

Terms of Reference

Individual Consultant to support the development of a training package on disability-inclusive health emergencies preparedness and response for frontline health workers

By Handicap International - Humanity & Inclusion (HI)

1. HI background

Humanity & Inclusion (HI), also known as Handicap International, is an international NGO and Nobel Peace Prize co-recipient with over 40 years of experience in more than 60 countries, supporting persons with disabilities across development and humanitarian contexts. HI is a global leader on disability-inclusive health and humanitarian action: as a non-State actor in official relations with WHO, HI contributes to the Global Report on Health Equity for Persons with Disabilities and WHO's Disability Health Equity Network. HI also co-chairs the Global Reference Group on Inclusion of Persons with Disabilities in Humanitarian Action, contributed to the IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action, and implements inclusive humanitarian and health emergency projects with Organizations of Persons with Disabilities (OPDs), UN agencies and NGOs.

2. Objectives of the consultancy

The overall objective of the consultancy is the development of a training package on disability-inclusive health emergencies preparedness and response, to enhance the capacity of primary health care workers and community workers to prepare for, and respond to, health emergencies and disease outbreaks in a way that identifies and removes the specific barriers faced by persons with disabilities, through the development of training resources.

Context

The African region faces recurring and overlapping public health emergencies, including outbreaks of cholera, Ebola and other viral haemorrhagic fevers, dengue, Zika, yellow fever and diphtheria, alongside natural disasters, conflict and displacement. Effective preparedness and response rely on risk communication and community engagement (RCCE), community-based protection mechanisms, and health systems that reach the whole population, yet persons with disabilities are consistently among the most excluded from these efforts and among the most affected during emergencies.

Evidence from recent outbreaks shows that persons with disabilities face specific and often overlooked risks during health emergencies: they may be unable to access early warning messages delivered in inaccessible formats, face barriers to physical distancing, handwashing or evacuation due to reliance on caregivers or assistive devices, be excluded

from contact tracing and surveillance systems, or be left without support when caregivers or support networks are disrupted. Equipping frontline and community health workers with the skills to identify and remove these barriers is critical to ensuring that outbreak preparedness and response leaves no one behind.

However, existing RCCE and health emergency preparedness and response resources are not consistently disability-inclusive, nor tailored to the specific needs of frontline and community health workers; they should be adapted to become an integral part of health emergency preparedness and response training, and to the primary healthcare, community health workers audience.

Despite progress in strengthening health emergency preparedness and response capacity across the region, health systems in many countries continue to face recurring outbreaks with limited surge capacity, and community engagement approaches remain weak, especially at the primary health care and community level. Beyond the challenge of building general preparedness and response capacity, deeply rooted equity, disability-inclusion and human rights considerations are frequently absent from health emergency planning and training, creating barriers to reaching the whole population during a crisis, including persons with disabilities.

Specific objectives:

- Development of training package materials to enhance the capacity and skills of professional and community healthcare workers to ensure population and environmental public health measures (vaccination, WASH, vector control, Public Health and Social Measures (PHSM), testing, screening and surveillance) are accessible to, and reach, persons with disabilities, including those in institutional and community settings, across all stages of the emergency response cycle.
- Development of training package materials to enhance the capacity and skills of professional and community healthcare workers to design and deliver accessible risk communication and community engagement (RCCE) and infodemic management, including meaningful partnership with Organizations of Persons with Disabilities (OPDs), across all stages of the emergency response cycle

3. Expected deliverables of the consultancy

Deliverables

1. **Module 1 on Disability-Inclusive Population and Environmental Public Health Measures in Health Emergencies.** Develop a 1-day module that strengthens healthcare workers' and community workers' knowledge and skills to make population and environmental public health measures — vaccination, WASH, vector control, Public Health and Social Measures (PHSM), testing, screening and surveillance — accessible to, and inclusive of, persons with disabilities, including those in institutional and community settings, across all stages of the emergency response cycle (prevent and mitigate, prepare, detect, respond, recover). The module will be comprised of:
 - A 1-day facilitation Training manual
 - PowerPoint and activity resources

- A participant guide
2. **Module 2 on Disability-Inclusive Risk Communication, Community Engagement (RCCE) and Infodemic Management in Health Emergencies.** Develop a 1-day module, adapted from the WHO RCCE Readiness and Response Toolkit and other relevant WHO guidance, that strengthens healthcare workers' and community workers' knowledge and skills to design and deliver accessible RCCE and infodemic management for priority epidemic-prone diseases (e.g. cholera, Ebola, dengue, Zika, yellow fever, diphtheria) across all stages of the emergency response cycle, including the specific barriers persons with disabilities face in accessing outbreak-related information, and capacity to establish and sustain meaningful partnership with Organizations of Persons with Disabilities (OPDs) in community engagement and feedback processes. The module will be comprised of:
- A 1-day facilitation Training manual
 - PowerPoint and activity resources
 - A participant guide

The target audience for both modules are frontline health workers and community health volunteers. Module materials are to be designed with a focus on experiential learning, through role plays, simulations and case studies, and will apply a consistent disability-inclusive, people-centred and human rights-based facilitation approach.

The consultant will develop the materials for both modules only. The consultancy does not involve a training of trainers or delivering a training.

Work Modality

The consultancy is entirely home-based and will be conducted remotely.

Timeframe

The consultant will provide a quotation for the number of days to complete the assignment, along with availability between September and early December 2026. Approximately 12-15 working days (to be confirmed at contracting).

Expression of interest

To express interest, please submit the following documents to Humanity & Inclusion at la.kus@hi.org by **11 September 2026 at 5pm CET** with the email subject "health emergencies training package."

The submission must be in English and should include:

- Financial proposal with breakdown of daily rate and quotation in Euro.
- Curriculum vitae (CV).



- Proposed timeline for completion of deliverables, including availability between September and early December 2026.
- Request for reasonable accommodations if needed.
- Relevant registration and administrative documents required to enter into a consultancy contract.
- Annex 2: Blank Application Form
- Annex 3: Acceptance of HI Contracting Rules
- Annex 4: Declaration of Non-Conflicts of Interest