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## Jamaica

### Institution

Inter-American Development Bank

### Procurement type

Consulting Services - Individual

### Notice Type

✓ Request for Expression of Interest

### Project

Innovative Approaches to the Development of Children with Intellectual Disability Project

### Title

UPDATE - Consulting Service entails the design & implementation of a neuroplasticity therapeutic based intervention over a 2-year period for 60 children with intellectual disability in Jamaica engaging parents & building their capacity

**This is an updated notice**

**This notice was originally published on 29 April 2021 and  
was updated on 12 May extending the deadline from 14  
to 28 May 2021**

**REQUEST FOR EXPRESSIONS OF INTEREST FOR INDIVIDUAL  
CONSULTING SERVICES**

Institution: Inter-American Development Bank

Country: Jamaica

Project: Innovative Approaches to the Development of Children with Intellectual Disability Project Sector: Health and Education

Abstract: The Consulting Service entails the design and implementation of a neuroplasticity therapeutic based intervention over a 2-year period for 60 children with intellectual disability in Jamaica, engaging parents and building their capacity to support their children.

Loan/Credit/Grant No.: ATN/JO17753 JA Contract No.:

Deadline: May 28, 2021

The Jamaican Association on Intellectual Disabilities has received financing from the Japan Special Fund (JSF) – Poverty Reduction Program (JPO) which is administered by the Inter-American Development Bank (IDB), toward the cost of the Innovative Approaches to the Development of Children with Intellectual Disability Project and intends to apply part of the proceeds for consulting services.

The consulting services (“the Services”) include the design and implementation of a replicable neuroplasticity therapeutic based intervention over a 2-year period for 60 children, 6-8 years with intellectual disability in Jamaica. This is to be implemented within a school environment, engaging parents and building their capacity to support their children. The intervention needs to be realistic and culturally relevant with the capacity to generate valid and reliable data so as to determine the feasibility for the scaling up of this project. The duration of the contract will be for fifteen (15) months in the first instance, with the design of the implementation required to be completed within the initial three (3) working months. Payments will be made based on deliverables.

The Jamaican Association on Intellectual Disabilities now invites eligible Individual Consultants to indicate their interest in providing the Services. Interested Individual Consultants should provide information demonstrating that they have the required qualifications and relevant experience to perform the Services.

Consultants will be selected in accordance with the procedures set out in the Inter-American Development Bank (*GN-2350-9 Section V, 5.2*) - “Individual consultants are selected on the basis of their qualifications for the assignment. Advertisement is not required and consultants do not need to submit proposals. Consultants shall be selected through comparison of qualifications of at least three candidates among those who have expressed interest in the assignment or have been approached directly by the Borrower. Individuals considered for comparison of qualifications shall meet the minimum relevant qualifications and those selected to be employed by the Borrower shall be the best qualified and shall be fully capable of carrying out the assignment. Capability is judged on the basis of academic background, experience and, as appropriate, knowledge of the local conditions, such as local language, culture, administrative system, and government organization.” is open to all eligible bidders as defined in the policies.

An Individual Consultant shall be selected through comparison of qualifications of candidates among those who have expressed interest in the assignment as set out in the Procurement Policies.

-

Further information can be obtained at the address below during office hours 9:00 a.m. and 5:00 p.m.

Expressions of Interest should include a cover letter and CV, and must be submitted via email to the address below by May 28, 2021.

**The Jamaican Association on Intellectual Disabilities**

**Attn: Marilyn McKoy**

**Executive Director**

**7 Golding Avenue, P.O. Box 224 Kingston 7,  
Jamaica, W.I.**

**Tel: (876) 977-118 or (876) 977-0134**

**Fax: (876) 970-3182**

**E-mail: [jaid@cwjamaica.com](mailto:jaid@cwjamaica.com) (mailto:jaid@cwjamaica.com) and [jadevconsultant@gmail.com](mailto:jadevconsultant@gmail.com) (mailto:jadevconsultant@gmail.com)**

## TERMS OF REFERENCE

### Non- Reimbursable Technical Cooperation No. ATN/JO17753-JA

#### Innovative Approaches to the Development of Children with Intellectual Disability

#### Consultancy services to design an intervention for children with intellectual disability

##### Background:

The technical cooperation (TC) *Innovative Approaches to the Development of Children with Intellectual Disability* aims at supporting the Government of Jamaica with a framework for policy and evidence of actionable interventions to improve the social and health services for children with intellectual disability (ID). The primary objective of this TC is to provide direct support to children with intellectual disability (ID) and their parents, through identifying, adapting, and testing effective, neuroplasticity-based, therapeutic approaches, which involve parents.

The Sustainable Development Goals (SDGs) mandate monitoring the health and wellbeing of children to achieve optimal early childhood development. Therefore, it is within this mandate to address the social and health needs of children with developmental disabilities (DD) and their families.

Developmental disabilities (DDs) are conditions resulting from impairments that affect the child's physical, learning, or behavioural functioning. Children with DDs are at higher risk of poor health, lower educational attainment and wellbeing than children without disabilities. Furthermore, DDs are associated with social disadvantage and pose significant caregiving challenges. In 2016, there were 52.9 million children with DDs worldwide; 94.5% in low and middle-income countries. DDs include intellectual disabilities (IDs). The DSM-5 diagnosis of ID requires the satisfaction of three criteria (i) Deficits in intellectual functioning – reasoning, problem solving, planning, abstract thinking, judgment, academic learning and learning from experience – confirmed by clinical evaluation and individualized standard IQ testing. (ii) Deficits in adaptive functioning that significantly hamper developmental and sociocultural standards for the individuals' independence and ability to meet their social responsibility; and (ii) the onset of the deficits in childhood. Genetic abnormalities, pregnancy, and delivery complications are known as risk factors.

Children with intellectual disability are more likely than their nondisabled peers to have associated and/or secondary conditions. These conditions are most common with greater severity of intellectual disability. The most common is Down syndrome, while the most common secondary condition is speech and language impairments. Some secondary conditions are autism, physical disabilities, speech and language impairment and health problems.

The prevalence of IDs is difficult to ascertain due to variabilities in data sources, case definitions, and range of age. In 2016, the global prevalence of ID in under-fives was 1,983 per 100,000, and of Autism Spectrum Disorder (ASD) was 723 per 100,000. In Jamaica, the number of estimated cases with ID was 4,073 (1,472.2 per 100,000) and with ASD, 2,106 cases (728.8 per 100,000).<sup>[1]</sup>

From a social perspective, children with ID face important challenges. Their parents often must coordinate on their own a variety of social, medical and educational support services, adding to the heavy financial, logistical and emotional challenges of raising a child with special needs.<sup>[2]</sup> A recurring problem is the delay in the diagnosis of ID, which in part might be due to denial of the parents, that keep their children in the mainstream, or they are unable to identify the condition of their child.<sup>[3]</sup> Also, screening activities are scarce in health clinics or day care centres, due to lack of training of health personnel or social workers to identify this condition in a timely manner.

The Government of Jamaica issued the Disabilities Act 2014 to ensure that people with disability receive fair and equal treatment. The implementing arm of disability policies is the Jamaica Council for Persons with Disabilities (JCPD) <http://jcpdja.com/> (<http://jcpdja.com/>) (<http://jcpdja.com/>) whose responsibility it is to protect the rights of persons with all disabilities for social inclusion and accommodations (education, labour). Non-governmental organizations, such as the Jamaica Association on Intellectual Disabilities (JAID) <http://www.jaid.org.jm/contact.html> (<http://www.jaid.org.jm/contact.html>) (<http://www.jaid.org.jm/contact.html>) provide services for children and adults with ID including schools of special education; resources and professional partnership and adult continuing education programs.

The social and health needs of children with ID and their families require the provision of specialized social and health services. The situation can be broken down into four challenges. (i) Children with ID are a vulnerable group facing barriers to accessing healthcare, rehabilitation, social support services and have less opportunity for formal education due to weak functional health and social care systems. For example, access to effective therapeutic interventions remains a deficit. Speech, behavior and occupational therapists are few. (ii) Intellectual disability implies high lifetime costs of care and rehabilitation which are often inaccessible to low-income families. (iii) Children with ID are stigmatized and at risk of neglect and violence. (iv) Caregivers and families have a low quality of life and a heavy emotional burden. This often results in families not prioritizing the social /emotional development of the child with the disability and not treating schooling as critical.

#### **Executing Agency:**

The Jamaican Association on Intellectual Disabilities (JAID) is a non-governmental organization (NGO) established in 1956 to provide services to persons with Intellectual Disabilities and their families. JAID has a track record of established partnerships with National agencies including the Government of Jamaica and International organizations in the delivery of services to its clients. This partnership with the Inter-American Development Bank will focus on innovative approaches to build the capacity of young children with Intellectual Disability.

#### **Design Proprietary and Ownership of Materials**

This consultancy must be undertaken with the knowledge that all the Intervention Programme Design or part thereof shall be the property of the Executing Agency herein referred to as the Jamaican Association on Intellectual Disabilities (JAID). JAID shall also own the copyright for all the materials produced under the project.

#### **Components of the Project**

**1.- Design of the intervention.** This includes (i) Systematic review of international experiences to ascertain the best applicable neuroplasticity programmes, interventions, international policies, and the most effective community and parent involved practices for children with intellectual disability. This review should serve as the scientific foundation over which the intervention will be designed (ii) Development of the intervention protocol comprising the objectives, sampling design, individualized program of services and developmental therapies that involve screening, recruitment, evaluation and medical work-up as well as the capacity building programme for parents (iii) Definition of the evaluation parameters of the progress of children in the areas of cognition, language and social competencies, among others. (iv) Adaptation of digital technology to train and support the intervention and follow up activities of participating children, parents, and providers.

**2.- Implementation of the intervention.** The implementation phase comprises (i) Training of parents/caretakers and professionals, (ii) Screening, recruitment, comprehensive evaluation, medical work-up, application of individualized program of developmental therapies and parent counselling. (iii) The follow-up actions to promote adherence to the program activities by both health providers and parents/caretakers.

**3.- Monitoring, effectiveness evaluation and feasibility analysis to scale-up the intervention.** This component will monitor the quality of the interventions, evaluate its outcomes/effectiveness in improving intellectual function, measuring progress in children's cognition, problem solving, language, and social functioning. Also, it will assess parent/caregiver understanding of the condition, parent/caregiver acceptance of the child with the condition and parent/caretaker and providers satisfaction with the interventions. The feasibility analysis will identify the strengths and weaknesses of the program, the resources necessary to scale up the intervention and establish the basis to design a national programme.

**Objective of the Consultancy:**

The objective of the consultancy is to design and implement a replicable neuroplasticity, therapeutic based intervention over a 2-year period for 60 children with intellectual disability in Jamaica, engaging parents and building their capacity to support their children

**Scope of Work**

The consultant is required to design a neuroplasticity-based intervention for children 6-8 years with intellectual disability in Jamaica to be implemented within the school environment, engaging parents and incorporating a capacity building component for parents to support their children as outlined in item 1 in the Components of the project. The intervention design must be realistic, with the capacity to generate valid and reliable data that can determine the feasibility for the scale up of the intervention or its inclusion in programmes for children with intellectual disability in Jamaica. The consultancy should therefore include the following activities:

- a. Review of findings and recommendations in the Desk Research conducted by the Research Design Consultant on international experiences to ascertain the best applicable neuroplasticity protocols, interventions, international policies, and the most effective community and parent involved practices for children with intellectual disability. This review should serve as the basis by which the intervention will be designed.

- b. Development of the specific protocols related to the intervention including:

The types of therapies and related supports that will be required throughout the period and the frequencies with which they will be applied

Training manuals and materials to support the therapeutic intervention for parent mentors and parents and follow-up and adherence activities.

Training manuals and materials for professionals associated with the project including educators and school administrators.

- c. Definition of the evaluation parameters of the progress of children throughout the intervention. These parameters are those outcomes that the intervention aims at improving.

The design should include collection of baseline measures (i.e. in the first interaction with the student) of these parameters as well as tracking these parameters through the application of the intervention. This information should be registered in an individual-level organized database by each therapist at each stage as it will serve as a key input for a before-after evaluation of the effectiveness of the intervention. The analyses of this information (that should be collected and registered by the therapists) and design and implementation of the evaluation of the program, will be carried out by another consultant (the Monitoring & Evaluation consultant) who will use the information collected during the progress of the intervention as key input.

- d. Develop parameters for the general administration of the intervention to ensure the implementation is aligned to what was designed.

- e. Collaboration with Information System consultant and the Monitoring & Evaluation consultant to facilitate effective data collection and monitoring and development of a system to support the training and support of stakeholders.

- f. Present intervention design at stakeholder's forum.

- g. Initial training of professionals in both database entry and delivering the intervention. protocols

- h. Training of parent mentors and parents to build their capacity to support the children as well as the critical activities to be carried out with the children in the home setting to support the intervention in the school setting.

- a. Execute or delegate continued quality assurance and project auditing to ensure model fidelity and achievement of targets on schedule.

**Place of Work:**

The consultant will be required to work mainly from home but will be required to visit the project site during the design phase.

**Time Frame:**

The duration of the contract is fifteen (15) months in the first instance. The design of the intervention will be the initial three (3) working months. Support should however be provided at periodic points over the first year of the implementation of the intervention.

**Qualifications**

- Education: Post Graduate degree in public health, health care management, child development, psychology or epidemiology would be desirable.
- At least six (6) years of relevant clinical professional experience preferably first-hand experience working with children and families or the equivalent combination of education and experience degree.
- Experience: Managerial/clinical and training experience in child development, psychology, occupational therapy, or related experience as manager/director of related facilities; knowledge of the Jamaican system as it relates to children with disabilities.
- Experience in conducting interventions (especially neuroplasticity-based approaches) with children with Intellectual Disabilities would be an asset.
- Languages: Ability to read, write and speak English fluently.

**Deliverables and Payment Schedule:**

The consultant shall present the following products as documents with supporting data in the acceptable format according to the indicated schedule. All reports must be submitted to JAID in an electronic file. The report should include cover, main document and all annexes where appropriate.

The consultant's payments should match the products and schedule previously described, as follows:

No	Deliverables	% Payment
1	Work Plan	10
2	Document with the proposal of neuro plasticity-based intervention design and protocols	25
3	Training manuals and materials for parents of children with ID, parent mentors and professionals.	15
4	Training of parents, parent mentors and professionals guided by a developed training plan and submission of training report.	20
5	Mid Term progress report	10
6	Individual-level database containing the measured parameters (i.e. output) for each participant at each stage of the intervention (i.e. baseline and for each session thereafter).	10
7	End of Contract Report	10

- [1] ..... Global Research on Developmental Disabilities Collaborators. Developmental Disabilities among children younger than 5 years in 195 countries and territories, 1990-2016: a systematic analysis for the Global Burden of disease Study 2017. *Lancet Global Health* 2018;6:e1100-21
- [2] ..... National Academies of Sciences, Engineering, and Medicine 2016. Ensuring Quality and Accessible Care for Children with Disabilities and Complex Health and Educational Needs: Proceedings of a Workshop. Washington, DC: The National Academies Press. <https://doi.org/10.17226/23598> (<https://doi.org/10.17226/23598>).
- [3] ..... JAID. The Jamaican Association on Intellectual Disabilities. Persons with Intellectual Disability. Annual Report 2016.

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CONSULTING SERVICES**

Institution: Inter-American Development Bank

Country: Jamaica

Project: Innovative Approaches to the Development of Children with Intellectual Disability Project

Sector: Health and Education

Abstract: The Consulting Service entails the design and implementation of a neuroplasticity therapeutic based intervention over a 2-year period for 60 children with intellectual disability in Jamaica, engaging parents and building their capacity to support their children.

Loan/Credit/Grant No.: ATN/JO17753 JA

Deadline: May 14, 2021

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be employed by the Borrower shall be the best qualified and shall be fully capable of carrying out the assignment. Capability is judged on the basis of academic background, experience and, as appropriate, knowledge of the local conditions, such as local language, culture, administrative system, and government organization.” is open to all eligible bidders as defined in the policies.

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**The Jamaican Association on Intellectual Disabilities**

**Attn: Marilyn McKoy**

**Executive Director**

**7 Golding Avenue, P.O. Box 224 Kingston 7,  
Jamaica, W.I.**

**Tel: (876) 977-118 or (876) 977-0134**

**Fax: (876) 970-3182**

**E-mail: [jaid@cwjamaica.com](mailto:jaid@cwjamaica.com) (mailto:[jaid@cwjamaica.com](mailto:jaid@cwjamaica.com)) and [jadevconsultant@gmail.com](mailto:jadevconsultant@gmail.com) (mailto:[jadevconsultant@gmail.com](mailto:jadevconsultant@gmail.com))**

**TERMS OF REFERENCE**

**Non- Reimbursable Technical Cooperation No. ATN/JO17753-JA**

**Innovative Approaches to the Development of Children with Intellectual Disability**

**Consultancy services to design an intervention for children with intellectual disability**

**Background:**

The technical cooperation (TC) *Innovative Approaches to the Development of Children with Intellectual Disability* aims at supporting the Government of Jamaica with a framework for policy and evidence of actionable interventions to improve the social and health services for children with intellectual disability (ID). The primary objective of this TC is to provide direct support to children with intellectual disability (ID) and their parents, through identifying, adapting, and testing effective, neuroplasticity-based, therapeutic approaches, which involve parents.

The Sustainable Development Goals (SDGs) mandate monitoring the health and wellbeing of children to achieve optimal early childhood development. Therefore, it is within this mandate to address the social and health needs of children with developmental disabilities (DD) and their families.

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Children with intellectual disability are more likely than their nondisabled peers to have associated and/or secondary conditions. These conditions are most common with greater severity of intellectual disability. The most common is Down syndrome, while the most common secondary condition is speech and language impairments. Some secondary conditions are autism, physical disabilities, speech and language impairment and health problems.

The prevalence of IDs is difficult to ascertain due to variabilities in data sources, case definitions, and range of age. In 2016, the global prevalence of ID in under-fives was 1,983 per 100,000, and of Autism Spectrum Disorder (ASD) was 723 per 100,000. In Jamaica, the number of estimated cases with ID was 4,073 (1,472.2 per 100,000) and with ASD, 2,106 cases (728.8 per 100,000).<sup>[1]</sup>

From a social perspective, children with ID face important challenges. Their parents often must coordinate on their own a variety of social, medical and educational support services, adding to the heavy financial, logistical and emotional challenges of raising a child with special needs.<sup>[2]</sup> A recurring problem is the delay in the diagnosis of ID, which in part might be due to denial of the parents, that keep their children in the mainstream, or they are unable to identify the condition of their child.<sup>[3]</sup> Also, screening activities are scarce in health clinics or day care centres, due to lack of training of health personnel or social workers to identify this condition in a timely manner.

The Government of Jamaica issued the Disabilities Act 2014 to ensure that people with disability receive fair and equal treatment. The implementing arm of disability policies is the Jamaica Council for Persons with Disabilities (JCPD) <http://jcpdja.com> (<http://jcpdja.com/>) (<http://jcpdja.com/>)w (<http://jcpdja.com/>)hose responsibility it is to protect the rights of persons with all disabilities for social inclusion and accommodations (education, labour). Non-governmental organizations, such as the Jamaica Association on Intellectual Disabilities (JAID) <http://www.jaid.org.jm/contact.htm> (<http://www.jaid.org.jm/contact.html>)l (<http://www.jaid.org.jm/contact.html>)p (<http://www.jaid.org.jm/contact.html>) provide services for children and adults with ID including schools of special education; resources and professional partnership and adult continuing education programs.

The social and health needs of children with ID and their families require the provision of specialized social and health services. The situation can be broken down into four challenges. (i) Children with ID are a vulnerable group facing barriers to accessing healthcare, rehabilitation, social support services and have less opportunity for formal education due to weak functional health and social care systems. For example, access to effective therapeutic interventions remains a deficit. Speech, behavior and occupational therapists are few. (ii) Intellectual disability implies high lifetime costs of care and rehabilitation which are often inaccessible to low-income families. (iii) Children with ID are stigmatized and at risk of neglect and violence. (iv) Caregivers and families have a low quality of life and a heavy emotional burden. This often results in families not prioritizing the social /emotional development of the child with the disability and not treating schooling as critical.

#### **Executing Agency:**

The Jamaican Association on Intellectual Disabilities (JAID) is a non-governmental organization (NGO) established in 1956 to provide services to persons with Intellectual Disabilities and their families. JAID has a track record of established partnerships with National agencies including the Government of Jamaica and International organizations in the delivery of services to its clients. This partnership with the Inter-American Development Bank will focus on innovative approaches to build the capacity of young children with Intellectual Disability.

#### **Design Proprietary and Ownership of Materials**

This consultancy must be undertaken with the knowledge that all the Intervention Programme Design or part thereof shall be the property of the Executing Agency herein referred to as the Jamaican Association on Intellectual Disabilities (JAID). JAID shall also own the copyright for all the materials produced under the project.

### **Components of the Project**

**1.- Design of the intervention.** This includes (i) Systematic review of international experiences to ascertain the best applicable neuroplasticity programmes, interventions, international policies, and the most effective community and parent involved practices for children with intellectual disability. This review should serve as the scientific foundation over which the intervention will be designed (ii) Development of the intervention protocol comprising the objectives, sampling design, individualized program of services and developmental therapies that involve screening, recruitment, evaluation and medical work-up as well as the capacity building programme for parents (iii) Definition of the evaluation parameters of the progress of children in the areas of cognition, language and social competencies, among others. (iv) Adaptation of digital technology to train and support the intervention and follow up activities of participating children, parents, and providers.

**2.- Implementation of the intervention.** The implementation phase comprises (i) Training of parents/caretakers and professionals, (ii) Screening, recruitment, comprehensive evaluation, medical work-up, application of individualized program of developmental therapies and parent counselling. (iii) The follow-up actions to promote adherence to the program activities by both health providers and parents/caretakers.

**3.- Monitoring, effectiveness evaluation and feasibility analysis to scale-up the intervention.** This component will monitor the quality of the interventions, evaluate its outcomes/effectiveness in improving intellectual function, measuring progress

in children's cognition, problem solving, language, and social functioning. Also, it will assess parent/caregiver understanding of the condition, parent/caregiver acceptance of the child with the condition and parent/caretaker and providers satisfaction with the interventions. The feasibility analysis will identify the strengths and weaknesses of the program, the resources necessary to scale up the intervention and establish the basis to design a national programme.

### **Objective of the Consultancy:**

The objective of the consultancy is to design and implement a replicable neuroplasticity, therapeutic based intervention over a 2-year period for 60 children with intellectual disability in Jamaica, engaging parents and building their capacity to support their children

### **Scope of Work**

The consultant is required to design a neuroplasticity-based intervention for children 6-8 years with intellectual disability in Jamaica to be implemented within the school environment, engaging parents and incorporating a capacity building component for parents to support their children as outlined in item 1 in the Components of the project. The intervention design must be realistic, with the capacity to generate valid and reliable data that can determine the feasibility for the scale up of the intervention or its inclusion in programmes for children with intellectual disability in Jamaica. The consultancy should therefore include the following activities:

a. Review of findings and recommendations in the Desk Research conducted by the Research Design Consultant on international experiences to ascertain the best applicable neuroplasticity protocols, interventions, international policies, and the most effective community and parent involved practices for children with intellectual disability. This review should serve as the basis by which the intervention will be designed.

b. Development of the specific protocols related to the intervention including:

The types of therapies and related supports that will be required throughout the period and the frequencies with which they will be applied

Training manuals and materials to support the therapeutic intervention for parent mentors and parents and follow-up and adherence activities.

Training manuals and materials for professionals associated with the project including educators and school administrators.

- c. Definition of the evaluation parameters of the progress of children throughout the intervention. These parameters are those outcomes that the intervention aims at improving.

The design should include collection of baseline measures (i.e. in the first interaction with the student) of these parameters as well as tracking these parameters through the application of the intervention. This information should be registered in an individual-level organized database by each therapist at each stage as it will serve as a key input for a before-after evaluation of the effectiveness of the intervention. The analyses of this information (that should be collected and registered by the therapists) and design and implementation of the evaluation of the program, will be carried out by another consultant (the Monitoring & Evaluation consultant) who will use the information collected during the progress of the intervention as key input.

- d. Develop parameters for the general administration of the intervention to ensure the implementation is aligned to what was designed.
- e. Collaboration with Information System consultant and the Monitoring & Evaluation consultant to facilitate effective data collection and monitoring and development of a system to support the training and support of stakeholders.
- f. Present intervention design at stakeholder's forum.
- g. Initial training of professionals in both database entry and delivering the intervention. protocols
- h. Training of parent mentors and parents to build their capacity to support the children as well as the critical activities to be carried out with the children in the home setting to support the intervention in the school setting.
- a. Execute or delegate continued quality assurance and project auditing to ensure model fidelity and achievement of targets on schedule.

**Place of Work:**

The consultant will be required to work mainly from home but will be required to visit the project site during the design phase.

**Time Frame:**

The duration of the contract is fifteen (15) months in the first instance. The design of the intervention will be the initial three (3) working months. Support should however be provided at periodic points over the first year of the implementation of the intervention.

**Qualifications**

- Education: Post Graduate degree in public health, health care management, child development, psychology or epidemiology would be desirable.
- At least six (6) years of relevant clinical professional experience preferably first-hand experience working with children and families or the equivalent combination of education and experience degree.
- Experience: Managerial/clinical and training experience in child development, psychology, occupational therapy, or related experience as manager/director of related facilities; knowledge of the Jamaican system as it relates to children with disabilities.
- Experience in conducting interventions (especially neuroplasticity-based approaches) with children with Intellectual Disabilities would be an asset.
- Languages: Ability to read, write and speak English fluently.

### Deliverables and Payment Schedule:

The consultant shall present the following products as documents with supporting data in the acceptable format according to the indicated schedule. All reports must be submitted to JAID in an electronic file. The report should include cover, main document and all annexes where appropriate.

The consultant's payments should match the products and schedule previously described, as follows:

No	Deliverables	% Payment
1	Work Plan	10
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3	Training manuals and materials for parents of children with ID, parent mentors and professionals.	15
4	Training of parents, parent mentors and professionals guided by a developed training plan and submission of training report.	20
5	Mid Term progress report	10
6	Individual-level database containing the measured parameters (i.e. output) for each participant at each stage of the intervention (i.e. baseline and for each session thereafter).	10
7	End of Contract Report	10

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[1] Global Research on Developmental Disabilities Collaborators. Developmental Disabilities among children younger than 5 years in 195 countries and territories, 1990-2016: a systematic analysis for the Global Burden of disease Study 2017. *Lancet Global Health* 2018;6:e1100-21

[2] National Academies of Sciences, Engineering, and Medicine 2016. Ensuring Quality and Accessible Care for Children with Disabilities and Complex Health and Educational Needs: Proceedings of a Workshop. Washington, DC: The National Academies Press. <https://doi.org/10.17226/23598>. (<https://doi.org/10.17226/23598>.)

[3] JAID. The Jamaican Association on Intellectual Disabilities. Persons with Intellectual Disability. Annual Report 2016.

## Deadline

28 May 2021

### Date Posted

29 Apr 2021

### Status \*

Open

**DB Reference No**

IDB-P727794-04/21

**Loan No/Financing**

ATN/JO17753 JA

**Borrower/BID****Language**

English

**Related Notices and Contract Awards****\* Definition of status types:**

Open - Procurement notice is open for bidding;

Closed - Deadline has passed;

Cancelled - Procurement process is cancelled;

N/A - Not applicable, for General Procurement Notices with unspecified deadlines.

Please note that due to the difference in time zones, the actual deadline time may be a few hours earlier or later than when the status changes from Open to Closed on the website. Please do not solely rely on the above status and take note of the deadline in local time (found in the body of the text of each procurement notice).

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