Terms of Reference

A situation analysis and needs assessment of children with disabilities

17 August, 2015

Summary

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To conduct a situation analysis and needs assessment of children with disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected fee</td>
<td>Commensurate with qualification and experience</td>
</tr>
<tr>
<td>Location</td>
<td>Home based with several missions to the West Bank and Gaza</td>
</tr>
<tr>
<td>Duration</td>
<td>5 months</td>
</tr>
<tr>
<td>Start Date</td>
<td>October 2015 (as soon as possible)</td>
</tr>
<tr>
<td>Reporting to</td>
<td>Chief Social Policy M&amp;E, UNICEF State of Palestine, Jerusalem</td>
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Background and context

According to the World Health Organization (WHO), there are currently approximately 600 million people living with disabilities worldwide and nearly 200 millions of them are children (WHO 2010). It is estimated that 80 percent of children with disabilities live in developing countries (UNICEF and the University of Wisconsin 2008). Often, people with disabilities live on the fringes of society, in isolation and despair. They face high degrees of stigma and discrimination from their own society, communities, and even families. The poor are disproportionately affected by the burden of disability. A World Bank study estimates that people with disabilities make up 15 to 20 per cent of the poor in developing countries (Elwan 1999). Children with disabilities are higher risk of deprivation and exclusion, often lacking access to basic services such as education, health care and water and sanitation. They are also at higher risk of abuse, neglect and exploitation. Young people with disabilities lack skills and resources necessary to construct decent livelihood.

In order to address the challenges faced by people with disabilities, a number of international legislative frameworks and instruments have been put in place. The most comprehensive human rights convention for people with disability is the 2008 Convention on the Rights of Persons with Disabilities, which recognizes the rights of people with disabilities and seeks to integrate them into mainstream society. For children with disabilities, the Convention on the Rights of the Child, which was adopted by the United Nations General Assembly almost 20 year earlier, includes several articles aiming at protecting the rights of children with disabilities. In the State of Palestine, there are similar efforts to improve legislative and policy environment for children with disabilities. For example, the Ministry of Education and Higher Education (MoEHE) adopted an inclusive education policy in its Development Plan 2008-2013 and increased its budgetary allocation for special education (UNICEF 2013).
Notwithstanding such efforts, the majority of children with disabilities continue to face daily obstacles in realizing their rights and participating fully in society. According to the 2011 Disability Survey, 40 per cent of people aged 15 years and older have never enrolled in school and 53 per cent of them are illiterate. In the Gaza Strip, the situation has been compounded by a 50-day escalation of violence that erupted in July-August 2014. Between 8 July and 26 August, more than 3,300 children were reportedly injured. It is estimated that out of those injured, 1,000 children will suffer from a disability for life and require rehabilitation and specialized care and support.

Purpose

The purpose of this study is the following:

1) Increase knowledge and awareness about the situation and rights of children with disabilities
2) Analysis of the extent to which their rights as defined in the Convention on the Rights of Persons with Disabilities (CRPD) and other human rights treaties are being met
3) Identify existing bottlenecks and barriers facing children with disabilities in fulfilling their rights
4) Assess gaps in current service provision capacity / identify service providers that can meet their needs
5) Identify existing and future policy and programmatic responses to address those bottlenecks and barriers
6) Identify what children themselves see as the most pressing needs
7) Identify who are the key duty-bearers that are responsible for protecting and upholding their rights.

Specific objectives

This consultancy seeks to answer the following questions:

General

1) To what extent are the rights of children with disabilities and their families articulated in national policies and programmes?
2) How do outcomes and trends differ across sub-groups of children with disabilities (e.g. girls, indigenous, or youth), by geographical areas, during humanitarian action and in development contexts? What are the underlying causes of inequalities among the disability community? Which are the most deprived groups of children and parents with disabilities in terms of access and facing negative attitudes? What forms of deprivation and exclusion do they face?

2 The policies and programmes to be reviewed will be discussed and agreed upon at the outset of this study.
What are the determining factors that give rise to and perpetuate their exclusion? It is important to note that children with disabilities may face some specific barriers depending on the nature of their impairments.

3) What is the situation of children who incurred long-term injuries and other debilitating conditions during the recent conflicts in Gaza?

**Enabling Environment**

4) Has the government signed or ratified the CRPD, analyze if national legislations and policies are compliant with the CRPD, and to what extent is the government taking steps to realize the rights?

5) What existing social, institutional and political factors (e.g. social norms, institutional capacities at all levels of government, accountability and coordination mechanisms, policy and legal frameworks) could potentially support the creation of an enabling environment for the realization of the rights of children with disabilities?

6) What are the immediate, underlying and structural barriers and bottlenecks to the well-being of children with disabilities and to accessing and utilizing basic social services and other critical resources?

**Supply**

7) What capacities (financial, technical and institutional) exist at national, sub-national and community levels to provide essential services and address inclusion of children with disabilities more broadly? The supply of services includes making general services as inclusive as possible in addition to creating specific disability programmes where needed.

8) To what extent do social protection measures exist and are inclusive of and reach children with disabilities and their families?

9) To what extent is the physical, communication and information environment accessible for people with disabilities?

**Demand**

10) To what extent are families of children with disabilities aware of financial programmes and social protection measures from the government, and to what extent do they access them?

11) To what extent are children with disabilities and their caregivers excluded from participation in society based on social and cultural practices, and beliefs?

12) How are the voices of children with disabilities and their families or their representative organizations incorporated into the design and planning of national/local strategies and programmes?

**Quality**
13) How satisfied are children and their families with the current policies, services and programmes?

14) To what extent do children with disabilities have the same level of participation and the opportunity and access to services as their peers without disabilities?

**Study methodology / specific tasks**

The process to develop the Situation Analysis will make use of multiple methodologies and techniques. Both primary and secondary data will be collected, and quantitative as well as qualitative information will be used. Analysis of available quantitative data and undertaking detailed analysis of the existing secondary data to establish trends and relationship is needed. The process of conducting this study extends beyond specific methodology. A study that does not include in-depth dialogue between key stakeholders will be much less rich and valid than one that does therefore it is necessary to detail this out in the proposal.

1) Desk review and conceptual and analytical secondary research on selected topics published in existing studies, research and survey reports

2) Analytical primary research using quantitative and qualitative research techniques. For qualitative techniques, semi-structured interviews, focus group discussions and other techniques, as life stories of children and adolescents will be used.

3) An in-depth analysis of the needs of children with various forms of disability (physical, mental, psychological and other) in relation to the types of care and support services needed.

4) Comparative analysis of available legislation, social policy, budget allocation and expenditure documents in conformity with provisions of the CRPD and relevant articles in the CRC.

4. An assessment of gaps in current service provision capacity / identification of service providers that can meet children’s needs

5) Key informants consultations with those who shape and implement public policies

6) Socio-demographic trend analysis, at the most possible disaggregated level on the basis of micro data sets. In addition to future forecasting.

7) Participatory workshops to undertake the causal analysis, role pattern analysis and capacity gap analysis including validation of the study findings.

The study will embrace a comprehensive assessment of the rights of children with disabilities, using a human rights-based approach that consists of:

1) the identification of unfulfilled rights;

2) the identification of duty bearers and rights holders; and
3) The determination of key gaps (knowledge, commitment, authority, resources) in the capacities of duty bearers and right holders as defined in international instruments, most especially the Convention on the Rights of Persons with Disabilities (CRPD), the Convention on the Rights of the Child (CRC), and the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW).

The provisions and principles of the CRPD and CRC will stand at the centre of the Situation Analysis. For synergies between CPRD, CRC and CEDAW, see Landsdown, *Using the human rights framework to promote the rights of children with disabilities: working paper, 2012.*


The Situation Analysis will adopt an integrated, cross-sectoral approach that takes a holistic view of the child. A life-cycle approach will be used to undertake the analysis of the key issues affecting children aged 0 to 17 years. A causal and trends analysis using -year age intervals (0-59 months, 5-10 years, 10-14 years, 14-17 years) will be helpful in determining the developmental needs and the ensuing programmatic interventions that need to be undertaken, keeping in mind inter-linkages and variations among sex, various socio-economic groups and geographic locations.

Gaps in unfulfilled children rights, relevant legislative and policy frameworks together with institutional and service delivery mechanisms and data will be identified. Key recommendations emerging from the analysis will be linked with responsible duty bearers and will include suggested timeframes for implementation.

**Ethical considerations**

The study will follow UNICEF guidelines on the ethical participation of children. In addition, any participants will be fully informed about the nature and purpose of the assignment and their requested involvement. Only participants who have given their written or verbal consent (documented) will be included in the consultations. A research ethics approval will be sought from relevant authorities.

**Proposed timelines**

This consultancy will start in October 2015 and will last 5 months. The timeline is shown below.

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity</th>
<th>timeline</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Conduct desk review</td>
<td>Week 1</td>
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</table>
### Expected deliverables

The expected outputs for the study are the following:

- Study protocol, including survey plan, data collection instruments, field work plan, data analysis, report preparation and dissemination plan
- Ethical protocol
- Survey instruments (both quantitative and qualitative)
- A study report
- Collected data files (both quantitative and qualitative)
- Transcripts of focus group discussions and key informant interviews
- A documented desk review of existing literature on children with disabilities in Palestine
- Data analysis programming codes
- A bibliography
- Dissemination materials
  - A 3-4 page brief including key findings, conclusions and recommendations
  - Presentation materials (e.g., PowerPoint slides)

### Supervision and reporting

The consultant will report to the Chief of Social Policy M&E, working closely with all programme sections in the UNICEF State of Palestine office. UNICEF’s Regional Office for Middle Eastern and Northern Africa and the Disability Section in UNICEF HQ will provide quality assurance support.

### Qualification of service provider / expected background and experience

The consultancy requires the following qualifications and experiences:
• Post graduate degree in social sciences, policy analysis, statistics, survey design or other related fields
• At least 10 years in applied research and policy analysis, including publications in peer reviewed journals
• Familiarity with social protection including social transfers
• Previous experience in impact evaluation and policy analysis. Previous experience in qualitative research an advantage
• Knowledge and experience in development issues in Palestine
• Excellent writing, communication, presentation and public speaking skills.
• Fluency in English and Arabic
• Ability to work in teams and in a multi-cultural environment

Official Travels Involved
This consultancy is home-based, with multiple missions to the West Bank and Gaza. The transportation and logistics for international missions to Gaza will be arranged by the Country Office.

General Conditions: Procedures and Logistics
➢ The Consultant will be expected to use his/her own computer/software.

UNICEF Rules and Policies
➢ Consultants are not entitled to payment of overtime. All remuneration must be within the contract agreement.
➢ No contract may commence unless the contract is signed by both UNICEF and the consultant or Contractor.
➢ No consultant may travel without a signed travel authorization prior to the commencement of the journey to the duty station.
➢ Unless authorized, UNICEF will buy the tickets for the consultant. In exceptional cases, the consultant may be authorized to buy their travel tickets and shall be reimbursed at the “most economical and direct route” but this must be agreed to beforehand.
➢ Consultant will be required to sign the Health Statement for consultants/Individual contractor prior to taking up the assignment, and to document that they have appropriate health insurance, including Medical Evacuation.
➢ The Form 'Designation, change or revocation of beneficiary' must be completed by the consultant upon arrival, at the HR Section.
Payment Terms

- Consultancy fees:
  - 30% after submission of the draft study / research protocol
  - 20% after completion of field work
  - 20% after submission of draft report
  - 30% after approval of the final report
Annex 1: Key Elements of Disability SitAns

• Human Rights Based Approach:

In line with UNICEF guidelines to apply a rights-based approach to Programming (EXDIR 1998-04) disability SitAns must consider the country’s efforts towards implementing the rights of all children as outlined in the CRPD, CRC, and CEDAW.

• Equity:

For children with disabilities, equity means having an opportunity to survive, develop and reach their full potential without discrimination, bias or favouritism of this population or a sub-group or it. This is critical for children with disabilities who often do not receive the same level of services (e.g. education) as their peers without disabilities, due to difficulties with access, discrimination, and availability of appropriate services. It is also critical to considering different subgroups of children with disabilities, with their specific needs and situation.

• Social Model of Disability:

In line with the CRC, disability SitAns should focus on identifying barriers created by society or the physical environment that limit a child with disabilities from enjoying their human rights. This includes for example identifying negative attitudes; environmental and communication barriers; gaps in policies or their implementation. The framework of the social model and CRPD should form the reference points.

• Inclusive Development Approach:

In accordance with the right to participation outlined in Articles 4 and 21 of the CRPD, and in accordance with the slogan of the disability community “Nothing about us, without us”, people with disabilities and their families must be engaged and consulted throughout the SitAn process. This will promote ownership within the disability community and ensure their voices are heard in setting priorities, planning, implementation and monitoring.

• Lifecycle approach:

Disability varies across the lifespan and depending on a variety of factors. Therefore, SitAns should consider the variations and implications in each of the phases of life and particularly during transitions from one phase to another (e.g. transition from out-of-school to work): childhood, adolescence, adulthood and old age.
Annex 2: Checklist for a disability SitAn

1) Definitions of children and people with disabilities are clearly outlined (should be in line with the social or human rights model and article the difference between an impairment and disability)

2) Overview of the situation and number of children with disabilities and their families in the country, placing emphasis on accessibility to the physical, communication and information environment, and social and cultural norms

3) Introduce and refer to the Convention on the Rights of Persons with Disabilities and disability-specific legislation

4) Clear link made between the CRC, CEDAW and CRPD (See UNICEF document: ‘Analysis of Synergies between the CRC, CRPD and CEDAW: Using the human rights framework to promote the rights of children with disabilities’)

5) Review key legislation and policies on health (including immunizations, HIV/AIDS, sexual and reproductive health), education, child protection, WASH, nutrition, social protection, employment and human rights and discrimination for inclusion

6) Language about children with disabilities and their families is empowering and does not further stigmatize (avoid words like ‘dealing with’, ‘confined to’, and ‘suffering’ for example)

7) While acknowledging existing special or segregated approaches, inclusive approaches should be promoted throughout the document

8) Entire lifespan of a child is covered

9) Perspectives from children, their families and particularly girls, women and minorities (e.g. indigenous) clearly articulated in the report, highlighting the key role of parents

10) Information covers all disability areas (physical, visual, sensory, intellectual, psycho-social)
Annex 3: Sample problem tree

Sample Problem Tree – School Enrolment
Children with Disabilities

Manifestation
Low rate of school enrolment
More than X of children remain out of school

Immediate causes
- Lack of motivation by parents to register their child
- Non-inclusive school
- Inadequate "reinforcement" to register children with disabilities

Underlying causes
- Lack of awareness of the child's right to education
- Parents don't see value of investing in children with disabilities
- Inadequate training of staff

Structural causes
- Inadequate Policy Framework for Children with disabilities to receive an education
- Lack of priorities from government
- Poor budget allocation for inclusive education
Annex 4: Critical Determinants for assessing Bottlenecks and Barriers to Equitable outcomes for Children

<table>
<thead>
<tr>
<th>Determinants of Bottlenecks and Barriers</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Enabling Environment</strong></td>
<td></td>
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<tr>
<td>Social Norms</td>
<td>Widely followed social rules of behaviour</td>
</tr>
<tr>
<td>Legislation/Policy</td>
<td>Adequacy of laws and policies</td>
</tr>
<tr>
<td>Budget/expenditure</td>
<td>Allocation &amp; disbursement of required resources</td>
</tr>
<tr>
<td>Management /Coordination</td>
<td>Roles and Accountability/ Coordination/ Partnership</td>
</tr>
<tr>
<td><strong>Supply</strong></td>
<td></td>
</tr>
<tr>
<td>Availability of essential commodities/inputs</td>
<td>Essential commodities/ inputs required to deliver a service or adopt a practice</td>
</tr>
<tr>
<td>Access to adequately staffed services, facilities and information</td>
<td>Physical access (services, facilities/information)</td>
</tr>
<tr>
<td><strong>Demand</strong></td>
<td></td>
</tr>
<tr>
<td>Financial access</td>
<td>Direct and indirect costs for services/ practices</td>
</tr>
<tr>
<td>Social and cultural practices and beliefs</td>
<td>Individual/ community beliefs, awareness, behaviors, practices, attitudes</td>
</tr>
<tr>
<td>Continuity of use</td>
<td>Completion/ continuity in service, practice</td>
</tr>
<tr>
<td><strong>Quality</strong></td>
<td></td>
</tr>
<tr>
<td>Quality</td>
<td>Adherence to required quality standards (national or international norms)</td>
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</table>
Annex 5: Measuring child disability

Practically all countries have attempted to collect some information on the number of persons with a disability and these efforts have been going on for a long time. However, data collection on disability has been done in very different ways and with wide variations in the definitions and questions used. This lack of consistent definitions and indicators of disability, combined with disparities in the methodologies used to gather the data and in quality of study designs, have been major challenges in producing reliable and comparable disability statistics. Measuring child disability, in particular, presents a unique set of challenges and the poor quality of data on child disability stems, in some cases, from a limited understanding of what disability is in children and, in other cases, from stigma or insufficient investment in improving measurement.³

Defining disability

Historically, disability was conceptualized and measured from a medical perspective. That is, disability was thought of as the experience of a certain physical or mental impairment. This approach to defining disability has largely been replaced by a bio-social approach that focuses on the relationship between the individual and their environment in terms of limitations or barriers in performing daily activities and restrictions or supports to social participation. While there is general agreement that definitions of disability should incorporate both medical and social determinants, the measurement of disability is still predominantly medical, with a focus on specific physical or mental impairments. Estimates of disability prevalence vary depending on what definition of disability is used. When the new bio-social approach has been used, it has generally yielded reported disability prevalence rates that are much higher than the ones that can be obtained from methods that rely on narrow medical definitions of disability.

Measuring disability in children

In both developed and developing countries, data on the incidence of child disabilities are rarely available.⁴ Because children develop and learn to perform basic tasks at different speeds, it can be difficult to distinguish significant limitations from variations in normal development.⁵ The varying nature and severity of disabilities, together with the need to apply age-specific definitions and measures, further complicate data collection efforts.⁶

⁶ Ibid.
In the absence of incidence rates, prevalence estimates are typically used to describe the proportion of children in a population found to have a disability.\textsuperscript{7} Prevalence estimates of child disability need to be interpreted with caution however, as they are a function of both incidence and survival, particularly in countries where infant and child mortality rates are high.\textsuperscript{8} A low reported prevalence of disability may be the consequence of low survival rates for young children with disabilities or it may reflect high levels of institutionalization of children with disabilities since these children will not be captured by certain types of data collection methods (e.g., household-based surveys). On the other hand, a decrease in mortality rates could contribute to a spike in reported prevalence of children with disabilities. In this case, the actual numbers of children with disabilities are not necessarily increasing but rather more children are surviving long enough to be counted in disability estimates.

Culture also plays an important role since the interpretation of what may be considered ‘normal’ functioning varies across contexts and influences measurement outcomes. The attainment of certain milestones may not only vary among children, but differ also by culture. It is therefore important to assess children against reference values appropriate to local circumstances and understanding.\textsuperscript{9}

**Collecting data on child disability**

In many developing countries, children with disabilities might not be adequately identified due to a lack of infrastructure such as educational and medical settings or national registries that are commonly used among more developed nations to identify children with disabilities. Where schooling or other formal services for children with disabilities are lacking, other methods of data collection, such as censuses, general and targeted household surveys, and interviews with key informants, have been used to estimate disability prevalence.\textsuperscript{10}

General data collection instruments such as censuses are widely recognized as underestimating the prevalence of disability. They typically employ a generic or filter question, such as whether anyone in the household ‘is disabled’, or use the same questions for all household members regardless of their age.\textsuperscript{11} The broad nature of these types of questions means that the interpretation of what constitutes a disability is left entirely to respondents. Not surprisingly,

\textsuperscript{7} UNICEF and the University of Wisconsin, *Monitoring Child Disability in Developing Countries: Results from the Multiple Indicator Cluster Surveys*, UNICEF, New York, 2008, p. 8.
\textsuperscript{10} Ibid.
reported disability prevalence rates from surveys or censuses that have included such general questions about disability are often unusually low (e.g., less than one per cent). Research suggests that general data collection instruments are inadequate at identifying children with disabilities, and that children might be missed on surveys that do not specifically ask about them. Indeed, these types of questions often under-enumerate children; girls and children of low socioeconomic status with disabilities are especially likely to be overlooked.

When compared to other methods that ask about disability in general, targeted household surveys that specifically address the issue of child disability or that incorporate measures designed specifically to evaluate disability in children have produced more accurate results. Such surveys tend to report higher prevalence rates because they usually include more numerous and detailed questions.

Prevalence rates of disability are extremely sensitive to, and affected by, the types and ways in which questions are asked. Questions posed to adults are often inappropriate or not applicable for children (for example, questions about memory loss etc.), yet many surveys apply a single set of questions to both adults and children to determine disability status. Making explicit reference to the elderly/invalid population is clearly not relevant for assessing functioning difficulties among children and introduces a bias in the respondent’s mind in terms of what should be considered as disability. Ideally, questionnaires should include separate sets of questions for adults and children when collecting information about disabilities.

Well-designed surveys that include separate questions for children can still misreport disability if a single set of questions is applied to children across the age spectrum. The choice of questions must be tailored to a child’s age in order to reflect his or her developmental stages and evolving capacities. Some areas, such as self-care (e.g., washing and dressing oneself), will not be appropriate for infants or very young children. It is generally agreed among academics that

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capturing disability among children below two years of age may not be feasible through population surveys given the complexity of developmental processes that take place at such a young age.\textsuperscript{20}

Household-based surveys (whether general or targeted) and censuses are based solely on parental responses, with caregivers normally expected to assess and report on the disability status of children.\textsuperscript{21} Parents/caregivers then are assumed to be in a position to adequately judge whether their child has a disability or not; however, many children will not have been previously screened for disability and parents may not be able to detect, by themselves, manifestations of certain conditions. Certain temporary conditions, such as an ear infection for example, could be misreported as a form of disability if it is causing acute difficulties. On the other hand, parents may overlook certain signs, or hesitate to report them, because of a lack of acceptance or stigma surrounding disability in their culture.\textsuperscript{22} Therefore, parental knowledge of norms and standards and expectations of children’s performance will impact estimates of disability prevalence. While parents and other caregivers often do well at identifying difficulties their children may have in performing specific tasks, their responses alone are not sufficient to diagnose disabilities or establish a prevalence of disability.\textsuperscript{23}

Along the same lines, language which is stigmatizing or judgmental is commonly found in questions used to determine disability status. Depending on the country context, the language used can be especially important as respondents may be hesitant to report their own or a family member’s disability if there is a lack of acceptance or stigma around disability in the country.


\textsuperscript{22} Ibid.

\textsuperscript{23} Ibid.
Annex 6: Information sources

UNICEF Disability Materials

- Disability Website www.unicef.org/disabilities
- UNICEF Disability Orientation www.unicef.org/disabilities
- Analysis of Synergies between the CRC, CRPD and CEDAW: *Using the human rights framework to promote the rights of children with disabilities* – 2012
- What are the Benefits of Ratifying the CRPD - 2013
- Video materials developed by UNICEF on disability [UNICEF disability vimeo page](http://www.unicef.org/disabilities)

External Resources: International

- *Including the rights of persons with disabilities in UN programming at country level* – UNDG Programme Guidance Note – 2011
- Health Policy and Planning Advance Access published July 4, 2011, Models and measurement in disability: an international review, Michael Palmer and David Harley
• International Disability Alliance (IDA), The Right to Education: Enabling Society to Include and Benefit from the Capacities of Persons with Disabilities
• Checklist for Inclusion (Excerpt from 'Building an Inclusive Development Community Manual') (http://www.miusa.org/publications/freeresources/Checklist_for_Inclusion.pdf)

External Resources: Regional
• Asia
  o Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific, 2012 (http://www.unescap.org/publications/detail.asp?id=1523)
• Europe:
  o EDUCATION AND DISABILITY/SPECIAL NEEDS policies and practices in education, training and employment for students with disabilities and special educational needs in the EU, 2012 (http://www.nesse.fr/nesse/activities/reports/activities/reports/disability-special-needs-1)
  o INCLUSIVE EDUCATION FOR YOUNG DISABLED PEOPLE IN EUROPE: TRENDS, ISSUES AND CHALLENGES A synthesis of evidence from ANED country reports and additional sources, Serge Ebersold, (National Higher Institute for training and research on special needs education, INSHEA) with Marie José Schmitt and Mark Priestley, April 2011 (http://www.disability-europe.net/content/aned/media/ANED 2010 Task 5 Education final report - FINAL (2)_.pdf)

External Resources: National
• Human Development Reports, UN Development Assistance Framework (UNDAF), Poverty Reduction Strategy Paper (PRSPs), Sector-wide Approaches (SWAPs)
• Reports to Convention Committees; General and Concluding comments from Treaty Bodies
• National legislation, plans and programmes, statistics
• Indicators measured by MICS or MICS reports (if country carried out the data collection)
• Reports from local Disabled People’s Organizations and NGOs
• Coverage of disability in the media

Sample disability SitAns from UNICEF COs
• Bangladesh: Good example of a report outline based on the CRPD (forthcoming)
Application details

To apply for this consultancy, interested parties are invited to submit their expression of interest together with:

1. Cover letter, no longer than 2 pages, and curriculum vitae of the proposed members of the team, no longer than 2 pages each, showing how they meet the required qualifications, experience and expertise.

2. A technical proposal, no longer than 7 pages, highlighting:
   a. The methodology
   b. The time frame
   c. The understanding of this Terms of Reference and how this Terms of Reference will be implemented

Applicants shall submit an expression of interest, together with the complete annexed documentation in MS Word or PDF format, to UNICEF State of Palestine, optsuppliers@unicef.org, by date of 10 September, 2015.

To identify the most suitable candidate, application shall be evaluated by UNICEF according to the following scoring, rating from 0 to 100 points:

a. A maximum of 30 points for qualifications, experience and expertise

b. A maximum of 50 points for the technical proposal, and

c. A maximum of 20 points for the financial proposal