CONSULTANCY

Initial Terms of Reference
To be signed & uploaded as Contractual - Terms of reference in GSM/Manage documents

The consultancy is ordered by:

<table>
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<tr>
<th>Unit</th>
<th>GHC</th>
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<td>Department:</td>
<td>EMO</td>
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1. Purpose of the Consultancy
The purpose of the consultancy is to provide Learning and Development expertise to the Global Health Cluster to review and support future planning and implementation of the Health Cluster Capacity Development Strategy 2016–2019. There needs to be: a specific emphasis on the adaptation of existing Health Cluster Coordination Training to more effectively support context specific coordination solutions; the regionalisation of operational partnerships; and further strengthening and integration of professional development activities including the mentoring programme.

2. Background
The Capacity Development Strategy 2016-2019 aims to establish a systematic and structured approach to high quality, blended and impactful capacity development that responds to the increased need and expectations for health clusters to demonstrate effective health response leadership and coordination in all types of emergencies. A major part of this Strategy was the implementation of a joint face-to-face training for Health Cluster Coordinators and Public Health Information Managers. Between 2015 and the end of 2018, five trainings had been provided, four of targeted both Health Cluster Coordinators and information management officers. By the end of 2018, over 150 participants had completed the training. The curriculum of this training has been used as the basis of publically available eLearning course.

Building on the achievements of the first three years of the Strategy, the focus of 2019 is to develop and enhance effective capacity and skill development in WHO and partners to provide leadership, and establish context specific solutions and for effective humanitarian coordination and to build national preparedness, response capacity and community engagement.

Work to be performed

1. Design and develop the framework for adaptation of the competency based face-to-face training on Health Cluster Coordination.

The new framework should reflect more strongly the linkages with other networks such as GOARN and EMTs and include the strong inter-cluster/sector needs of a response. It should explore how best to extend the reach of the training to include cluster team members as well as technical focal points from the partners (national and international NOGs, UN agencies, donors) involved in clusters at the country level (health focal points etc). The training should seek to strengthen the leadership of the cluster as a whole responding to crises through improved coordination and understanding of
value added by all partners in a response. The training framework should be designed to be able to adapt to meet context specific needs of national authorities.

This will involve:

A. **Undertaking a progress review of 2016-2019 Capacity Development Strategy implementation**
   a. Desk review of Capacity Development Strategy Progress review, to include current linkages between the GHC Capacity Development Strategy and the WHE Learning Strategy *(5 days)*
   b. Develop outline and tools on how best to capture and measure impact of the Health Cluster Coordination Training undertaken from 2015-2018. *(5 days)*
   c. Undertake review to capture and measure impact of the training undertaken from 2015-2018. Undertake survey, interviews etc and capture key informant feedback to include *(20 days)*:
      i. participants, general feedback and mapping where possible what positions they currently occupy and if the they draw on the learning from the training undertaken;
      ii. facilitators to identify achievements & challenges;
      iii. Draft Health Cluster Coordination Training impact report (to include draft recommendations on the way forward for future training).

**Outcomes**
2. Health Cluster Coordination Training Impact Report

**Timeline**
From 15 January to 30 April (total 30 days)

B. **Developing a framework for the adaptation and development of the next phase of Health Cluster Coordination training** involving:
   a. Determining target audiences and learning objectives. *(20 days)*
      i. To be done in discussion with the GHC Team, WHE Training Task Team, Regional Programme Area Managers, Regional Operation Partnership Officers /Points, Health Cluster Coordinators, GOARN, EMTS, WASH Cluster, Nutrition Cluster, Protection Cluster and OCHA.
      ii. Presenting progress update (initial outline) at the GHC Partner Meeting, Geneva, 28-29 March 2019 to the, identified Regional focal points and for the partners’ meeting in March 2019. Capture feedback to be incorporated in the draft framework
   b. Draft framework to include suggested appropriate delivery methods (face-to-face, workshop, SIMEX etc) *(10 days)*

**Outcomes**
Presentation to the GHC Partner Meeting, Geneva, 28-29 March 2019 on suggested outline of the framework and key areas of consideration Development framework for the next Health Cluster Coordination Training Implementation plan (including milestones) for development and implementation of the framework.

**Timeline**
From 15 February to 30 April (total 30 days)
Total productive days to be reached within period: 60 days from the 15 January 2019 until 30 April 2019. Any adjustments must have prior agreement from the Global Health Cluster Coordinator.

3. Technical Supervision
The selected Consultant will work under the supervision of:

<table>
<thead>
<tr>
<th>Responsible Officer</th>
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<tbody>
<tr>
<td>Emma Fitzpatrick, Technical Officer, GHC</td>
<td><a href="mailto:fitzpatricke@who.int">fitzpatricke@who.int</a></td>
</tr>
<tr>
<td>Linda Doull, Coordinator, GHC</td>
<td><a href="mailto:doulll@who.int">doulll@who.int</a></td>
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4. Timelines
Start date: 15/01/2019  
End date: 30/04/2019

5. Work effort

<table>
<thead>
<tr>
<th>Months</th>
<th>☐ And</th>
<th>☒ Or</th>
<th>60</th>
<th>Days</th>
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<td>(Please note that one month = 20 working days)</td>
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Corresponds to a Full-Time Equivalent of: 85%

(100% equals 40 hours a week – 4 weeks a month)

6. Specific requirements

Qualifications required:
Essential: An advanced university degree in a relevant field of study such as Knowledge Management, Humanitarian and Development Response, Learning and Development, Social Sciences – with management, or equivalent experience.

Experience required:
- Minimum 10 years of professional experience in a relevant field with an emphasis on learning and transfer of knowledge and organizational development.
- Experience in developing and implementing mentoring programmes.
- Experience in training, transfer of knowledge and capacity building;
- Experience in coordination of multi-stakeholder activities.
Desirable: experience with IASC Clusters

Skills / Technical skills and knowledge:
- Strong analytical skills and capacities.
- Strong verbal and written communication skills.
- Strong development and evaluation of learning capacity building strategies, plans and training programmes for the humanitarian sector.
- Strong interpersonal skills.
- Ability to independently plan and execute assigned tasks and duties.
- Desirable: strong understanding of information technology

Language requirements:
Expert level of English, both oral and written.

7. Place of assignment
The consultants will be based at their usual place of work.
Travel to Geneva will be required from 25-29 March 2019. Other travel may be also required for period of 2-3 days at a time during the contract period. These times will be mutually agreed by GHC and the consultant.

Service providers need to be in a physical condition and have necessary insurance cover to undertake such travel.

During assignments, the service provider will be required to work remotely. Service providers will be required to be able to be in communication with WHO through e-mail, skype, phone or other means of communication. Hence facilities for teleconferencing, videoconferencing or web conferencing are required.

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.

8. Travel

Up to four trips to Geneva to meet with GHC and WHE staff are anticipated. Travel dates to be determined by the Global Health Cluster Coordinator in consultation with the Consultant. Travel to Geneva to meet with the GHC unit and other partners will be required from 25 – 28 March 2019.

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 in line with the instructions applicable locally, or up to the maximum of the UN DSA.

The Consultant shall apply for a UN Certificate prior to travelling.

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

9. Application

Interested candidates should submit a motivation letter and CV by 28 December 2018 to: Emma Fitzpatrick at fitzpatricke@who.int

Copy to Carolyn Patten at pattenc@who.int