



CALL FOR CONSULTANCY

Curriculum Development for Church-Led NTD Engagement

Issued by Hope Rises International | June 1, 2026 | Responses due: July 13, 2026

1. About Hope Rises International

Hope Rises International (HRI), formerly American Leprosy Missions, is a Christian parachurch organization with a 117-year legacy of working with people affected by leprosy and related neglected tropical diseases (NTDs). HRI exists to proclaim the gospel in word and deed to persons affected by leprosy and related diseases, helping them be healed in body and spirit and restored to lives of dignity and hope.

HRI is a lean, partner-enabling organization. We come alongside Christian partners and local churches so they can serve as the primary deliverers of NTD care. Our primary countries of implementation are the Democratic Republic of Congo (DRC), Ghana, Côte d'Ivoire, Nigeria, India, Sri Lanka, and Nepal.

HRI's three-year strategic plan prioritizes building and strengthening Christian partnerships and ensuring timely detection, accurate diagnosis, quality treatment, and holistic care for people affected by skin NTDs. Equipping pastors to play a meaningful role in case detection, referral, and stigma reduction is a critical component, with operational research embedded to measure effectiveness.

2. Background and Rationale

HRI's program experience and recent baseline surveys conducted with partner organizations have made one finding clear: pastors and religious leaders are trusted, influential community figures who want to play a constructive role in addressing NTDs, but need specific training equipping them to do so.

The pattern observed across one baseline is that the majority of religious leaders have formal theological training yet feel unequipped to address NTDs in their teaching. A substantial minority hold beliefs about illness and care-seeking that, without intentional engagement, can inadvertently reinforce stigma or delay treatment. At the same time, interest in faith-health integrated training is overwhelming, and healthcare workers express strong support for structured collaboration with religious leaders. In other contexts, those engaged are lay leaders and may have less formal training.

3. The Need

HRI sees a clear need for a specialized curriculum equipping pastors and religious leaders to engage actively with NTDs in their communities. This curriculum will likely consist of multiple modules covering case detection and

referral, engagement with the formal health system, stigma reduction, theological framing of illness and healing, and pastoral support for persons affected by NTDs.

HRI is well-positioned to convene subject-matter experts on faith leader engagement, stigma reduction, and NTDs through its own staff and partner network. What HRI does not have in-house is expertise in curriculum development, instructional design, and adult learning, the disciplines required to translate substantive content into a structured, evidence-informed, scalable curriculum.

HRI is therefore seeking a consultant to fill that specific gap: to serve as a subject-matter expert on curriculum development. The consultant will help HRI think through the entire process: what to develop, in what sequence, at what depth, for which audiences, using which methodologies, and then partner with HRI to develop the first module. There may be opportunities for continued scope to support additional modules, deployment, and evaluation.

4. Assignment at a Glance

The table below summarizes the engagement. Detailed objectives, deliverables, and requirements follow.

Issuing organization	Hope Rises International (HRI), formerly American Leprosy Missions
Assignment	Serve as HRI's subject-matter expert on curriculum development for pastor-led NTD engagement, and lead the first phase of curriculum development with HRI
Primary audience	Pastors and religious leaders in HRI's African program countries
Geographic scope	Adaptable across multiple African contexts; first application in an HRI program country to be confirmed with the selected consultant
Engagement length	Approximately 9 months, with potential follow-on scopes
Budget range	USD \$45,000–\$75,000, inclusive of fees and expenses. HRI welcomes proposals at varying levels of effort and consultant profiles.
Anticipated start	August 2026
Response deadline	July 13, 2026
Submit to	Melissa Patel - Mpatel@hoperises.org

5. Purpose and Objectives

HRI is seeking a consultant to serve in two interrelated roles. First, as a subject-matter expert on curriculum development who helps HRI think through the overall approach to developing a curriculum for pastors and religious leaders. Second, as a curriculum developer who walks with HRI through the first phase of building a

module based on what is determined to be needed. This is the start of a multi-phase body of work. The current engagement focuses on strategy and the first phase of development.

Primary Tasks

- **Subject-matter expertise on curriculum development.** Help HRI think through the entire approach to curriculum development: how the curriculum should be structured, sequenced, delivered, evaluated, and adapted across contexts. The consultant brings deep expertise in instructional design, adult learning, and the methodology of building structured curricula. HRI brings, and will convene through staff and partners, subject-matter expertise on faith leader engagement, stigma reduction, and NTDs. The consultant's role is to translate HRI's content knowledge into an evidence-informed, well-designed curriculum.
- **Phased curriculum development.** Lead the first phase of curriculum development, in collaboration with HRI staff and partners. The specific outputs of this phase, including which module is developed first and at what level of detail, will be determined jointly with HRI based on what is identified as most needed. HRI's working assumption is that the first module will address case detection and referral, but this is open to refinement during inception.

Supporting Objectives

1. Engage with HRI staff, partner organizations, and pastoral and health stakeholders across at least two African contexts to validate needs and surface contextual considerations that should shape the curriculum approach.
2. Define a curriculum framework that articulates learning objectives, modular structure, delivery modalities, facilitator requirements, assessment methods, and an adaptation approach for use across multiple African contexts.
3. Develop the first curriculum module in full, including session plans, facilitator notes, participant materials, and learning assessments.
4. Recommend the sequence and scope of subsequent modules HRI should commission, based on what is learned during this engagement.

6. Scope of Work and Deliverables

The engagement is organized into five phases. The first three phases center on strategy, evidence, and stakeholder input; the second two on developing the first phase of curriculum content. Specific methodologies, sequencing, and tools are open to the consultant's proposal. HRI expects to refine the scope of later phases jointly with the consultant during inception, based on what is determined to be needed.

Phase 1. Inception and Strategic Orientation

- Inception meeting with HRI and key partners to align on objectives, success criteria, decision-making, and timeline.
- Orientation to HRI's strategy, operating model, partner landscape, and baseline findings on pastoral knowledge, attitudes, and practices regarding NTDs.
- Initial strategic discussion with HRI on the overall approach to curriculum development, including the consultant's view on what an evidence-informed strategy should look like for HRI's context.

- **Deliverable:** Inception report (5–10 pages) including refined work plan, key strategic decisions, and a draft point of view on the curriculum approach.

Phase 2. Literature Review and Evidence Synthesis

HRI sees value in grounding the curriculum approach in available evidence on what works in pastor-led health engagement, curriculum design for faith leaders, and adult learning in low-resource settings. The consultant and HRI will agree at inception how this evidence base is assembled. Options include:

- HRI conducting an internal literature review and sharing findings with the consultant.
- The consultant conducting a targeted review as part of this engagement.
- A combination — HRI contributes existing review work, and the consultant fills targeted gaps based on what the strategy requires.

HRI's expectation is that the chosen approach will be confirmed during inception, with cost implications priced separately if additional review work is needed beyond what is included in the base proposal. Consultants are encouraged to indicate in their proposal what scope of evidence review they would recommend and what level of effort it would entail.

- **Deliverable:** Either a confirmation that HRI's existing evidence base is sufficient, or a focused evidence synthesis document (length to be agreed) integrating findings relevant to the curriculum design.

Phase 3. Stakeholder Consultation and Strategic Recommendation

- Structured consultations with: HRI program staff; partner project teams in at least one HRI program country; pastors and lay leaders; persons affected by NTDs; healthcare workers; and at least one HRI partner from a second African program country to test cross-context applicability.
- Where feasible, conduct at least one in-country visit; the specific country focus will be confirmed during inception.
- Synthesize findings into a strategic recommendation to HRI on how curriculum development should proceed — including what should be built first, why, at what depth, and how subsequent phases should sequence.
- **Deliverable:** Strategic recommendation document (10–15 pages) capturing consultation findings, design implications, and recommended approach to Phases 4 and 5.

Phase 4. Curriculum Framework

Building on the strategic recommendation agreed with HRI, the consultant will articulate a curriculum framework. At minimum, the framework should specify:

- A clear theory of change linking pastor capability and behavior change to community-level outcomes (improved detection, referral, reduced stigma).
- Terminal and enabling learning objectives for the full curriculum and for each anticipated module.
- A modular structure (recommended modules, sequencing logic, prerequisites, optionality).
- Delivery modalities and recommended duration (in-person workshops, peer-led small groups, radio/audio companion, printed handouts, mobile-friendly resources).

- Facilitator profile and train-the-trainer approach, with attention to how local partners and pastoral networks can sustain the work.
- Approach to integrating theological reflection with practical health knowledge — recognizing that the audience holds formal theological training and must not feel bypassed or corrected.
- Explicit treatment of belief and stigma barriers identified in HRI baseline surveys, including pastors' own attribution beliefs and the framing of healthcare-seeking in relation to faith.
- Assessment methods at the individual (pastor) and program levels.
- An adaptation framework explaining what is fixed and what is locally adjustable when used in different African countries, denominations, and language contexts.
- **Deliverable:** Curriculum framework document (20–40 pages) with summary visualization.

Phase 5. First Curriculum Module

The specific module to be developed in this phase will be determined jointly with HRI during the previous phases, based on what the consultant and HRI agree is most needed. HRI's working assumption is that the first module will address case detection and referral for pastors (for example, what NTDs are, how they are transmitted, misconceptions and beliefs etc). Final scope of the module will be agreed before Phase 5 begins.

- Full module package including session plans, facilitator guides, participant handouts, visual aids, and a short pre/post-assessment.
- Recommendations for the next two to three modules HRI should commission, with rationale and sequencing.
- **Deliverable:** Complete first-module package ready for piloting by HRI and partners, plus written recommendations on subsequent modules.

Deployment, piloting, evaluation, and development of additional modules are anticipated as follow-on scopes of work and are not included in this engagement. HRI may invite the selected consultant to propose for these follow-on scopes.

7. Methodology Expectations

HRI is seeking the consultant's methodology, not prescribing it. Proposals should explain the approach the consultant will use and why. At minimum, the proposed methodology should reflect:

- **Strategic thinking partnership.** An explicit approach to working with HRI as a thought partner, not just a vendor delivering a defined output. The consultant should be comfortable surfacing trade-offs, challenging assumptions, and helping HRI make decisions it hasn't yet been able to make on its own.
- **Evidence-based instructional design.** An explicit design approach (e.g., ADDIE, SAM, backward design) with a clear rationale for the chosen model in this context.
- **Adult learning principles.** Treatment of pastors as experienced adult learners whose theological formation is an asset to build on.

- **Behavior change orientation.** A clear link from learning objectives to the specific pastoral behaviors HRI wants to see (e.g., addressing NTDs in sermons, making referrals, supporting affected persons in the congregation).
- **Faith-integration competence.** Demonstrated ability to design content that engages theological themes substantively (e.g., scriptural narratives of healing, compassion, and inclusion).
- **Low-resource feasibility.** Materials and delivery models that work in settings with low literacy, English as second language and limited connectivity.

8. Timeline

HRI invites the consultant to propose a timeline as part of their methodology, within the following constraints: work will begin in August 2026, and all deliverables must be completed by May 2027.

9. Consultant Profile

HRI welcomes proposals from individual consultants, small teams, and firms. The core expertise HRI is seeking is curriculum development, instructional design, and adult learning within the context of global health and/or international development. HRI does not expect consultants to bring deep subject-matter expertise on NTDs, faith leader engagement, or stigma reduction.

Required

- Demonstrated expertise in instructional design, curriculum development, or adult learning, with at least one prior published or implemented curriculum delivered at scale.
- Familiarity with structured curriculum design methodologies (e.g., ADDIE, SAM, backward design, competency-based design) and the ability to articulate why one approach fits HRI's context.
- Experience designing curricula or training programs for adult learners in low-resource settings, with attention to literacy, language, and facilitator constraints.
- Direct work experience in sub-Saharan Africa, or demonstrated capacity to work effectively in African contexts through team composition and field collaboration.

Desirable

- Prior experience designing health-related training for faith leaders, community health workers, or similar non-clinical audiences.
- Working knowledge of NTDs, leprosy, or stigmatizing infectious diseases; or strong familiarity with related faith-and-health programming (HIV, mental health, disability inclusion).
- Experience designing train-the-trainer systems intended to scale across multiple countries.
- Working French within the team to support engagement in francophone HRI program countries.

10. Submission Requirements

Proposals should be no more than 10 pages (excluding CVs and annexes) and should include:

1. Cover letter (maximum 1 page) summarizing the consultant's interest and core qualifications.
2. Understanding of the assignment — how the consultant interprets HRI's needs based on this RFP.
3. Proposed approach and methodology, including the instructional design framework and rationale.
4. Workplan and timeline, with key activities and deliverables per phase.
5. Team composition with roles and level of effort for each team member.
6. Summary budget in US dollars with daily rates or compensation structure
7. CVs of all proposed team members (annex; not counted toward page limit).

Questions and proposals should be submitted to Melissa Patel mpatel@hoperises.org. Please use the subject line: "HRI Curriculum Consultancy Response — [Consultant Name]."