**TERMS OF REFERENCE**

**TITLE OF PROJECT**: Reading for All (RFA)

**TITLE OF ACTION:** Analyze two processes to identify children with functional limitation(s) in schooling environment: The Washington Group/UNICEF Module on Child Functioning and medical screening.

1. **ORGANIZATION INTRODUCTION**

Handicap International Federation (HI), a non-for-profit association governed by the French Act of July 1st, 1901, domiciled at “138, Avenue des frères Lumière, 69008, Lyon, France”, represented by Mr. Raju PALANCHOKE in his capacity as Acting Country Director in Nepal office, located at Maharajgunj, Kathmandu-Nepal, contact no. +977-1-4378482 hereinafter referred to as “HI”.

HI Nepal STRATOP, 2022-2024 of HI Nepal has an objective (1.1 Inclusive Education) to increase equitable access of children with disabilities, children with functional limitation and other marginalized children to quality and inclusive education that contributes SDG Goal#4 and CRPD Article#24 within Pillar 1: Social and Economic Inclusion.

1. **CONTEXT**
2. The Reading for All (RFA) program will contribute to the goal of improving reading outcomes for Nepali children with disabilities in grade 1-3 in the ten Early Grade Reading Program (EGRP) districts. It emphasizes capacity building across all activities and technical areas so that teaching and curriculum development personnel have the skills to improve and sustain long term educational outcomes for children with disabilities in Nepal.
3. The project is working in close collaboration with the Ministry of Education, Science and Technology (MoEST), Center for Education and Human Resource Development (CEHRD) Curriculum Development Center (CDC), the Education Review Office (ERO), relevant local government representatives, USAID, and Organization of People with Disabilities (DPO) as implementing partners to:
* Improve data quality on Children with Disabilities
* Enhance institutional and technical capacity at various levels to deliver quality reading instruction and support to Children with Disabilities
* Test inclusive instructional models that can be scaled for specific groups of Children with Disabilities
* Provide teaching and learning support to Children with Disabilities to mitigate and respond to the effects of COVID-19.
1. The RFA project has pre-tested the (ES) tool (Washington Group/ Unicef- Child Functioning Module) WGQ CFM as an early screening tool to be used by teachers in Bhaktapur district in September 2018. The tool is used by teachers, has been adapted in the context of Nepal and guiding documents are developed to ensure data quality and execution of early screening procedures in effective and efficient manner prior rolling out in all 10 districts. In June 2019, medical screening of children flagged under the ES tool was conducted in Bhaktapur. There are lessons learned from the pre-testing which has been used in this next stage of medical screening in Kailali. WGQ CFM tools for 2-17 year old children predict approx. 10%[[1]](#footnote-1) children having functional limitations out of the total screened children in RFA. Some children were identified as having functional limitations using the CFM tool, but by the time the medical screening was carried out, they no longer may have the same level of difficulties. For example, this included temporary difficulties with mobility or ear infections/ excess wax causing hearing difficulties, which was temporary during the screening conducted by teachers. However, it is more challenging for the teachers to provide information about newly enrolled children at the beginning of an academic session. To overcome this challenge it was realized better to execute head teacher training and medical screening at least two months after the beginning of the new academic session.
2. RFA proposes to conduct a new study to analyze the 2 processes to screen children with disabilities to see the extent of those children’s difficulties/ functional limitations and whether they need ongoing referrals and support. The technical experts’ team comprised of an ophthalmologist (or optimetrician)-1, ENT specialist-1, and physiotherapist-1 who will be mobilized locally.
3. The RFA team acknowledges the CFM is not a diagnostic tool for identification of impairments in children. It is a tool to identify children who are at risk of participation limitation in school (and wider society) based on functional limitations and restriction, and it can identify children with disabilities at a population level based on the ICF model. It is a first step to support individual identification of needs and disabilities, but is not supposed to identify individual children with specific disability types and medical conditions that give rise to disabilities. The process and tools to be used by experts in medical screening are different than WGQ CFM. Therefore, there will be a variance in the identification of children using both CFM and medical assessment tools. The CFM is the first step to being able to do follow up assessment and verification but it won’t provide the same results.
4. **PRESENTATION OF THE STUDY**
* **Purpose**

The main purpose of the study is to analyze and compare two processes to identify children with functional limitations: *The Washington Group/UNICEF Module on Child Functioning and medical screening (focus on hearing, vision and mobility functional limitations)*

Specific objectives are:

* To produce analysis on the number of children identified with the 2 approaches (flagged by both processes, flagged by CFM and not confirmed by medical and flagged by medical screening and not confirmed by CFM)
* To analyze the influence of other factors on the 2 approaches; factors may include children’s age, number of children in classrooms, hours per week spent by the teacher with the classroom.
* **Expected methodology**

The expert is expected to design the methodology but it will be based on the following recommendations.

* ***Design:*** *A quantitative approach will be used to analyze and confront the 2 processes.**A sample of children will be assessed twice (CFM, medical screening).*  *Interviews will also be planned with teachers or other*  *stakeholders.*
* ***Localization:*** Kailai district (Nepal)
* ***Target population:*** *Children with and without disability enrolled in schools supported by the RFA project*
* ***Sampling procedure and sample size:*** *Random selection of children enrolled in 12 schools selected through purposive sampling based on highest number of students identified with functional limitation by using CFM in the past*
* ***Tools:*** *the technical experts will organize i) existing (available) medical screening tools, ii) orientation guidance note, iii) standard process flow, and iv) ethical approval for the task.*
* **Ethics**

Please refer to the Handicap International guidance note “Studies and research at Handicap International: Promoting ethical data management”[[2]](#footnote-2) and others international ethics standards.

The methodology must respect the eight recommendations promoted by the organization and the protocol must clearly detail how these recommendations will be implemented operationally:

* Guarantee the security of subjects, partners and teams
* Ensure a person or community-centered approach
* Obtain subjects’ free and informed assent (children) and consent (parents)
* Ensure referral mechanisms are in place if necessary
* Ensure the security of personal and/or sensitive data at all stages of the activity
* Plan and guarantee the use and sharing of information
* Ensure the expertise of the teams involved and the scientific validity of the activity
* Obtain authorization from the relevant authorities and organize an external review of the proposed study/research
1. **PRESENTATION OF THE CONSULTANCY**
* **Overall objective of the expert mission**

The expert will ensure implementation (protocol finalisation & administrative & ethics authorisations), execution (collection, processing & analysis), monitoring and sharing and using of study/research findings

* **Description of the required service provision**
* Finalize a team of medical experts (Experienced ophthalmologist/ optimetrician-1, ENT/ Audiologist, physiotherapist) in an assessment team (2-days)
* The lead consultant who will be a research background or academics to revisit the methodology, submission to the ethics committee and implement detailed work plan together with local medical experts (2-days)
* The lead consultant will develop a necessary protocol and responsible for the ethics submission (5-days)
* The lead consultant conduct orientation to the medical experts who are in the screening team based on the approved protocol (1-day)
* Data collection: CFM[[3]](#footnote-3) and Medical Screening of all children selected in Kailali(3personsX4days)
* Data treatment, synthesizing, analysis and reporting of the medical screening process (5-days)
* Organize a debriefing session with draft finding analysis (1-day)
* Submit final report & present the main findings (2-days)
* **Deliverables**

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| --- | --- | --- | --- | --- |
|  | **Deliverables** | **Recipients**  | **Dissemination** | **Delivery deadlines** |
| **Technical Documents relative to study/research implementation** |
| 1- | Final Protocol | HI | Internal | Beginning of mission |
| 2- | Final data collection tools | HI | Internal | Beginning of mission |
| 3- | Submit documents for ethics approval | IRB | Internal | Beginning of mission |
| 3- | Database | HI | Internal | End of mission |
|  |
| **Mid-term Documents/Reports/Dissemination** |
| 4- | 1 Draft Final scientific reportthen Final after receiving feedback | HI, Donors, Partners, USAID | External | End of mission |
|  |
| **Workshops/Meetings** |
| 5- | 1 Meeting to present study/research findings | HI, USAID, Authorities | - | End of mission |

It is expected that the consultancy firm or research lead take overall responsibility to team up with local medical experts and complete the assigned joint work plan of 30 days within timeframe of February- May 2022.

1. **CONSULTANT’S PROFILE**

For the lead expert:

* PhD or master in medicine, epidemiology, demography, health measurement or social and human sciences for the lead.
* Minimum of 3 years' relevant research and MEAL experience, coordinating and implementing data generation activities from planning to uptake (references)
* Substantive experience of health and rehabilitation, epidemiologist, demography, and disability sectors for the lead
* Strong expertise on statistical analysis and oral and written communication
* Bilingual English, Nepali speaker with expertize.

For the experts in charge of the medical screening:

* MD/MBBS/Bachelors in ophthalmology/ optometry, ENT/ audiologist, physiotherapy/ speech and language therapy
* Experience of medical experience or practice for the three experts’ team
* Nepali speaker (Doteli and/or Tharu would be added value)
1. **EVALUATION CRITERIA**

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| --- | --- | --- | --- |
| **SN**  | **Evaluation Criteria**  | **Requirements**  | **Score**  |
| 1  | Qualification of Key Expert and/or consultant team  | PhD or master in medicine, epidemiology, demography, health measurement or social and human sciences for the lead | 10 |
| 2  | Experience of Key Expert and/or consultant team  | 5 years’ experience of health and rehabilitation, epidemiologist, demography, and disability sectors for the lead | 10 |
| 3  | Specific Experience of the Consultant/ Agency  | Should have at least 2 years of research activities  | 10 |
| 4  | General Experience of the Consultant Agency  | Expertise on statistical analysis and oral and written communication skill | 10 |
| 5  | Contents of Proposal  | Appropriate Technical Proposal (Research design, process and tools)  | 30 |
| Financial Proposal (Budget Headings and budget amount) | 20 |
| 6  | Financial and Compliance  | Average turnover of best 3 years out of last 5 years should be at least NPR 1000,000 and up to date tax clearance  | 10 |
| **Total** | **100** |

1. **SERVICE DURATION AND LOCATION**

**Service duration**- 30 working days within the time span of four months (February-May 2022)

**Location**: Kailali district, HI Office in Kathmandu and work from home

Note: Work schedule dates could be changed. However, consultant needs to present HI the plan of action.

If the task is not complete within the given time and days due to various circumstances, the consultant has to adjust the timeframe/days within the agreed budget

1. **WORK SCHEDULE**

Based on the content of the following draft schedule the consultant will prepare a detailed plan of action/work plan for validation by HI.

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| --- | --- | --- | --- | --- |
| **Work** | **Feb** | **Mar[[4]](#footnote-4)** | **Apr** | **May** |
| To review the methodology and develop protocol and data collection tools (in close link with RFA team) and submit to ethics committee | X |  |  |  |
| To develop a brief research orientation note on standard process (tools and procedures)  | X |  |  |  |
| To conduct orientation to the medical experts who are in the screening team based on the approved protocol |  |  | X |  |
| To perform CFM data collection amongst selected children and medical screening of all children identified through early screening |  |  | X | X |
| To conduct qualitative interviews with key informants |  |  | X |  |
| To treat, synthesize, analyse and report of the medical screening process and data |  |  |  | X |
| To organize a debriefing session with draft finding analysis |  |  |  | X |

1. **RESOURCE PERSON AT HI**

Within the framework of the service provision, the consultant will be asked to collaborate with Handicap International’s teams and in particular with the RFA Senior Technical Officer who will be the point of contact.

1. **BUDGET**

The consultant should propose required budget with breakdown for this consultancy. TDS which will be deducted as per the Government tax policy.

Cost of service provision:

Financial proposal should include the entire required budget for this consultancy, but not limited to following costs. Cost should be including 13% VAT and TDS which will be deducted as per the Government tax policy.

* Travel (air fare, local travel)
* Accommodation
* Food
* Cost of medical experts and other staffs involving in this field work

Payment terms and conditions:

* Consultant should mention the terms and conditions of payment in financial proposal.
1. **REQUIRED DOCUMENTS**
* Financial proposal- in the name of Handicap International
* A brief concept note highlighting the methodological design including work plan, ethics considerations, research experience and quality assurance mechanisms.
* The proposal should have annexed bio-data of the lead expert and medical screening team.
* Signed ToR
* Copy of PAN/VAT Registration Certificate (latest tax clearance certificate for VAT registration)

Please submit your technical and financial proposal and required documents to e-mail: p.neupane@hi.org last date for submitting the application is by 20th February 2022. Please indicate the consultancy title while applying for on the subject of your cover letter.

1. <https://data.unicef.org/resources/children-with-disabilities-report-2021/> [↑](#footnote-ref-1)
2. [Humanity & Inclusion 2015. Studies and research at Handicap International: Promoting ethical data management.](https://hinside.hi.org/intranet/front/publicDownload.jsp?docId=prod_2225308&authKey=cHJvZF8yMDA1Nzc2OjE2NDYzMTYzMTQ3Njk6JDJhJDA0JHJXZXRTSkFRdTJsbURwYkNCN2dxWGU4a29CZmdneGhEL3NINjNURkwuWnpTS1BpUElhbHVt) [↑](#footnote-ref-2)
3. CFM data to be collected by teachers [↑](#footnote-ref-3)
4. Consultant supposed to submit and wait for ethics approval for field work [↑](#footnote-ref-4)