

28 April 2023



TERMS OF REFERENCE: BREAKTHROUGH STUDY 1

1. BACKGROUND

The International Strategy 2022-2025: Ready to Act sets the overall direction and priorities for how we will work with people, communities, and partners towards positive change. The strategy identifies three key changes – breakthroughs – which if achieved can positively transform the lives of the people we work with and for.

As part of the DRC's International Strategy Performance Plan, we have developed a learning agenda with specific learning questions to explore during the strategic period, with specific areas of interests within each breakthrough area.

The overall learning question is: How and to what extent do our breakthroughs and the strategic initiatives interact to create transformative change that amplifies the impact of each individual component?

DRC will focus its learning efforts on two main learning questions:

- How can integrated programming across our three breakthroughs drive transformative change?
- How can strengthening national systems drive transformative change within our three breakthroughs?

As one way of contributing to answering these learning questions, DRC has committed to carrying out a series of "Breakthrough Studies" to generate learning on how transformative change happens within each of the three breakthroughs. A total of 3 Global Breakthrough Studies will be conducted, one per breakthrough. The first Breakthrough Study will focus on the breakthrough "Healthy Lives".

In order to explore how change happens within a breakthrough area, it is a prerequisite that change has been evidenced to some extent prior to the breakthrough study. To identify such change, the Danish Red Cross will conduct outcome harvesting exercises in 6-7 Country Programmes. It is expected that 3-4 of these countries will serve as country case studies for the breakthrough study. During the sensemaking and analysis of the harvested outcomes, the Breakthrough Study focus and specific study questions will be developed further. The breakthrough study will also serve to gather primary data to further validate the harvested outcomes and thereby explore the identified changes. The outcome harvesting exercises are taking place in May-June 2023.

2. PURPOSE, OBJECTIVES AND SCOPE

2.1 Purpose

The **purpose** is to generate learning on how change happens with the breakthrough “Healthy Lives” in order for DRC to understand whether we are doing the right things to generate the necessary change to contribute to achieving the breakthrough.

The study should also contribute to DRC’s learning agenda, within the specific areas of interest within Healthy Lives.

- (a) To understand to what extent and in what ways DRC’s provision of mental health and psychosocial support (MHPSS) services impact life-sustaining outcomes and resilience of individuals affected by humanitarian crises
- (b) To understand which DRC approaches to employ to ensure access to essential health care service for vulnerable populations in complex emergencies and protracted crisis situations, and how these strategies can be adapted when entering recovery and prevention/mitigation

2.2 Objective

The specific objective of Breakthrough Study 1 will be defined during the inception phase once specific changes for further exploration has been identified through the outcome harvesting exercise.

It is anticipated that outcomes harvested will demonstrate different strategies to strengthening national and local health systems as well as building informal structures and approaches to resilience related to health. These areas are of a particular interest to DRC, and it is expected that a specific objective will be formulated around this should such outcomes be identified during the outcome harvesting exercise.

2.3 Questions

The specific study questions will be developed during the inception phase, to be informed by the outcome harvesting exercises. It may also be that other or new questions emerge during the data collection process, which the consultant alongside the DRC study team may decide to pursue.

2.4 Scope

The study will look at how change happens within “Healthy Lives” or in combination with the other breakthroughs through consolidating learning from 3-4 DRC country programmes. It is expected that each country case study will include primary data collection to provide insight into how and why specific changes happened.

The country selection is based on the following criteria:

- The DRC country strategy should have “Healthy Lives” or MHPSS framed within one of the other breakthroughs as a priority in the country strategy
- The DRC country strategy should demonstrate proven results within “Healthy Lives” or MHPSS framed within one of the other breakthroughs
- The combination of country programmes should be representative of DRC’s work and/or provide for a deeper exploration of an area of DRC’s work
- The country programme should be available for a field visit as per the schedule below

The study may also include secondary data from other DRC countries to allow for a broader analysis and learning. The breakthrough study is representative of DRC’s work, yet it is not expected to showcase DRC’s work in its entirety.

The breakthrough study will NOT assess the country programmes results in its entirety nor all health-related results.

3. EVALUATION METHODOLOGY & PROCESS

The detailed methods will be presented in an inception report, following the inception phase. The consultants are welcome to propose other approaches or methods for data collection as suggested below.

It is expected that the study will draw upon the following methods:

- Desk study of relevant background documents such as the DRC Health Framework, IFRC/movement or interagency guidance documents as well as country-specific documents such as country strategies, project reports and evaluations, yearly reports etc.
- Consultations / Interviews / workshops / group interviews / other in-person engagement with:
 - Individuals and communities, we work with and for
 - Local stakeholders such as community chiefs, groups and others
 - Relevant DRC field staff, including Country Manager and delegates in country
 - Interviews with relevant Host National Society staff
 - Relevant counterparts in other Partner National Societies, IFRC and ICRC
 - Relevant parties within DRC Regional Office and Head Quarters
 - Relevant external partners and/or other stakeholders

4. ROLES AND RESPONSIBILITIES

The Senior PMEAL advisor is responsible for the completion of the study, with the Head of Policy and Analysis being overall accountable. The Senior PMEAL Advisor will coordinate the DRC Breakthrough Study team who acts as coordination body and is responsible for delivery of all aspects of the study.

The Senior PMEAL advisor is also coordinating the input of the advisory group who acts in an advisory role and will be consulted at pre-agreed key moments where their input is needed. The advisory group provides advice on the technical subject matter and will be no more than 10 people from the field, region and HQ.

The Senior PMEAL Advisor will provide support and guidance to the external consultant including consolidate feedback from DRC to the consultant. The Senior PMEAL Advisor will coordinate travel to case study countries, if necessary, on behalf of the consultant. The Senior PMEAL advisor will ensure that the consultant has access to secondary data and ensure that online interviews are set-up in accordance with the inception report.

The case study country staff will organise field visit for the consultant, including all in-country travel and arrangements related to data collection while in country in accordance with the inception report.

The consultant is responsible for deliverables as detailed below. It is the consultant's responsibility to identify the necessary relevant secondary documentation and information as part of the inception report. Additionally, the consultant can request further documentation to triangulate information uncovered during field visits. The consultant is responsible for coordinating travel in their home country e.g. to and from airport, and any travel insurance, as applicable.

5. DELIVERABLES AND SCHEDULE

As the study seeks to produce evidence-based learning that can inform operational improvement and humanitarian diplomacy, findings and learning need to be concise and clear and be presented to the DRC as per the below timeframe. The following deliverables are expected:

- *Study inception report will be submitted prior to field visits (max 10 pages)*
- *Presentation of preliminary findings to field staff during field visits*

- *Short document and presentation of key findings to Country Team, Regional and HQ management upon completion of all field visits (online)*
- *Study report (max. 20 pages) and annexes*
- *Short visual multimedia (video or similar) with key learning*

5.1 Timeframe

The below is the proposed timeframe and time allocation from consultancy team. It is expected that this will be adjusted based on the methodology and process.

Activity	Deadline	Expected time from consultancy team	Deliverables
Initial meeting with consultancy team	1 June 2023	2 hours	N/A
Inception workshop and/or inception interviews with key internal stakeholders	30 June 2023	2 days	N/A
Inception report to DRC, including desk study of background documents	15 July 2023	5 days	Draft inception report
DRC comments on inception report to consultant	30 July 2023	N/A	N/A
Final inception report	15 August 2023	1 days	Final inception report
Primary Data Collection: Field visits to case study countries including presentation of preliminary findings meetings during visits	30 October 2023	28 days (incl. travel) 5 days per field visit in-country + 2 days for travel	N/A
Presentation of preliminary findings meeting	6 November 2023	2 days	Short document with preliminary findings
Analysis of findings and draft report from consultant to DRC	31 November 2023	12 days	Draft report
DRC comments on draft report to be shared with consultant	15 December 2023	N/A	N/A
2 nd draft report from consultant to DRC	31 December 2023	2 days	2 nd draft report
DRC comments on 2 nd draft to be shared with consultant, (if any)	12 January 2024	N/A	N/A
Final report to DRC	30 January 2024	1 day	Final report
Presentation of key learning for wider organisation	30 January 2024	1 day	Presentation of key learning

6. Skills & Qualifications

- Advanced degree in Public Health, Global Health, MHPSS or similar
- A minimum 10 years of experience with international health programming including MHPSS and/or policy
- Extensive experience with evaluations and studies
- Experience with facilitation and stakeholder engagement/consultation
- Knowledge of outcome harvest is an advantage
- RCRC experience desired
- Personal competencies: result oriented, ability to work across cultures, strong analytical skills
- Fluent in English, French is an advantage

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 May 2023

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