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| **Health situation analysis**  **Terms of Reference** | |
| **Country / Region** | Myanmar, Kayin state |
| **Start date** | 01/03/2020 |
| **Source of funding** | UNOCHA |
| **Author(s)** |  |

1. INTRODUCTION
   1. Context

With a strong history of strife in Myanmar, Kayin State is not new to conflicts. Though Kayin has hosted displaced populations since the 1990s, the population continues to be displaced some as recent as 2018. In addition to land mines preventing IDPs return, camps and sites where the displaced populations reside are not conducive to durable solutions. Affected by numerous conflicts, Kayin remains largely underdeveloped and most of the water, sanitation, and health (WASH) systems have been destroyed. Government, Karen National Union (KNU) CSOs, and I/NGOs are providing assistance in camps. Dependence on food assistance keeps many families from leaving camps. Therefore, the displaced households can neither return to the villages, nor integrate where they are, nor move somewhere else. Yet the assistance they have been receiving is insufficient. The decades of ethnic armed conflicts in Myanmar resulted in Ethnic Armed Organizations having control over sizeable parts of the country, de-facto control and therefore implementation of welfare and economic services and systems is highly fragmented. The unstable security situation and peace agreements prevent social assistance workers to access the population, monitor the interventions, and assess their impact. The Multidimensional Disadvantage Index, based on Census 2014 data, indicates Kayin has observed to have striking levels of multidimensional deprivation. Kayin is among the states/regions with the highest stunting prevalence, a rate exceeding 35%.

PUI is currently starting a Myanmar Humanitarian Fund (MHF) project in Hlaing Bwe, Kawkereik and Kyainseikgyi Townships and Kayin hard to reach (H2R) government and non government controlled areas (GCA and NGCA). The project aligns with the second standard allocation strategy and the 2019 Humanitarian Response Plan by aiming to respond to the critical unmet humanitarian needs of the displaced people and host communities and people affected by floods in south-eastern Myanmar. The objective is to: provide quality emergency and primary healthcare services, essential drugs, health promotion, nutrition as needed,in Hlaingbwe, enhance food security and restore community assets of flood affected male and female populations in Kawkereik and Kyainseikgyi via cash transfers, and provide a Health situation analysis in H2RincludingNGCA.

* 1. PUI MISSION HISTORY

PUI is an international NGO aiming to aid marginalized or excluded civilians as a result of natural disasters, war, and economic collapse. The first objective is to provide a rapid global response to the basic needs of male and female populations affected by humanitarian crises to help them regain independence and dignity. PUI’s endeavor in Myanmar to help improve the lives of ethnic minorities and displaced people began in 1984. As early as 1983, PUI has implemented counseling and training activities for Karen health workers in Kayin and provided cross border humanitarian assistance to Burmese refugees in Thailand. PUI commenced Health projects specializing in community and township level SRH and Rights (including family planning, contraception, and post abortion care), MNCH, Primary healthcare, Mental Health Psycho Social Services and counselling services, nutrition, and Wash, in GCA and NGCA areas. PUI is well established with the Ethnic Health Organizations, aiding the provision of needed services to the displaced male and female populations.

* 1. JUSTIFICATION

Considering the gaps regarding updated, comprehensive and reliable data on humanitarian health needs in hard to reach areas, due to structural weaknesses of health information system a situation analysis assessment will be carried out with objective to identify the specific needs in hard-to-reach areas in particular NGCA, in order to improve humanitarian health information and access to health services. This situation analysis assessment will be used as primary reference point for PUI and other humanitarian actors to build informed and accurate strategy of intervention, and can inform future multi sectoral documents such as HRP. This will have an additional focus on analysing key gender differences, constraints, needs related to access to health services.

1. Consultancy Objectives
   1. OVERALL OBJECTIVE

The consultant objective is to ensure the quality of the health needs analysis exercise in hard to reach area and in particular NGCA.

* 1. SPECIFIC OBJECTIVE

The consultant is expected (1) to design the methodology and tools and to train PUI team and the local partner on data collection (2) to ensure the analysis in form of a report and present recommendations regarding strategy of intervention for donor, INGO, Government reference.

1. TASKS
   1. first stage

* design the metHOdology

The consultant will ensure the literature and secondary data review to identify the main axis of the needs analysis. If needed and when possible, the consultant, with the support of PUI team will meet the main stakeholder’s active in the targeted area.

The consultant will develop the methodology based on international recommendations (SPHERE, IASC), and build the population sampling.

* design or update data collection tools

The consultant will develop, adapt, and/or update data collection tools, using health cluster recommended tools when available. PUI and international standard tools can also be used as a basis for this task.

The tools will be reviewed in collaboration with the local partner to ensure cultural appropriateness and accuracy with the context

* training of the local partner for data collection

The consultant will prepare and perform a training of enumerators and supervisors ( PUI and local partner). The consultant will organise a workshop with local partner main counterpart to prepare the implementation of the data collection: chronogram, logistic, supervision tools.

* mid term follow up

On site or distant follow up will be organized at midterm of the data collection process to ensure the quality of the process. PUI program manager will be the main counterpart for the consultant on this task. The follow up will include at least 3 meetings, on site or distant, with PUI PM, PUI Grants coordinator and PUI health advisor if possible. PUI PM will be in charge of monitoring the data collection and provide adapted feedback and information sharing with the consultant.

* 1. second stage
* Analyse and prioritize health needs

Highlight needs and gaps identified through information gathered in the previous sections and prioritize them according to objective criteria (frequency, severity, consequences ... etc.) based on quantitative and qualitative data. Among the identified problems, identify those on which PUI could intervene in accordance with the organization’s health intervention framework and those that would traditionally fall outside of PUI’s standard modalities of intervention.

* identify and analyse of the main health determinants

Identify and analyse the determinants that could influence the health of the population: geographical and environmental determinants, demographic and health determinants; political, regulatory and security determinants; socio-economic and socio-cultural determinants.

Collect and analyse secondary and primary data from quantitative and qualitative sources related to gender and protection. Collect perspectives on determinants of health outcomes from affected populations, health-seeking behaviours, and their perception of barriers to access, including availability and quality of current health services.

Collect the opinions of healthcare professionals and para-professionals on the health situation of affected populations, determinants of health and health-seeking behaviours, and existing healthcare services.

* Identify constraints, limitations and opportunities on the field

Describe security, institutional or logistical constraints that may cause difficulties in the implementation of the project. Identify opportunities and factors that promote the implementation of the project.

* write a report

The consultant will propose a report compiling the information, analysis and recommendation regarding health needs analysis for the targeted area. A workshop will be organised with the local partners and health authorities to present and share inputs regarding the main findings of the analysis. The report will be shared with the partners and health cluster members.

* propose a stratEgy of health interventioN

Identify alignment between the health response needs and PUI’s mandate. In consultation with PUI field staff and PUI HQ, identify windows of opportunity and potential added value of possible PUI interventions.

Identify and elaborate design considerations for any proposed intervention. In particular, identify necessary conditions for success and expand on each to the degree necessary for evaluating the relevance and effectiveness of each (i.e. – it does not need to be exhaustive). For example, conducting a stakeholder analysis (e.g. UN, ECBHO etc.) to identify programmatic and administrative links necessary to provide a robust intervention.

Formalise a draft intervention in the form of a Concept Note and Logical Framework. Provide draft Concept Note and Logical Framework, including revisions based on one or more rounds of Mission and HQ feedback.

1. METHODOLOGY
   1. preparatory Briefings

The consultant will be briefed in person or remotely by HQ and field staff prior to deployment to review the objectives and approach for the consultancy, arrive at a common understanding of expectations and timelines, and the clarify support available during the deployment.

* 1. document review and stakeholder consultations

Introductory and regular follow-up meetings with key stakeholders (PUI Head of Mission, Health Sector Coordination team, sub-working group coordinators, health authorities, INGO, ECBHO) to be conducted as necessary to access the most up-to-date data and analysis of health needs and services and to ensure appropriately integrated approaches are proposed.

Document review should include any relevant documents, PUI’s Health Framework, the PUI Health and WASH Assessment 2019, the HNO/JRP 2019 and mid-term review, existing needs analysis documents for the area (e.g. Road to recovery, 2015)

* 1. Quantitative and Qualitative data collection

Quantitative data collection will be done using adapted tools, mobile data collection when possible. The consultant may use questionnaires, focus group discussion, key informants interviews, based on clear methodology and standard indicators. Observation grid can also be used.

* 1. organising or attending relevant meetings

The consultant may find it necessary or effective to schedule multi-stakeholder meetings in addition to the regular Health Sector and sub-sector meetings that take place.

1. ORGANISATION OF THE MISSION
   1. LOGISTICS, SECURITY AND ADMINISTRATIVE ORGANISATION

* International travel and Myanmar business Visa will be organized by PUI (if consultant is not from Myanmar)
* The consultant will be responsible to organize her own health insurance
* PUI will fall under the responsibility of PUI Security Framework for Myanmar at all times during the deployment; as such the consultant will adhere and be held accountable to PUI security rules and procedures for the entire time of the consultancy
* For security reasons, PUI will arrange all movements, transportation, and accommodation inside Myanmar for an international consultant, or provide per diem according to PUI Myanmar Policy for national consultant unless otherwise included in their proposal.
* Translation, if needed, may be facilitated in the field by PUI or partner staff or volunteers if requested in advance
  1. TIMETABLE

| Activity | Duration (working days) |
| --- | --- |
| First stage |  |
| Preparation stage (Literature Review and Briefing) | 5 days |
| Field Stage (Methodology development with local partner, Training in field site,. kickoff | 15 days |
| Follow up meetings (remote) | 1-2 days |
| Second stage |  |
| Data analysis, | 3 days |
| Report writing | 5 days |
| Finalization of report with PUI, Partner and GoM feedback. | 3 days |
| Total | 31 work days over 10 months |

1. EXPECTED DELIVERABLES
2. Desk review report
3. Training Methodology
4. Training workshop
5. Health needs analysis report

The health advisor, country medical manager, Head of Mission, and Desk Officer will coordinate to provide consolidated feedback and request corrections or modifications after the report draft is submitted. The consultant will include in their work plan sufficient time to revise and update the report as necessary.

* 1. debriefing

A debriefing meeting in country to review the draft report and proposed intervention may be required to ensure clear expectations for adjustments and timelines before finalisation. A remote debriefing with the HQ Desk Officer and Health Referent may be requested as well. Final formal request for revisions will come after the Head of Mission has coordinated with HQ to provide consolidated feedback.

* 1. BUDGET

The daily rate and actual number of days will be agreed according to the presentation of the consultant and negotiation with PUI to arrive at a total consultancy value not to exceed €17500, inclusive of any and all taxes:

- Daily Rate

- Flights and Travel and Accommodation

- Visas, Vaccinations

- Insurance

PUI will provide local travel between Yangon and field sites and stationaries as well as materials and equipment related to workshops, trainings, internet wifi.

Each prospective consultant’s application, including work plan and timelines for adequately addressing the objectives of this ToR will be considered when evaluating the final duration of any agreement. Payment will be calculated on a daily rate but will be based exclusively on the formal acceptance of final deliverables in line with assignment objectives by the contracting officer (HoM or Desk Officer - tbd).

1. Applications

Interested candidates should submit a technical offer in English clearly indicating:

* The consultant’s professional technical and contextual appropriateness to achieve the objectives of the ToR including timely delivery of quality reports and project designs
* The consultant’s understanding of the challenges of the study and the Terms of Reference (ToR) (may be presented through the development of problem analysis and formulation of questions, which the offer proposes to respond to)
* Elaboration of the methodology and tools proposed for the assessment
* A Work Plan and timetable showing the details for the completion of each stage of the assessment. The proposed schedule should include time for briefing and debriefing on the mission and as much as possible at headquarter.
* A financial offer including itemised budget as necessary (daily rates, taxes, etc.)
* An updated CV
* An example of similar works conducted by the consultant within the last three years
* 3 References of last 3 employers with at least 1 relevant to the assessment

Applicants should send all of this documentation in electronic format, with the subject: “Health Situation Analysis” to [**pui.recruitment.mm@gmail.com**](mailto:pui.recruitment.mm@gmail.com)

The deadline for the submission of applications will be the **28 FEBRUARY 2020**

**Selection of candidates will be based on a combination of the financial offer, relevant experience doing similar project, experience with PUI, experience in the area and provided sufficient references and examples.**