently   **4 working days** (3 days training)  **Home based** | Training report on social development and social communication development training for ***professionals*** including training design, materials, powerpoints used, case samples, references | 30 April 2022 |
| 1. b) Provide technical support using online platforms to ***paraprofessionals*** in areas of social development and social communication development in order for them to do developmental assessment, functional goals setting, Individualised family service plan development and Routine based intervention plan development more competently   **4 working days** (3 days training)  **Home based** | Training report on social development and social communication development training for ***paraprofessionals*** including training design, materials, powerpoints used, case samples, references | 30 April 2022 |
| 1. Provide in-service training and coaching of professionals and paraprofessionals on Speech language therapy related Routine Based **Interventions** including but not limited to    * + - Feeding and swallowing        - Supporting development of intentional communication skills        - Use of alternative augmentative communication methods (gestures, visuals) and how to develop with locally available materials        - Building more advanced communication (moving from pointing, word approximations to words; from one word to two words)   (2 phase training of 5 days each, for each phase first 2 days is general for both paraprofessionals and professionals, last 3 days is more specialised for professionals)  **14 working days**  **Homebased** | Training report on SLT related routine based intervention training and coaching for professionals and paraprofessionals including training design, materials, powerpoints used, case samples, DIY tips for Alternative Augmentative Communication methods, references etc | 30th May 2022 |
| 1. Provide detailed case specific technical support on speech language therapy domains to professionals and paraprofessionals through monthly mentoring coaching sessions through online platforms   2 days per each month\*7 months (June-Dec 2022)  **20 working days**  **Homebased** | Bi-monthly mentoring coaching report with detail case discussions, recommendations for follow up | 15th January 2023 |
| 1. Prepare final Report with recommendation for follow up and for future in service trainings   **3 working days**  **Homebased** | Final narrative report (20 pages) and power points with recommendations for follow up | 31st January 2023 |

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| **Minimum Qualifications required:** | **Knowledge/Expertise/Skills required:** |
| Bachelors  Masters  PhD  Other  Enter Disciplines: Psychology, Speech Language Pathology or therapy, sociology, child development, public health, family health, | A. An advanced university degree in one of the following fields is required: speech/language pathology or therapy, sociology, child development, public health, family health, or other relevant technical fields;  B. More than 10 years of experience in the field of speech/language therapy, experiences in paediatric speech therapy, and Activity Based Intervention is preferable;  C. Demonstrate expertise on working with professionals and paraprofessionals especially using Transdisciplinary Team Approach;  D. Demonstrate experience in capacity building of multidisciplinary teams including those with limited English  E. Experience working in Myanmar/ understanding the context of Myanmar; (fluency in Myanmar and other ethnic language of Myanmar should be 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; |
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| **Administrative details:**  Visa assistance required:  Transportation arranged by the office: | Home Based  Office Based:  If office based, seating arrangement identified:  IT and Communication equipment required:  Internet access required: |
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