

**TERMS OF REFERENCE**  
*FOR*  
**DEVELOPING A HEALTH BREAKTHROUGH FRAMEWORK FOR PROGRAMMING**  
*IN*  
**DANISH RED CROSS' INTERNATIONAL WORK**

**1. BACKGROUND**

The International Strategy of Danish Red Cross (DRC) provides overall direction and guides DRCs International work. Presently, DRC is in the process of moving from one strategic period to another as the current International Strategy (2015-21) is phasing out at the end of 2021 and a new International Strategy is under development.

The current International Strategy has four Strategic Ambitions and 12 Global Goals and Health as a strategic priority is represented in *Global Goal 1.3 Healthy lives* with a focus on Water, Sanitation and Hygiene (WASH), Non-Communicable Diseases (NCDs) and Reproductive, maternal, newborn and child Health (RMNCH). Mental Health and Psychosocial Support (MHPSS) is also strongly represented as a priority for DRC with *Global Goal 3.2*. Finally, health in emergencies and public health emergencies are being addressed as part of Global Goal 1.1 with a focus on providing emergency health services and preparedness and response to pandemics/epidemics. In the past years, DRC has increasingly addressed public health emergencies including by contributing to the bilateral and multilateral COVID-19 response and COVID-19 vaccine roll-out. NCDs and partnerships for addressing these chronic conditions in humanitarian settings are also an important agenda for DRC. Finally, Health innovation, particularly digital health as a way of increasing effectiveness and relevance of DRCs health operations is an emerging area for DRC.

In general, most of DRC's engagement in Health takes place in bilateral operations partnering with National Societies in priority countries in Africa, MENA and Eurasia. In the support to health emergencies, however, DRC also contributes to multilateral operations and hosts a health roster for deployment to both ICRC, IFRC and bilateral operations.

**Strategic architecture**



The current process of developing the next International Strategy covering the Strategic period 2022-2027 is underway with the first draft expected to be completed by mid-August. The architecture of the new Strategy will consist of 3 main humanitarian challenges, 3-4 breakthroughs and 4-6 strategic priorities. It is clear that one of the breakthroughs will focus on health. The new Strategy will link to IFRCs Strategy 2030, the Sustainable Development Goals (SDGs) and other important global and organisational commitments.

The International Strategy will provide overall strategic direction and be operationalised through our country strategies. The country strategy development has been initiated, and it is expected that this process will be completed by November 2021. The country strategies will be implemented through projects, which will run of various length and with various thematic focus.

To support DRC's country programmes in developing projects that will contribute to their identified breakthroughs as per their country



strategy, which in turn links to the International Strategy breakthroughs, Breakthrough Frameworks for each of the identified breakthroughs will be developed. It is expected that the Health Breakthrough Framework will provide strategic directions to the DRC country managers and delegates to enable them to scope and frame DRC's projects and interventions within health sector. It is essential that all our interventions on health is interlinked with other breakthroughs as relevant.

The DRC health matrix consisting of health advisors at field and HQ level in cooperation with the relevant colleagues from other matrices and units (incl. DM, MHPSS, Migration and Planning, Monitoring, Evaluation, Accountability and Learning (PMEAL)) have already initiated the development of this more thematic and operational Health Breakthrough Framework, which will unfold DRCs International Strategy's priorities and ways of working in Health.

For this purpose, DRC is looking for a consultant or a team of consultants who can help the Health Matrix in cooperation with other relevant colleagues to develop the Health Breakthrough Framework which will expand on the overall strategic directions within health provided in the new International Strategy (TBD).

As it is envisioned that the skills needed from the consultant/s to complete the task include both technical public health competencies, strategic/analytical thinking, facilitation and process management skills as well as graphic/communication skills it is most likely that the tasks should be completed by a team of consultants.

## **2. PURPOSE, TASKS AND PROCESS**

### **2.1 Purpose of the consultancy**

The purpose of the consultancy is to support DRC's Health Matrix to develop a Health Breakthrough Framework, which operationalises the breakthrough of DRCs new International Strategy (2022-27) pertaining to health. The development of Health Breakthrough Framework should be facilitated as a consultative process that creates ownership of the Framework within DRCs' Health matrix, delegates and other relevant staff as well as the extended management group.

The Health Breakthrough Framework should be built on an analysis of global health trends, DRC's comparative advantage in the public health space and strategic priorities of new International Strategy (TBD). In addition, the Health Breakthrough Framework should take into account, the priorities and strategic direction outlined in IFRC's Health and Care Framework (2020) and ICRC Health Strategy (2020).

The consultancy expected to be undertaken over a period of 30 days within August - November 2021. The primary audience of the Health Breakthrough Framework is staff of DRC and partners.

### **2.3. Main tasks and process**

The main tasks of the consultancy will include but not necessarily be limited to:

#### Preparation and analysis:

- A **brief analysis of global health trends** and agenda setting policy frameworks in humanitarian setting leading up 2030. The analysis will be based on a review of a shortlist of key documents.
- **Support the collection of data and analysis of a short review of DRCs health experience and lesson learnt** in the areas of epidemic control, health in

emergencies, MHPSS, health Innovation, NCDS, RMNCH and WASH in the last strategic period i.e. through key informant interviews and document review of selected evaluations. The main part of this analysis and data collection will be carried out by DRCs health intern guided by the consultant.

- In cooperation with the PMEAL team **develop an outline/structure of the envisaged Health framework** in close consultation with the Health matrix and other relevant staff.

#### Developing and drafting of the Health Framework:

- In coordination with the PMEAL team **facilitate a consultation process** with key internal and external stakeholders of DRC to unfold the strategic priorities and content of the Health Framework. Internal stakeholders may include but not be limited to; health and MHPSS matrix members, other technical staff from Disaster Management, International Programs and Partnership and Compliance, Policy advisors, Management as well as representatives from the field including country managers and delegates. External stakeholders may include DRC partners, donors, Host National Societies (HNSs) and IFRC and ICRC. Most of these consultations will be online (Teams, Mural or other similar tools) and may include a workshop.
- **Draft the Health Breakthrough Framework**, including making sure the Framework includes visual representations of the strategic priorities, areas of focus etc. and 'test' it with relevant staff.
- **Present the final layout of Health Breakthrough Framework** for DRC staff.

### **3. METHODOLOGY**

It is expected that the Consultant will use relevant methods to carry out the tasks described above without conducting field visits. Due to the COVID-19 travel restriction, the consultancy consultations and interviews will be conducted remotely. However, depending on the country of origin of the consultant, travelling to Denmark for part of the consultation phase may be possible. For the most part, however, distant methods of consultation and facilitation should be applied to reach all relevant stakeholders.

The following means for data collection will be available to the Consultant(s):

- Desk review of relevant Strategies and Frameworks with focus on Health (ICRC, IFRC, EU, Danida and other partners) and DRC strategic and program related documents.
- Online consultations / interviews / workshops with:
  - Relevant parties within DRC HQ, including, but not limited to matrix coordinators, technical advisors, Operations Coordinators and management.
  - DRC delegates, Country managers and HNS staff from 5-6 selected countries and Head of Regions.
  - Relevant staff of IFRC, ICRC, PNSs and DRC partners (NGOS, Universities, Private sector, Foundations).

As mentioned above the development of Health Breakthrough Framework should be facilitated as a consultative process with direct involvement and contribution of DRCs' Health matrix, delegates and other relevant staff as well as the extended management group into development of Health Framework.

## 4. DELIVERABLES AND TIMELINE

### 4.1 Deliverables

The following deliverables are expected:

- Work plan/ **inception report** outlining the proposed methodology and process will be submitted prior to any primary data collection shall be presented to DRC no later than 27<sup>th</sup> of August 2021 (max 4 pages). This may include a proposed structure for the Health Breakthrough Framework.
- **Background Analysis:** A short report with an analysis of health trends and DRC lessons learnt from the current Strategy phase will be developed and presented no later than 10<sup>th</sup> of September 2021 (max 15 pages excluding annexes).
- **Consultation with internal and external stakeholders:** A short report outlining the main recommendations from external and internal key informants and any workshop findings (max 5 pages excluding annexes) will be presented no later than 8<sup>th</sup> of October 2021.
- A **draft Health Breakthrough Framework** will be presented no later than 18<sup>th</sup> of October 2021. The completed, formatted and edited **final draft of Framework** should be submitted no later than 5<sup>th</sup> of November 2021 and be followed by a presentation to DRC staff via Skype/Teams on second or third week of November 2021 (TBC).

### 4.2 Requirements for the Health Framework

Based on preliminary consultations in the Health matrix and relevant staff, the finalised Health Breakthrough Framework should comply with the following requirements in form and content:

- Be visual and short (3-5 pages)
- Contain language which may be understood by non-health professionals (it may later be supplemented with more technical and specific papers)
- Should give overall direction to DRCs work in both physical and mental health and psychosocial support
- Give a clear focus and direction for DRCs health portfolio (both bilaterally and multilaterally)
- Have as main audience DRC project managers and staff but also be sharable with external partners

#### Timeframe table

Activity	Due dates	Days	Deliverables
Developing methodology and process plan	31 <sup>th</sup> August 2021	4 days	Inception report
Conducting background analysis	12 <sup>th</sup> September	7 days	Background analysis report
Consultations with key stakeholders	26 <sup>th</sup> September	10 Days	Summary of key findings and recommendations
Draft Health Breakthrough Framework	10 <sup>th</sup> October	6 Days	Draft of Health Framework

Final Health Breakthrough Framework	5 <sup>th</sup> of November	2 Days	Completed, formatted and edited final draft of Health Framework
Presentation for DRC staff	Second or third week of November (TBC)	1 Day	PP presentation

## 5. CONSULTANCY PROFILE (Individual or team)

- Advanced degree in Public Health, Global Health or the like
- A minimum 10 years of experience with international health programming including MHPSS and/or policy
- Extensive experience with using Logical Framework Approach in programming
- Experience with developing strategic documents for international organisations
- Experience with process facilitation (including using of distant methods) and stakeholder engagement/consultation
- RCRC experience desired
- Personal competencies: result oriented, ability to work across cultures, strong analytical skills
- Fluent in English
- Graphical skills/IT for Health Breakthrough Framework lay out and presentation

## 6. KEY DOCUMENTS:

- Draft of new DRC International Strategy 2022 – 2027
- DRC's International Strategy 2015-21
- DRC annual reports and overview of health projects, selected evaluations, position papers
- IFRC's Health and Care Framework
- ICRCs Health Strategy
- Donors and partners' Health strategies

## 7. EXPRESSION OF INTEREST

Interested consultant or consultancy teams are requested to submit their CVs highlighting relevant experience and an expression of interest using the format indicated below, not exceeding five pages:

- Brief understanding of the task
- Summary of the approaches and methods proposed
- Names, roles, responsibilities and key relevant experience of the team members
- Overview of proposed budget (all inclusive)
- Work plan

Due date: **24.08.2021**

Based on these submissions, shortlisted applicants will be invited to an interview before final selection is made. Please submit expression of interest and CV to: [mapet@rodekors.dk](mailto:mapet@rodekors.dk) with cc to [mald@rodekors.dk](mailto:mald@rodekors.dk)