



TERMS OF REFERENCE FOR DEVELOPING AN ADVOCACY STRATEGY FOR ENGAGEMENT UNDER THE OSIEA FUNDED COVID RESPONSE PROJECT

1.0. Background about NUDIPU

The National Union of Disabled Persons of Uganda (NUDIPU) was established in 1987 as an indigenous NGO of Persons with Disabilities that brings together Persons of all categories of disabilities including the physically, sensory and mentally impaired people. NUDIPU exists to create a unified voice of Persons with Disabilities in order to advocate for equalization of opportunities, involvement and participation in policy influence, planning and implementation of disability programmes in close co-operation with Government, NGOs and the public. NUDIPU exists to ensure a just and fair society where Persons with Disabilities live a prosperous and dignified life. This is done by Advocacy for the rights of Persons with Disabilities for improved livelihoods. Currently, the members of NUDIPU are District Unions and Disabled Persons Organisations (DPOs) that represents each category of disability across the country.

1.1 The Covid Response Project

The project is code named “Increasing access to appropriate and quality healthcare for people with lived experience of mental health challenges and people with intellectual and developmental disabilities during the COVID-19 pandemic in Uganda”.

Mental disorders account for 13 % of the global burden of disease. Uganda has been ranked among top six countries in Africa with the highest cases of mental disorder-according to World Health Organization (WHO). The Uganda National Health Survey (2005/2006) estimated that 7% of all households in Uganda have a disability, and of these, 58% had at least one family member with mental illness.

There are common mental disorders (e.g. depression, anxiety, and alcohol use disorders among others) and severe mental illnesses (e.g. bipolar disorders, psychosis and epilepsy). At least 7.4% of Ugandans suffer from common mental

illnesses, particularly depression, anxiety and alcohol use disorders (WHO, 2006). At the health facility level WHO estimates that at least 33% attend for a mood disorder such as depression. The number could be higher because many victims stay in the villages without care. It is estimated that the treatment gap for mental disorders (defined as the proportion of those that get treatment to the total that need it) Uganda is 85% meaning that only 15% of those, with mental ill health that need care, get it. The lockdown presented serious challenges in access to and utilization of mental health. Mental health facilities were closed in 93% of countries worldwide which increase the need for mental health support according to WHO. In Uganda, Mental health facilities turned into gazetted centers for treatment of Covid 19. This project was constructed to deal with the challenges faced by individuals and families of people with psychosocial and intellectual disabilities during and after the national lockdown in Uganda.

2.0 Context

People with lived experience of mental health challenges and intellectual and developmental disabilities in Uganda face disproportionate risk in the face of COVID-19. Many of them already have predisposing conditions that increase their susceptibility to the COVID-19. The media used to sensitise and communicate to the public (radio and television) is largely inaccessible to them due to poverty. This denies them the right to information.

The majority depend on support from immediate family and generous people in their communities. Therefore campaigns including social distancing or “Tonsemerela” would also deny them access to care they so badly need.

Uganda is awash with examples of people with mental health challenges who have been confined to the extent of near starvation in this period of COVID-19 lock down so as to protect them from the wrath of security personnel who have been beating all those caught moving after curfew hours.

Whereas it is in the public domain that COVID-19 has resulted into a general increase in gender based violence in Uganda, it is crucial to note that Persons with lived experience of mental health issues and intellectual disabilities are more vulnerable to violence, neglect and abuse. COVID-19 has only accelerated stress due to restrictions to work, movement, and treatment.

This project which is implemented in partnership with Mental Health Uganda is expected to deliver the following change:-

- a) People with lived experience of mental health challenges and intellectual disabilities are able to access quality care and treatment during the COVID-19 pandemic
- b) Authorities enforcing the lock down are sensitized on the needs of people with mental and intellectual disabilities and their families so as to be able to provide them with the necessary support such as counseling and access to treatment.
- c) Better access to information on COVID-19 through use of innovative techniques to develop and share IEC materials with People with lived experience of mental health challenges and, people with intellectual disabilities.
- d) People with lived experience of mental health challenges and intellectual and developmental disabilities supported with protective gear such as hand washing facilities, sanitizers, face masks and in some cases food and non-food items.
- e) Sensitization of the public on the disproportionate risk faced by people with mental health challenges through newspaper articles, radio programs and TV programs.
- f) Advocating for representation of a voice of PWDs on both national and district task forces for COVID-19 so as to highlight challenges that they face. This will ensure that needs of people with mental health challenges are addressed.

3.0. Purpose and scope of the assignment

The purpose of this consultancy is to support the process of development of an advocacy strategy that can guide the process of engagement to ensure that specific needs of persons with lived experience of mental and intellectual disabilities are met.

The Consultant will work with both NUDIPU and Mental Health Uganda in developing this strategy. He/ she will have to consult key stakeholders including health service providers, organizations of people with mental and intellectual disabilities, DPOs, civil society organizations doing work on treatment of mental health problems or health rights, and relevant MDAs.

The strategy will also guide on the best approach to get the general public more involved and be able to support to support persons with mental health challenges and intellectual disabilities during pandemics like COVID-19.

After compiling a draft advocacy strategy, he/she will be required to share a draft for comments before submitting a final copy to NUDIPU.

4.0. Expected output

An advocacy strategy that can support access to services to persons with lived experience with mental health challenges amidst the global COVID 19 pandemic.

A proposed strategy for engagement of duty bearers also highlighting capacity needs of the Disabled Persons Organizations in the respective countries.

5.0. Scope of the task

The Consultant will have to meet DPOs, Ministries, Departments and Agencies and Civil Society Organizations in Uganda. Key focus will be on health service providing institutions and key Organizations of Persons with Disabilities.

He/she will also review a number of relevant documents at country level to facilitate appreciation of this assignment.

6.0. Role of the Consultant

The Consultant will provide all the necessary technical skills and support required to deliver on the assignment and also deliver the expected outputs.

7.0. Qualification, skills and Experiences

- At least 5 years' experience in research work and advocacy work
- Experience in developing advocacy strategies is an added advantage
- Good writing skills
- Good communication skills
- Experience in data collection, analysis and presentation
- Someone who holds academic qualification leaning on national level advocacy and with knowledge on disability inclusion will have an added advantage.

8.0. Management

The Consultant will work closely with the responsible Program Manager on this assignment.

9.0. Duration

The assignment is expected to last within 20 working days. NUDIPU will provide the necessary Information, logistics and support required for the assignment. A draft Strategy is expected by the 30th of May 2021.

11.0. How to apply

Interested and qualified persons should send their technical and financial proposal not later than **26th of April, 2021 at 5:30PM** either physically to; The Chief Executive Officer, National Union of Disabled Persons of Uganda (NUDIPU), P.O. Box 8567, Kampala, Uganda, located at Bukoto - Kisasi Road, Plot 530 or send soft copies to info@nudipu.org and copy in nudipu12@gmail.com