HEALTH CLUSTER

World Health Organization

Terms of Reference

Evaluation of the Global Health Cluster and WHO Sexual Reproductive Health Project performance in Bangladesh (Cox's Bazar) and Democratic Republic of Congo (Kasai region) and Yemen.

Project Title: Delivering integrated Sexual and Reproductive Health Rights services in emergencies through the Health Cluster (January 2018- June 2021)

Evaluation timeframe: 12 April – 7 June 2021.

Users of the evaluation: Ministry of Foreign Affairs of the Netherlands, Global Health Cluster, WHO Sexual Reproductive Health, and partners.

1. **Background and overview**

Established in 2005, the Global Health Cluster (GHC) under the leadership of WHO works to minimize the health impact of humanitarian emergencies through predictable, effective and accountable health action. The GHC platform strengthens global and country capacities for humanitarian health action, engages in collective and coordinated field operations and advances the evidence base and practice in preparing for, responding to and recovering from acute and protracted humanitarian health crises including reproductive health.

The WHO Health Emergencies Programme (WHE) was established in 2016 to strengthen the operational capacities and capabilities of WHO to respond more effectively to outbreaks and emergencies. Within WHE, the Global Health Cluster Unit leads, coordinates and monitors the work of the GHC and coordinates its work with other partner agencies, WHO Departments and Regional Offices to strengthen cluster partner engagement through supporting efforts to build the technical, operational and coordination capacity of global, national and community health partners to prevent, prepare for and respond to crises including reproductive health.

The GHC and WHO established a strategic partnership with the Ministry of Foreign Affairs of the Netherlands in 2017 to implement the pilot Sexual Reproductive Health (SRH) Project in three targeted humanitarian settings.

The project has been implemented in three countries experiencing IASC designated Level 3 humanitarian crises – Bangladesh (Cox's Bazar), the Democratic Republic of the Congo (DRC, Kasai region) and Yemen, where the cluster approach has been officially activated/adopted. In each country, available evidence indicated substantial burden and critical service gaps in acute sexual and reproductive health needs, identified through several reproductive health assessments and reports including the Humanitarian Needs Overview. The protracted humanitarian context in these three countries remained volatile and the situation has been evolving continually since the initial design and inception of the project exacerbated further with COVID-19 pandemic crisis in 2020.

Since the beginning of crisis in August 2017, an estimated 745,000 Rohingya refugees have crossed the international borders from Myanmar into Cox's Bazar, Bangladesh, joining other existing refugees who fled in earlier waves of the displacement. In August 2016, violence erupted in DRC Central Kasai province leaving devastating impact of the crisis. Ongoing conflict in Yemen has left 24 million people in need of humanitarian assistance and placed overwhelming strain on the country's health and social systems at a time when they were needed most. An estimated 19.7 million people (HRP 2019) are in acute need of all emergency life-saving assistance. Only 50 % of health facilities (HeRAMS) are functioning, and even these face severe shortages in medicines, equipment and staff. The lack of access to appropriate reproductive health services including antenatal care, safe delivery, postnatal care and emergency obstetric and newborn care places women and girls at higher risks.

The SRH Working Groups in each country, led by UNFPA in collaboration with Health Sector SRH Officers supported by the project, have been engaged as the coordination mechanism in order to provide appropriate support to SRH partners through regular gap analyses, organizing capacity strengthening trainings while maintaining vital supplies of essential health commodities. However, these actions are not at par with the increasing needs for SRH services including trainings, commodities, human resources and coordination.

2. Aim of the External Evaluation

The external evaluation will consider Global Health Cluster SRH Project performance to strengthen further the SRH coordination architecture in the three targeted humanitarian settings. The evaluation should provide insights on the project performance, its usefulness in strengthening SRH WG country capacity and improved access to services. Based on lessons learned, the evaluation should provide recommendations on the way forward.

3. Objectives

The purpose of the external evaluation is to determine Global Health Cluster SRH Project performance within the health and SRH coordination architecture and its impact on the wider humanitarian response, learning lessons and highlighting strengths and challenges of working within the country, SRH WG, WHE Country Incident Management Systems and the role of WHO as Cluster Lead Agency (CLA) in support of the country-level reproductive health sector deliverables. It should also examine and assess the utility of the collaboration with WHO's SRH department, WHO's regional and global focal points, as well as the role of the GHC unit.

The process of evaluation will follow the SRH project's stated objectives and outputs of contributing to and strengthening SRH partners capacity on meeting the immediate SRH needs of extremely vulnerable women, adolescents and girls in acute and protracted humanitarian crises, particularly in relation to contraceptive and safe abortion services.

Specific objectives

Objective 1: How effectively/efficiently did the SRH project meet the objective to strengthen capacity among health partners and local providers in 3 selected countries to enhance provision of SRH services;

- Does the SRH project fulfil this objective and meet its intended purpose?
- What have been the successes and challenges for GHC SRH Project support to strengthen the country SRH capacity? For example:

- Adequate resources for the Health Cluster team for SRH coordination (e.g. HR, funding, guidelines, protocols)
- Effective mechanisms for the SRH country team to operate, defining roles, resources and interface with other WHE, SRH partners programs
- Effective advocacy of Health Cluster and SRH WG response needs to Humanitarian Country Team
- Update, develop and standardize a training package (MISP to CSRH Planning Toolkit) on SRHR capacity building of cluster partners and local providers on provision of SRH services

Objective 2: How effectively/efficiently has the SRH Project strengthened the delivery of SRH services in 3 selected countries to reduce unmet need for services

- To what extent has the SRH project met the objective of capacity building of health cadres, including CHWs, to increase awareness on SRHR
    - Building capacity of SRH partners on SRH planning and prioritization
    - Capacity building of health cadres, CHWs to increase awareness on SRHR
    - Services availability at health facilities through coordination to fill the gaps
    - Procurement and deployment of IARH kits, essential supplies and medicines
    - Procurement of minimum infrastructure/Health Facility rehabilitation
- What have been the success or challenges of such support? For example, improved / reduced
    - collective action to identify the gap and response
    - national SRH coordination capacity, strengthen leadership
    - SRH partner engagement to fill the gap

Objective 3: How effectively/efficiently has the GHC SRH project supported research and data needs within different specific topics in humanitarian settings?

- How have national/local research actors been meaningfully engaged in the SRH research in humanitarian settings? For example
    - harmonization of Health Data Management Information System (HDMIS) including development of process indicators at global level and testing in 2 selected countries
    - conduct of SRH situation analysis of service needs for SRH in select countries
    - conduct of feasibility assessments to identify financial barriers to access to SRH services, and determine the value added of demand side financing through cash and voucher assistance
    - feasibility assessment related to provision of comprehensive package of SRH services in crises
    - conduct research result dissemination and publications
- How can the evidence and learning from the research done be translated in operational guidance, and integrated in SRH program planning and implementation?
    - What were the key messages from the different research lines as above that have operational implications, and recommendations for the uptake of these findings in SRH planning, implementation and capacity building?

Objective 4: How effectively/efficiently has the overall GHC SRH project approach strengthened internal and external stakeholder collaboration to meet the project objectives and expected outcomes?

- How have national/regional/global partners been engaged in the SRH project through the project implementation?
  - Engagement of partners within the country/region
  - Improved collaboration and support within relevant WHO departments

- To what extent has the SRH project strengthened partnership and collaboration with IAWG on RH in Crisis and GBV program?
  - Established collaboration with IAWG TPI for the resource development
  - Integration of GBV program and others

- What have been the success or challenges of such partnership/collaboration? For example, improved / reduced
  - collective action to strengthen capacity and resource production
  - support to national SRH coordination and leadership

Evaluation Approach:

The external project evaluation will be based on mixed methods, combining quantitative and qualitative data collection methods and tools. At a minimum, the methodological approach will comprise:

- Desk review: chronological review of humanitarian response and coordination actions taken and documented in each target country including HNO/HRPs, proposal submissions, health cluster and SRH WG records and other inter-agency meetings; monthly project reports, demographic data, financial data). Review the findings of the research.
- Virtual key informant interviews with staff from the Health Cluster, SRH working Groups, MOPHP and other humanitarian actors and beneficiaries at both global and country levels
- Online interviews with stakeholders directly and indirectly involved project activities including research interventions
- Three country field teleconference/on-line meetings with a view to illustrating GHC SRH project humanitarian work in recent emergencies and protracted crisis; virtual meetings with local SRH research institutes in Yemen, DRC and Coz`s Bazar, KIT, IAWG TPI, etc.
- Validation of relevance and feasibility of preliminary findings and recommendations for the way forward through a virtual consultation with key stakeholders

4. **Technical Supervision**

The selected Consultant will work under the overall supervision of the GHC Coordinator supported by the SRH Project Manager.

5. **External Evaluation Contract requirements**

Person specification

- Advanced degree in public health or sexual reproductive health.
- Experienced consultant, with at least 15 years of experience working in the humanitarian health sector
- Proven experience leading major health/SRH evaluations in humanitarian settings

- Good understanding of organizational profile, humanitarian coordination; health/SRH humanitarian action and leadership including research for evidence-based approach, technical guidelines development including SRH humanitarian action.
- Strong, proven experience in data analysis and report writing
- Excellent verbal and written communication skills, ability to independently plan and execute assigned tasks and duties
- Experience of working collaboratively with multiple internal and external stakeholders.
- Language requirements: English (essential); knowledge of French or Arabic an advantage.

Expected Deliverables and Timeline

The evaluation will be undertaken between 12 April – 7 June 2021 in four phases leading to the production of associated deliverables as outlined below.

Deliverables	Timeline
1. Inception report	12-18 April
2. Data collection, preliminary findings and lessons learned	19 April to 24 May
3. Draft report of the external evaluation	25 May to 31 May
4. Consultation meeting/final report submission	1-7 June

7. Budget

The costs for the work to the consultant will be dependent upon experience and agreed by the GHC Coordinator. The payment will be done within two installments; first portion against the second deliverable with 50% of payment followed by 50% upon the completion of the work.

8. Place of assignment

The consultant work will be home-based and work remotely.

9. Medical clearance

The selected Consultant will be expected to provide a medical certificate of fitness for work.

10. Travel

N/A