Terms of Reference for Baseline Survey of BMZ project (2021-2024)

1. CoRSU Background

Comprehensive Rehabilitation Services For people with Disability in Uganda (CoRSU) is a specialized Rehabilitation Hospital that offers medical services to Persons with Disability, especially children in Uganda. CoRSU was established in 2006 as a private, non-profit, non-governmental organization in Uganda with the main aim of expanding and improving the comprehensive rehabilitation services for children with disability in Uganda and within the East Africa region.

CoRSU's core mandate is to mitigate the debilitating effects of disabling physical conditions, by ensuring accessibility and availability of quality, preventative, curative, rehabilitative and educational services for children with physical impairments.

Vision: People with disability in Uganda are able to access rehabilitation services that improve their quality of life and that they are fully integrated in society.

Mission: CoRSU aims to be a centre of excellence in Uganda providing orthopaedic and plastic surgery and comprehensive rehabilitation services for people with disabilities prioritizing children.

2. Project Background

In Uganda, the Persons with Disabilities (PWD) Act 2006 defines disability as "a substantial functional limitation of daily life activities caused by physical, mental or sensory impairment and environmental barriers resulting in limited participation". The most recently concluded "National Population and Housing Census" (2014)1 by the Uganda Bureau of Statistics asserts that 12.5% of the Uganda's population had at least one form of disability from the ages of 2 years and above which translates into approximately 1.4 Million having multiple disabilities.

A review of the 2002–2004 World Health Survey[2] reveals that "affordability was the primary reason why people with disabilities, across gender and age groups, did not receive the much needed health care in low-income countries. For 51 countries 32–33% of non-disabled men and women cannot afford health care, compared with 51–53% of people with disabilities." These statistics do not improve across other social-economic indicators such as life span, highest level of education attained, employment, and income levels.

Through community-based inclusive development (CBID) approach and partnerships with Disability Persons Organizations (DPOs) to enhance lobbying and advocacy initiatives for the rights of PWDs, the project seeks to make a contribution in the following areas;

1. Uganda Health system and its relevance to Persons with disabilities
2. Education indicators for persons with disabilities
3. Social-economic indicators for persons with disability

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[1] Page 21-22 National Population and Housing Census" (2014)

[2] World Health Survey 2002-2004 – World Health Organization.

CoRSU, with funding from The **Federal Ministry for Economic Cooperation and Development** abbreviated as **BMZ**, is planning to conduct a baseline survey for a three-years' project dubbed **'Strengthening physical rehabilitation services for people living with disabilities in Central, Eastern and Western Uganda'**.
Generally, this project aims at improving the quality of life of 15,000 persons living with disabilities and their families in 10 districts of Uganda by 2024. Furthermore, the project will be implemented by a consortium of 3 partners i.e. Comprehensive Rehabilitation Services Uuganda (CoRSU the lead-consortium), Organized Useful Rehabilitation Services (OURS) and Katalemwa Cheshire Home (KCH).

The project has two specific objectives and four result areas;

a) Specific Objectives:
1. To improve the access to quality medical services, rehabilitation services and social services by 15,000 persons with disabilities and their families in 10 districts of Uganda by 2024.
2. To enhance capacity of the target institutions to increase community access to quality medical services, rehabilitation services and social services 10 districts of Uganda by 2024.

b) Result areas:

Result 1. Improved function, participation and independence of persons with disabilities through comprehensive medical rehabilitation services.

Result 2. Improved socio-economic status for Household of persons with disability in the selected districts.

Result 3. DPOs, disabled persons and the partners have capacity and actively lobby and advocate for inclusion and meaningful participation of persons with disability in the social development sector in 10 selected districts of Uganda by 2023.

Result 4. Increased number of communities and persons with disability benefiting from enhance capacity of CBID service providers in the 10 districts by 2024

2. Purpose of the assignment

These baseline survey will be conducted to inform project implementation and also as a first step in evaluating access to diagnosis, treatment, inclusiveness, existing service referral systems and care for children with disabilities in Uganda. The study will be conducted in ten selected districts in Central, Western and Eastern Uganda. It will also cover all government and private health centers that offer rehabilitation services to children living with disability in the above mentioned areas.
Additionally, the study will also be conducted for the following reasons;
1. To generate baseline figures for future measurement of project progress.
2. Assess the level of involvement of PWD in decision making in their communities, regions and national issues like budgeting.
3. Education: Percentage of schools with access to… **"accessible infrastructure and materials for students with disabilities"**

4. Employment: Average monthly earnings of female and male employees by occupation, by age group and "**persons with disabilities"**
5. Sustainable cities: Proportion of the population that has convenient access to public transport, disaggregated by age group, sex and "**persons with disabilities"**
6. Data is disaggregated by age, disability, and sex throughout the global indicator framework
7. The disaster risk reduction and climate change indicators include persons with disabilities
8. Linkages are established between the global indicators and regional and national indicator platforms
9. Persons with disabilities are included in the health, gender, and WASH global indicators

3. Scope of work

The study will collect primary data from all 10 working districts including; Kampala, Wakiso, Iganga, Mayuge, Kamuli, Namayingo, Mbarara, Kasese, Ibanda and Bushenyi.

The study will also collect available national and local level secondary data to compare with the primary data. The consultant will develop a structured questionnaire and checklists in consultation with CoRSU project team and CBM Uganda.

4. Methodology

The consultant will develop the detailed methodology in consultation with CoRSU project team. The focus of the project will include the following;

1. Visit[3] to the districts within the project scope for entry meetings.
2. Visit[4] to the Sub-counties selected for community entry meeting and for guidance on the schools, Health Centers where secondary data will be collected.
3. **Conduct household and institutional survey:** Household and institutional survey should be carried out in all the 10 districts and municipalities. The consultant can use any Sampling method of her/his choice in consultation with CoRSU and CBM Uganda. The sample size for household survey may vary depending upon sampling techniques.
4. The consultant will conduct **Desk review of**CoRSU policies and strategy as well as relevant documents of the BMZ project.

Validation and information sharing workshop. The outcomes/ findings of the study will be validated through workshop which will be attended by consortium partners, relevant NGO representatives and DPOs.

5. Outputs/Deliverables

[3] Other approaches will be considered, subject to the COVID-19 developments in the country.

[4] As above

The following deliverables are expected from the consultant:

1. Inception Report

The consultant shall submit an inception report within 10 days after signing of the agreement detailing survey methods, tools and work plan. It should also include briefs of the following; survey proposal (brief concept) includes problem statement, research questions, conceptual frame of the research, develop final survey proposal which includes introduction, relevant literature review and methodology including sample districts/communities and schedule for field work.

2. Weekly feedbacks (brief reports) to the Consortium Lead – focal person
3. Presentation of the preliminary key findings to the project team.
4. Review of the findings, following outcomes of the presentation.
5. Submission and presentation of the consolidated Draft report
6. review of the draft report after receving inputs from the members of the consortium Final reports (full and abridged versions)

The draft report is expected from the consultant before final report. The report will be written in simple English language and must be comprehensive. Reference will be cited after each important facts and figures.

The consultant shall submit a final report (full and abridged versions) in both hard copies and electronic copies along with all survey data (in Excel or SPSS compatible formats), transcripts of the FGDs, KIIs, photographs and ethical approval if any and any other relevant documents or information.

The final report should be edited by professionals while incorporating all comments and corrections suggested by the project team. Completed checklists, questionnaires, case stories, quotes, photos have to be submitted to the project team.

6. Time frame and estimated working days

The assignment is estimated to be undertaken within 40 days beginning from 25th July and to be completed by August 2021.

Task/Deliverable	Deadline	Estimated No. of work days
Inception Report	17th August 2021	NA
Prepare schedule for field work and checklist/guidelines	20th August 2021	08 days
Field work	26th August 2021	12 days
Data entry, cleaning, and analysis	7th September 2021	07 days
Prepare draft report	14th September2021	05 days
Presentation of the findings	20th September 2021	01 day
Consultation, feedback collection, refine report, incorporating in the report	24th September 2021	04 days
Submission of final report to CoRSU	27th September 2021	

7. Qualification and experience of the consultants

The consultant should have expertise in carrying out baseline surveys, participatory research methods and development of research tools. S/he should have competency in managing and organizing and interpreting quantitative and qualitative data and information. The consultant(s) should have the following academic qualification and experiences:

Team leader should have minimum Master's Degree in social studies or any other developmental field with minimum 10 years' experiences in undertaking similar type of work.

Team members should have relevant experiences in their respective areas with 5 year experiences including field level data collection and qualitative research in similar type of studies.

Consultant(s) should have comprehensive understanding of the tools development and draw the information from the baseline data and analytical report writing skills.

Ability to be mobile and available for the duration of the survey independently. She(he) should be fluent in both written and spoken English.

Able to communicate effectively and work in the project areas for the duration of the data collection.

8. Ethical and Child Protection Statements

Child protection is a term used to describe the responsibilities and activities undertaken to prevent or to stop children being abused or ill-treated. It is CoRSU's duty and responsibility to reduce the risks of abuse to the children with disability who we have contact with and keep them safe from harm.

The consultant should therefore include statements in the proposal on how he or she will ensure ethics and protection of children with disability during the commencement of the assignment and during field works. Consultant/s should also specify other ethical protocols to be followed during the due course of the assignment. The consultant is expected to take consent of the respondents before taking interview, conducting of focus group discussion and taking photographs and ask if their photographs and case stories can be used in the report and for public dissemination. Such consent must be documented and submitted to CoRSU along with the final report including ethical approval.

9. Submission of Proposals

The consultant shall prepare both the **"Technical"** and **"Financial"** Proposal. Also include the electronic copy of Technical Proposal (in word version) in a CD inside the technical proposal envelop.

The proposal must be addressed to
Procurement.bids@corsuhospital.org

CoRSU Hospital Entebbe
PO BOX 45 Kisubi.
Clearly mark the envelop as indicated below:
Baseline Survey for BMZ Project 2021

Deadline for submission of proposals
All proposals must be received by CoRSU hospital at the address specified **no later than 04:00 PM on 4th August 2021.**

10. Selection criteria for hiring a consultant:

CoRSU hospital reserves the right of selection and is not obliged to select based on least or highest bidder.

11. Supervision:

The BMZ project Coordinator in collaboration with Monitoring and Evaluation Officer will supervise the overall survey process.

12. Payment

The consultant should submit the total budget in the proposal with detail breakdown including applicable government taxes. Fifty percent of the contract amount will be paid in advance after signing of the agreement, thirty percent amount will paid after completion of field work and remaining twenty percent amount will be paid after submission of the final report.

13. Intended Users

The intended users of this data are CoRSU hospital, CBM, OURS, Katalemwa Chesrie Homes and other National Organization and partner that are responding to the rights of PWDs in Uganda.

Logical flow of the project

DETAIL OF ACTIVITY		**DESCRIPTION OF ACTIVITY**
Result 1. Improved function, participation and independence of persons with disabilities through comprehensive medical rehabilitation services and provision of assistive devices.		
A01.01	**Conduct 120 community outreach clinics for the identification, assessment, screening and making appropriate referral, on-spot interventions, appliance measurements and fitting for persons with disability.**	
Narration.	***Several persons with disability are unable to receive rehabilitation services because are either unaware or there are prohibitive costs of transportation to receiving rehabilitation services. Outreach clinics have been a very successful community mobilization tool for patient identification. Medical personnel/social workers will work with the community owned resource persons for mobilization at Government health centers to identify, screen and provide on-spot interventions.***	
	Conduct pre-feasibility visits to collect data, establish the existing referral networks, service providers and other stakeholders in the selected districts.	10 visits to each district by consortium partners to conduct pre-feasibility will be conducted, 1 visit per implementation district to determine suitability and availability of at least 2 health centers per district to provide the required medical outreach clinics. This will add service providers and other stakeholders to the baseline given by the feasibility study.
	Conduct community inception meetings with village, parish and division leaders to decimate the project at local level for planning and accountability of the project and the activities at district level.	10 district level inceptions meetings, 1 per district with 40 district and sub county leaders, personnel involved in disability programming and representatives of all 5 service departments (education, health, production/agriculture, social protection) at district and sub county level.
	Conduct community outreaches at selected parishes through local health centers with local health focal persons.	3 outreaches clinics per month done at selected health centers across the entire target area to identify, assess, screen and make appropriate referrals, on-spot interventions, appliance measurements and fitting.
	Training of community owned resource persons (CBID workers) in basic rehabilitation skills.	2-Day training of 20 community resource owned persons per district as part of the referral and project support network for CBID activities to be done in the progressive months and years. 10 trainings in total, 1 per district.
A01.02	**Provide 720 therapy sessions including physiotherapy, occupational therapy, and orthopedic care at the consortia partner centers for children referred from outreach activities.**	
Narration.	***Some physical disabilities can be managed and treated with specialized therapy. When such conditions are found in the community outreach, they will be referred to the consortium partner rehabilitation centers where occupational therapy, physiotherapy and speech and language therapy can be provided intensively for an average of 2 weeks.***	

	Provide therapy sessions at the consortia partner centers.	2-weeks lodging, feeding and care costs for 15 children per month that will receive specialized therapy sessions such as occupational therapy and physiotherapy including training during fitting of artificial limbs. Daily cost is UGX 20,000 per patient.
	Procurement of 6 sets of therapeutically equipment.	6 Therapeutic equipment for physiotherapy rooms at consortium partners to provide specialized physiotherapy for identified patients; 2 Ten Machines, 2 Stationery Bicycles and 2 Treadmills.
A01.03	**Provide psychosocial support to PWDs and their caregivers to be able to cope and build resilience.**	
Narration.	***Persons with disabilities and their caregivers face discrimination and helplessness on many occasions depending on the severity of the disability. Psychosocial support provided to all beneficiaries is intended to build their resilience to enable them cope with these challenges while in the community.***	
	Provide psychosocial support at the consortia partner centers for referred children and caregivers.	All patients with disability identified and referred will receive psychosocial support sessions from social workers as part of standard procedure each time they visit.
	Individual client follow-ups for families and caregivers with profound issues to address identified during outreaches and psychosocial support activities.	3 visits will be done per quarter each for 3 days by social workers in collaboration with the community owned resource persons, visiting multiple children with disability under rehabilitation. This is intended to follow-up patients that are unable to return for rehabilitation services due to factors such as child-neglect.
	Training sessions to Probation Officers, Family Protection Unit at Police and child protection committees at district level on child protection and child safe guarding.	2-day training 10 selected child safeguarding and protection personnel from each of the 10 districts to provide them with techniques of child safe-guarding and protection of children with disability. This will target Probation officers, Police child and Family protection unit, the District Development officers.
A01.04	**Provide 500 specialized medical surgical care through orthopedic, plastic and reconstructive surgeries.**	
Narration.	***Children identified under A01.01 who require surgery to start their rehabilitation during the project, will be referred to CoRSU to receive specialized care. For some disability conditions, the process of rehabilitation starts with the provision of surgical interventions and followed by rigorous theraphy.***	
	Provide 500 specialized surgical procedures to children referred through the consortium partners.	Average cost of surgery at CoRSU Hospital is an equivalent Euro 525, covering surgical costs, hospital stay, medication and phase 1 physiotheraphy, which will be the cost in year 1. In year 2 the project will contribute an equivalent of Euro 418, with CoRSU contributing Euro 100 per surgery performed. In year 3 the project will contribute an equivalent of Euro 334 per surgery performed with CoRSU contributing Euro 180. Progresive cases will be subsidized under the CoRSU subsidy scheme.

	Transport cost for selected emergency cases referred from community outreaches.	13 to 15 clients per district (Maximum 130 clients) receive Transport stipend to clients and their caregivers to access surgical and treatment at partner rehabilitation centers. This transport facilitation will be provided to those families who are cannot afford the transport costs to the hospital. This will support transport to and from CoRSU.
A01.05	**Provide 1,100 post-operative care sessions to children who have undergone surgical procedures**	
Narration.	***Immediately after surgery, patients will require post-surgical care. This is to ensure safe and complete healing of the clients before embarking on theraphy and intergration into their community. On several occasions, external and internal fixators are administered to patients and would therefore require specialized nursing care. The consortium estimates that 400 of such sessions will be required at the partner rehabilitation centers. CoRSU shall provide 250 post-operative sessions with 100 provided in 2022 and 150 in 2023 as a contribution to the sustainabilitiy of the project.***	
	Purchase medication/drugs and consumables such as gauze, antibiotics, painkillers, cotton, disinfectants, zinc oxide, medicine trolleys, drug cupboard for post-operative care at consortium partner medical facilities.	Medical consumables for 1,100 post-operative care sessions. Average cost per patient is estimated at UGX 10,000. This cost covers assorted drugs and medical inputs depending on the condition the patient presents with. On average, each patient requires upto 4 sessions of post-surgery care; which will be provided mainly by OURS and KCH during the project. The project estimates that 55% of the patients (275 children) will require post-operative care, if multiplied by 4 gives 1,100 sessions.
	Provide post-operative care including nursing care, orthopedic care and general management of clients who have undergone surgical procedures.	Hostel stay at partner rehabilitation centers covering lodging, food, nursing care for 300 patients per annum under post-operative care with an average of 6-day stay. Daily cost is UGX 20,000 per patient. This cost supports the stay of the patients at the partner facility; covering 3 meals a day for both the patient and their care giver, cost of linen/cleaning, hostel utilities that make the patients have a comfortable stay at the partner facility during post-operation.
	Procurement specialized tools and equipment such as autoclaves, nursing fridge, weighing scales, Sterile drums, Forceps, kidney dishes, waste disposal bucket for the nursing stations.	Post-operative care equipment required to support partner rehabilitation centers to provide quality services. 75 assorted equipment purchased at an average cost of UGX 250,000 and distributed based on need to equip therapy departments per partner. These are capital investments into the hostels below Euro 1,500 each, which will support the partners to ably handle the expected increases in numbers. Each partner will receive upto 25 assorted units.
	Procurement of equipment for nursing care-pressure machine for children, pulsoxometer, Weighing scale, Height board,, stethoscope	30 assorted equipment purchased at an average cost of UGX 500,000 for the medical clinics to ably absorb the new client numbers. These are capital investments into the clinics below Euro 1,500 each, which will support the partners to ably handle the expected increases in

		numbers.
	Therapeutic equipment and ,materials-Therapy mats, therapy toys, Therapy bicycles, orthopedic axes, muscle stimulator, wooden wall bar, wooden stair with hand rails	20 assorted therapy equipment at an average cost of UGX 500,000 for rehabilitation of the new clients. These items are designed to support the medical rehabilitation rooms and the theraphy workshops at OURS and KCH
A01.06	**Provide 5,000 quality assistive devices covering both Prosthetics and Orthotics to persons with disabilities identified through the consortium.**	
Narration.	***Assistive devices have been proven to be a very important support to persons with limited mobility. Providing 5,000 WHO quality assistive devices will improve the function of persons with disability significantly. These will be produced at the rehabilitation centers of partner using assorted methods such as 3D Printing, Workshop fabricated assistive devices, assembling of wheel chairs and production of specially adjusted shoes. The project will provide mainly inputs/rawmaterials required to produce the assistive devices. The improvements in the workshops, the equipment provided and the training/shared learning provided to the technicians at the 3 partners will cumulatively ensure that quality assistive devices are produced even after the project at a highly subsidized rate.***	
	Procurement of assistive devices that are not available locally such as prosthetic components, aluminum crutches, and white canes.	100 special assistive devices and raw materials imported per annum to make specialized assistive devices. Average cost per import is UGX 400,000 for materials that cannot be locally sourced. These are inputs from Ottobock in Switzerland and ICRC in Kenya, which provide high quality and longlasting
	Procurement of Materials that are locally available for the production of assistive devices.	Production costs of UGX 30,000 per assistive devices made at partner rehabilitation workshops. This includes costs of progressive adjustments and repairs. The project will contribute UGX 7,500, which is mainly inputs into the production of assistive devices. The rest of the associated production costs will be shouldered by the partners.
	User training for persons with disability who have received assistive devices at the partner rehabilitation center.	User training is required after the provision of the assistive device; as it is usually new, and uncomfortable. This is a period of adjustment and education of the patient on how to maintain the assistive device and make the most use of it during rebailitiation. An average of 2-days hostel stay costs covering lodging, food and training of clients on the use of their assistive devices.
A01.07	**Conduct home-based care follow-ups for children that have been discharged from rehabilitation center to ensure the adherence to the treatment plan, ensuring quality and continuum of care.**	
Narration.	***Home-based care is one community-based inclusive development approach that focuses on provision of rehabilitation services within the local setting of the person with disability. This is to provide home-based and community based assessments of the living conditions of the person with disability, follow-up for patients that have not returned for progressive treatment and provide adaptation advice to the community and household.***	

	Conduct home visits to children referred and those that are newly identified children under rehabilitation and those not turning up for reviews in their home for review of set rehabilitation goals, assess home environment, Home based rehabilitation and adaptations.	Conduct 2 follow-up visits per month to carry-out home-based care in collaboration with the trained community resource own persons targeting children who have not returned for follow-up treatment. These will be done by social workers and the community owned resource persons.
A01.08	**Provide nutritional support to 200 children with disabilities found to be severely malnourished undergoing rehabilitation at the rehabilitation center.**	
Narration.	***Evidence shows that children with disability lag behind on most development metrics including nutrition. Some conditions such as cleft lip and palate, Osteomyelitis have a direct negative impact on the nutrition status of children with disability. The burden of care to parents with children with disability is also higher, meaning unless special care is given, children risk being severely malnourished.***	
	Direct nutritional support to 50 children with disabilities per annum undergoing rehabilitation (food supplements)	50 Severely malnourished children will undergo nutrition before surgery and treatment to acquire recommended weight-for-age metrics. Take home packages will be provide where necessary .
	Training caregiver and persons with disabilities on selection and preparation of nutritional meals.	Hospital-based nutrition training to caregivers with children mildly or severely malnourished covering appropriate nutrient balance and home gardening.
	Training of consortium partners' staff and selected government health center staff on appropriate nutrition rehabilitation for children with disabilities to improve on the knowledge and skills.	Training consortium partner focal persons and selected partner government health center staff on appropriate nutrition for selected cases of children with disabilities. CoRSU's nutrition department is highly skilled and able to provide such trainings. Those trained then train care givers on appropriate nutrition for children with disabilities at their centers.
Result 2. Improved socio-economic status for Household of persons with disability in the selected districts.		
A02.01	**Mobilize persons with disabilities and caregivers into 20 Village Savings and Loaning groups, VSLAs.**	
Narration.	***Village Savings and Loan Associations, VSLAs have been a successful model in increasing the incomes of communities under poverty**, **a mechanism that Persons with Disability and their households find themselves often excluded from. VSLAs have a 2 prong effect; a) Persons with disabilities and their households would therefore benefit if VSLAs were more inclusive and they would freely participate in them to improve their livelihoods; and b) the community inclusiveness has the effect of members of society working with persons with disability as people with equal rights as those with no disabilities***.	
	Conduct Community mobilizations to create awareness on the VSLA concept and encourage community members to form VSLA groups.	Working with the community owned resource persons and the Community Development Officers at sub county level, community sensitization on the need for inclusiveness of persons with disabilities in VSLAs.
	Verification of potential beneficiaries in the community VSLA groups formed.	Assess existing VSLA groups, preference of Income Generating Actives and give technical guidance where the willingness to create VSLAs

		exists in disability inclusiveness. The target is to set-up 20 VSLA groups; ideally 2 per district .
	Train verified VSLA groups on group dynamics, borrowing, savings and IGAs,	2-day training of each of the 20 VSLA groups (targeting 15 VSLA group members) on various management aspects including disability inclusive programming, financial management and governance.
	Procurement of saving kits for group savings.	When VSLAs have been identified and trained in saving, group dyanamics and management, the project will procure saving kits/boxes branded with the VSLA group name and project name.One-off procurement of saving kits for each of the VSLA groups.
	Quarterly monitoring and support supervision of the formed VSLA groups.	Quarterly monitoring visits with the community resource owned persons to ensure and encourage progress at the VSLA groups. This covers fuel and per diems of the consortium partner staff.
A02.02	**Support selected youth with disabilities and caregivers of children with disabilities in VSLA groups with 10 Income Generating Activities, IGAs.**	
Narration.	***Some households with persons with disabilities may qualify to join VSLA groups and the VSLA group might be willing to include them. However, the household with a person with disability might not have the level of income to periodically save with the VSLA. The 10 Income generation Activities or projects will be a direct investment as an incentive to ensure inclusion of the most vulnerable/poorest persons with disabilities/their households into the VSLA group. Instead of directly giving IGAs to households with persons with disabilities, supporting them to join an inclusive VSLA increases accountability and likelihood of success of the IGA.***	
	Carry out needs assessment to identify the vulnerable VSLA members that qualify for IGAs.	Joint needs assessment with district production unit personnel and VSLA group members on appropriate IGAs for successful VSLAs
	Provide IGAs to selected members of the group.	Some persons with disabilities/their households have faced systemic exclusion for school, health, development and therefore their incomes have made them severely vulnerable and in a poverty trap. They have no/little assets to leverage, no/little incomes to save and no/little commercial skills. To ensure that the most vulnerable/poorest persons with disabilities, the project will invest into each VSLA as an incentive to ensure their inclusion. Procurement or joint investment in 10 IGAs for selected 10 VLSA groups on the path to graduation .
A02.03	**Support 30 selected youth with disabilities to acquire Vocational skills.**	
Narration.	***Youth with disabilities that have been out of school or are unable to continue with formal education tend to lack employable skills. Vocational training and attachment to local artisans has been a more reliable medium-term intervention to the provision of employable skills and entrepreneurship skills that can be used to improve the livelihoods of persons with disabilities and their households.***	
	Identification and signing MOUs with vocational training schools and Local artisans that provide training	Development of MoUs with vocational schools and local artisans to train and absorb youth with disabilities identified and referred through the consortium network.

	Contribution of tuition and scholastic materials for selected beneficiaries for vocational studies.	Some youth with disabilities have lost out on their formal schooling and are unable to return to formal schools. Vocational training offers an alternative path to intellectual development and skilling for economic independence. The project will make an annual contribution to tuition and scholastic material to the 30 identified youth with disabilities as many youth with disability will be unable to pay outright at the beginning. These selected youth will progressively meet the costs vocational training by selling their products or labor, allowing the project to support others.
	Provision of start-up kit for selected beneficiaries who have graduated from vocational and artisan training.	Enterprising youth who have received vocational training,and do not have startup capital to begin their own businesses or workshops will be supported with one-off purchases of start-up kits under the project in their area of training, Start-up kits such as sewing machines, tool boxes to the youth with disabilities that have graduated from vocational institutions at an average cost of UGX 250,000 .
A02.04	**Identify 20 schools for teacher trainings, support with scholastic and learning materials and modification for inclusive Education.**	
Narration.	***Schools are an excellent community entry point to increase inclusiveness. Many government schools, albeit accessible to children with disabilities that have assistive devices might not have their teachers trained in inclusive education, might lack certain scholastic and learning materials for children with special needs that would improve on the learning outcomes for children with disabilities.***	
	Mapping and Identification of schools.	Desk review of schools to select 20 suitable for adaptation for disability inclusiveness as model schools per district. To be done in collaboration with the District Education department per district.
	Carryout physical accessibility audit in selected schools	5 visits to the pre-identified schools to carry out physical accessibility audits; each visit will cover 4 schools.
	Organize trainings for school staff on disability management	In-school training of selected staff on disability management, referral and inclusive learning. This covers stationery and refreshments.
	Procurement of equipment’s and specialized learning materials	One-off procurement of specialized learning materials for children with disability in school.
	Modification works and adaptation of selected schools.	This covers ramp construction at selected points in the school to improve their level of accessibility by children with disabilities to showcase inclusiveness. Average expenditure per school is estimated at UGX 2,000,000.
	Conduct school visits to provide support to teachers on how to address learning needs of children with disabilities.	12 support visits to evaluate the progress and adoption of inclusive approaches in teaching and use of specialized learning materials.
A02.05	**Formulate 20 school clubs to create a conducive peer to peer learning environment for children with disability.**	

Narration.	***Peer-to-peer support is necessary for inclusive learning. School clubs are a proven peer-to-peer learning platform and once well established in schools, they would help foster a conducive social environment within the schools as well as create a mindset change to children on issues of disability.***	
	Form and train existing school clubs to advocate for the rights of CWDs in selected schools.	Each of the identified schools will have a child-rights club. This is an in-school training for 20 children per club.
	Support exchange learning visits for school clubs formed.	Each club will visit another club for shared learning, debates and inclusive competitions. Costs cover refreshments and vehicle hire.
	Production of child friendly I.E.C materials to enable attitude and behavioral change at school and community.	Child-friendly and translated IEC material produced to aid peer-to-peer support for children with disabilities in school and the community.
A02.06	**Formation of 5 parents support groups for peer support, psychosocial support and self-advocacy.**	
Narration.	***Parents and caregivers of children with disability need mutual support to cope with the social stigma on disabilities, provide mutual psychosocial support and promote group advocacy for special issues at the community, sub county and district level. Some parent support groups have become Community based organizations and Disabled Persons Organizations***.	
	Mobilize parents of children with disability to form 5 parent support groups.	Parent with children with disabilities within specific localities will be encouraged to form support groups for mutual support, joint advocacy and collaboration.
	Train parents group formation and dynamics to form long-lasting support groups.	2-Day training of the parent support groups covering disability management, cross-learning and elements on organization management.
	Facilitate the process of formalization of selected parent support groups for advocacy and peer support.	Contribute to the formalization process and registration at district level for the parent support groups that would want to register locally as Community based Organizations.
Result 3. DPOs, disabled persons and the partners have capacity and actively lobby and advocate for inclusion and meaningful participation of persons with disability in the social development sector in 10 selected districts of Uganda by 2023.		
A03.01	**Organize 10 advocacy meetings at District level to sensitize district officials on disability inclusion in community development activities, statutory requirements and develop advocacy platforms for people with disability.**	
Narration.	***Quarterly, every district is mandated to conduct general budget meetings*, *community issue discussions such as on health, education and social services. These meetings are an avenue for issue generation, issue discussion, advocacy, budget allocation and policy development. The project Consortium believes that DPOs, Parent Support Groups, VSLAs, Persons with interests in inclusiveness can use them to champion the issues of persons with disability. The project will therefore prepare DPOs to champion in budget-based advocacy and make presentation on the absoption of disable persons grants provided under the Ministry of Gender, Labour and Social Development.***	
	Select and train 20 Disabled Persons Organizations (DPOs) in the 10 districts of operation in CBID,	Training will happen at district level for 2 DPOs per district, inviting 15 members per DPO and 3 disability-focal persons from the district.

	Governance, Financial Management and Advocacy.	
	Support DPOS to mobilize district officials to attend 20 meetings at district level.	District officials are resposnsible for setting the agenda for all disctrict council meetings. For DPOs to influence these agenda, they need to be make pre-meeting sensitization meetings, be present at these meetings and provide technical input on disability inclusion. This will support Disability specific committees and meetings at district level to ensure advocacy issues are tabled and debated with an aim of inclusive district level planning and programming and proper appropriation of disability grants.
	Support DPOS to organize and conduct 20 sensitization meetings at district level.	
A03.02	**Organize 20 advocacy meetings at parish and village level to sensitize community members on disability inclusion in community development activities, statutory requirements and develop advocacy platforms for people with disability.**	
Narration.	***Quarterly, every sub county and parish is mandated to conduct general budget meetings , community issue discussions such as on health, education and social services. These meetings are an avenue for issue generation, issue discussion, advocacy, budget allocation and policy development. DPOs, Parent Support Groups, VSLAs, Persons with interests in inclusiveness can use them to champion the issues of persons with disability at the sub-county level which later informs the district programming..***	
	Support DPOS to mobilize lower local government officials to attend the meetings at parish and village level.	Subcounties are part of lower local government and are critical to providing services to people. They provide the last-mile public services in Uganda and are fundamental in identifiying issues, designing public services points, the delivery of public services and inform the Technical Budgeting Committee of every District. It is important for the officials at this level to understand disability and therefore DPOs will support Disability specific committees and meetings at sub county, parish and village level to ensure advocacy issues are tabled and debated with an aim of inclusive district level planning and programming.
	Support DPOS organize and conduct sensitization meetings at parish/village level.	
A03.03	**Awareness creation through mass media on disability inclusion.**	
Narration.	***Mass media is a great tool for awareness creation, behavior change communication and advocacy. This channel will be used to raise awareness on disability, the available referral pathways and available services for persons with disability.***	
	Development of television, radio and print content to be shared in mass media.	Skits, digital awareness samples television and radio adverts in English and local languages will be developed for the entire project.
	Procurement of radio services	Mass media awareness creation about disability, the referral network, inclusive development will be done across all these media. Topics and choice of media will be determined by the appropriateness of the media, target population media preference and the time of the year.
	Procurement of Television services	
	Procurement of print media space.	
	Development, translation and production of IEC materials.	

A03.04	**Conduct 120 Community sensitization and awareness on CBID and disability through mobile vans and outreaches.**	
Narration.	***Community based and targeted awareness creation, carried out in collaboration with the community owned resource persons at community markets, places of worship and local meetings to champion CBID and disability inclusive programming.***	
	Carry out at village level outreaches using existing channels such as religious meetings, market days and other designated meeting points.	Village and parish level community sensitization will be done by the community owned resource persons identified and trained in Activity A01.01
	Distribution of IEC materials on CBID and disability inclusiveness.	
A03.05	**Organize and conduct 8 disability awareness events targeting World Rehabilitation day and the UN International Day for Persons with Disability within the districts of implementation.**	
Narration.	***Annual commemoration days are a proven tool for awareness creation and advocacy platforms. These can be used to provide platforms for advocacy, presentation of policy briefs and successes in CBID and disability programming.***	
	Conduct awareness campaigns targeting World Rehabilitation Day annually.	Awareness campaigns at district level for each of the commemoration days annually. This support will be to DPOs and Districts that are actively involved in the commemoration days.
	Logistical support to districts conducting commemoration activities on the World Rehabilitation Day annually.	
	Conduct awareness campaigns targeting the International Day for Persons with Disabilities annually.	
	Logistical support to districts conducting commemoration activities on the International Day for Persons with Disabilities annually.	
	Development and procurement of branded items including T-shirts, IEC material and memobila for specific World Rehabilitation and International Day for Persons with Disabilities annually.	These will be branded to reflect the theme of the event that year; will be used during the commemoration days to raise awareness on inclusive programming and disability.
A03.06	**Organize 4 engagement meetings with legislators and line ministries for consortium joint advocacy for the adoption of CBID approach in disability programming.**	
Narration.	***A committee on Disability and Inclusiveness exists at the Parliament of Uganda. The Ministry of Health (Disability Unit) and Ministry of Gender Labor and Social Development have units specifically for disability programming. The Consortium will use this platform for advocacy and favorable disability policy formulation.***	
	Lobby and advocacy for full committee formation and inclusion of persons with disability.	At National level the consortium will facilitate the process of bringing forward the issues on disability and inclusion from the districts of operation .
	Attend Ministerial and Legislative meetings on disability programming at National Level.	The Consortium believes that in coordinating the Ministry of Gender and Ministry of Health disability units, a joint and central advocacy can

		be done to improve the legislative and budget appropriation towards disability programming and inclusiveness in Uganda. This central coordination will facilitate the meetings at the Parliament of Uganda, covers logistics of partners attending the meetings and government senior officials attending the meeting at the government rate.
Result 4. Improved efficiency and effectiveness of 3 consortium partners and stakeholders in implementing CBID approaches.		
A04.01	**Professional development trainings for 40 specialized rehabilitation professionals from implementing partners and selected government health institutions in the districts of implementation.**	
Narration.	***Consortium Partners have specialized rehabilitation professionals. Many will need further training to equip them with new methods and tools in disability management. Selected orthopedic officers from the Health Centers in the districts of operation will benefit from the specialized training so that even when the project has ended, they will still be able to provide services to persons with disabilities.***	
	Training physiotherapist, occupational therapists and rehabilitation nurses to attain other professional trainings.	These medium-term trainings, short-courses and on-line modules are to equip professionals involved in rehabilitation of persons with disabilities within the districts of operation. Majority of the personell to be trained are from the disticts.
	Training of consortia partners and their stakeholders on follow-up methods and best practices of children with disability.	This is to skill social workers, psychologists, medical rehabilitation professionals at the consortium level to ensure child-safe guarding and appropriate follow-up of clients is done .
	Training consortia staff on CBID and child safe guarding.	
	Printing of training material relevant to the trainings in A04.01.	
A04.02	**Facilitate 15 exchange and cross learning visits/ trainings of implementing Partner staff.**	
Narration.	***Consortium Partners have different areas of expertise, these exchange and cross-learning visits/trainings will allow low-cost skills and technology transfer within the consortium while still fully providing rehabilitation services to persons with disabilities.***	
	Exchange visits and meetings for implementing partners of best practices in disability management	These are exchange-learning visits and trainings for cross-learning among the consortium partners. These can cover up to 3 months residential working visits .
	Supporting Trainings of consortium partner staff to acquire new skills, technologies and methods in rehabilitation process.	
	Supporting 1 consortium partner staff to attend the CBR Conference 2022.	3 staff, one from each consortium partner attends the World CBR conference in 2020 to showcase the work done under the project . They will also benefit from shared learning across Africa on best practices that can be adopted to the project and within the partners.

A04.03	**Capacity building of 40 selected stakeholders on CBID approaches and specific policies.**	
Narration.	***DPOs and government officials are primly placed to advocate and implement disability friendly policies. These trainings on CBID are envisioned to enable them acquire a new perspective on CBID and equip them with approaches to implement disability friendly Programmes.***	
	Development and procurement of training Manuals for the capacity building workshops .	
	Capacity building workshop for selected DPOs and CSOs on CBID approaches and disability specific policies.	These trainings target district based stakeholders in various CBID approaches and adaptation of disability specific policies to develop advocacy agenda and policy development.
.	Capacity building workshop for selected district carders from the Education, Health, Community Development office and Production departments.	These trainings will focus on inclusive education, disability friendly health services and community development programs. These will all occur at district level ranging from1 day to 3 days.
	Capacity building workshop for selected district political officers, religious groups and opinion leaders.	
A04.04	**Align data collection and reporting to the Ministry of Health standards/guidelines.**	
Narration.	***Disability specific data is poorly captured or non-existent at district and national level. A new database under the National Health Management Information System has been developed with more specific disability inclusive indicators. Training of partners' hospitals and Consortium partners on the use of this database to input and extract data will improve on usable data for evidence based disability programming.***	
	Training of Consortium Partners to align data management tools to Ministry of Health Standards/guidelines.	Ministry of Health officials will conduct a training on data capture, data collection and data retrieval based on the Standard guidelines and procedures set by the Ministry of Health.

Consultancy Validity Check List:

Applied For: ………………………………………………………..

Name of Firm:………………………………………Bid Submission Date: ….…………………

S.No.	Required document	Yes/No
1	Scope of work	
2	Methodology	
3	Outputs/deliverables	
4	Timeframe and Estimated working days	
5	Qualification and experience of the consultant/team	
6	Ethical and child protection statements	
7	Proposal signed and stamped	
8	Firm/ company registration with renewal is attached	
9	Registration with income Tax office [VAT] is attached	
10	Tax Clarence for latest	

Note: Document received without having mentioned above documents will be considered as disqualified. Furthermore, individual bidding consultant must be VAT registered and must submit registration document. Consultant without VAT registered/Tax Exempted organization will not be entertained.

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BMZ Program Coordinator	Head of Finance	CEO