

**War Child Holland**  
**COVID-19 response**  
**Multi-Country Real Time Review**  
**Terms of Reference – July 2020**

## **1. Introduction**

### **i. Brief Background on Emergency**

Globally, on 2 July, the confirmed number of cases is over 10.8 million with 519,584 deaths. Coordinated by World Health Organization, scientists, physicians, funders, the private sector and manufacturers have come together to help speed up the availability of a vaccine against COVID-19.<sup>1</sup>

COVID-19 pandemic has disrupted people's lives, livelihoods and children's education with significant long-term consequences for the global economy, which will disproportionately impact the poor and those in existing humanitarian crises, especially those who are in conflict zones and refugee settings. The pandemic is putting increasing pressure on caregivers who are responsible to provide for their families and ensure children's safety and wellbeing under different quarantine measures. Children have a lot of excess energy and are anxious while under quarantine conditions with severe movement restrictions and at risk of exposure to violence, neglect and exploitation as caregivers' stress is growing due to uncertainty of the developing situation. Warnings of an imminent "economic meltdown" and a 'food crisis'<sup>2</sup> are expected to further amplify poverty resulting in child labour, trafficking and children out of schools or education and further reducing the limited coping capacity of fragile health systems. The pandemic is also reducing access to health facilities and care to children with pre-existing conditions. This is expected to result in vulnerable children in need of essential treatment (e.g. HIV/positive, children with illnesses, children with disabilities). The lockdown in some countries are unprecedented. Limited space for activities (because of the space and other procedures) is expected to result in restricting the movement and options for humanitarian workers. If left unattended, the mental health consequences of the pandemic may leave lasting footprints.

War Child is working in a number of countries experiencing active transmission of COVID-19 as well as countries at risk of outbreak. Containing the outbreak is ensuring children's protection and wellbeing and therefore relevant to War Child's mandate. Individual country offices have already responded to the outbreak in various ways. Based on the experience of EVD (Ebola Virus Disease) outbreak in West Africa, failure to mount a timely, coordinated global response with sufficient resources in support of the countries is likely to lead to inability to operate at all.

The WHO is calling for measures to be taken to contain the outbreak and has warned to prepare for the worst. As an organization working at community level War Child is well positioned to work on breaking the chain of COVID-19 transmission, an essential component of containment while promoting protection and wellbeing of children and their caregivers as well as identifying rapid deployment of remote learning solutions. Advocacy efforts to maximize War Child's influence will be integrated in our approach, including but not limited to supporting the policy development at the national level and advocating for dignity, protection and humanitarian assistance for the most vulnerable.<sup>3</sup>

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<sup>1</sup> Extract from War Child internal COVID-19: Global Weekly Information Update (14 April 2020)

<sup>2</sup> <https://reliefweb.int/report/world/global-report-food-crises-2020>

<sup>3</sup> Extract from War Child internal COVID-19: Programme Outline (23 March 2020)

## ii. War Child Holland Response

War Child is working to meet the urgent needs of children and communities affected by the COVID-19 pandemic. We have developed a programme response to support the most vulnerable children, families and communities where we work. We are already working to ensure their basic needs are met - and their safety and dignity maintained. Together we aim to see that no child is left behind.

**Our immediate response** to the threat of COVID-19 sees us take two primary approaches. The first is awareness-raising to share reliable and scientific information to protect children and families against infection and uphold their social and emotional wellbeing. Messages are being shared through radio and social media - and displayed on posters in the heart of remote communities - to promote hygiene best practice. In our second approach we use our global network to support partner organisations and communities to maintain the supply of life-sustaining resources inside our countries of operation - including water, food and hygiene. We are also working with these partners to support community members to earn livelihoods - of which many opportunities have been drastically reduced due to quarantine measures and travel restrictions. In addition to these two primary approaches, War Child and partner organisations are adapting key activities to be delivered remotely - including the case management of vulnerable children in our care and basic mental health support.

**Our medium-term response:** We are also developing contingency plans to shape our response to the pandemic in the weeks and months to come. In line with our stated mission we will continue to provide - through remote modalities - protection, education and psychosocial support to vulnerable children and families living in isolation. Can't Wait to Learn - the innovative e-learning programme driven by War Child Holland and coalition partners - is making technical adaptations to the delivery of the programme to ensure children receive and (continue to) get access to quality primary-level education. Other interventions will be adapted to meet specific needs arising from the pandemic. We will work to maintain our child protection activities as far as possible, helping to ensure children's rights are not violated. This includes protection from gender-based violence and child labour. We will also prioritise our advocacy efforts, which include support in developing national policy and promoting the additional support for mental health as a core element of international humanitarian assistance - both now and in the long-term.<sup>4</sup>

Adapting our interventions to address the needs and well being of children living in a context where violent conflict, humanitarian response, development and peace initiatives unfold is an added dimension to this crisis.

## 2. Purpose and objectives of RTR

A review that takes place at the start of and during an emergency response to provide decision makers with the necessary information to make immediate changes, using the Core Humanitarian Standard (CHS) quality criteria.

RTR is an '**appreciative inquiry**'. (1) RTR recognizes the efforts put and appreciates the results achieved through the collaborative work between country team and the rest of War Child and partners in any given crisis setting. (2) RTR enables us to continuously learn and improve (3) RTR findings help to do course-correction. RTR is **not** a fault-finding mission.

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This overarching objective is to better meet the needs of persons affected by emergencies and uphold agreed accountability and quality through the following specific objectives:

- 1) Provide insights on progress against the Core Humanitarian Standard to focus efforts on areas flagged for improvement;

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<sup>4</sup> Extract from War Child internal COVID-19: Programme Response Plan (20 April 2020)

- 2) Present key information including appropriateness, relevance and timeliness of programming and recommend immediate and contextually realistic actions/changes to the response;
- 3) Contribute to an accountability and learning organizational culture that highlights good practices and lessons for wider adoption.

### 3. **Steering group**

A small **steering group** will facilitate the process.

- Head of Programme Quality- chair
- Two Country Directors:
  - One country director from Africa + (including Colombia) and
  - One country director from Middle East + (Including Sri Lanka) - Selection facilitated by the Regional Representatives.
- M & E lead
- Humanitarian Director

### **RACI matrix:**

<b>Responsible</b>	<b>Accountable</b>	<b>Consulted</b>	<b>Informed</b>
M&E Specialist manages RTR carried out by independent external actor	Director of International Programs	Humanitarian Director COVID-19 Technical Team Coordinator; Operations lead; Funding lead and Communications lead; Director-Shared resources; All country directors, Programme managers and / or emergency response managers.  COVID-19 Technical leads  Directors of Global Programmes	International Management Team  Core International Programs team  Programme Quality + team  Response Teams Country Offices

Some of the people mentioned above and from country offices and other offices are expected to support the process. Members of the steering group will contact them as and when necessary.

### 4. **Scope**

War Child has presence in 15 countries (including Burundi, Colombia, Democratic Republic of the Congo, Germany, Jordan, Lebanon, Netherlands, occupied Palestinian territory, South Sudan, Sri Lanka, , Sweden, Uganda, Iraq, Yemen, Sudan and Bangladesh). Real Time Review covers 12 countries of operation. We also work through partners in Syria. More details will be shared upon the start of the consultancy agreement.

The quality criteria of the Core Humanitarian Standard (CHS) will form the backbone of the Real Time Review and shape its scope. Key questions of interest will be extracted from the updated CHS self-assessment<sup>5</sup>, alongside lines of inquiry developed by the Consultant together with internal stakeholders to address aspects of coordination, effectiveness and resource management for the COVID-19 response. Respondents to the RTR will include (but may not be limited to) affected persons from operation locations to capture community perceptions, as well as partner and War Child's staff across multiple countries of operation.

<sup>5</sup> CHS Alliance, *Validated CHS Self-Assessment*, [Final version](#) (May 2020)

## 5. Methodology & Work Plan

A brief recommended outline is provided below, while it is expected that the Consultant will develop, propose and finalize the methodology and related tools with incorporation of internal stakeholders' feedback and approval. The expected time frame for completion of the RTR should be between 15-20 working days.

### i. Planning & Data Collection

Preparatory steps to be conducted by Country Office teams ahead of the RTR:

- Dedicate a focal person to handle communications with Consultant (see RACI);
- Share any background materials to the response (that cannot be found on virtual ops);
- Communicate ahead of time with any potential interviewees/respondents (communities, partners, staff) to set aside time for RTR involvement;
- Prepare for collection of perceptions from affected populations with guidance from Consultant;
- Arrange for a learning/reflection workshop that includes all relevant stakeholders.

Preparatory steps to be conducted by Consultant ahead of the RTR:

- Review all key documents, including CHS question lists;
- Identify key informants/respondents together with internal RTR Steering Committee;
- Develop data collection tools with context-appropriate methodologies alongside all data entry formats, databases, etc. Test ahead of time & account for restricted levels of access / use of remote data collection options;
- Share tools and methodology for review and approval by Steering Committee;
- Hold inception meeting for Steering Committee.

### ii. Reporting

### iii. Learning & Reflection (3 hrs exercise)

### iv. A management response to the findings and recommendations, within a month after the availability of the report (Director of International Programmes).

Sample work plan:

Activity	Responsible	Location	Dates
Document review, planning & draft methodology / tools., submit to Steering Committee			
Feedback from Steering Committee			
Final versions			
Inception workshop			
Data collection per country			
Analysis / report writing			
Learning & reflection workshops + write up			
First draft report			
Feedback from all relevant stakeholders			
Finalize report and submit to Steering Committee			

## 6. Deliverables

**External consultant:**

- ✓ Inception brief
- ✓ Detailed work plan and budget breakdown
- ✓ Detailed methodology and tools
- ✓ Presentation of process, key findings with actionable and specific recommendations
- ✓ Final report with strong executive summary

**Internal Stakeholders:**

- ✓ Management response (including Minimum Preparedness Actions)
- ✓ Key messages to be communicated to our stakeholders (including partners & beneficiaries)

**7. Budget**

Item	People	Rate (Currency)	#of days	Budget (Currency)
Independent External Actor				
Local travel for team				
Local accommodation for team				
Per-diem for team (if applicable)				
Facilitator or Translator fees (if applicable)				
Learning & Reflection Workshop(s)				
Other costs (describe)				
<b>TOTAL</b>				

**8. Background Required**

- Experience leading an evaluation team (specifically Real Time Review an advantage);
- Demonstrated ability to design evaluation methodology / tools, conduct data analysis etc.;
- Ability to provide strategic recommendations to key stakeholders;
- Culturally sensitive with capacity to work collaboratively with multiple stakeholders;
- Experience working in humanitarian contexts and good understanding of humanitarian response work – both in programs and operations;
- Expert-level analytical skills, presentation and writing skills;
- Skills and experience in War Child response locations, with attention to context-specific issues and/or characteristics of affected populations;
- Experience in assessing accountability, application of CHS quality criteria an advantage;
- Experience conducting 'appreciative inquiry' & knowledge of how to incorporate relevant steps within design;
- Experience with remote data collection where access may be extremely limited.

**To submit an application please email:** [Hana.AbulHusn@warchild.nl](mailto:Hana.AbulHusn@warchild.nl)

**Applications should include a CV(s), sample RTR or similar, outline of proposed methodology, work plan and budget.**

**Last date to apply: 15 July 2020. We are expecting the task to be completed by first week of August.**