INDIVIDUAL CONSULTANCY - Terms of Reference

Title: Rehabilitation Consultant to support WHO Rehabilitation Programme with the integration of rehabilitation into health information systems that improves generation of rehabilitation data in countries.

1. Purpose of the Consultancy
The purpose of this consultancy is to work with the WHO Rehabilitation Programme to develop a toolkit for countries that supports the integration of rehabilitation into health information systems, with a focus on facility level data.

2. Background
Health and demographic trends are changing, populations are ageing, people are living longer with communicable and noncommunicable disease, and the consequences of injuries, and as a result there is an increasing need for rehabilitation. While rehabilitation needs increase, the reality in most middle- and low-income countries is that current needs are not met and the necessary health planning and investment is limited. In order to address this situation, the WHO launched the Rehabilitation2030 Initiative in 2017 and is developing a suite of practical guidance for countries to strengthen rehabilitation in health systems.

Strengthening rehabilitation in health systems requires considerable planning and decision-making in countries and this should be underpinned by quality data and information. Health information systems (HIS) are the source of much of this information. HISs generate information that can be used to inform health policy, management and clinical care. In order to attain information for rehabilitation decision-making it is necessary for it to be integrated into a HIS.

Integrating rehabilitation into HISs in countries requires the identification of indicators that track progress towards meaningful health system goals and objectives. By first identifying indicators the data collection in countries is efficient and effective. The WHO Rehabilitation in health systems: guide for action includes the accompanying tool, the Rehabilitation Indicator Menu (RIM). RIM includes indicators that track progress towards rehabilitation goals and objectives. Within this resource are a group of indicators that require data to be collected at the health facility level, and this can be done through inclusion of rehabilitation in health facility data collection mechanisms such as the District Health Information System 2 (DHIS2) and the WHO Health Facility Assessment Survey. Currently, there is a lack of detailed guidance and practical tools that support data collection in these mechanisms and countries are now requesting WHO for this guidance.

This project will support the development of these practical tools and includes the following core components:

- Confirm recommended indicators for rehabilitation that involve data collection at the facility level
- Develop a toolkit for integration of rehabilitation into health facility data collection mechanisms, in particular DHIS2 and Health Facility Assessment Survey
- Pilot the toolkit in countries

The WHO Rehabilitation Programme needs a consultant with extensive experience in rehabilitation, excellent project management skills and practical experience in low- and middle-income countries. The consultant will be expected to work closely with other members of the WHO rehabilitation programme and the WHO Health Facility Data team.
3. Work to be performed

Output 1: Create a comprehensive plan for the integration of rehabilitation into health information systems with a focus on facility level data collection and oversee implementation

1.1 Create a detailed outline of the development process for the toolkit, including the process for expert consultation.
1.2 Coordinate the ongoing work and report as appropriate.
1.3 Develop necessary communication materials, advocacy, case studies and other resources as requested.

Output 2: Lead development of a toolkit that supports integration of rehabilitation into health information systems with a focus on health facility data

2.1 Confirm a conceptual model and recommended indicators for countries.
2.2 Define indicators and map data flows to identify data sources (collected by whom, how and regularity), quality assurance and clearance processes.
2.3 Update and develop resources for country utilization, including: templates for rehabilitation data collection for the different types of rehabilitation services (e.g. specialised high-intensity rehabilitation services, tertiary/secondary care, primary health care); a rehabilitation module within the health facility assessment survey; identify and adapt other health programme (e.g. emergency/trauma) templates to enable rehabilitation data collection.
2.4 Develop guidance for standard analysis and presentation of data across multiple levels (facility, regional, national and global).
2.5 Develop training resources for countries on how to comprehensively integrate rehabilitation into health information systems.
2.6 Work closely with the University of Oslo for the development of the standard analysis package for DHIS2 installation as part of the national integrated HIS on DHIS2.
2.7 Configure rehabilitation into DHIS2 software, work with Oslo University to integrate rehabilitation into current DHIS2 configurations/opportunities as well as a standalone (more expansive) module for rehabilitation services.

Output 3. Pilot and test resources in countries.

3.1 Develop an operational plan for the pilot testing in 3 countries from 3 WHO regions, including pilot testing of rehabilitation integrated into current DHIS2 opportunities and the module for rehabilitation.
3.2 Support the pilot test process in countries working closely with WHO rehabilitation and health information personnel and the regional/country DHIS2 technical support team.
3.3 Document the process, results of country testing and recommendation for improvement to finalise the tool.

4. Timelines (estimated)
Start date: 01/04/2020 End date: 31/03/2021

5. Work effort
Full time (40 hours per week) for 12months.
6. Specific requirements

- **Qualifications:**
  - Essential: University degree in a rehabilitation science, such as rehabilitation medicine, physiotherapy, occupational therapy, speech and language therapy, prosthetics and orthotics, or similar;
  - Essential: Advanced university degree in public health or a related field.

- **Experience:**
  - Essential: at least 10 years of experience in rehabilitation;
  - Essential: demonstrated experience in project management and collaboration;
  - Desirable: demonstrated experience in writing technical documents;
  - Desirable: previous experience working with health information systems;
  - Desirable: previous experience with WHO or other UN agencies;
  - Desirable: experience working in low- or middle-income countries on implementation of projects/programmes related to rehabilitation or public health.

- **Technical skills and knowledge:**
  - Advanced technical knowledge in public health and rehabilitation;
  - Excellent skills in evidence synthesis and appraisal;
  - Excellent written and verbal communication skills.

- **Language requirements:**
  - Essential: English, Expert- read, write and speak.

7. Place of assignment

Outstation consultancy. The consultant is expected to visit the WHO headquarters in Geneva, Switzerland regularly in order to facilitate close working with other WHO teams and external partners. The consultant will be expected to travel to the countries involved in project piloting and implementation (travel would be arranged by WHO). Locations/dates to be confirmed.

8. Applications

Qualified and interested specialists should submit their CV and Expression of Interest (cover letter) to rehabilitation@who.int by 9th March 2020 and including reference number HQ/UCN/NCD/SDR/Rehab_HIS in the subject.

The cover letter should outline how their experience and qualifications make them a suitable candidate for this position and should include their proposed fee (per month) and availability. Only successful candidates will be contacted.