

Consultancy Term of Reference (TOR)

Study to analyze cost-recovery for the Rehabilitation Equity Fund and Community-Based Rehabilitation (CBR) and identify viable strategies and possible models for cost recovery to ensure long-term financial sustainability while maintaining equitable access to services.

1. Background

1.1 About Humanity & Inclusion (Handicap International)

Handicap International now operates under the name Humanity & Inclusion (HI). Driven by a deep sense of justice, we stand against the inequalities faced by people with disabilities and vulnerable communities. We envision a world of solidarity and inclusion, where diversity is valued, and everyone can live with dignity. HI is an international, independent, and impartial non-profit organization that intervenes in situations of poverty and exclusion, conflict, and disaster. Working alongside people with disabilities and vulnerable populations, HI acts and takes notice, to meet their basic needs, improve their living conditions, and promote respect for their dignity and fundamental rights. HI is currently implementing projects in more than 50 countries worldwide.

Handicap International (HI) in Jordan, is registered under the number 1722 in the Ministry of Development's register of associations.

1.2 Protected Today and Tomorrow: Responding to Immediate Concerns and Preventing Future Protection Threats for Refugees and Host Community Members in Jordan.

HI, in collaboration with consortium partners DRC and JRF, is dedicated to strengthening the capacity of national and local structures in targeted areas. Drawing on several years of intervention in response to the Syrian crisis, HI has developed robust evidence supporting the effectiveness of comprehensive rehabilitation. Recognizing the need to adapt as the context evolves, HI has shifted its response to reduce the vulnerability of people with disabilities and to promote equitable access to humanitarian assistance and government services for both refugees and Jordanians from host communities.

HI collaborates with primary health care centers (PHCs) and community development centers (CDCs) supporting equipment, capacity development and service delivery. In parallel, HI has set up a network of community-based rehabilitation (CBR) volunteers in each target area. CBR volunteers play a key role in identifying individuals with unmet needs, assessing their requirements, and ensuring that appropriate services are provided by local rehabilitation actors or through effective referrals for essential services.

By combining a user-centered approach with strengthened service delivery systems, HI integrates resilience with humanitarian interventions for improved protection outcomes. This approach aligns with key SPHERE standards for humanitarian action, namely: appropriateness, effectiveness, local capacity strengthening, participation, coordination/complementarity, and continuous learning. Together, these efforts enable national and international actors to implement effective, sustainable interventions that respond to the evolving needs of affected communities.

1.3 Implementation of the Equity Fund model and Community-based rehabilitation (CBR)

Equity Fund: According to World Health Organization (WHO), Universal Health Coverage is defined as ensuring that all people have access to needed promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for the services. One of the factors influencing access to services is financial accessibility. Based on that, HI developed a mechanism called Equity Fund: The “Equity Fund” mechanism addresses the financial challenge faced by most vulnerable Syrian refugees living outside of camps in accessing health services. It is a conditional cash support mechanism intended to facilitate access to rehabilitation services by removing the main financial barriers. It subsidizes the direct and indirect costs incurred by refugees or vulnerable Jordanians when accessing rehabilitation services (direct cost of rehabilitation such as fees for the sessions, prosthetics and orthotics, and assistive devices and the indirect costs such as transportation).

An Equity Fund protocol has been developed and is already in place, detailing various aspects of the financial support including: i) eligible user; ii) eligible services; iii) conditions for transportation reimbursement; iv) vulnerability analysis; v) linkages with CBR volunteers, and vi) access to specific products such as assistive devices and prosthesis and orthotics. This mechanism is solely managed by HI field staff, in close connection with the finance department of the public health facilities. In public facilities, the payment of services is provided using the existing list of prices from the Ministry of Health (MoH) based on the invoices made by the health facilities and the provision of supporting documents. Regarding services delivered by non-governmental organizations, memoranda of understanding are signed with each organization after the price of the services are agreed upon. HI reimburse the costs of services based on the claims made by the organizations and the provision of supporting documents. HI finance department also provides on-going support to ensure the transparency and accountability of the process by reinforcing internal administrative and financial procedures.

Community-based Rehabilitation: As per the WHO guidelines, CBR is “a strategy within general community development for the rehabilitation, poverty reduction, equalization of opportunities and social inclusion of all people with disabilities” CBR is promoted to be implemented through the combined efforts of persons with disabilities themselves, their families, organizations and communities, and the relevant governmental and non-governmental health, education, vocational, social and other services”. In 2016, HI established the Community-Based Rehabilitation (CBR) approach in targeted geographical areas, involving 144 volunteers in 6 governorates to help identify persons with disabilities and strengthen connections between community actors and rehabilitation services. This approach aims to enhance the quality of life for individuals with disabilities and their families by integrating them into community life through health, education, social, and economic opportunities. This required to consolidate referral pathways and ensure community follow-up after service delivery.

Community-Based Rehabilitation (CBR) volunteers are responsible for identifying, assessing, referring, and following up with individuals, as well as conducting home-based intervention programs to support people with disabilities in improving their functionality. HI enhances the skills and capacity of these volunteers to increase access to rehabilitation and early childhood services for refugees and vulnerable Jordanians in need.

The volunteers also assist caregivers in actively engaging in the rehabilitation process of their family members. Additionally, they support the establishment and functioning of self-support groups for persons with disabilities and their families, helping them build networks to manage community challenges and

identify effective coping mechanisms.

2. Objectives and scope of the consultancy

General Goal:

Analyze cost-recovery for the Rehabilitation Equity Fund and Community-Based Rehabilitation (CBR) model implemented by HI with the MOsD, propose improvements to the model or alternatives that could reduce dependency on external funding while leveraging local resources and community contributions.

Specific Objectives:

1. Analyze the current cost structure and funding sources for the HI Rehabilitation Equity Fund and CBR program;
2. Examine existing cost recovery models used in rehabilitation and CBR programs and similar health equity funds at the national/ local levels;
3. Propose sustainable and innovative models for the improvement of the cost recovery that could reduce dependency on external funding while leveraging local resources and community contributions.

These objectives are expected to be achieved through the analysis of the findings from the following questions:

Existing cost recovery models

- 1) What cost recovery models have been implemented in other rehabilitation and CBR programs or health equity funds at local/ national levels?
- 2) What are the existing tools and methodology used to calculate the cost of services and how reliable and effective are the results?
- 3) Which best practices from other organizations can be adapted for the HI Rehabilitation Equity Fund and CBR program?
- 4) What factors contributed to the success or failure of these cost recovery models in these organizations?

Sustainable models for cost recovery

- 1) How can existing local resources (e.g., government support, local businesses, charity fund) be better utilized to finance the rehab and CBR activities?
- 2) What potential exists for increasing community and individual financial contributions (e.g., through local fundraising, membership fees, social enterprises)?
- 3) How can income-generating activities be integrated into the CBR framework to support financial sustainability?
- 4) What improvements, innovation or alternative strategies would you recommend for HI to improve cost recovery while leveraging local resources?

3. Methodology required

The study will be implemented through consecutive phases:

- **Inception** to clarify the methodology and get HI validation;
- **Data collection** to extract knowledge through desk review and consultations with project and external stakeholders;
- **Data analysis** to reply to each question and to propose viable models;
- **Workshop to present preliminary findings** and get comments from HI;
- **Further analysis** (if necessary) to finalize findings;
- **Drafting of the study report** to get comments from HI;
- **Finalization of the study report** validation by HI;
- **Production of summary report.**

Inception:

In the inception phase, upon consultation with HI, the consultant will propose a detailed methodology in order to achieve the objectives of the consultancy. The data collection plan will include desk review, focus group discussions (FGD) and key informant's interviews (KII) and, when relevant, quantitative and qualitative surveys. The analysis framework and data collection tools will break down the questions in sub-questions. FGD, KII and surveys tools will be produced in **English and Arabic. The methodology and tools will need to be validated by HI.**

Data collection:

At minimum, the consultant will target:

- HI staff. (Project Agent, CBR Project manager, Rehabilitation PM, Country Manager, Rehabilitation Specialist)
- Beneficiaries (see below)
- MEAL Unit
- Finance Team
- HI MASHRIQ Technical Unit Manager and/or HI Rehabilitation and Inclusion specialists.
- Stakeholder: Ministries, CDDs, Higher council for the rights of people with disabilities and UNHCR and implementing partners.

Preliminary findings:

Upon analysis of the data collected, the consultant will present the preliminary findings to HI, in a one-day workshop, in which findings will be discussed and gaps, grey areas identified for further analysis. The consultant will present:

- Findings that reply to each question of the TOR;
- Preliminary conclusions and recommendations / proposed models

4. Expertise required

- Advanced University degree (Master Level minimum) in Health Economics, Development studies, Development economics, Business Administration, or other related field.
- Minimum of 10 years of relevant professional experience, with at least 3 years demonstrated experience in consultancy;
- Prior experience working in countries with similar socio-economic and healthcare contexts is highly desirable.
- Capacity to collaborate with diverse stakeholders, including government officials, healthcare providers, and beneficiaries, ensuring that their perspectives are incorporated into the analysis.
- Demonstrated excellent analytical and reporting skills.
- Excellent level of written English.

5. Indicative schedule

The work will be conducted in Jordan between November 2024 and February 2025 for up to a maximum of 50 non-consecutive days of work.

The number of days will be discussed and agreed upon between the Consultant and HI. The final report and the presentation must be finalized by mid-February 2025.

6. Deliverables

All deliverables will be produced in English :

1. An inception report with the data collection plan and tools and the comprehensive analysis framework;
2. Transcripts of the FGD and KIIs;
3. Presentation of draft findings and possible improvements or alternative models for CBR and Equity Fund.
4. One full study report and presentation for the workshop.

Study report: The consultant will propose the structure and layout of the final study report. At minimum, this will include:

- Executive summary
- Brief description of HI Rehabilitation Equity Fund and CBR approach
- Methodology of data collection and sampling
- A section that report findings for each of the questions of the consultancy TOR
- A section for the proposition of possible models for CBR and Equity Funds.
- Annexes (Consultancy TOR; data collection tools; workshop presentation)
- Annexes: References of the desk review section

The report will be produced in **English**.

7. Applications procedures

Prospective consultants are requested to submit proposals including the following:

- Profile of the consultant / consultancy firm. If more than one consultant will be involved, provide information on responsibilities and expected roles of each consultant.
- Consultant's registration certificate (company registrations or freelance license) ,
- Insurance certificate (including professional civil liability)
- Evidence that the consultant has paid his or her social contributions or exemption certificate
- Evidence that the applicant taxes duties has been paid
- Please share in annexes, the resumes of all proposed evaluation team members (including detailed work experience and education) and references
- Technical offer including: Understanding and interpretation of the Terms of Reference; Proposed approach and methodology, and work plan.
- Financial offer (please, note that the budget should cover all travel-related costs such as (non-exhaustive list) flight, insurance, accommodation, visa, etc.; also, other insurances and tax fees; as well as costs required for the consultancy (e.g., translation/interpretation, etc.).
- If the lead consultant is planning to recruit national consultants in Jordan to support, please state this and provide details (costs, expertise required)

Complete applications should be sent by email to: tenders@jordan.hi.org with the subject of **"Consultancy on Equity Fund"** Deadline for submission of applications: **13 November 2024**

"Handicap International is committed to protecting the rights of the children and opposes to all forms of child exploitation and child abuse. HI contractors must commit to protect children against exploitation and abuse".