

TERMS OF REFERENCE

Consultancy for the production of an advocacy report on rehabilitation

# Presentation of the service

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| **Title of the Report:** | Tentative: “Rehabilitation for all - Essential throughout life and for many health conditions” |
| **HI Entity:** | Advocacy and Institutional Relations |
| **Objective of the service:** | Production of an advocacy report (approx. 25 pages long) |
| **Duration of the service:** | Approximately 18 working days, from the second week of February to the second week of May 2025. |
| **Language for the service:** | English and French |
| **Location of the service:** | Consultant’s usual workplace location. |
| **ToR last updated:** | 20/11/2024 |
| **Authors of ToR:** | Inclusive Development Advocacy Manager |

1. **Presentation**

## 2-1- Why this report?

Rehabilitation is a thematic priority for Humanity & Inclusion's international advocacy. The organisation has a strategic focus on strengthening the implementation of international frameworks and ensuring the commitments of health and development decision-makers to improve access to rehabilitation in low- and middle-income countries.

Rehabilitation has gained attention at the global level in recent years, as evidenced by the launch of the WHO Rehabilitation 2030 initiative (2017), the recognition of rehabilitation as a component of universal health coverage (UHC) in the UN High level meetings (2019 and 2023), and the adoption of the World Health Assembly resolution on rehabilitation (2023). At the national level, an increasing number of countries have requested WHO support to assess and improve their rehabilitation services, and many have developed or are developing national rehabilitation plans.

While the rehabilitation ecosystem has changed, thanks also to the impetus provided by the recent WHA resolution, rehabilitation is far from being mainstreamed and recognised as an essential health strategy and a critical enabler for social inclusion and development. In many contexts, particularly in low- and middle-income countries, rehabilitation remains underdeveloped and underfunded,1 resulting in limited availability, accessibility and quality of rehabilitation services and assistive technology. In countries with weak health systems, the provision of rehabilitation is further jeopardised by crisis outbreaks and prolonged crisis. Globally, more than half of the people who need rehabilitation do not receive it.2

Rehabilitation is often misconceived as a set of interventions only for persons with disabilities or very specific health conditions.The impact of rehabilitation on improving functional limitations resulting from different health conditions is still overlooked. Promoting policy change in rehabilitation and its integration into health systems depends on consolidating a narrative that emphasises the benefits of rehabilitation for all.

The review of Sustainable Development Goal n.3 at the High-Level Political Forum in 2025, the adoption of a UN Political Declaration on non-communicable diseases in the same year, and the preparation of the first WHO global report on rehabilitation by 2026 provide important opportunities to leverage rehabilitation onto the health, the development and humanitarian agendas.

## 2-2 - Report’s objectives and first elements of methodology

This report aims to:

* Draw attention to the importance of rehabilitation across the lifespan and for a wide range of health conditions;
* Position rehabilitation in processes and fora related to health, development, humanitarian and disability inclusion policies;
* Provide key stakeholders (governments, development and humanitarian donors, and international and national/local NGOs/CSOs) with a set of actionable recommendations to integrate rehabilitation into their policies and programmes.

Elements of a methodological approach:

In framing the narrative of improving access to rehabilitation for all, the report will leverage the distinctive added value of HI:

* The extensive and diverse operational experience of rehabilitation in different contexts
* Attention to people who are most at risk of being left behind, often due to intersecting forms of discrimination (in particular disability, gender and age)
* The promotion of a multi-sectoral approach, encouraging cooperation and synergies between sectors and actors.

The report will be informed by:

* Three (3) testimonies from rehabilitation users and/or their family members and caregivers, one per each country under focus (Uganda, Benin, and Haiti)
* Three (3) case studies from HI projects, illustrating the relevance of rehabilitation for different health conditions and functional impairments, one per each country under focus (Uganda, Benin, and Haiti).
* Desk reviews of existing literature from both academic and non-academic sources (e.g. NGOs, UN agencies, international networks…) and of strategic policy documents shaping the provision of rehabilitation in the three (03) countries under focus (Uganda, Benin, and Haiti).
* Interviews with at least 25 key informants (including: HI staff, local partners, civil-society organisations at the international level, rehabilitation professionals, governmental representatives, UN agencies’ and/or donors’ representatives).

The evidence will be collected, analysed and compiled by the consultant to produce a report that:

* Frames the issue: the global situation, the relevance of rehabilitation for diverse health conditions and functional impairments, international and national policy frameworks.
* Provides the perspectives of rehabilitation users; providers (national and local authorities, rehabilitation professionals); and policy-makers (governments, international donors, and UN agencies).
* Explores barriers and enabling factors for the effective integration of rehabilitation in health systems across the continuum of care and across the lifespan.
* Presents a set of recommendations for governments, international donors and UN agencies, as well as CSOs/NGOs.

## 2-3- Advocacy targets and foreseen use of the document

Targets:

* National governments (in countries where HI operates). While the Ministry of Health is in lead, diplomatic representations and other relevant Ministries (e.g. the Ministry of Social Affairs, Disability, Financing…) should also be targeted.
* International donors (in particular USAID, DGD, the EU, ATScale, and GLAD members). Donor funding and financing tools, instruments, policies and approaches are critical to supporting and complementing government efforts in rehabilitation and interconnected areas.
* UN agencies (in particular WHO, UNICEF, UNDESA, UNFPA, UNDP, UNPRPD, OCHA) – Via their technical support to countries, as well as their financing and programming capacity, these UN agencies are key players.
* Civil society organisations/networks and academic institutions (at the international level as well as at the national/local level, both mainstream and rehabilitation or disability-focused) – They play a critical role in consolidating and promoting narratives around rights and social issues, holding decision-makers accountable, and delivering services (in some circumstances).

The report will be launched in correspondence to the opening of the High Level Political Forum on Sustainable Development Goals (second week of July 2025), recognizing that SDG 3 will be under focus in 2025. It will be disseminated via emailing to targeted stakeholders, distribution via networks’ channels, social-media actions, bilateral meetings with decision-makers, and public events.

## 2-4- Ethics

The service provisions’ contract sets that consultants’ and freelance workers’ copyright is transferred to HI.

The consultant should comply at all times with HI protection policies:

* [HI Code of Conduct](https://hinside.hi.org/intranet/jcms/prod_2152933/en/code-of-conduct-integrity-prevention-of-abuse-and-safeguarding)
* [Protection of beneficiaries from sexual exploitation, abuse and harassment](https://hinside.hi.org/intranet/jcms/pl1_2696612/en/pi03-pseah-institutional-policy-2021)
* [Child Protection Policy](https://hinside.hi.org/intranet/jcms/pl1_2696608/en/ip02-child-protection-policy-2021)

We will ensure that high ethical and rigorous research standards are maintained, by following HI’s principles for ethical management of data:

* Ensure a person or community-centered approach;
* Ensure that the person’s consent is properly collected for every picture and written testimony;
* Ensure referral mechanisms are in place;
* Ensure the security of personal and/or sensitive data at all stages of the activity;
* Respect copyright for pictures, obtain permissions to use pictures, and include information related to the photographers;
* Ensure that the final outputs are never used for commercial purposes;
* Ensure the respect of the dignity of beneficiaries portrayed in pictures, testimonies, and case-studies;
* Plan and guarantee the use and sharing of information;
* Carefully provide complete references to external sources used in the text of the publication.

## Intersectional approach

As all HI activities are underpinned by a commitment to equal access to services for all, we therefore fully recognise the importance of adapting our intervention methods to each specific context, with systematic attention given to disability, gender and age in particular.

The organization respects cultural values and adapts its methodology accordingly; seeking innovative ways to mainstream gender in all project activities.

The Report specifically investigates the linkages between disability, gender and age, highlighting the intersecting forms of discrimination, and barriers in the access to services by persons with disabilities.

*Applicants are therefore required to mention how they will ensure that the findings and analysis will address the intersecting factors of discrimination and exclusion related to disability, age, gender, etc.*

# Presentation of the service

## 3-1- Overall objective of the consultancy service

The Consultant will collect and use evidence to deliver a report (in English), based on the testimonies, case studies, desk reviews and key informants’ interviews.

## 3-2- Expected results of the service

The Consultant is expected to deliver the following:

1. Three (03) edited and harmonized testimonies, to be integrated in the report, based on the drafts provided by HI staff from Haiti, Benin, and Uganda.
2. Three (03) edited and harmonized case-studies, to be integrated in the report, based on the drafts provided by HI staff from Haiti, Benin, and Uganda.
3. A methodological proposal, including a set of questions, to conduct and report on interviews with at least twenty-five (25) key informants.
4. Notes and quotes from the interviews with key informants.
5. An intermediate report containing:

* Key arguments and global data and considerations on the relevance of rehabilitation across the lifespan and for a variety of health conditions
* Specific data and considerations related to the countries under focus (Haiti, Benin, and Uganda)
* Three (03) testimonies
* Three (03) case-studies
* Information and quotes collected via key informants’ interviews
* A set of recommendations for the attention of decision makers

1. A final report that integrates the feedback provided by the Editorial Committee into the intermediate report.

## 3-3- Key Performance Indicators

* Deliverables are produced in a qualitative and timely manner, with a relevant inclusion of internal reviews and feedback.
* The report shapes a narrative that can be used for advocacy purposes, including concrete, relevant, and actionable recommendations to stakeholders.
* Availability, reliability, disposal for feedback and smooth communication.

## 3-4- Timeline of the consultancy service

Between February and May 2025, the Consultant is expected to work an estimation of 18 working days. Foreseen date for finalization of the document: 13/05/2025.

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| Kick-off meeting with HI focal point | 10-14 February 2025 |
| Analysis of testimonies, case-studies, and country strategic documents (provided by HI) | By 25 February 2025 |
| Definition of methodology and questions for key informants’ interviews | By 3 March 2025 |
| Feedback on the methodology for interviews by HI staff | By 7 March 2025 |
| Integrate feedback and conduct interviews | 10 March- 15 April 2025 |
| Produce intermediate report | By 22 April 2025 |
| Feedback on the immediate draft by the HI Editorial Committee | By 6 May 2025 |
| Integrate feedback and produce the final draft document | By 13 May 2025 |

The consultant accepts that Humanity & Inclusion may reproduce the methodological proposal and use the tools developed in other contexts or projects.

## 3-5- Budget

The consultant shall present a financial offer, all taxes and all costs included, in line with the expected workload indicated in these Terms of Reference.

HI does not extend the benefits enjoyed by its employees (transport, meals allowance, IT access, entry pass or key, equipment etc.) to consultants and freelance workers.

## 3-6- Mechanisms for communication and monitoring between the Consultant and Humanity & Inclusion

The recruitment and service of the Consultant will be under the responsibility of the HI Inclusive Development Advocacy Manager, which will act as contact person for the consultant for inquiries, clarifications and exchanges.

A kick-off briefing will be held at the beginning, to provide the Consultant with key information and guidance about the logic, the approach, and the elements to take into consideration.

A final evaluation will be conducted together with the Consultant (via a call) focusing on overall achievements of objectives and lessons learned.

Contractualization and payment of the service are under the authority of the HI Director of Advocacy and Institutional Relations.

# Requested profile

## 4-1- Requested compliance

Freelance workers and consultants comply with the legislation that applies to them, with particular regard to social security payments, insurance policies and registration.

## 4-2- Expertise

Mandatory:

* Minimum Diploma Master’s degree in a relevant field: Global Health; Social Sciences; Disability; Law; Political Science; International Development.
* At least 3 years of experience in qualitative research in the field of global health and/or development and/or human rights and/or disability issues.
* Experience in researching and/or working in low and middle-income countries.
* Thorough knowledge of global health issues.
* Sound understanding of international development and North-South relations.
* Excellent analytical skills.
* IT skills - MS Office applications.
* Knowledge working language ​​(written & oral): French and English mandatory.
* Understanding of evidence-based advocacy.
* Adherence to HI’s values and ethics.

Desired:

* Specific knowledge of rehabilitation and assistive technology.
* Experience working with an international non-governmental organisation.

HI values diversity, we welcome and encourage applications of candidates from all gender, origins, nationality or disability.

# Application process

**The application should be sent by email** to [procurement@hi.org](mailto:procurement@hi.org), with the reference “**CONS\_REHAB-ADV\_2025**” of the tender in the title of the email, **before 16 January 2025, 12:00 CET**.

The application email shall include:

## Tender documentation:

* + Terms of Reference, initialled and signed
  + Participation file, initialled and signed
  + Application form, signed
  + Annex 1: Acceptance and contracting rules, signed
  + Annex 2: Declaration of non-conflict of interests, signed

1. **Administrative documentation** of the tenderer: For individuals:
   * Curriculum Vitae (training, experience in the areas mentioned above, lists of key publications)
   * ID card or passport of the legal representative of the consultant company and/or of the principal consultant if different from the legal representative
   * Contacts of 3 referees
   * A cover letter

For companies:

* + Registration of company as consultant
  + Declaration of integrity filled out and signed
  + Up-to-date tax certificate according to nationality

If based/registered in France:

* + Proof of legal registration (KBIS < 6 months)
  + URSSAF certificate of vigilance

Otherwise:

* + Consultant registration certificate (KBIS equivalent).
  + Proof that the service provider/consultant is up to date with its tax obligations

1. A **technical proposal** including a minima a concept note with proposed methodology and detailed calendar.
2. A **financial proposal** including a minima the detailed consultancy fees including all taxes.

## Terms of payment

Payment for the service will be made in several instalments as follows:

* 30% upon signature of the contract;
* 70% after validation of the final report.