

## Strengthening Humanitarian & Development Stakeholder Coordination for Health in Fragile Settings – Review & Consultation

### *Request for Proposals for Consultant(s)*

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### **Background**

As per the current workplan of the Technical Working Group (TWG) on Support to Countries with Fragile or Challenging Operating Environments, a key objective is to strengthen multi-stakeholder coordination between the humanitarian and development coordination mechanisms. In practical terms, coordination functions include joint mapping of who is doing what and where, assessment, planning, implementation strategies for service delivery or health system investments, and monitoring, with the specific mandate of humanitarian coordination for the protection and accountability to affected populations.

Improving the interface for health system coordination between humanitarian and development stakeholders should leverage existing capacities and optimise the potential to expand service delivery, strengthen the health system and accelerate progress towards UHC. This responds to the reality that often humanitarian coordination mechanisms, (e.g. health clusters or sectors) and government-led health coordination platforms are not structurally, strategically and operationally linked, even when there are common actors across them<sup>1</sup>. This disconnect leads to inefficiencies, which include fragmentation and missed opportunities for more strategic planning and programming to prevent the further destruction or total collapse of the health system and to secure more sustainable gains in service coverage and health outcomes. Of course this isn't the case in all settings. We will learn from examples where linkages are strategic and effective, and explore how to support government/local authorities, health development partners and health cluster coordinators to maximise this potential, both at national and subnational levels.

The TWG is well-placed to advance this agenda, bringing together humanitarian and development operational partners to improve collaboration for health system strengthening and UHC in fragile settings.

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<sup>1</sup> These stakeholders should include domestic and external actors, government and non-government and with funding, policy and implementation functions.

## Objectives

The main objective of this work is to improve the interface between the humanitarian and development coordination mechanisms to optimise collective efforts to improve service delivery, strengthen the health system and accelerate progress towards UHC with accountability to affected populations.

## Intended audience

The primary intended audience for this work is the individuals and organisations who lead health sector coordination efforts at national or sub-national levels that have an influence on the health sector activities in humanitarian settings. A secondary audience is the organisations that are active in those areas and participate in these coordination efforts. This includes both government-led and non-government led coordination mechanisms that involve domestic and/or external actors, with policy, funding or implementation functions in humanitarian settings.

This work will initially focus on countries with an active Health Cluster coordination mechanism, of which there are currently 27.<sup>2</sup>

## Scope of work

In order to deliver on this objective, we will take a phased approach to allow for informed decisions and adjustments as necessary. The following activities are anticipated:

### **Phase 1: Review and consultation**

#### 1.1 Desk-based research (November 2018-January 2019):

- Brief literature review on the issue of the interface between humanitarian and development coordination, building on the [literature review undertaken by ITM](#) and with a particular but not exclusive focus on the health sector.
- Analysis of the development and humanitarian health coordination architecture in countries with an active Health Cluster at national and subnational levels (document review and key informant interviews).
- Draft criteria for the selection of 2-3 case study countries where there have been efforts to link the humanitarian and development coordination structures and interesting lessons may be drawn.
- Draft ToRs for country case studies.
- **Deliverable:** Draft report for the Task Team to review with initial recommendations for strengthening the coordination interface and draft ToRs and criteria for country case studies as annex.

#### 1.2 Case studies (January-February 2019)

- Discussion among Task Team and Core Group regarding case study selection, refining ToRs and outreach to stakeholders in country.
- Case studies in 2-3 settings where the linkages of the humanitarian and development coordination structures are strong, identifying enabling and constraining factors for the improved interface and coordination, as well as opportunities and risks. NB the approach to implement these case studies is to be confirmed, and it may involve local consultants and/or a potential role for partners.
- **Deliverable:** Summary case studies report.

#### 1.3 Consultation (February – March 2019):

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<sup>2</sup> The countries with an active Health Cluster are listed here: <http://www.who.int/health-cluster/countries/en/>

- Global Health Cluster meeting – to be confirmed whether there is scope to include this in the agenda for a Global Health Cluster meeting (depending on the schedule).
- An online consultation process on the draft recommendations.
- **Deliverable:** Summary consultation report.

1.4 **Deliverable:** Finalised report with syntheses of the case studies and consultations, and revised recommendations (April 2019).

### **Place of performance**

The Consultant(s) will work from their place of residence with travel to Geneva and elsewhere as necessary and agreed with the UHC2030 focal point.

### **Oversight of performance**

A **Task Team** has been convened to oversee this work, with secretariat support from the **UHC2030 Core Team**.

### **Required experience and expertise**

Previous work with government, and/or multilateral organisations, and/or non-government organisations with proven expertise in health system governance and multi-stakeholder coordination are required. Experience in both development and humanitarian settings, including the Health Cluster, is desirable.

### **Proposal submission**

Interested consultant(s) should submit the following documents to [PascualV@who.int](mailto:PascualV@who.int) no later than **29<sup>th</sup>**

#### **October 2018 at 18.00 Geneva time:**

1. Technical proposal – outlining how the consultant(s) would approach this work (max 2 pages)
2. Financial proposal – as per annex 1
3. CV(s) of the consultant(s)

### **Evaluation of proposals**

An evaluation panel will assess the merits of all proposals. Only shortlisted consultants will be contacted.

## Annex 1: Financial proposal template

Item			Cost
			[INSERT CURRENCY]
<b>Total cost of the proposal</b>			<b>0.00</b>
<i>Personnel and fringe benefits:</i>			
	<i>No. of days</i>		<i>Cost</i>
Consultant		x	0.00
Other Consultants		x	0.00
Other Consultants		x	0.00
<i>Breakdown of OTHER costs, if any (specify if these are recurring or one-time occurring costs):</i>			
Item			0.00
TOTAL costs			0.00