

Consultant Terms of Reference: Mapping Disability Inclusion Coordination & Case Study Collection

1. Context

Handicap International (HI) has been awarded a 24-month ECHO financed project entitled 'From Guidelines to Action': Promoting Learning, Localisation and Adaptation of the IASC Guidelines on Inclusion of Persons with disabilities in humanitarian action (IASC GL) for disability-inclusive coordination, data collection and programming'.

Systematic disability-inclusion has started to be understood as a gap that needs addressing in humanitarian programming, operations and coordination. In one component of the project, HI aims to address the gaps in evidence on what structures and processes exist, which of those work well, with what resourcing and what doesn't work well for what reasons in coordination of disability-inclusive humanitarian action.

The aim is to map coordination mechanisms for disability inclusion e.g. disability and age working groups as well as to identify and better understand existing coordination mechanisms for disability inclusion through case-study collection. It is anticipated that both activities will help integrate and strengthen coordination around disability-inclusion globally. The mapping and case study collection process is supported by a Technical Task Force¹ and aligned with the IASC GL's recommendations which includes the development of a long-term strategy on how disability inclusion will be coordinated in country-level humanitarian responses.²

2. Purpose of the consultancy

The purpose behind mapping coordination mechanisms for disability (and age) inclusion in humanitarian action globally is to address gaps in identifying existing mechanisms and understanding on leadership, sustainability factors, format and placement of such structures related to the cross-cutting theme of disability inclusion in humanitarian response efforts. After the initial findings from the mapping are discussed with the Technical Task Force, the next step will be to undertake four in-depth case studies of selected coordination mechanisms. This will also provide a critical reference point and lessons-learned from which to develop a toolkit on mechanisms for coordination on disability-inclusion, share promising practice and

¹ The Technical Task Force is set up, consisting of ten representatives from UN agencies, NGOs and Organizations of Persons with disabilities, active in humanitarian coordination and/or programming.

² See: Disability Reference group (2022) 'Technical Support on Disability Inclusion in Humanitarian Action – summary report'.

develop practical recommendations on operationalizing the IASC guidelines recommendations for a more effective response.

3. Objectives of the consultancy

3.1 Objectives of Mapping

To update, analyse and share information on existing mechanisms for coordination of disability-inclusive humanitarian action, specifically to:

- Map existing coordination mechanisms for inclusion in-country as basis for identifying mechanisms for case studies and further learning,
- Enhance availability of information on scope, capacities and contacts for existing coordination mechanisms.,
- Increase understanding on deliverables and outputs from existing coordination mechanisms for disability inclusion.
- Facilitate linkages, sharing of resources and networking between coordination mechanisms, and with global working groups or events, and
- Formulate recommendations and/or advocacy messages based on identified gaps/needs/resources.

3.2 Objectives of the Case Studies:

To understand resourcing, work structure, results & products, strengths and gaps, success & hindering factors of existing coordination mechanisms aligned with the recommendations from the IASC GL and beyond, with a specific focus to:

- Understand typical mechanisms, utilized resources and its pro and cons, including existing tools and recommendations for replication and prototyping for other similar efforts against core functions of enhancing availability of information, meaningful participation of affected population with disability, capacity development, advocacy,
- Support learning on what works for sustainable and effective coordination on disability inclusion and understand remaining gaps and their underlying causes.
- Provide evidence for advocacy and/or action on gaps in setting up and maintaining effective coordination.

3.3 Research questions for Mapping

The following themes were identified by the project Technical Task Force and are to be covered by the coordination mapping:

- Type of mechanism: Working Group (WG), Task Force (TF), Focal Point (FP) in the cluster, other.
- Duration of existence & frequency of meetings
- Resourcing: funding-type, funding amounts, dedicated staff & administrative capacities, regularity, duration)

- Membership: national, international, organisations of persons with disabilities, UN agencies, line-ministries, other.
- Hosting structure: which cluster, sector or inter-sector working group, if any, as part of the ICCG, or other?
- Main priorities & specific outcomes: Capacity development (CD) & training, advocacy, evidence & data, coordination around disability inclusion reaching other sectors and Humanitarian Program Cycle (HPC) processes, including; Protection from Sexual Exploitation and Abuse (PSEA), Accountability to Affected Populations (AAP); are the mechanisms only focussing on disability or on other cross-cutting themes, such as AAP, Gender, Age, minorities and indigenous peoples, gender identity too.
- Main type of engagements: typical activities and sphere of influence at what level (CD, Advocacy, Evidence & Data, Coordination around DI reaching other sectors and/or HPC processes, technical support, incl. PSEA, AAP, Meaningful Participation of OPDs/ Organizations of Persons of old Ages (OPA) or similar) or products such as briefs, guidance, contribution to HPC or Multi-Sector Needs Assessments (MSNAs), policy changes, advocacy campaign, common training tools or guidance changes;
- Main collaborators: Clusters/AoRs/Sectoral working groups (protection, CP AoR, GBV AoR, Health, CCCM, etc.) or WGs (Data and Information Management, COVID, AAP, PSEA or) or ProCap, GenCap, or Surge Capacities (if yes, on what: coordination, advocacy, data, Meaningful Participation, CD); are the mechanisms connecting with other mechanisms/ WGs working towards cross-cutting themes such as MHPSS, Gender, Minority Clan, Age, etc.? (if yes, frequency... and themes of collaboration: coordination, advocacy, data, Meaningful Participation, CD)
- Structural setup: Focal point system in place for either sectorial/ Cluster engagements or cross-cutting topic focus or not
- Level of formalization (annual action planning, in alignment with other sectorial and/or HNO & HRP)
- Chairing or Co-chairing organizations
- Provision of reasonable accommodation to current or future members
- Governance (with TOR or not)
- Contact Details:

3.4 Research Questions for the Case Studies

The themes to be explored in-depth through the case studies are:

- Structure: (WG, TF, FP in the cluster) and what were the driving dynamics to arrive at structure/ particular setup, i.g. hosting arrangements (within cluster or not, why) which main governance tools? Changes over time?
- Set-up (what was the identified gap, need or push and by whom?) and when?
 - Does it have a foundation in a gap assessment and strategic approach towards DI coordination, informed by IASC GL or similar?

- Scope, core-functions and identified success factors/ challenges: What coordination, collaboration with protection and other clusters, and related AoRs, if any? (Protection monitoring, information sharing, CD, HPC influencing or?), are focal points setup, how, on what, why?
 - What tools, products and/or results, if any were achieved by the mechanism in link with core-functions, incl. information sharing, advocacy, CD and/or monitoring DI in response and coordination? Are related processes and/or utilized tools to be recommended to other similar setups?
 - If in link/under the ICCG - what is the coordination, collaboration on? (MSNAs, HNO & HRP (across sectors), AAP, or?), are FPs setup, how, on what, why?
 - What is the link with the HPC and the HCT if any, and how is the relationship shaped?
 - What information hubs are utilized to share DI information?
 - What are successful processes and what are challenges felt? (for instance what gaps remain for what reasons?)
- How is the leadership setup, understood and practiced? How are local actors engaged, incl. affected populations?
 - How is the engagement and meaningful participation of different members ensured and/or encouraged?
 - What options for reasonable accommodation are available?
- What is the added value, if any, of specific DI coordination mechanism from perspective of members? What is the added value of a DI standalone mechanism versus having a wider inclusion (age, gender plus plus) mechanism?

4. Work Modality

The consultant(s) will provide the following services and tasks in order to meet the objectives outlined:

- Preparatory meetings with HI project team and Inclusive Humanitarian Action Specialist, in coordination with the Global Technical Taskforce.
- Desk-based review of: key proposal documents, IASC guidelines on inclusion of persons with disability in humanitarian action, humanitarian coordination architecture and cluster response mechanisms, and other secondary data.

5. Key Deliverables

- Mapping report on inclusive coordination mechanisms detailing:
- 6-page summary analysis report with key findings and recommendations for case studies.
- Four case studies on (4) in-country disability-inclusive coordination mechanisms with specific focus on:
 - *Structural set-up, membership and establishment.*
 - *Successes / challenges / scope / role / influence*
 - *Leadership & coordination*

- *Integration / synergies with existing coordination mechanisms*
- *Added value, output and outcomes*
- Validation workshop and presentation of findings to: Technical Taskforce members and stakeholders from 4 countries where case studies took place.

6. Timelines

The total expected number of working days for this consultancy is expected to be (28 days) and phased and spread over 5 months accordingly:

Q4 2022 (Oct-Nov)

- Completion of inclusive coordination mechanism mapping
- Sharing of preliminary findings to the Technical Task Force to identify case study countries.
- Submission of mapping report

Q1 2023 (Dec-Mar)

- Collection of four in-depth case studies (remote)
- Validation sessions with in-country stakeholders engaged
- Submission of case-studies
- Presentation of findings through four online sessions with case study participants and key stakeholders of respective countries

7. Consultant(s) Profile

- Masters-level degree in international humanitarian action, international development, international relations, disability studies, human rights or similar.
- At least 5-10 years of experience in the field of humanitarian response, coordination and leadership in a UN agency, non-governmental organization or a reputable international or national organization preferred.
- Understanding of and work experience on the rights of persons with disabilities in crisis situations, with a broad perspective on humanitarian coordination architecture, standards and guidance.
- Excellent research and analytical skills, with experience in mapping, gap-analysis and case study collection.
- Experience working in a multi-cultural environment and on a remote-basis with large number of stakeholders.
- Established linkages with senior humanitarian actors.

8. Application process

Applications must be sent to: J.avery@hi.org by **15th October 2022** to be considered they should contain:

1. Letter of Motivation, 2. Technical Proposal, 3. Financial Proposal, 4. Curriculum Vitae, 5. Proof of previous similar work