**Terms of Reference**

**Disability inclusive sexual, reproductive health and rights research**

**Under WISH2ACTION project**

1. **Presentation of the mission**

|  |  |
| --- | --- |
| **Title of the research:** | **Disability inclusive sexual, reproductive health and rights research** |
| **Humanity & Inclusion Programme:** | **WISH2ACTION regional coordination** |
| **Objective of the consultancy:** | Ensure implementation (protocol development & administrative/ ethics authorizations), execution (collection, processing & analysis), monitoring & quality control, reporting and findings sharing. |
| **Duration of the consultancy:** | 1.10.2020 - 30.4.2021 |
| **Location of the consultancy:** | International consultancy (Uganda and Bangladesh) |
| **ToR last updated:** | 2020/20/08 |
| **Author of ToR:** | Gisela Berger, Aude Brus |

1. **Presentation of the context**

**2-1- Presentation of the Humanity & Inclusion Programme**

HI has more than 30 years of experience implementing projects in emergency response and development cooperation in more than 60 countries. Through these projects HI promotes the implementation of human rights and in particular the UN Convention on the Rights of Persons with Disabilities (UNCRPD). HI’s role is to advocate for disability inclusion into policies, mainstream services, disaggregated data collection, knowledge management and humanitarian programmes and to provide best practice and technical support to governmental agencies, international organizations, public and private services and CSOs towards inclusive obligations and practices.

International data and research shows persons with disabilities and in particular female persons with disabilities are often excluded from services, public life, from political participation and decision making processes. More than 160 countries worldwide ratified the UN Convention on the Right of Persons with Disabilities. But despite the legal commitments state parties, international agencies such as UN organizations, INGOs and national and local organizations and service providers are lacking in the implementation of the rights of persons with disabilities in all relevant domains such as protection, education, economic and employment opportunities, political participation and access to health and Sexual and Reproductive Health.

As an expert in disability inclusion and an active member of international and national disability networks HI enjoys a high reputation and has good cooperative relationships with organisations of people with disabilities (OPDs). In the current multinational WISH 2 Action programme HI provides technical and operational contribution towards promoting universal health coverage for all.

**2-2- Presentation of the project**

WISH2ACTION, a 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 CYPs, 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 the 16, with a mandate of ensuring that the project interventions and services are inclusive, and equally accessible by all people, including people with disabilities.

Persons with disabilities usually face discrimination and exclusion to participation and access to health services in general, and in particular sexual, reproductive health and rights.

Under the scope of WISH2ACTION project implementation, HI has developed strategies aiming at promoting sustainable disability inclusive SRHR practices across its intervention countries.

Based on the results of the comprehensive evidence gap map analysis (EGM) (conducted by ITAP 2/20) that aims to map on ‘what works’ to ensure people living with disabilities have access to sexual reproductive health services in low and middle-income countries and the HI’s overall WISH2ACTION M&E and learning strategy the aim of the research is to focus on the most excluded vulnerable groups. The EGM shows that “most evidence was found under the outcome areas of health and knowledge and awareness, whilst behaviour and health services showed significant gaps”. In particularthe sub categories: Stigma/negative attitudes and discrimination from persons with disability themselves, Sexual behaviour and sexual pleasure, Sexual orientation, Communication and support-seeking Pregnancy and births and maternal health, Abortion and post abortion care, Providers/service quality and after care, Livelihoods/costs and confidentiality reflect a huge gap.

In order to better understand the factors, drivers and patterns of exclusion for persons with disabilities to SRHR that leads to non-access to services HI aims to reach the groups of persons with disabilities that does not get access to the services after more than 18 months of project implementation. The findings and understanding in the local context of the 2 selected countries, the Asian Bangladesh and the African Uganda, should help to effectively address factors for exclusion and to create behavioral change towards inclusion.

HI, in liaison with its in-country partners and the cooperating DPOs on WISH2ACTION project will be carrying out these researches in selected countries. Study findings will be precious instruments accessible by relevant actors at all levels, to feed advocacy and SBCC efforts, in the bid to shifting norms, attitudes and policies towards increased inclusiveness in program designs and services.

1. **Presentation of the research**

**3-1- Why this research?**

Findings of this applied research will guide operational actions and feed advocacy activities to promote the right of the most vulnerable people.

According to the UNCRPD definition disability is defined as a conditions that is based on two relevant components, the long-term impairment of the individual and the barriers that hinders people to actively participate in society and to access services such as SRHR. Due to a negative interrelation between disability, education and economic opportunities people with disabilities are mainly belonging to the group of the extreme poor and hard to reach in societies. In particular women and girls are often excluded from health and SRHR services due to multiple barriers entailing, disability misconception, myths about sexuality of persons with disabilities, social and gender norms, discrimination and stigma, institutional barriers etc. From early age many persons with disabilities are facing discrimination, rejection and human right violations that often results in additional internalized barriers such as not feeling entitled to have the rights such as taking free decisions about the own sexuality or accessing family planning services without being blamed etc. .

Qualitative research on this topics and on the obstacles hindering people to access SRHR services is rare . The 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)[[1]](#footnote-1) to map the evidence of gaps in data and research in regards to SRHR. The evidence gap map (EGM) analyses on ‘what works’ to ensure persons with disabilities have access to sexual reproductive health services in low and middle-income countries (LMICS). The EGM shows that across all outcome areas, there is a low amount of evidence in relation to ‘what works’ to ensure persons with disabilities have access to SRH services in LMICS. Most evidence on was found under the outcome areas of health and knowledge and attitudes, whilst behavior and access to services showed significant gaps In particular the aspects of stigma/negative attitudes and discrimination from persons with disability themselves, sexual behaviour and communication and support seeking are underrepresented in surveys and research. Little is known about **identification and reduction of barriers** in regards to internal and external behavioral and attitudinal barriers for women and girls with disabilities . In order to address challenges and barriers of these women and girls and to plan for SRHR social behavior changes in the scope of SRHR service provision ensuring the inclusion of women and girls with disabilities it is relevant to understand communication and behaviour of women and girls with disabilities themselves. In order to guide actors working in SRH service delivery and communication, advocacy and cooperating with OPDs it would be helpful to learn about types, causes, drivers and mechanism that prevents women and girls with disabilities from enjoying their sexual and reproductive health rights .

**3-2- Research objectives**

* **Overall objectives of the study/ research**

The general objective of the research is to identify and better understand the institutional, cultural or personal barriers, constraints and resistances that lead the most vulnerable people and in particular women and girls with disabilities not to access SRH service and to enjoy their sexual rights.

* **Specific objectives**

The specific objectives of the research are:

* To propose a short literature review on the lack of access to SRH services by vulnerable population (focus on Persons with disabilities) in LMIC focusing on qualitative and quantitative studies.
* To identify and describe who are these “missing” patients (e.g. gender, age, disability status, severity level of limitations, economic status…)
* To understand the internal and external factors and drivers of persons’ with disabilities that exclude them from accessing SRHR
* To explore and analyze their perception of their sexual rights and interests in regards to SRHR services
* To include a section on the impact of Covid19 crisis on the management of their health, especially when it comes to SRH
* To learn from the most marginalized groups in regards to SRHR what are the needs and requirements in order to promote successfully their inclusion into SRHR.

This research will focus on disability impact but will include also others criteria as gender, age, migrants status etc. into analysis.

**3-3- Location**

**3-3-1.Background of disability in Uganda**

The National Policy on disability 2006 and Persons with Disabilities Act 2006 define the concept, “Disability”, as *a permanent and substantial functional limitation of daily life activities caused by physical, mental or sensory impairment and environmental barriers resulting in limited participation.* The definition recognizes disability as a result of the interaction between impairment and external barriers. The definition aligns with legal definition enshrined in the CRPD.

Unfortunately, Uganda does not use a standardized categorization of disabilities what results in gaps of comparable disaggregated data. National documents code disability differently. The Persons with Disabilities Act 2006 categorize disabilities as follows: Difficulty in hearing, Difficulty in speaking and conveying messages, Difficulty in moving around and using other body parts, Difficulty in seeing, Strange behaviors, Epilepsy, Difficulty in learning, Leprosy, Loss of feeling and Multiple disabilities - a combination of any of the above disabilities[[2]](#footnote-2).

## Prevalence of disability in Uganda.

The National Population and Housing Census of 2014 used some Washington Group short set of questions to screen persons with disabilities. It incorporated 4 out of 6 Washington Group questions. It estimated national disability prevalence rate at 13.6% among the population aged five years and above, which is close to 15%, World Health Organization estimated figure. Prevalence at lowered age of 2 years and above is estimated at 12.4%.

Furthermore, the prevalence rate is higher among females (14.5%) compared to males (10.0%). Likewise, the prevalence was noted to be higher in urban (15.0%) as compared to rural (12.0%) areas. There is need for further researcher to find out the escalated prevalence rate in urban areas. Unfortunately, disability has always been linked to poverty conditions in rural areas.

In Uganda persons with disabilities face many barriers in accessing mainstream services such as education, livelihood activities, political participation, social protection and access to health and SRHR services.

The WISH2ACTIOn project is implemented by HI in 3 districts: Yume, Arua and Mbale. The research will focus on at least two of the three sites, based on the W2A intervention areas.

**3-3-2.BACKGROUND OF DISABILITY IN BANGLADEAH**

The Government of Bangladesh is mandated to "provide primary health services to each and every citizen… residing in any geographical location within the territory of Bangladesh" (National Health Policy, 2011). As part of its Sustainable Development Goal targets, the government is aiming to achieve universal health coverage by 2030. This means providing access to quality essential health services; safe, effective, and affordable essential medicines and vaccines; and protection from financial risk[[3]](#footnote-3) [[4]](#footnote-4) [[5]](#footnote-5).

Disability is a vital issue with respect to human rights and cannot be sidelined while considering national development activities of a country. Most of the welfare countries across the world have structured plan to implement various special services as required for disables and strong disability law to establish socio-economic and political rights of disabled people. Likewise, government of Bangladesh has recognized the issues of disabled persons’ righteous perspectives very seriously and enacted disability law under “person with disability’s rights and protection Act 2013” (Women with Disabilities Development Foundation 2014) with the aim at quick improvement in the process of social and economic inclusion of people with disability.

Persons with disabilities are often excluded from the development. However, disability is central to the 2030 Agenda for Sustainable Development, which commits to ‘leaving no one behind’ and has targets for disability inclusion within the Sustainable Development Goals (SDGs)[[6]](#footnote-6). Like in other countries persons with disabilities of Bangladesh especially young and women with disabilities have least access to modern Family Planning (FP) and Sexual Reproductive Health (SRH) services.

The Bangladesh Household Income and Expenditure Survey (HIES) 2010 used the WGQ short set questions and reported a disability prevalence of 9.1%[[7]](#footnote-7).

Moreover, as per the Household Income and Expenditure Survey, 2016 Bangladesh has 6.94% population with disability and a prevalence of 7.59% women with disability; 50% women with disability are never married and 72% live with their parents/sibling [[8]](#footnote-8). 40% reported sometimes being mistreated by their family members[[9]](#footnote-9). For instance in Kurigam Bangladesh 60.22% persons with disabilities have unmet health needs compared to 27.59 of people without disabilities [[10]](#footnote-10)and women and girls with disabilities lack access SRHR services.

The WISH2ACTIOn project is implemented by HI in 2 areas : Kuligram and Sitakinda. The research will focus on these two areas, based on the W2A intervention sites.

**3-4- Target Population**

This research will mainly target **women and girls with disabilities** (all type of functional limitations, all level of severity) who will need SRH services but not use it

It will include their relatives with a focus on men (husband, father, brother, caregivers …).

Others relevant stakeholders will be included to address the objectives (women with disabilities who access SRHR services, female caregivers of women and girls with disabilities, women without disabilities, civil society organizations[[11]](#footnote-11), health staff, authorities, parents clubs of children with disabilities …).

**3-5- Methodology**

The research will be a qualitative research conducting individual and collective interviews with persons with disabilities who use and not use SRH services and others relevant stakeholders. Washington Group Questions[[12]](#footnote-12) will be the guiding instrument to categories persons according to disability.

The research will follow inclusive practices by involving selected persons with disabilities at least into protocol and tool development and data collection and analysis.

The methodology will be clearly defined under the research protocol developed by the consultant.

**3-6- Ethics**

All research activities will strictly follow international ethical protocols such as the WHO guidelines on research in SGBV and protection of children[[13]](#footnote-13) and others ethical international standards in order to ensure confidentiality, ethical and confidential data management , protection and safeguarding of interviewed and involved persons. 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 (research assistants, driver etc.)

Please also refer to the Handicap International guidance note “Studies and research at Handicap International: Promoting ethical data management”[[14]](#footnote-14). The methodology must respect the eight recommendations promoted by the organization and the protocol must clearly detail how these recommendations will be implemented operationally:

* 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

The consultant has to make sure to get ethical approvals from the respective national agencies following national procedures in order to conduct the academic research in Bangladesh and Uganda. Hi will support in providing information.

**3-7- Specific study constraints**

In order to guide study activities through the intended objectives, appropriate research protocols including methodology, inception report and intermediate report and related tools shall be developed by the consultant, adapted to country context for each research activity. These instruments shall be subjected to internal approvals MC2 & HQ, as well as mandatory ethical approvals by relevant in-country authorities.

1. **Presentation of the mission**

**4-1- Overall objective of the expert mission**

The expert will ensure implementation (protocol development & administrative/ ethics authorizations), execution (including coordination with HI country teams, logistics such as transport, sign language interpretation and translation from local languages etc., recruitment and management of enumerators if required, collection, processing & analysis), monitoring & quality control, reporting and findings sharing.

**4-2- Expected results of the mission**

1. **A written protocol is finalized.**

Based upon the technical proposal, and in collaboration with Humanity & Inclusion’s reference person, a protocol is developed. This document provides the key elements of the study’s implementation and contains, *a minima*: an introduction specifying the research context, providing a brief situational analysis; presentation of the objectives (general & specific), with target population, location; presentation of the methodological framework: study design, selection of participants, data collection, data processing, data analysis, quality monitoring mechanisms; responsibilities of the expert; timeline; budget; ethical considerations.

1. **Conditions and barriers of access to health services for people with disabilities are analyzed.**

Protocol and data collection tools are the result of a participatory process. Individual and collective interviews are organized with target population and relevant stakeholders. All collected data is analyzed and interpreted in the light of the political, social and cultural context.

1. **Reports are written and shared.**
2. **Action priorities are proposed for Handicap International teams, private e.g. consortium and public partners**

Once all data is collected, 2 workshops are organized to present the research findings to partners and to define action priorities for Handicap International.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Deliverables** | **Recipients**  | **Dissemination** | **Delivery deadlines** |
| **Technical Documents relative to research implementation** |
| 1- | **Inception report** (procedures, methodology etc. (Annex 1) | HI | Internal | Beginning of mission |
| 2. | **Final Protocol** (covering all details, methodology, time lines etc.) ( Annex 2) | HI |  |  After 4 weeks  |
| 3.- | **Final data collection tools** ( individual interviews for different target groups, FGD guidelines etc. ) | HI | Internal | After 6 weeks from signing the contract  |
| 4. | Transcribed material | HI | Internal | End of country missions |
|  |
|  **Research Documents/Reports/Dissemination** |
| 5.- |  **Literature review synthesis** (Annex 3 ) | HI | Internal | Beginning of the mission |
| 6.- | Mid-term report Uganda ( Annex 4 ) | HI | Internal |  First third of the mission ( latest 10 days after Uganda mission) |
| 7. | Midterm report Bangladesh  | HI | Internal  | Midterm ( latest 10 days after Bangladesh mission ) |
| 8. |  Midterm reports and Meeting to reflect and discuss findings  | HI and perhaps OPD (in order to make the process more inclusive !) | Internal | Mid term |
| 9. | **Final midterm report** with input from HI etc. incorporated  | HI | Internal  | Mid term  |
| 10. | **Final Scientific report**(± 50 pages) ( Annex 5) | HI, Donors, Partners | External | End of mission |
| 11. | 1 briefing paper (± 4 pages) | HI, Donors, Partners | External | End of mission |
| 12. | Summarizing PPP of the research for presentation  | HI | Internal | End of mission  |
| 13. | 1 Document for vulgarization (1 page) | HI, Donors Partners, Beneficiaries | External | End of mission |
| 14. | ( optional ) academic article  |  HI and relevant partner  | External | End of mission  |
| 15. | 1 Document for advocacy (X pages) | Authorities | External | End of mission |
|  |
| **Workshops/Meetings** |
| 16. | 1 Workshop to discuss findings; formulate recommendations | HI, Partners ( L. Cheshire , ITAP etc.), academic peers  | - | End of mission |
| 17. | 1 Meeting to present research findings | HI, Authorities | - | End of mission |

The consultant accepts to incorporate the names of the technical HI support persons into the research report. Humanity & Inclusion may reproduce the methodological proposal and use the tools developed for data collection in other contexts or projects.

**4-4- Timeline & budget**

Each country research will be executed within a period of 3 months, starting in September 2020, for the specified country and geographical areas. The final report is due 30. April 2021

**4-50-Budget and Payment**

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:

· 30 % 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 deliverables: 1. Inception report, 2 Final Protocol, 3.Final tools, 5. Literature review and 6.Midterm report Uganda and satisfactorily signed off by HI

· The remaining 40% (including withholding tax) shall be paid after a final satisfactory report and all deliverables submitted and satisfactorily signed off by HI the technical referent.

**4-6- Mechanisms for communication and monitoring between the consultant and Handicap International**

The consultant will be working in close liaison with MC2 (Technical Manager) as the principal contact and HQ for functional consultations, as well as specific country program managers. Technical and operational research updates and procedures will be discussed in weekly meetings. All deliverables have to be submitted, technical feedback needs to be discussed taken into consideration when updating the documents. The tools should only be used for implementation of the research after feedback from HI. A HI research steering committee consisting of technical and logistical HI experts will approve the deliverables and function as the focal group from HI when it comes to fundamental research and implementation difficulties.

1. **Requested profile**

**5-1-Requested profile**

This call is addressed to individual or multidisciplinary team, independent or associated to a research institute.

**5-2- Expertise**

* *Eligibility criteria (Applicant who don’t meet these criteria will be excluded)*
* PhD in human sciences, political sciences or epidemiology OR Master’s Degree in one of the above fields, with significant academic research experience (>5 years)
* Experience in academic research in the humanitarian contexts of developing countries preferable experience in an Asian and an African country
* Experience in public health research, especially in SRHR or in disability inclusion related areas
* Fluency in written and spoken English.
* *Mandatory technical criteria: These criteria will be evaluated based on the following rating:*

|  |  |
| --- | --- |
| Expert in conducting qualitative research, from planning to findings sharing (protocol writing, tool development, management of service implementation, data collection, treatment & analysis) | **30** |
| Excellent analytical, facilitation and reporting skills.  | **10** |
| Experienced in professional literature review | **5** |
| Experience in the use of participatory research methodology | **5** |
| Good understanding on cultural limitations conducting surveys in the field of violence and GBV | **5** |
| Used to deal with research related ethics issues and to pass ethical commission requirement  | **20** |
| Ability to train and manage investigator teams | **10** |
| Demonstrated analysis, synthesis and writing skills (provide a list of research and publications – at least 2)  | **15** |
| **TOTAL** | **100** |

* *Desired criteria:*

|  |  |
| --- | --- |
| Familiar with the cultural and religious context of the intervention areas of Uganda and Bangladesh | **5** |
| Excellent communication and cooperation skills | **5** |
| Experience in working with INGO in developing countries (>2 years) | **5** |
| Experience in conducting studies involving people with disabilities (e.g. adaptation of communication tools or supports)  | **5** |
| Ability to work in collaboration with public and associative actors such as organizations of persons with disabilities, health service providers, etc. | **5** |
| Fundamental understanding of the project cycle management  | **5** |
| Experience in remote support  | **5** |
| Knowledge in the intersectional field of gender, age and disability would be a benefit | **5** |
| Knowledge of French | **5** |
| Linkages and cooperation with and academic institution | **5** |
| **TOTAL** | **50** |

* Persons with disabilities are encouraged to apply
1. **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)
* References and previous research and publication examples (At least two)
* Concept note how you will insure the quality of the ethical approval, training of enumerators and safeguarding protection
* A cover letter
* **In relation to the technical proposal: [100 /150]**
* A methodological proposal to conduct this research, including, *a minima*:

Understanding of the study’s issues and of the terms of reference; background of the research; presentation of the objectives (overall & specific); location; 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 research’s implementation, execution, monitoring and use-of-findings activities **( 15/ 20)**
* A financial proposal including, *a minima*, details of the research’s consultancy fees and operational costs (travel, accommodation, investigator per diems, translator pay, software, etc.). **(35 / 50)**

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

1. **Expression of interest and proposal**

All expressions of interest should include:

**Technical Proposal:**

Brief explanation about the consultants (s) with evidence of previous experience in this kind of work; profile of the consultancy firm to be involved in undertaking the consultancy; understanding of the TOR, the task to be accomplished as well as draft consultancy framework and plan and at least three referees.

**Financial Proposal:**

The financial proposal should provide cost estimates for services rendered including daily consultancy fees related to the consultants excluding accommodation and living costs; transport cost, stationeries, and supplies needed for data collection; costs related to persons that will participate from partners and government officers.

1. **Contact person**

In case of any questions or need for clarification, please write to Gisela BERGER g.berger@hi.org Whish global technical manager.

1. HOW TO APPLY:

To be considered, two (2) copies of a proposal with the reference code of this tender procedure: HI-UG/2020/KAMP/CFT – 004 to be addressed and sent to the following e-mail address **procurement.tenders@uganda.hi.org** **, before Sunday 6, September 2020 not later than 4:00pm** (East African Time)

**List of Acronyms**

CYPs: Couple years of protection

DMI: Development Media International

DPOs: Organizations of Persons with Disabilities

HI: Humanity and Inclusion

HQ: Humanity and Inclusion, Head Quarters, Lyon, France

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

PDOs: Pro Disability Organizations

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 – Inception report

Annex 2 – Research protocol

Annex 3 – Literature review

Annex 4 – Midterm report

Annex 5 – Academic research report

**Annex 1 Inception report**

**1.Introductuion**

Conceptional Framework

Objective of the research and guiding research questions

Research Period

Locations

**2. Background**

International and national literature review

Country context information

**3. Methodology**

Sampling (countries, districts and site, target groups, number of respondents, selection of interviewed persons, representation of different types of disabilities, age, sex etc. )

Tool development and pre testing procedures

 Research approach and Collection of data

Ensuring quality of data collection by cooperating national assistance (national research partner org. selection and quality of enumerators

Language and translation

Ensuring inclusion of persons with disabilities s in research design and process (accessibility and participation of people with disabilities in data collection etc.)

Qualitative analysis methodology

**4. Safeguarding and ethical requirements**

How to ensure WHO and HI safeguarding guidelines

Procedures to get the national ethical clearance

**5. Limitations**

**6. Research implementation plan**

Preliminary Intervention

First draft research Interventions protocol: 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 etc.

**7. Budget**

**8.Research finding and report deliverables (format etc.)**

**9. Research presentation and critical feedback and peer review**

**Annex 2**

**Research protocol**

* 1. **Methodology:** Sampling (countries, districts and site, target groups, number of respondents, selection of interviewed persons, representation of different types of disabilities, age, sex etc. )

-Tool development and pre testing procedures

 - Research approach and Collection of data

 - Quality management of data collection by cooperating national assistance (national

 research partner org. selection and quality of enumerators

 - Quality management of language use and translation (including sign language)

 - Ensuring inclusion of persons with disabilities s in research design and process

 (accessibility and participation of people with disabilities in data collection etc.)

 - Qualitative analysis methodology

* 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 3**

**Literature review**

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.

**Proper literature review documentation**

**Annex 4**

**Midterm report (see expected content)**

Introduction

National background information and situational analysis

Aims of data collection

Methodology used

Data collection process:

Cooperation and recruitment

Safeguarding procedures

Sampling and Selection process

Approach to reach women and girls with disabilities

Challenges and limitations

Preliminary findings

Budget and expenditures

**Annex 5.**

**Academic research report**

1.Introduction

2.Aims of the study

3.Review of literature and conceptual framework

4.Sample and sample methodology

5.Data collection method

6.Data analysis method

7.Inclusive research methodology

8.Findings

9.Limitations

10.Discussion

11.Conclusion

12.Abstract

1. https://www.itad.com/wp-content/uploads/2020/06/Access-to-SRH-services-for-people-with-disabilities-narrative-report-June-2020-WEB.pdf [↑](#footnote-ref-1)
2. National Policy on disability, 2006, Introduction section 1.2. Disability in Uganda. [↑](#footnote-ref-2)
3. WHO (2010). World Health Report: Health Systems Financing: The Path to Universal Coverage. [↑](#footnote-ref-3)
4. WHO. What is Universal Coverage? http://www.who.int/health\_financing/universal\_coverage\_definition/en/ Accessed on 4th April 2017. [↑](#footnote-ref-4)
5. <https://sustainabledevelopment.un.org/sdg3> [↑](#footnote-ref-5)
6. Rapid Assessment of Disability in Kurigram and Narsingdi Districts of Bangladesh- *Towards Global Health: Strengthening the Rehabilitation Sector through Civil Society* Bangladesh, 2017 [↑](#footnote-ref-6)
7. <http://203.112.218.65:8008/WebTestApplication/userfiles/Image/LatestReports/HIES-10.pdf> [↑](#footnote-ref-7)
8. Household Income and Expenditure Survey, 2016 [↑](#footnote-ref-8)
9. Source: July 15, 2019 version of The Daily Star cited by UNFPA [↑](#footnote-ref-9)
10. HI and BBS study, 2017 [↑](#footnote-ref-10)
11. OPD (Organizations of people with disabilities), women associations… [↑](#footnote-ref-11)
12. http://www.washingtongroup-disability.com/ [↑](#footnote-ref-12)
13. Reference WHO [↑](#footnote-ref-13)
14. Humanity & Inclusion. 2015. Studies and research at Handicap International: Promoting ethical data management.

Available here: https://hinside.hi.org/intranet/jcms/prod\_2225308/fr/ethicaldatamanagementgn-04 [↑](#footnote-ref-14)