

**Terms of Reference**  
**CONSULTANT FOR THE DEVELOPMENT OF STRATEGIC PLAN FOR THE**  
**ELIMINATION OF OBSTETRIC FISTULA IN GHANA:**

**Background**

The government of Ghana (GOG) in collaboration with partners has initiated the development of a fistula strategy and plan (2017-2021). The strategy to be developed by the Ghana Health Service with support from UNFPA is essential to meeting Ghana's aspiration of eliminating the burden of obstetric fistula in the country and the global target of making fistula in developing countries as rare as it is in the developed world.

Significant gains have been made in improving sexual and reproductive health and advancing reproductive rights since the 1994 Cairo International Conference on Population and Development. But many people, especially the poor and vulnerable, still lack access to quality sexual and reproductive health services, including life-saving emergency obstetric care.

Obstetric Fistula (OF) results from the limited access to quality maternal health and delivery services including emergency obstetric care services and is also compounded by indirect causes such as early marriage and early childbirth. In Ghana obstetric fistula is a relatively hidden problem, largely because it affects the most marginalized members of society: young, poor, illiterate women in remote areas. Women and girls living with fistula are among the most marginalized and neglected, and the persistence of fistula is a grave illustration of serious inequalities and the denial of rights and dignity. Ending fistula would not only restore women's dignity, it would put the rights of women and girls (including the invisible, disenfranchised and voiceless) at the heart of a people-centered, equity-driven and rights-based development.

Since 2005, the national fistula programme launched by the Ministry of Health/Ghana Health Service and the then Ministry of Women and Children's Affairs, with support from United Nations Population Fund aimed at "Strengthening Fistula Prevention Activities and Access to Treatment" by addressing three main areas of focus:

- Advocacy and awareness creation;
- Treatment and repair

- Social reintegration and rehabilitation

Although efforts have been made to eliminate OF, the condition still persists in all ten regions of Ghana. A 2015 report on the burden of Obstetric Fistula in Ghana (Ghana Health Service, 2015) reaffirms the prevalence of OF in all ten regions of Ghana with an estimated 711 to 1,352 new cases occurring every year.

Elimination of fistula demands the right combination of political will and leadership, financial commitment and scaling up of evidence-based, cost-effective, quality interventions that take a holistic multisectoral and multi-dimensional approach.

As part of efforts to eliminate obstetric fistula in Ghana, a national task team was constituted and inaugurated in May 2014, with the main goal to oversee the development of a national strategic plan for the elimination of obstetric fistula and also coordinate fistula interventions in the country.

### **Developing the strategic plan to eliminate obstetric fistula in Ghana**

In 2015, The Ghana Health Service commissioned the conduct of a study on Fistula in the country and has since produced a report on the burden of obstetric fistula in Ghana. This report together with related studies and documented best practices in the country, the region and globally will inform the development of the strategic plan to eliminate obstetric fistula in Ghana. With support from UNFPA, the National Obstetric Fistula Taskforce (which includes MoH, GHS, MoGCSP and other partners) has embarked on a process of developing the Ghana Obstetric Fistula Strategic Plan (GOFSP). To facilitate the development of the strategic plan, the Ghana Health Service will engage the expertise of a qualified consultant to lead the process.

### **Objective of assignment**

To develop a costed 5-year strategic plan which will inform interventions to eliminate obstetric fistula in Ghana

### **Key questions**

The Strategy will seek to answer the following key questions:

1. What approaches should Ghana adopt to track and register women with fistula?
2. How can obstetric fistula further inform the development agenda on maternal health, thus

making fistula part of the socio-economic debate?

3. How can we make fistula repairs universally available and accessible to fistula patients in Ghana in a cost-effective way?
4. What interventions should be taken to ensure universal efforts in preventing OF in Ghana?
5. How should the country make a balance between curative and preventive services and what strategic options exist to make this balance effective? How can fistula programming be integrated into existing maternal health services?
6. How should an integrated and systemic approach to elimination of fistula be organized?
7. What strategies should be put in place to ensure successful reintegration of fistula patients? How can we strengthen reintegration services?
8. How do we ensure adequate funding for fistula programmes?

### **Purpose of the Consultancy**

The purpose of the consultancy is to support and lead the Ghana Health Service and the national OF task team in a technically grounded, consultative and participatory planning process, to include extensive consultations with relevant stakeholders. The substantive outcome will be a costed five-year strategic plan for the Elimination of Obstetric Fistula for the period 2017 – 2021.

### **Methodology and Scope of Work**

The consultant will lead and guide the process of developing the full five-year strategic plan and work with the Ghana Health Service and the National task team, stakeholders and partners to facilitate the development of the GOFSP. The consultant will conduct the following activities:

- Present an inception report including a comprehensive desk review of documents relevant to an understanding and execution of the assignment; and an elaboration of a methodology/action plan, work plan, list and contacts of key stakeholders to be engaged.
- Undertake a review of relevant background documents that underpin work done on fistula in Ghana and elsewhere to form the context for the development of the GOFSP. This includes the 2015 report of the obstetric fistula burden in Ghana.
- Interview fistula patients and key persons in the field of Sexual and Reproductive Health and Rights (SRHR) in general and obstetric fistula in particular. This may include:

- MOH
- GHS
- CHAG
- MoGSCP
- UNFPA and other development partners
- International and local NGOs
- Conduct selected Focus group discussions at the regional, district and community levels
- Facilitate a one-day workshop (I) to validate the findings of the desk review, key informant interviews (KII), focus group discussions (FDGs) and make recommendations for developing the strategic plan.
- Document the outcomes of the one-day workshop (I).
- Draft a five-year obstetric fistula strategic plan.
- Outline and cost strategic actions within the plan required to eliminate fistula in the country based on the findings from the desk review, key informant interviews (KII), focus group discussions (FDGs) and the outcomes of the validation workshop. Detailed cost estimation for the implementation of the Strategic Plan should be mapped to possible funding options including Government.
- Facilitate the conduct of a 2-day strategic planning workshop (II) with key stakeholders in collaboration with the Ghana Health Service and other stakeholders to validate the draft strategic plan.
- Finalize the costed obstetric fistula strategic plan.

The consultant will be based mainly in the offices of the Family Health Division of the Ghana Health Service. The Ghana Health Service in collaboration with the consultant will develop the draft programmes for each of the workshops entailed in the assignment. The Ghana Health Service will have responsibility for implementing the logistical arrangements in relation to venue, sending and following-up on invitations.

### **Commitment to Quality Work**

The consultant shall use an evidence-based approach and ensure the highest standard of work and timely deliverables at every stage of this assignment. In particular, the consultant shall ensure clarity of objectives and process during the stakeholder consultations; countercheck all facts and figures cited; ensure that the content and format of the draft strategic plan meets the

highest standard for such documents; and ensure proper editing and clarity.

### **Expected Deliverables**

1. An inception report
2. A report on recommendations for the development of the obstetric fistula strategy based on the desk review, KIIs and FGDs conducted.
3. A document on the outcomes of the stakeholders' validation workshop (I)
4. A draft 5-year obstetric fistula strategic plan for discussion and consultation
5. A document on the outcome of the 2-day strategic plan validation workshop (II)
6. A final costed obstetric fistula strategy document in 2 hard copies and an electronic copy.

### **Duration of the task**

The duration planned for the development of the obstetric fistula strategy and plan is 31 working days including time required for the desk reviews, KIIs, FGDs, facilitation of the process, drafting and validation of the plan.

### **Qualifications for the Consultancy**

1. A minimum of 5 years' experience and skills in obstetrics and gynecology
2. Experience in programming, leading strategic planning processes and good group facilitation skills
3. Qualification and experience in social science and or public health.
4. Excellent communication and writing skills in English
5. Experience in treating and managing obstetric fistula patients will be an advantage

### **TIMELINES OF WORK**

<b>Task</b>	<b>Estimated Duration in days (cumulative)</b>	<b>Indicative Date</b>
Start of assignment (after signing of contract)	1 (1)	03/10/16
Submission of inception report	4 (5)	7/10/16
Discussion and approval of	0	14/10/16

inception report (task team meeting)		
Field work + report writing	13 (18)	2/11/16
1-day Validation workshop on Desk reviews , FGDs, KIIs	1(17)	8/11/16
Submission of Draft Strategic Plan (without costing)	3 (20)	11/11/16
2-day Validation workshop on Draft Strategic Plan	2(23)	22-23 /11/16
Submission of revised draft strategic plan with costing	6 (29)	1/12/16
Meeting to discuss costed draft	0	8/12/16
Submission of final Strategic Plan Document	2 (31)	13/12/16

### **Remuneration**

Fees will be negotiated with the selected candidate based on UNFPA rules.

### **Supervision**

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

Proposals together with Curriculum Vitae (CVs) must be submitted to:

**nusetor@unfpa.org** in soft copy. Closing date is **16<sup>th</sup> September, 2016**

**Hard copies will also be accepted**