



Terms of Reference

“Sexual and Reproductive Health and Rights for all, Disability inclusion from theory to practice”

Under WISH2ACTION project

1- Presentation of the mission

Title of the assignment:	Development of the guideline “<i>Sexual and Reproductive Health and Rights for all, Disability inclusion from theory to practice</i>”
Humanity & Inclusion Programme:	WISH2ACTION regional coordination
Objective of the consultancy:	Support and finalize the compilation of a quality guideline following participatory and inclusive practices
Duration of the consultancy:	1.12.2020 -30.5.2021
Location of the consultancy:	International consultancy (home based)
ToR last updated:	2020/11/10
Author of ToR:	Dr. Gisela Berger/ Dr. Alessandra Aresu

2- Presentation of the context

2-1- Introduction to Humanity & Inclusion

HI has more than 35 years of experience implementing projects in emergency response and development cooperation in more than 60 countries. HI promotes the implementation of the UN Convention on the Rights of Persons with Disabilities (CRPD) and advocates for disability inclusion into policies, mainstream services, disaggregated data collection, knowledge management and humanitarian programmes. HI’s role is also to collect and disseminate best practices and to provide technical support to governmental agencies, international organizations, public and private services, and CSOs.

International data and research shows that persons with disabilities, and in particular women and girls with disabilities, have limited access to information and services, and are often excluded from



public life, political participation and decision making processes. More than 160 countries worldwide ratified the CRPD. However, many state parties, international agencies such as UN organizations, INGOs, national and local organizations, and service providers are lacking in implementing the CRPD in all relevant domains such as protection, education, employment, political participation and health, including Sexual and Reproductive Health (SRH).

As an expert in disability inclusion and an active member of international and national networks that promotes the rights of persons with disabilities, HI enjoys a high reputation and has good cooperative relationships with Organizations of Persons with disabilities (OPDs). In the current multinational WISH 2 Action programme HI provides technical and operational contribution towards promoting access to SRH for all in 8 selected countries as part of its global action promoting right to health for all and universal health coverage.

2-2- Presentation of the WISH project

WISH2ACTION, a FCDO (former DFID) 3-year funded project (2018-2021) with potential option on 1,5, year extension, is being implemented by a consortium of 6 internal organizations (IPPF, MSI, IRC, DMI, OPTIONS and HI) to deliver 16.921m Couple-years of Protection(CYP), 2.2m additional users. Humanity and Inclusion (HI) is operating alongside consortium partners in 8 countries (Bangladesh, Pakistan, Afghanistan, Ethiopia, South Sudan, Mozambique, Madagascar and Uganda) out of a total of 16, with a mandate of ensuring that the project interventions and services are inclusive and equally accessible for all people, including persons with disabilities.

Persons with disabilities usually face discrimination, exclusion and significant barriers in accessing health information and services, particularly in relation to sexual and reproductive health.

Under the scope of the WISH2ACTION project HI has developed strategies aiming at promoting sustainable disability inclusive SRH practices across its countries of intervention. In order to ensure the sustainability of disability inclusive practices and to provide a guidance to health and SRH programme developers/managers and health service providers, HI is developing a guideline on how to ensure SRH information and services are accessible to persons with disabilities, particularly women and girls, reach their needs, and allow SRHR for all to translate into practice .

3- Presentation of the background and context of the assignment

Background:

Purpose and content of the guideline

“Persons with disabilities include 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”¹ and limit access to information and services, including SRH information and services. Due to a negative interrelation between disability, and limited access to education and economic opportunities, persons with disabilities are mainly

¹ UNCRPD, Article 1 see

<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>



belonging to the group of the extreme poor. In particular women and girls with disabilities face multiple barriers in accessing health information and services, including SRHR information and services. These barriers entail disability misconception, myths about sexuality and disability, social and gender norms, discrimination and stigma, institutional barriers etc. From an early age, persons with disabilities face discrimination, rejection and human right violations that often result in additional internalized barriers such as, for example, not feeling entitled to the right to decide about their own sexuality or accessing family planning information and services without being blamed or mistreated.

In recent years, some relevant documents on inclusive SRH have been published by other international and national organizations (see for example UNFPA², Liliane Foundation³, UN Special rapporteur⁴) but a guide that combines international knowledge with extensive practical experience from the country/local level is still missing. The former Department for International Development (DFID) has contracted the e-Pact consortium to undertake Third Party Monitoring (TPM) of the Women's Integrated Sexual Health (WISH)⁵ to map the evidence of gaps in data and research in regards to SRHR. The evidence gap map (EGM 2020)⁶, focusing on the access of persons with disabilities to SRH services in low and middle-income countries(LMICS), shows that across all outcome areas, there is little evidence on 'what works' to ensure access to SRH services for this population.

Through the FCDO funded international WISH project, with its strong focus on *Leaving No One Behind* and on reaching the most marginalized groups including women and girls with disabilities, HI and partners, together with service providers and Organizations of Persons with Disabilities (OPDs), have the opportunity to collect experiences and best practices and to share them through a new guideline that is currently under production.

The **guideline** gathers knowledge about human rights, basic principles of disability inclusion in planning, programming, budgeting and monitoring, as well as specific inputs on how to transform service delivery towards inclusive practices.

The guideline is primarily intended to support SRHR actors and practitioners to plan, design and implement disability inclusive SRH programming. It provides planner and practitioners with relevant background information and selected national and international data on exclusion of persons with disabilities and barriers to access SRH information and services able to guide their SRH programs on evidence and support the implementation of advocacy activities. The guideline is also accompanied by a list of the most relevant resources available on the subject.

² https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-WEI_Guidelines_Disability_GBV_SRHR_FINAL_19-11-18_0.pdf

³ Liliane Foundation, "Sexual and Reproductive Health and Rights", 2019

⁴ UN Special rapporteur on the Rights of women and girls with disabilities '[Sexual and reproductive health and rights of girls and young women with disabilities](#)', 2017.

⁵ <https://www.itad.com/wp-content/uploads/2020/06/Access-to-SRH-services-for-people-with-disabilities-narrative-report-June-2020-WEB.pdf>

⁶ ITAP Evidence Gap Map Feb 2020



The first **draft of the guideline** has been developed on the basis of HI's experience on disability inclusion in SRHR and other projects and is currently structured as follows:

Introduction: Purpose, how to use the guideline and expected limitations of the guideline

Background information on HI and the WISH2Action Consortium project on SRHR and the objectives of the guideline

Section A : Principles & benchmark – Theory

1. Why inclusion of persons with disabilities in SRHR matters
2. Basic elements for inclusion (Inclusive Programming)

Section B: Practical guide – Inclusive Sexual and Reproductive Health and Rights in practice

1. SRH Rights of women and girl with disabilities
2. SRH services
3. Family Planning
4. Maternal and Newborn Health
5. STI and HIV/Aids
6. Prevention and mangement of cancer of the reproductive system
7. Adolescents and youth with disabilities
8. Violence and SGBV
9. Inclusive SRHR in disasters and crises (e.g. COVID-19)

Section C: guidance on how to make the changes towards inclusive SRH sustainable

While the introduction, and sections A and B are quite advanced in their development, it remains essential to do some additional participatory work to ensure quality and relevance of the content and that best practices of what works is fully included. This participatory work includes:

1. **Consultations with representatives** of national, regional and local OPDs and Women with Disabilities Lead Organizations, SRHR service providers partners, WISH Consortium Technical Working Group members, among others.
2. Selection and **incorporation of lessons learned** and **best practice examples** collected by HI MEAL department throughout the project in the WISH2ACTION countries in which HI is promoting inclusion (Bangladesh, Pakistan, Uganda, South Sudan, Ethiopia, Madagascar).
- 3.
4. **The participation** of a selected group of international experts on inclusion and SRHR through the creation of an expert working group

The result of this participatory work will contribute to enrich the overall guideline and will allow the compilation of **Section C** which will cover thematic that are crucial for sustainability such as monitoring and evaluation and disability inclusion parameters, quality management and disability inclusion in SRHR; and intersectionality.



4- Presentation of the assignment and the expected results

4-1-

The assignment will cover the period December 2020 - May2021.

The general objective of the assignment is to support and finalize the compilation a comprehensive but easy to read guideline based on the above mentioned participation and consultation process and the incorporation of lessons learned and best practices. The second phase of the guideline development will ensure the consideration of feedback and input from SRHR consortium partners, WISH Consortium Disability Technical Working Group and international and national disability specialists including OPDs' members gathered through a comprehensive consultation process. The second phase of the guideline development will also be dedicated to harvest and incorporate all relevant best practice examples collected from the country programs.

4-2-Required activities and deliverables

- (1) Activity plan including all national and international experts' participation and foreseen consultations steps**
- (2) Literature review**

Based upon the current draft guideline, an additional and updated literature review is conducted and relevant references are listed according to the different topics.
- (3) Update and first revision of the current draft guideline, incorporating additional comments from partner and developing Section C**
- (4) Communication plan** with relevant participants and experts for consultation (WISH SRHR partners OPDs in Bangladesh and Uganda, International disability experts etc.)
- (5) Design and organization of consultation meetings** and workshops (remotely and in cooperation with HI country Focal points in Uganda and Bangladesh)
- (6) Development of moderation and discussion tools and guidelines for consultations**
- (7) Implementation of consultations** (through emails, meetings, interviews etc.)
- (8) Documentation (full scripts) of all consultation meetings** with summary of relevant points that need to be mentioned and considered for inclusion into the final version of the guideline
- (9) Support HI in the documentation of feedback and input from the technical experts working group and the consortium technical working group on disability)**
- (10) Revision and selection of WISH best practice examples** from country teams and incorporation into the guideline
- (11) Compilation of an updated pre-final version of the guideline** incorporating all relevant outcomes from consultations, experts' feedback and selected best practices to be shared with HI for final revisions.
- (12) Finalization of the final guideline** incorporating HI's final feedback



- (13) **Support to the launch of the guideline** in a workshop with WISH Consortium partners and selected stakeholders

4-3- Deliverables (please find deliverable details in the annexes)

	Deliverables	Recipients	Delivery deadlines
1-	Activity plan developed	HI	17.12.20
2.	Literature review synthesis	HI	31.12.20
3.-	Updated and revised draft guideline)	HI	15.1.2021
4.	Communication and organization plan for consultations	HI	15.1.2021
5.	Tools and guidelines for consultation/ feedback meetings / workshops/interviews etc.	HI	15.1.2021
6.	Documentation of all consultation meetings conducted and all expert input collected	HI	1.3.2021
7.	Revision of WISH best practice examples	HI	1.3.2021
8.	Compilation of (pre) final guideline with all relevant information from consultation etc.	To be shared with HI for feedback	1.4.2021 (HI provides feedback latest by 15.4.2020)
9			30.4.21



	Production of final version of the guideline including feedback from HI		
10	Participation to the launch and presentation of the guideline with Consortium partners	HI	Half day between 1.5.-30.5.2021

4-4-Mechanisms for communication and monitoring between the consultant and Handicap International

The consultant will be working in close liaison with HI staff at the HQ , regional and country level:

- Dr. Gisela Berger (HI WISH Regional Technical Manager) and Dr. Alessandra Aresu (HI Inclusive Health Policy Lead) as the principal contacts,

, Mr. Rakibul Islam (Technical inclusion adviser in Bangladesh) and Sarah Mutesi (SBCC specialist in Uganda) when it comes to consultations with national OPD members.

All deliverables have to be submitted to Dr. Berger and Alessandra Aresu, and their technical feedback needs to be discussed and taken into consideration when updating the relevant documents and the overall guideline. The list of persons to be contacted during the consultation process should be discussed with and agreed by HI. All email communication in regards to consultation and feedback processes has to be transparent and has to include A. Aresu and G. Berger in cc. The tools should only be used for implementation of the guideline development process after feedback from HI. A HI steering committee consisting of technical and logistical HI experts will approve the deliverables. Fundamental research and implementation difficulties will be discussed with the focal group from HI.

The final guideline will be produced under the name of the HI's authors and the consultant will be acknowledged as a contributor to the final version of the guideline.

4-5-Ethics

All guideline activities will strictly follow international ethical protocols such as the WHO guidelines on research in SGBV and protection of children⁷ and others ethical international standards in order to ensure consent, ethical and confidential data management, protection and safeguarding of consulted persons and groups in particular during local consultation processes with OPDs. The consultant has to follow and sign all HI safeguarding policies and the code of conduct and to ensure all safeguarding procedures are mandatory for subcontractors and recruited assistance or support staff (assistants, driver etc.)

Please also refer to the HI guidance note "Studies and research at Handicap International: Promoting ethical data management"⁸. The methodology must respect the eight recommendations promoted by the organization and the protocol must clearly detail how these recommendations will be implemented operationally:

⁷ Reference WHO

⁸ Humanity & Inclusion. 2015. Studies and research at Handicap International: Promoting ethical data management. Available here: https://hinside.hi.org/intranet/jcms/prod_2225308/fr/ethicaldatamanagementn-04



- Guarantee the security of subjects, partners and teams
- Ensure a person or community-centered approach
- Obtain subjects' free and informed consent
- Ensure referral mechanisms are in place
- Ensure the security of personal and/or sensitive data at all stages of the activity
- Plan and guarantee the use and sharing of information
- Ensure the expertise of the teams involved and the scientific validity of the activity
- Obtain authorization from the relevant authorities and organize an external review of the proposed research

(see Annex 2)

5- Budget and Payment

A detailed budget will be submitted by the applicant as part of the application.

The consultant(s) will receive remuneration under the following terms of payment, which will be based on the output of the work and not on the duration that it might take:

20% of the total consultancy value (including withholding tax) shall be paid upon signing of the contractual agreement.

30 % of total consultancy will be paid after submitting the first 5 deliverables: 1 Activity plan ,2. Literature review 3. Updated revised draft guideline, 4 communication plan and 5. tools and guideline for consultation ,

The remaining 50% shall be paid after a final satisfactory provision of all deliverables and the submission of the final guideline and satisfactory signed off by HI the technical referents.

6-Requested profile

This call is addressed to individual consultants.

6-1- Expertise

- *Eligibility criteria (Applicant who don't meet these criteria will be excluded)*
 - Master or PhD in human sciences, political sciences, public health or epidemiology with significant professional and academic experience (>5 years)
 - At least 3 years of experience and profound knowledge in the field of SRHR and disability inclusion



- Experience in writing technical and analytical documents in the areas of human rights, disability inclusion, gender and SRHR
- Experience in planning, designing and implementing participatory consultation and feedback processes
- Work experience in low and middle income countries
- Excellent written and spoken English.

- *Mandatory technical criteria: These criteria will be evaluated based on the following rating:*

Experience in SRHR (including GBV) and disability inclusion	30
Proven experience in planning, designing and implementing participatory consultations in persons and remotely and feedback processes with associative actors such as organizations of persons with disabilities, health service providers, etc.	20
Knowledge and experience on intersectionality(disability, gender and age)	20
Experienced in professional literature review	5
Demonstrated analysis, synthesis and writing skills (provide a list of publications or research – at least 2)	25
TOTAL	100

- Persons with disabilities are encouraged to apply

7 -Application process

Applications have to be submitted in English and must include:

- **In relation to the consultant: [100 /150] – See ranking above**
- A curriculum vitae (training, experience in the areas mentioned above, list of key publications) and copy of ID/passport
- Documents proving the consultant's registration and any other documents certifying to the regularity of his/her activity



- Proof of personal health/hospital insurance and civil liability insurance for the duration of the service commissioned
- Bank account details for payment by bank transfer
- References and previous research and publication examples (At least two)
- Concept note: how you will insure safeguarding and protection standards and reporting mechanisms
- A cover letter
- **In relation to the technical proposal: [100 /150]**
- A methodological proposal to conduct this assignment , including, *a minima*:
Understanding of the guideline concept , designing consultation process, issues and of the terms of reference; presentation of the objectives (overall & specific);; target population; presentation of the methodological framework: study design, selection of participants, data collection, data processing, data analysis, quality monitoring mechanisms; ethical considerations **(60/80)**
- A timeline, clearly detailing the guideline development implementation, execution of consultation process **(15/ 20)**
A financial proposal including, *a minima*, details of the assignment consultancy fees and operational costs including the costs to engage persons with disabilities/OPDs in the consultation process such as communication fees, participation fees, transport **(35 / 50)**

Please be informed that HI considers having an interview with the 3 best candidates before the final selection.

8-Expression of interest and proposal

Interested individuals/consulting firms should submit, by email, all the requested documents (see previous section) for this consultancy by the 04th of December 2020.

This task is expected to take place within the month of December 2020 and May 2021.

9- Contact person

In case of any questions, or need for clarification, please write to: Gisela BERGER g.berger@hi.org (WISH Regional Technical Manager – Humanity & Inclusion) [and Alessandra Aresu a.aresu@hi.org](mailto:a.aresu@hi.org) (Inclusive Health Policy Lead – Humanity & Inclusion)

HOW TO APPLY:

To be considered, a proposal with the reference “ Development of the guideline “Sexual and Reproductive Health and Rights for all, Disability inclusion from theory to practice” has to be addressed and sent to the following e-mail addresses gm.balaba@hi.org and c.lecrenier@hi.org before the 4th of December 2020.

List of Acronyms



CYPs: Couple Years of Protection

DMI: Development Media International

OPDs: Organizations of Persons with Disabilities

HI: Humanity & Inclusion

HQ: Head Quarters

IPPF: International Planned Parenthood Federation

IRC: International Rescue Committee

LMIC: Low and Middle Income Countries

MC2: Multi-country coordination team, Kampala, Uganda

MSI: Marie Stopes International

SRH: Sexual and Reproductive Health

SRHR: Sexual, Reproductive Health and Rights

WGQ: Washington Group Questionnaire

WISH2ACTION: Women's Integrated Sexual Health (Lot2)

List of Annexes

Annex 1 –Implementation and communication plan

Annex 2 - **Safeguarding and ethical requirements HI**

Annex 3 – Literature review requirements



Annex 1

- 1. Implementation plan:** timetable, detailed implementation plan with all steps, tool development, organization, logistics, recruitment and orientation of data collectors, details of country support from HI, report development, ensuring safeguarding procedures of all actors involved into the research, workshop of findings , incorporation of feedback

Annex 2

(HI safeguarding documents)

Annex 3

Literature review requirements

1. International literature on qualitative and quantitative data on women and girls, boys with disability, barriers and challenges in regards to SRH services and rights, stigma and discrimination, intrapersonal barriers, misconceptions, intersectionality gender and disability in regards to sexual rights with relevance for the research focus ,
2. National and local data from research, surveys, assessments, FGDS or NGO/ OPD reports etc. on SRHR and disability inclusion and on what works

Literature review documentation