HDC
HUMANITARIAN & DEVELOPMENT CONSORTIUM
We empower the communities

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Call for Consultancy Service

Title of Assignment	Consultancy to Undertake Assessment and Provision of Assistive Devices Needs Among Persons with Disabilities (PwDs) Among Refugees, Returnees, and Host Communities in Renk County	
Location	Renk County, Upper Nile State	
Duration	45 Days of engagement	
Assignment Start	7th September 2026	**Assignment End Date: 7th** October, 2026
Application opens	13th August 2026	**Application End Date: 28th** August 2026

1. Introduction and Context

1.1 Contracting Organization Overview

Founded in 2008, the Humanitarian and Development Consortium (HDC) is a national non-governmental organization dedicated to delivering effective programs for communities in South Sudan impacted by conflict and natural disasters. Drawing on practical experience and technical knowledge, HDC consistently implements high-impact humanitarian and development initiatives. The organization's work centers on four key areas: enhancing food security and sustainable livelihoods to strengthen community resilience; advancing peacebuilding, community protection, and civic education; expanding equitable access to education and learning opportunities; and improving public health through community-based health education. As a rapidly growing organization, HDC aims not only to expand its delivery of high-quality, long-term social protection services to vulnerable populations but also to strengthen its advocacy efforts, ensuring that marginalized and at-risk individuals across South Sudan can actively participate in decisions affecting their daily lives.

1.2 Project Context and Overview

South Sudan continues to face a complex, protracted humanitarian crisis driven by localized conflicts, severe climate shocks, economic instability, and regional population inflows. Renk County, situated in the northernmost part of Upper Nile State, serves as a primary border entry point for individuals fleeing ongoing instability in neighbouring Sudan. This massive, continuous influx of displaced populations has severely overstretched existing community infrastructure, depleted basic service capacities, exacerbated local resource competition, and heightened protection risks for vulnerable host and displaced communities alike. Against this context, HDC, in partnership with ACROSS and Christian Blind Mission (the prime recipient), with funding from the German Federal Ministry for Economic Cooperation and Development (BMZ) under the Transitional Development Assistance (TDA), is implementing a four-year project, ***"Building peaceful, inclusive and resilient communities in Upper Nile and Northern Bar El-Ghazal,"*** designed to address these compounding crises. The intervention delivers parallel support across four core pillars: **Food Security and Livelihoods (FSL), WASH, Disability Inclusive Disaster Risk Reduction (DiDRR), and Protection.**

HDC is the primary implementing partner for this integrated initiative in Renk County, working in close coordination with local authorities, community networks, Organizations of Persons with Disabilities (OPDs), and humanitarian agencies. County. A core pillar of this initiative is ensuring that PwDs have equal access to life-enhancing assistive technologies, reducing dependency, and enabling active participation in social, economic, and peacebuilding activities.

2. Rationale for the Consultancy

Disability is frequently exacerbated by conflict, forced displacement, and poverty. In Renk County, the absence of systematic data regarding the prevalence, types, and barriers faced by persons with disabilities severely impedes effective humanitarian programming. Many individuals have acquired physical, sensory, intellectual, or psychosocial impairments due to war-related trauma, malnutrition, poorly managed medical conditions, or injuries sustained during arduous displacement journeys.

Assistive technology, including mobility aids, sensory devices, and cognitive supports, is a fundamental prerequisite for persons with disabilities to exercise their rights, access services, and participate in economic life. Without these devices, individuals remain isolated, dependent on family members, and excluded from peacebuilding, livelihood, and educational initiatives. To bridge this critical gap, this consultancy is commissioned to conduct a comprehensive assessment of assistive device needs and execute a targeted distribution strategy. This intervention will move away from generic, charity-based distribution models toward a precise, individualized, and rights-based framework aligned with international standards.

3. Purpose and Objectives of the Baseline Consultancy

3.1 Purpose of the Assignment

To conduct a comprehensive, field-based assessment of the functional limitations and assistive technology needs of persons with disabilities among refugee, returnee, and host community populations in Renk County, followed by the systematic provision, fitting, and user-training of appropriate assistive devices.

3.2 Specific Objectives

- Identify and map persons with disabilities across refugee camps, transit centers, returnee settlements, and host community neighborhoods in Renk County using globally recognized methodologies.
- Assess the specific functional impairments, environmental barriers, and individualized assistive device requirements of target beneficiaries.
- Analyze the systemic, cultural, structural, and environmental barriers preventing persons with disabilities from fully participating in the "Building Peaceful, Inclusive, and Resilient Communities" project components.
- Provide clear, costed, and actionable recommendations for the procurement, delivery, personalization, and maintenance of assistive devices, alongside a framework for monitoring usage and impact.
- Oversee the technical fitting, distribution, and user-level training for the allocated assistive devices, ensuring safety, comfort, and sustainability.
- Establish a localized referral pathway and community-based follow-up mechanism linked with local organizations of persons with disabilities (OPDs) and health facilities.

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4. Scope of Work

The consultant or consulting firm will be required to execute a multi-phased approach spanning technical preparation, field data collection, procurement advisory, distribution management, and capacity building. The scope of work covers all administrative payams and bomas within Renk County, with specific focus on high-density displacement sites, transit zones, and underserved host communities.

Phase 1: Inception & Desk Review

- Methodological Design: Develop a hybrid assessment methodology combining quantitative demographic filtering with qualitative clinical and environmental analyses. The methodology must utilize the Washington Group Questions on Disability Statistics to screen for functional limitations.
- Design, translate, and digitize data collection tools (using Kobo Toolbox or similar software) for household surveys, key informant interviews (KIIs), focus group discussions (FGDs), and clinical physical assessment matrices.
- Produce a detailed Inception Report outlining the finalized tools, sampling framework, field movement plan, ethical protocols, and risk mitigation strategies.

Phase 2: Field-Based Needs Assessment and Mapping

- Mobilize community leaders, local authorities, and local OPD focal points.
- Conduct household/community-level screening and clinical/functional evaluations to identify specific assistive technology needs.
- Draft an analytical report presenting findings on prevalence, intersecting vulnerabilities (e.g., being a female refugee with a disability), structural barriers, and strategic programmatic recommendations for the broader project.
- Compile a verified master beneficiary registry disaggregated by gender, age, and impairment type

Phase 3: Procurement Plan, Validation & Supply Chain Oversight

- Collaborate with project management to finalize specifications and quantities of required assistive devices based on assessment findings.
- Procure and transport recommended assistive devices, ensuring compliance with international quality and safety standards for assistive devices.

Phase 4: Distribution, Fitting, and Training

- Organize decentralized and accessible distribution camps in Renk.
- Provide personalized training to beneficiaries and caregivers on device maintenance, safety, and operational use.
- Hand over administrative tracking logs to project staff.

Phase 5: Reporting & Recommendations

- Produce a comprehensive Distribution Report detailing outcomes, lessons learned, and sustainability frameworks.

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5. Key Deliverables & Timeline

- **Inception Report:** Submitted 2 days after contract signing, including final tools and work plan.
- Needs Assessment Report & Beneficiary Registry: Submitted 10 days after inception, validating the verified list of recipients.
- Distribution & Training Logs: Delivered immediately following completion of device handover.
- Final Consultancy Report: Comprehensive narrative and analytical report due 45 days from contract commencement.

6. Methodology

The consultant is expected to propose a robust, mixed-methods methodology that combines quantitative data collection with deep qualitative inquiry and technical clinical screenings. The methodology must strictly adhere to rights-based, participatory, and gender-sensitive principles, ensuring that persons with disabilities and their representative organizations are actively engaged throughout the process rather than treated merely as objects of study.

6.1 Quantitative data collection

- **Population screening:** The assessment should utilize the Washington Group Short Set on Functioning (WG-SS) or the Washington Group Enhanced Short Set to identify individuals experiencing functional limitations in core domains (seeing, hearing, walking, remembering/concentrating, self-care, and communicating).

- **Targeted household surveys:** Surveys will gather demographic data, socio-economic status, displacement history, current access to humanitarian assistance, and self-reported needs for assistive devices.

- **Clinical/functional evaluations:** For individuals flagged through the screening process, a qualified medical/rehabilitation specialist on the consultant's team must conduct an individual functional assessment. This assessment will define precise physiological or sensory needs, dimensions, and custom modifications required for specific assistive devices, preventing the distribution of inappropriate or harmful equipment.

6.2 Qualitative data collection

- **Focus Group Discussions (FGDs):** Disaggregated by gender, age group, and displacement status to ensure safe spaces for open dialogue. Dedicated sessions should be held for women with disabilities, male youth with disabilities, and parents/caregivers of children with severe disabilities.

- **Key Informant Interviews (KIIs):** Targeting key community actors, including local chiefs, camp management leaders, representatives from the Ministry of Gender, Child and Social Welfare, health facility managers, local protection actors, and leaders of local disabled persons' organizations or support networks.

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7. Ethical and safety considerations

Given the vulnerability of the target population, the consultant must maintain the highest ethical standards:

- **Informed consent**: Explicit, freely given, and documented informed consent (or assent in the case of children, accompanied by parental/guardian consent) must be obtained from all participants before data collection or physical evaluation. Information must be provided in accessible formats (local languages, sign language interpretation where needed, or simplified language).

- **Confidentiality and data protection**: All data must be collected anonymized, securely stored on password-protected platforms, and handled in strict compliance with international data protection standards and the **Do No Harm** principle. Personally identifiable information (PII) collected for the distribution register must be separated from general analytical datasets.

- **Child safeguarding and PSEA**: The consulting team must sign and strictly adhere to Child Safeguarding Policies and Prevention of Sexual Exploitation and Abuse (PSEA) protocols. Assessments must be conducted in safe, visible, yet respectful environments.

8. Implementation Timeline and Work Plan

The assignment is expected to be completed within a total period of forty-five (45) calendar days from the date of contract signature.

Phase	Key Contents	Duration
Deliverable 1: Inception Report & Tools	Final methodology, sampling strategy, data collection tools (translated), ethical protocols, and detailed work plan.	2 Days
Deliverable 2: Preliminary Findings & Database	Clean raw data collection, draft comprehensive database of registered persons with disabilities and specified device needs.	10 Days
Deliverable 3: Procurement, Distribution & Training Logs	Procurement, transportation, and distribution of the assistive devices, accompanied by user-level training following completion of device handover.	30 Days
Deliverable 4: Final Comprehensive Report	Finalized narrative report with integrated feedback, detailed technical procurement catalog, and actionable recommendations.	3 Days

9. Institutional arrangements and logistics

The consultant will work under the direct supervision of the **Project Manager** and receive technical orientation and oversight from the project's Protection and Inclusion Technical Advisor.

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7.1 Role of the commissioning organization

- Provide all internal project source documentation, target location lists, and contact details of relevant local field staff and key community stakeholders in Renk County.
- Facilitate introductory meetings with local government authorities (e.g., County Commissioner, Relief and Rehabilitation Commission - RRC, Ministry of Health, Ministry of Gender) to secure administrative clearances and field access approvals.
- Review and provide structural, timely feedback on all draft deliverables within agreed timelines (maximum 5 working days per deliverable review).
- Facilitate payment milestones upon formal written approval of deliverables by the Project Manager.

7.2 Role of the consultant

- Manage all internal personnel dynamics, including recruitment, per diem, and management of field enumerators and medical technicians.
- Arrange and cover all logistics, travel, accommodation, and subsistence costs required for the consulting team's movement to, within, and from Renk County.
- Procure or provide all necessary data collection hardware (tablets/smartphones), specialized software licenses, and basic clinical evaluation instruments (e.g., tape measures, goniometers, basic screening kits).
- Maintain regular, bi-weekly progress updates (via email or brief virtual calls) with the project management team during the lifecycle of the consultancy.
- Strictly respect local community customs, humanitarian principles, safety guidelines, and security protocols issued by UN/NGO field structures in Upper Nile State

10.Budget and Payment Modalities

10.1 Cost Structure

The consultant must submit an all-inclusive financial proposal detailing daily technical fees, enumerator remuneration, data transcription charges, field expenses, and administrative overheads.

10.2 Payment Schedule

Disbursements will be managed based on performance milestones:

Phase	Key Contents	Payment %
Phase 1& 2	Inception, desk review, and Procurement Plan Validation & Supply Chain Oversight	20%
Phase 3 &4	Procurement Plan Validation & Supply Chain Oversight, along with Phase 4: Distribution, Fitting, and Training	70%
Phase 5	Reporting & Recommendations	10%

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11.Requirements and qualifications

The assignment is open to independent individual consultants, teams of experts, or registered consulting firms/research institutions possessing an optimal blend of technical expertise in disability rehabilitation, humanitarian research, and complex field experience in South Sudan or similar fragile contexts.

Experience and skills

- Demonstrated professional background in public health, rehabilitation, special needs education, or disability-inclusive humanitarian programming.
- Deep practical knowledge of international disability frameworks (UNCRPD, Sustainable Development Goals) and specialized diagnostic screening tools (Washington Group Questions).
- Strong understanding of WHO guidelines on assistive technology, Washington Group Questions on Disability, and community-based rehabilitation (CBR).
- Proven experience conducting vulnerability assessments, managing assistive technology distribution, or working with displaced populations (refugees/returnees) in complex environments
- The ability of team members or local enumerators to speak Classical Arabic, Sudanese Arabic, Dinka, or Shilluk is highly advantageous for field data collection.

12.Submission and Application Process

12.1 Required Documentation

Interested independent consultants or firms must submit an application via email: info@hdcafrica.org, with an application package containing:

A. **Technical Proposal:** Explaining the proposed methodology, data quality assurance plans, and timeline adjustments (Maximum 5 pages).

B. **Financial Proposal:** Itemized budget breakdown in USD, including clear line-item descriptions and 20% VAT.

NOTE: Due to the urgency of this assignment, Applications will be reviewed on a rolling basis, and selection may be concluded before the deadline.

CONFIDENTIALITY AND ADMINISTRATION ISSUES

The Consultant shall not, either during the term or after termination of the assignment, disclose or authorize the disclosure of any proprietary information related to this consultancy service. Proprietary interests in all materials and documents prepared by the Consultant under the assignment shall become and remain the property of Humanitarian and Development Consortium.

A zero-tolerance policy on conduct that is incompatible with the aims and objectives of the HDC, including sexual exploitation and abuse, sexual harassment, abuse of authority and

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discrimination, applies to this consultancy, and all selected candidates will be expected to adhere to these standards and principles.