

Consultancy Terms of Reference:

Develop strategies to improve a coordinated and integrated response to health and protection in humanitarian crises

This consultancy is requested by:

Unit:	Global Health Cluster
Department:	Emergency Operations

1. Purpose of the Consultancy

The purpose of this consultancy is to improve the integrated response between health and protection within humanitarian crises. The final output of this project, a joint operational framework, is intended primarily to be an operational guidance for health and protection coordinators in cluster or cluster like coordination platforms. The framework will provide health and protection coordinators, as well as child protection (CP), gender-based violence (GBV), mine action (MA), mental health and psycho social support (MHPSS) and reproductive health (RH) coordinators/working group leads, at the national or sub-national level, with the tools and guidance for coordinating and leading an integrated approach to health and protection response. The secondary audience of this framework is for organisations implementing health and protection interventions, including CP, GBV, MA, MHPSS and RH, who will benefit from a clearer understanding of the ways that inter-sector activities should be undertaken between sectors.

2. Background

Ensuring that the cluster remains “fit for purpose” for public health response i.e. to be adequately prepared for and to deliver healthcare to people in need ensuring attention is also given to groups at risk, requires a new joint operating framework between Health and Protection clusters setting clear guidelines and actions for an integrated approach to coordination and service delivery. To achieve this, the Global Health and Protection Clusters will undertake a global analysis of the existing barriers, gaps and opportunities in response coordination which will support the design of a new set of operational guidance materials for national Health and Protection Clusters/Sectors, CP, GBV, MA sub-clusters, and RH and MHPSS working groups, to deploy for country level implementation.

Protection is an intrinsic part of healthcare response which itself is a human right also protected in international humanitarian law. Healthcare ranges between promotive, preventative, treatment, rehabilitation and palliative care and includes aspects of mental health and psychosocial support (MHPSS). Ensuring health care is impartial and based upon need without discrimination, promoting neutrality, working with the community in program design and gaining acceptance assists relevant programming. Obligations of healthcare partners to deliver response where populations can safely access care, in a safe environment, receive safe care in a timely manner and safely refer patients to other levels of care or sectors are fundamental tenets of protection and health. Having a people centred approach to health

care delivery, understanding and responding to the protection requirements of those that are at risk or socially marginalised is critical for a full humanitarian health response. The provision of healthcare should thus address the specific needs of affected populations including children, women, older people, people living with disabilities, victims of explosive remnants of war (ERW) / mines, those living with mental health conditions and survivors of GBV etc. Wider consideration should also be given to support the full realisation of their human rights, life with dignity, protection and security, ensuring access to services such as other MHPSS, protection, legal or livelihood interventions. This therefore requires the close collaboration with other sectors, however, operational challenges exist. The Global Health and Protection Clusters have thus identified the critical need for a harmonized joint operational framework setting clear guidance and actions for an integrated approach to health and protection coordination and service delivery.

3. Planned timelines (subject to confirmation)

The project will be undertaken from February to October 2019

4. Work to be performed

The main objective of this project is to develop a joint operational framework between Health and Protection in humanitarian response. The framework will be based around the Humanitarian Programme Cycle (HPC) and will encompass actions at the strategic, coordination and service delivery levels and will focus on what activities should be undertaken jointly.

The project is divided into two parts. Part 1 is to define clearly the challenges, bottlenecks and opportunities related to integrating health and protection interventions into humanitarian efforts. Part 2 is focused on the development of a new joint operational framework based on the outcomes of part 1.

Part 1: Define the specific challenges, bottlenecks and opportunities for integration between health and protection response in humanitarian crises. (Up to 115 days total)

1. Review of existing guidelines and recommendations for joint coordination activities in the areas of preparedness, identification and referral to services including healthcare, mental health and psychosocial support, protection services, legal and livelihood support. **(approx. 10 days)**
2. On completion of the document review convene a workshop with key stakeholders (coordinators from Health and Protection Clusters, including the Child Protection, Mine Action, and GBV AoRs, MHPSS and RH working group leads, and relevant implementing organizations) to review results and to develop a list of joint activities that

- a. aim to ensure that at risk and socially marginalised groups such as children, girls, women, older people, people living with disabilities, mental health conditions, victims of explosive remnants of war (ERW) / mines, survivors of GBV are
 - i. engaged, informed, sensitized and empowered
 - ii. identified, referred to and receive necessary services. This includes healthcare (promotion, prevention, treatment, rehabilitation and palliative care), mental health and psychosocial support, protection services, legal and livelihood support
- b. monitor related outcomes that each would undertake with the other clusters aligned to the HPC and under the headings of strategy, coordination and service delivery.

(approx. 5 days)

Output A: List of joint activities for the health and protection clusters, including RH and MHPSS working groups, Mine Action and GBV and CP AoRs, under each heading of strategy, coordination and service delivery (from activity 1 and 2) that will help inform the global survey, key informant interviews and field visits in activity 3-5.

3. Using the menu of activities from output A above, undertake a survey of Health and Protection country coordinators, including CP, GBV and MA sub-cluster coordinators, MHPSS and RH working group leads, information managers and partners, to understand what joint activities are and are not being undertaken at country level, the enablers and bottlenecks to such activities. This survey may be supported by a third party such as an educational or research institution. **(approx. 25 days)**
4. Supplement the above survey with remote in-depth key informant interviews from country level to verify survey findings and obtain additional information. **(approx. 10 days)**
5. Supplement survey and key informant interview findings with up to 5 visits to affected countries with an IASC response structure **(approx. 50 to 55 days)**
6. Develop synthesis report integrating results from activities 3 to 5 **(approx. 10 days)**

Output B: Synthesis report on challenges, bottlenecks and opportunities impacting integrating Health and Protection response for at risk and socially marginalised groups and provide key recommendations that will inform part 2.

Part 2: Development of joint operational framework for integrated Health and Protection to response in humanitarian crises. (Up to 20 days in total)

1. Based on the key outcomes of part 1, develop a draft version of a joint operational framework that addresses the key challenges. The framework should provide clear guidance, protocols and structures for integrated Health and Protection response to people in need. The framework should be structured around the humanitarian program cycle but remain focused on guidance that is practical for use in operational settings. **(approx. 7 days)**
2. On completion of a working draft of the joint operational framework, convene a workshop with key stakeholders (coordinators from Health and Protection Clusters, including the Child Protection, Mine Action, and GBV AoRs, MHPSS and RH working group leads, and relevant implementing organizations) to review the draft framework and provide input **(approx. 5 days)**
3. Complete final framework document and any supporting materials **(approx. 8 days)**

Output C: Joint operational framework for Health and Protection clusters for the coordination and integration of health and protection (including child protection, mine/ERW victim assistance, GBV, RH and MHPSS) response activities. Specific format of the framework will be defined during the development process

5. Planned timelines (subject to confirmation)

Total number of days: approx.135 days

Start date: mid-February 2019

End date: mid-October 2019

6. Technical Supervision

The selected Consultant will work on the supervision of the GHC Coordinator and designated Technical Officer within the GHC unit.

7. Specific requirements

Experience required (minimum 10 years):

Experience in Cluster Coordination at national and global level

Experience in inter-cluster coordination

Experience in health and protection response.

Experience in data analysis and reporting

Experience in report writing

- Skills / Technical skills and knowledge:

- In-depth knowledge of the IASC Protocols in particular the Cluster Approach.
- Survey design
- Data management and analysis
- Strong analytical skills and capacities;
- Strong verbal and written communication skills;
- Strong facilitation
- Ability to independently plan and execute assigned tasks and duties.
- Desirable: strong understanding information technology

- Language requirements:

English.

Knowledge of French an advantage.

8. Place of assignment

The work will be conducted remotely and the consultant will travel to Geneva, Switzerland at the start of the consultancy and periodically throughout for meeting with the Global Health and Protection Cluster Coordinators, to prepare for and facilitate the workshops with stakeholders and the end of the work.

The consultant will also be required to undertake key informant interviews at country level (countries to be determined during the research phase).

9. Medical clearance

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

10. Travel

While on mission under the terms of the consultancy, the Consultant will receive travel and subsistence allowance in line with the standard WHO allowances. *All **travel arrangements** will be made by WHO – WHO will not be responsible for tickets purchased by the Consultant without the express, prior authorization of WHO. While on mission under the terms of this consultancy, the Consultant will receive **subsistence allowance**.*

*Visas requirements: it is the consultants' responsibility to fulfil visa **requirements** and ask for visa support letter(s) if needed.*