

## TERMS OF REFERENCE (TOR)

### CONSULTANT FOR THE DEVELOPMENT OF STANDARD OPERATING PRACTICE FOR INCLUSION OF SEXUAL REPRODUCTIVE HEALTH AND RIGHTS /FAMILY PLANNING SERVICES FOR PERSONS WITH DISABILITIES

#### Background

Persons with disabilities are identified in the new Convention on the Rights of Persons with Disabilities (CRPD) as “those who have long-term physical, mental, intellectual, or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others”. Although the CRPD states that persons with (PWD) have the right to experience parenthood, to marry and found a family, to decide on the number and spacing of children and have the means to exercise this right, access to sexual and reproductive health (SRH) care, for persons with disabilities, has remained unacceptably low in many developing countries including Ghana. PWD still face discrimination, and exclusion from health services on account of disability.

The Ghana population and housing Census 2010 report estimates that 3% of Ghana’s population (737,743 persons) are with some form of disability with females accounting for about 52.5% and males 47.5%. According to the census, visual or sight impairment was the most common disability (40.1%), followed by physical challenges (25.4%), emotional or behavioural problems (18.6%) and intellectual malfunctioning (15.2%). Visual or sight impairment was the most common form of disability among both males (38.0%) and females (42.0%). A study by *Inclusion Ghana*, a non-governmental organization with a focus on PWD, revealed that access to health care among PWD was curtailed by a number of system factors including inadequately trained health workforce, inappropriate physical infrastructure, inappropriate medical technologies and supplies, among others (Inclusion Ghana 2013). Another study corroborated that health system deficiencies militated against access to health care among PWD with respondents reporting at least one barrier to health care as follows: Medical equipment barriers (78.14%), communication barriers (66.27%) and physical barriers (55.5%), (Badu et al, 2016). Physical barriers reported by respondents included inaccessible door entrances, inaccessible staircases, absence of elevators, absence of ramps, medical tables and inaccessible floors for patients on crouches. Other documented barriers include lack of readable signs, difficulties to follow equipment instructions, difficulty in moving on and off medical equipment and lack of voice output for blind patients (Institute for Democratic Governance, 2011, Hwang et al, 2009, Kroll et al, 2006). Badu et al, found that PWD who were not living with family members experienced more physical and communication barriers than those with some community/family support, highlighting role of community sensitization and participation in improving access for PWD.

As a result, PWD face serious risks of delayed diagnosis, secondary co-morbidities, persistent abuse, depleted social capital, and isolation. PWD expressed dissatisfaction, discomfort, negative provider attitudes with the care they received at health facilities (*Inclusion Ghana*, 2013).

The Ghana Disability Act, 2006 (Act 715) provides for the rights of persons with disability including the right to family life and social activities, medical treatment, health programs and

education. The Disability Act has however not been operationalized and is largely unknown by the public and health care actors.

The Ghana Shared Growth and Development Agenda II (2014-2017) and the Health Sector Medium Term Development Plan (2014 – 2017) have prioritised inclusion of persons with disabilities in national development.

Ministry of Health Programme of Work 2016 seeks to improve universal coverage to health services, however, there is no direct prioritisation of PWD.

As part of concerted effort to strengthen capacities in delivering quality integrated sexual and reproductive health services (family planning, comprehensive maternal health services, HIV/AIDS and GBV prevention and response) and ensuring that women, adolescent and youth who are furthest behind, fully exercise their sexual and reproductive rights and are able to use integrated sexual and reproductive health services, UNFPA is proposing the development and implementation of an intervention tool (Standard Operating Practices) to increase access to and use of integrated SRH&R services by PWD in Ghana. The proposed intervention adopts a health systems strengthening (HSS) approach and takes into consideration both supply and demand-side issues that impact on access and use of services by PWD.

#### **1. Objective of the assignment:**

To develop Standard Operating Practices (SoP) on inclusive sexual reproductive health/family planning (SRH/FP) information and services for persons with disabilities (PWD) in Ghana.

#### **Scope of Work**

The consultant will lead and guide the process of developing the Standard Operating Practices for inclusive SRH/FP in Ghana and work closely with the Ghana Health Service, the Ministry of Health, UNFPA and other key stakeholders to facilitate the development of the SoP.

The consultant will conduct the following activities:

1. Facilitate the conduct of a 2 day stakeholder's workshop at which the issues, gaps and concerns relating to access, coverage, safety and quality of SRHR information and services for people with disabilities will be identified, discussed and prioritized. It is expected that the workshop will take the form of plenary presentations, group work and demonstrations. Issues and concerns relating to each of health systems building blocks and their influence on immediate health outcomes for PWD will be discussed and immediate, intermediate and long term solutions proposed to feed into the SoP.
2. Produce a draft report from the workshop detailing recommendations to feed into the Standard Operating Practices to be circulated to GHS, MoH and UNFPA for comments and inputs.
3. Produce a final report incorporating comments and inputs as in point 2 above to UNFPA and GHS.
4. Produce a draft SoP to GHS and UNFPA and other key partners, where deemed necessary, for comments and inputs.

5. Produce final copy of the SoP to GHS and UNFPA.

### **Expected Deliverables**

1. An analytical report of the two day workshop with clear recommendations to feed into the Standard Operating Practices.
2. Standard Operating Practices document to increase access and coverage of SRH/FP information and services for PWD.

### **Duration of the task**

The duration of the consultancy period shall be for a period of 25 days.

### **Qualifications for the Consultancy**

1. Expertise in sexual reproductive health and rights with a minimum of 5 years of work in the area of SRHR
2. Relevant academic qualifications (preferably PhD) and experience in the social sciences, public health, and related fields
3. Good knowledge of the health sector in Ghana
4. Excellent knowledge of health system strengthening principles/blocks
5. Some work/research related experience in issues pertaining to persons with disabilities especially PWD in Ghana; knowledge on access to health among PWD would be an added advantage
6. Experience in leading planning processes and good group facilitation skills
7. Excellent communication/presentation and writing skills in English
8. Experience in development of manuals, protocols and training materials
9. Good human relations skills and ability to work with diverse groups with different backgrounds.
10. Good knowledge of the Ghana Disability Act

### **TIMELINES OF WORK**

<b>Task</b>	<b>Estimated Duration in days (cumulative)</b>	<b>Indicative Date</b>
Start of assignment (signing of contract)	1 (1)	
2 day workshop on PWD	2 (3)	
Writing and Submission of Workshop report	3 (6)	

Development of draft Standard operating practices	14 (20)	
Finalization of standard operating practices	5 (25)	

**Remuneration**

Upon the satisfactory delivery of the indicated outputs to be verified by GHS and UNFPA, the consultant will be paid an agreed lump sum.

**Supervision**

The consultant will be jointly supervised by UNFPA and Ghana Health Service.

**APPLICATION:**

Proposals together with Curriculum Vitae (CVs) must be submitted to: **nusetor@unfpa.org** in soft copy.

**Hard copies will also be accepted**

The envelopes should be clearly marked “Consultancy for SOP for PWD” – Do not Open” and addressed to:

**The Representative  
United Nations Population Fund (UNFPA)  
No. 7, 7<sup>th</sup> Rangoon Close, Cantonments  
P. O. Box 1423  
Accra.**

Closing date is **24th June, 2017**