

Terms of Reference:

Strategies to integrate the health and protection response for people in need in crisis situations.

Overview

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 with attention 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. Healthcare ranges between promotive, preventative, treatment, rehabilitation and palliative care and includes aspects of mental health and psychosocial support (MHPSS). The provision of healthcare should address the specific needs of affected populations including at risk groups such as children, women, older people, people living with disabilities, victims of explosive remnants of war (ERW) / mines, survivors of gender-based violence (GBV) and support to achieve wider rights to life with dignity, protection and security. To achieve this, the Global Health and Protection Clusters will undertake a global analysis of the existing barriers and gaps in response coordination which will support the design of a new set of operational guidance materials for national Health and Protection Clusters/Sectors, sub-clusters and working groups for child protection (CP), reproductive health (RH), GBV, Mine Action (MA) and MHPSS to deploy for country level implementation.

The proposed consultancy aims to deliver a joint operational framework that ensures the Health and Protection Cluster integrate coordination and response.

Summary

Title of Project	Strategies to integrate the health and protection response for people in need in crisis situations.
Outcome	Predictable, timely and effective coordination of an integrated public health (health and protection) response.
Outputs	<ol style="list-style-type: none"> 1. Synthesis report on challenges/bottlenecks of integrated response 2. Joint Operational Framework for an Integrated Public Health Response

Activities	<p>Part 1: Global review of challenges/ bottlenecks facing integration between Health and Protection in addressing the needs of affected persons;</p> <ol style="list-style-type: none"> Review of existing guidelines and recommendations for joint coordination activities; Global survey of key stakeholders including; Protection/Health Coordination leads (including GBV, Mine Action, RH, CP and MHPSS) and Implementing Partners Key informant interviews of coordinators, Protection/Health Coordination leads (including GBV, Mine Action, RH, CP and MHPSS) and Implementing Partners Field visits to review operations in five countries Completion of synthesis report on challenges <p>Part 2: Development of joint operational framework for integrated response</p> <ol style="list-style-type: none"> Draft framework/ guidance document with support from Global Health/Protection Clusters (including Child Protection, GBV, Mine Action AORs), the RH and the IASC MHPSS Reference Group.
Target Stakeholders	<ul style="list-style-type: none"> Health & Protection Cluster/Sector Coordinators, Sub Clusters/Sectors Coordinators, RH and MHPSS leads (at National and Sub-National Level) Relevant line ministries including Ministries of Health, and those supporting child protection, mine victim assistance, gender-based violence, RH, MHPSS Custer Information Managers & Assessment Specialists Health, Protection, CP, Mine Action, GBV, RH and MHPSS Technical Specialists directly supporting coordination or programming Implementing partners
Donor	U.S. Agency for International Development (USAID/OFDA)
Duration	01 July 2018 – 31 December 2018
Focal Points	<ul style="list-style-type: none"> Global Health Cluster Coordinator, Linda Doull doull@who.int Global Protection Cluster Coordinator, Simon Russell russell@unhcr.org GBV AOR Coordinator, Jennifer Chase chase@unfpa.org (TBC) CP AOR Coordinator, Michael Copland mcopland@unicef.org IASC RG on MHPSS, Sarah Harrison sahar@rodekors.dk and Fahmy Hanna: hannaf@who.int Mine Action AOR Co-Coordiators, Christelle Loupforest loupforest@un.org and Elke Hottentot e.hottentot@hi.org

Background and Justification

Protection is an intrinsic part of healthcare response which itself is a human right also protected in international humanitarian law¹. 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. Having a people centred approach to health care delivery, understanding and responding to the protection needs of different groups that are at risk or socially marginalised is critical for a full humanitarian health response. 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. Wider consideration should be given to at risk and socially marginalised groups to also support the full realisation of their human rights and life with dignity, protection and security.

¹ Assistance to victims of mine/ERW is an obligation under the Anti-personnel Mine Ban Treaty, Protocol V of the Convention on Conventional Weapons of War and the Convention on Cluster Munitions

Affected people such as children, women, older people, people living with disabilities, those with mental health conditions, victims of explosive remnants of war (ERW) / mines, survivors of gender-based violence (GBV), may require a range of clinical, mental health and psychosocial, legal and livelihood interventions that no one sector can provide that requires close collaboration. However operational challenges exist and there is a clear need to improve response. Developing a joint operational approach between Health and Protection Clusters setting clear guidance and actions for an integrated approach to health and protection coordination and service delivery is needed.

Timeline

The project will be undertaken from XXXX to XXXX.

Intended Audience

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 CP, MA, GBV, RH and MHPSS coordinators/working group leads, at the national or sub-national level with the tools and guidance for leading an integrated age, disability and gender-sensitive approach to an integrated health and protection response. The secondary audience of this framework is for organisations implementing health, protection, including CP, GBV, MA, RH and MHPSS interventions who will benefit from a clearer understanding of the ways that inter-sector activities should be undertaken between sectors.

Activities and Outputs

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

Part 1: Define the specific challenges and bottlenecks for integration between health and protection.

1. Health Cluster (including the RH and MHPSS working groups) and Protection Clusters (including the Mine Action, GBV and CP AoRs), to develop a list of joint activities that
 - a. ultimately 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 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.
2. Review of existing guidelines and recommendations for joint coordination activities in the areas of preparedness, identification and referral to services including healthcare (promotion,

prevention, treatment, rehabilitation and palliative care), mental health and psychosocial support, protection services and legal support.

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 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 Mine Action, GBV and CP AoR sub-cluster coordinators, MHPSS and RH WG leads/chairs, information managers and partners, to understand what joint activities are and are not being undertaken at country level, and bottlenecks to such activities. This survey may be supported by a third party such as an educational or research institution.
4. Supplement the above survey with in-depth key informant interviews at the country level to verify survey findings and obtain additional information on bottlenecks.
5. Supplement survey and key informant interview findings with at least five support visits to affected countries with an IASC response structure

Output B: Synthesis report on challenges and bottlenecks impacting integrating Health and Protection response to at risk and socially marginalised groups. Report should be no longer than 20 pages (with annexes such as survey results) and should have key recommendations that will inform part 2.

Part 2: Development of joint operational framework for integrated Health and Protection approach.

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.
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 SRH WG leads/ chairs, health, protection and relevant implementing organizations) to review the draft framework and provide input

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, SRH and MHPSS) preparedness and response activities. Specific format of the framework will be defined during the development process.

3. Complete final framework document and any supporting materials
4. Actively disseminate the joint operational framework to key stakeholders through a series of events and media.

Implementation Plan and Approach

The project will be led by a consultant with direct support and regular input from the Global Health and Protection Clusters including the Mine Action, GBV and Child Protection Areas of Responsibility, SRH and the Co-Chairs of the IASC MHPSS in Emergency Settings Reference Group. The consultant will be required to lead the overall process of the global review (part 1) and development of the framework (part 2).

The consultant is fully responsible for the following activities and outputs;

- Review of existing guidelines for assistance in the context of child protection, mine/ERW, GBV survivors and persons with MHPSS needs (focused on joint activities)
- Organizing the list of agreed joint activities (strategic planning, operational coordination, service delivery)
- Development of global survey (online) with key stakeholders
- Analysis of global survey
- Undertaking and documenting key informant interviews
- Undertaking field visits (number to be defined) and documenting results of these field visits
- Writing a synthesis report on challenges and bottlenecks
- Development of a first draft of a joint operational framework and subsequent revisions with Global Health and Protection Clusters, including the child protection, Mine Action, and GBV AoR, SRH and the IASC MHPSS Reference Group.
- Facilitation of a validation workshop and subsequent revisions of framework
- Production of final version of framework document and any agreed supporting documents

The Global Health and Protection Clusters, including the Mine Action, GBV and CP AoR, and SRH WG the IASC MHPSS Reference Group will provide support on the following activities:

- Input on joint activities between health and protection.
- Guidance and direction on the design of global survey and key informant interviews
- Support on the roll-out of the global survey and providing list of persons for key informant interviews
- Support on organizing country-level visits.
- Input on synthesis report of challenges and bottlenecks
- Review and revision of draft versions of joint operational framework
- Support on organizing the validation workshop with key stakeholders