

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS

Title: International Consultant for the Development of a Case Management Protocol for Families with Disabilities, training of frontline workers and development of a pilot intervention	Funding Code GS230008	Type of engagement <input checked="" type="checkbox"/> Consultant	Duty Station: São Tomé and Príncipe
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Background & Rationale

For people with disabilities, a major challenge in Africa is the general lack of an enabling environment. Although several countries, including Sao Tome and Principe, have adopted relevant legislation, its implementation remains limited due to deficits on both the supply and demand sides. Strong Disabled People’s Organizations (DPOs) are essential to raise awareness and ensure the provision of specific services for people with disabilities. In addition, the absence of a high-level government entity with a mandate to mainstream the inclusion of people with disabilities across sectors results in fragmented initiatives between ministries. A key constraint is the limited capacity of DPOs in many countries, followed by a lack of coordination and insufficient inclusion of DPOs in key decision-making processes, contrary to the global effort “nothing about us, without us”.

Disability has a strong correlation with poverty in low- and middle-income countries, where appropriate services are lacking. People with disabilities and their families are often more likely to live in poverty compared to those without disabilities. Although poverty levels among households with and without disabled people are often similar, actual poverty levels for households with disabled members are often underestimated due to the additional costs associated with disability (such as transportation, access to education, health care, assistive devices, etc.). Due to living in poverty, the needs of people with disabilities that can generate additional costs are often not met.

Disability-related challenges depend not only on the severity and type of functional impairment, but also on existing intersectional vulnerabilities (by age, gender, race, ethnicity, location, etc.) and access to adequate health care, support services and social protection (the enabling environment). The gender context in the experience of disability is often misunderstood, which adds a critical dimension to understanding the needs and limitations of people with disabilities. In addition, discriminatory norms and attitudes towards people with disabilities are one of the biggest obstacles to disability inclusion, as reflected in policymaking, service provision and everyday life. Disability is considered synonymous with incapacity or invalidity.

In order to create and monitor the necessary enabling and accessible environments that guarantee and promote disability inclusion in national systems, it is necessary to incorporate accessibility and non-discrimination into all regulatory mechanisms and practices; strengthen the capacities of service providers and reinforce inclusive systems, via coordination and collaboration between thematic sectors to work more efficiently and effectively in order to build inclusive communities for children and families with disabilities.

São Tomé and Príncipe

In São Tomé and Príncipe, there is a lack of knowledge about disability, its classification and rights in society, even among local associations of people with disabilities. Data regarding the situation of children and people with disabilities

is lacking and very little is known about the specific situations in which they live, their needs and family and community care mechanisms.

Access to and quality of social services in STP remains a challenge, and there is an absence of coordinated multisectoral systems for case management in general, and in particular to identify and care for people with disabilities. For example, health care infrastructures are often underdeveloped, and physical barriers hinder access at all levels, in both rural and urban areas. Stock-outs of medicines and low affordability of health products continue to be a problem. It is therefore crucial to develop strategic and operational management of the national health system and create an articulated system that includes the health, education and social services sectors.

People with disabilities also face additional costs for transportation, access to education and assistive devices, which exacerbates their situation of poverty. Poor case management capacity is one of the important pillars. Many children with disabilities do not have an accurate diagnosis. Their parents or guardians often lack information and support, they are not referred correctly, and there is a lack of follow-up. Improving early diagnosis, medical follow-up and access to specialized physical, psychological and social rehabilitation services, is a priority as it contributes to preventing further complications and to ensure adequate referral and case management.

Another important challenge refers to stereotypes, discrimination and exclusion. Obsolete stereotypes about people with disabilities; lifestyles and social, health, educational and environmental situations are a challenge to their development and inclusion. In addition, children with disabilities are exposed to abuse and neglect and child protection laws and services remain weak. It is essential to strengthen awareness-raising and education efforts to change perceptions and attitudes and child protection services and laws.

In STP, caring responsibilities generally fall on family members, often women, which can represent an additional burden and limit economic and educational opportunities. Due to poverty, the needs of people with disabilities are often neglected, and women with severe or profound disabilities are at risk of being isolated and uncared for, especially as they get older. It is crucial to develop strategies to include people with disabilities in all aspects of social and economic life, ensuring adequate support systems for them and their families, including through parental education interventions.

However, an articulated system that includes different services including health, education, child protection and social protection is key. It is in this context that the Directorate of Social Protection, Solidarity and Family has requested UNICEF's support in hiring an international expert with experience in developing protocols and referral mechanisms for care and case management and in training (multisectoral) professionals in the first line of care and follow-up for families with disabilities.

This assignment to develop a Case Management Protocol for families with children with disabilities aims to contribute to strengthening access and quality of services and care for children and people with disabilities at national level. The consultancy will use as a basis, the information from the Directorate of Social Protection, Solidarity and Family (DPSSF), which has 1937 registered families with a family member with disability, within the universe of 5,000 vulnerable families (which corresponds to 23,519 people) currently participating in the social protection program, known as Programa Família. This programme includes cash transfers as well as parental education interventions to promote positive parenting practices, which UNICEF has been supporting since 2018. The consultant is expected to develop an pilot programme to test the application of the Case Management protocol, to be implemented in a subsequent phase and to train professionals across relevant social services for its adoption.

Scope of Work:

Description of the consultant's tasks:

1. Situation analysis:

- Review legal and policy framework and guidance documents on people and children with disability.
- Assess the capacity of services (at national and district levels) in terms of human resources and material resources for detection and case management of people with disability, including specialized services for children with disability.

2. Development of Case Management Protocol

- Develop case management and referral mechanism and tools (manuals and job aids) for individual support plans for children with disabilities and their families; including flowcharts for access to services and care.
- Draw up a multisectoral protocol compiling the case management and referral mechanisms for children and people with disability.
- Propose a coordination structure to lead, coordinate and monitor implementation of the protocol, at national and district level.
- Conduct consultation workshops for the development of the protocol, at policy and service delivery levels, with government services professionals, civil society, people with disability and children and adolescents.
- Conduct a technical validation workshop of the protocol.

3. Capacity building of professionals

- Develop a training package for different frontline professionals (health, education, social protection, policy, civil protection), DPOs and CSOs, and other relevant stakeholders, on the application of the case management protocol, and on approaches and concepts about disability, non-discrimination and inclusion.
- Conduct trainings for professionals of different sectors and other stakeholder groups.

4. Development of pilot for implementation of Protocol

- Design a pilot intervention for the application of the protocol, considering the sample of 408 families, 253 in the Lobata district and 155 in the Autonomous Region of Principe.
- Conduct consultations and validation sessions with relevant stakeholders on the design of the pilot.
- Develop an implementation roadmap with costed short-, medium- and long-term actions.

Child Safeguarding

Is this project/assignment considered as "[Elevated Risk Role](#)" from a child safeguarding perspective?

YES NO If YES, check all that apply:

Direct contact role YES NO

If yes, please indicate the number of hours/months of direct interpersonal contact with children, or work in their immediately physical proximity, with limited supervision by a more senior member of personnel:

Child data role YES NO

If yes, please indicate the number of hours/months of manipulating or transmitting personal-identifiable information of children (name, national ID, location data, photos):

More information is available in the [Child Safeguarding SharePoint](#) and [Child Safeguarding FAQs and Updates](#)

Work Assignments Overview	Deliverables/Outputs	Delivery deadline	Estimated Budget
1. Develop an inception report: includes proposed methodology, report outline, workshop/ training plan, data and information needs, and a detailed work plan for the in-country mission	Inception report	End of Week 1	
2. Conduct a situation analysis: <ul style="list-style-type: none"> - Review legal and policy framework and guidance documents on people and children with disability, highlighting opportunities and gaps. - Assessment of capacity of services (national and district levels) in terms of human and material resources for detection and case management of people with disability 	Situation analysis report	End of Week 3	
3. Develop Case Management Protocol <ul style="list-style-type: none"> - Develop case management and referral mechanism and tools (manuals and job aids) for individual support plans for children with disabilities and their families; including flowcharts for access to services and care. - Draw up a multisectoral protocol compiling the case management and referral mechanisms for children & people with disability. - Propose a coordination structure to lead, coordinate and monitor implementation of the protocol. - Conduct in-country consultation meetings/workshops for the development of the protocol, at policy and service delivery levels, with government services professionals, civil society, people with disability and children and adolescents. - Conduct a technical validation workshop of the Protocol. 	Case management and referral mechanisms for people and children with disability, developed and compiled in a multisectoral Protocol; Proposal of coordination structure produced; In-country consultation meetings and validation workshop conducted and documented.	End of Month 2	
4. Capacity building of professionals <ul style="list-style-type: none"> - Develop a training package for different frontline professionals (health, education, social protection, policy, civil protection), DPOs and CSOs, and other relevant stakeholders, on the application of the case management protocol, and on approaches and concepts about disability, non-discrimination and inclusion. - Conduct trainings for professionals of different sectors and other stakeholder groups. 	Training packaged developed and validated by UNICEF and partners; Trainings of frontline workers and stakeholders conducted.	End of Month 3	

<p>5. Develop a pilot intervention for implementation of Protocol with costed roadmap</p> <ul style="list-style-type: none"> - Design a pilot intervention for the application of the protocol, considering the sample of 408 families (253 in the Lobata district and 155) in the Autonomous Region of Principe, with budget. - Conduct consultations and validation sessions with relevant stakeholders on the design of the pilot. - Develop an implementation roadmap with short-, medium- and long-term actions. 	<p>Intervention document and budget for the Pilot produced and validated by stakeholders.</p> <p>A roadmap produced.</p>	<p>End of Month 4</p>	
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Budget Year: 2024	Requesting Section/Issuing Office: Social Policy/Sao Tome and Principe Office	Reasons why consultancy cannot be done by staff: The Office does not have staff with the required qualifications
Included in Annual/Rolling Workplan: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please justify:		
Consultant sourcing: <input type="checkbox"/> National <input type="checkbox"/> International <input checked="" type="checkbox"/> Both <input type="checkbox"/> Competitive Selection: <input checked="" type="checkbox"/> Advertisement <input type="checkbox"/> Roster Single Source Selection <input type="checkbox"/> (Emergency - Director's approval)		Request for: <input checked="" type="checkbox"/> New SSA – Individual Contract Extension/ Amendment
If Extension, Justification for extension:		
Supervisor: <i>Teodora Soares Lima de Sousa</i>	Start Date: <i>01 September 2024</i>	End Date: <i>30 December 2024</i>

Approval of Chief of Operations (if Operations):

Approval of Deputy Representative (if Programme)

Galina Ferrero 16/08/2024

Representative (in case of single sourcing/or if not listed in Annual Workplan)

¹ Costs indicated are estimated. Final rate shall follow the “best value for money” principle, i.e., achieving the desired outcome at the lowest possible fee. Consultants will be asked to stipulate all-inclusive fees, including lump sum travel and subsistence costs, as applicable.

Payment of professional fees will be based on submission of agreed deliverables. UNICEF reserves the right to withhold payment in case the deliverables submitted are not up to the required standard or in case of delays in submitting the deliverables on the part of the consultant.

Text to be added to all TORs:

Individuals engaged under a consultancy will not be considered “staff members” under the Staff Regulations and Rules of the United Nations and UNICEF’s policies and procedures and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants. Consultants are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.

The selected consultant is solely responsible to ensure that the visa (applicable) and health insurance required to perform the duties of the contract are valid for the entire period of the contract. Selected consultant are subject to confirmation of fully-vaccinated status against SARS-CoV-2 (Covid-19) with a World Health Organization (WHO)-endorsed vaccine, which must be met prior to taking up the assignment. The vaccine mandate, does not apply to consultants who will work remotely and are not expected to work on or visit UNICEF premises, programme delivery locations or directly interact with communities UNICEF works with, nor to travel to perform functions for UNICEF for the duration of their consultancy contracts.

UNICEF offers [reasonable accommodation](#) for consultants with disabilities. This may include, for example, accessible software, travel assistance for missions or personal attendants. We encourage you to disclose your disability during your application in case you need reasonable accommodation during the selection process and afterwards in your assignment.
