Health Cluster HRP Proposal Writing Workshop
Completing your project proposal

C:\Users\ctakawira\Desktop\HRP Proposal Writing Workshop\2022 GUIDANCE NOTE TO IMPLEMENTING PARTNERS ON HOW TO SUBMIT A PROJECT TO THE 2022 HRP_FINAL 24 September 2021.docx
Tips for a strong proposal

• Concise writing which is clear and to the point
• Alignment with the humanitarian strategic objectives and the Health Cluster objectives
• Use of recent assessments and reports to support the identified needs and proposed interventions
• Evidence of coordination with the Health Cluster team, MoH and other partners operating similar activities or in the same location
• Reflection of collaboration by international/UN agencies with national NGOs
• Required mainstreaming of cross cutting issues incorporated throughout the project life cycle
• Proposals for interventions in more than one cluster, clearly define distribution of activities and budget between the clusters
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CROSS CUTTING AND MAINSTREAMING APPROACHES

A PRACTICAL OVERVIEW
CROSS CUTTING AND MAINSTREAMING ISSUES FOR THE HPC

- Gender, disability and diversity
- Protection
- Accountability to Affected Population (AAP)
- Prevention of Sexual Exploitation and Abuse (PSEA)
**Gender and diversity inclusion**

- The project shows evidence of gender and age mainstreaming
- If you have followed the practical steps provided in the Gender and Age Marker this would have been done

**Practical tips**

- Conduct a comprehensive intersectional gender analysis to inform your project/program. Analyse in full power imbalances at all levels, including views and perspectives of those most discriminated in order to better understand: needs/vulnerabilities/capacities and barriers faced by everyone
- Partner with Women-led/Feminist/Disability Civil Society Organisations. They are the ones who hold community knowledge and trust
- Conduct a comprehensive risk analysis and develop prevention and mitigation measures regarding gender, age, disability and any other relevant intersection
- Foster real and meaningful participation, especially of those usually “invisible” or whose voice are “invisible” on certain topics or at certain times: PwD, teenage girls, LGTBIQ community, the elderly, sex workers, women and girls who use drugs, etc
- Remember that GBV services are life-saving. They need to be accessible, acceptable and require a survivor-centered and culturally appropriate approaches (either if you provide them or if you do refer to them)
Protection

• The project shows evidence of protection mainstreaming

• Has the project a "DO NO HARM APPROACH?" is there a comprehensive analysis of contextual and “humanitarian” risks and prevention/mitigation measures developed accordingly?

• Is access equitable for all? What are the barriers? How to overcome it?

• Is there a disability/inclusion mainstreaming approach?

• Is participation and community engagement really and meaningfully fostered

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Accountability to Affected Population

- The project has been designed in consultation with affected community members, and / or has a built-in feedback mechanism with the community?

- In this section, several question should be answered:

- How will right holders be involved in:
  - Project design
  - Implementation (in the service delivery)
  - In the M&E

- Will there be representation of community groups?

- What feedback and complaint mechanisms will be in place? How will be the information gathered through it used?

- Is confidentiality and security guarantee through these mechanisms?
**Prevention of Sexual Exploitation and Abuse**

- The project shows evidence of PSEA activities built into the project

- PSEA activities might include – inter alia –
  - capacity building on reporting, investigation and victims assistance of SEA cases.
  - Training on SEA and screening of staff on SEA
  - Awareness raising for right holders and communities
  - Engagement with the PSEA Network
  - Mainstream SEA on HR rules and regulations, including mandatory clause within contracts
  - Designation of a PSEA focal point
Prevention of Sexual Exploitation and Abuse

There are four mandatory indicators regarding PSEA:

- % of children and adults which have access to a safe channel to report sexual exploitation and abuse.
- Number of adults and children (disaggregated by gender and age) reached through consultation in the establishment of community-based complaint mechanisms, awareness activities and community mobilization interventions on PSEA, including how to report SEA-related complaints.
- % of sites reached by PSEA communications materials, how to report sexual exploitation and abuse and how to access victim/survivor-centred assistance (disaggregated by type of PSEA communication materials developed for each population group identified).
- Number of individuals within the affected population (disaggregated by age and gender) reached with key messages and awareness-raising material on PSEA.
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IASC Gender with Age Marker (GAM)

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WHAT’S *NEW* IN THE GAM?! 

• OVERVIEW 

• *As of March 2021*
FEEDBACK:

Hugely positive from NGOs, some UN Agencies & reviewers:

• Helps users understand HOW to be gender-response/ do GEP
• Team building around gender, learning by doing
• Better quality programs based on knowledge and understanding
• Useful performance information at agency, country & global level

But…

• WAAAAAY too long; repetitive; too much writing
• Does not include people with disabilities
• Lack of clarity on targeted/ transformative programming
• Wildly inaccurate LGBTI info
• Reports not available from the practice system
Main changes... 

Design Phase

Analysis (At the beginning of this section!)

>> GEM A: Analysis

Briefly describe gender, age and/or other inequality in this context: who is disadvantaged and why? (Do not write about your policy or project plans) (Max 150 words)
The analysis considers the situation of LGBTI /other gender groups (lesbian, gay, bisexual, transgender, intersex: people with diverse sexual orientation, gender identity, gender expression, and/or sex characteristics)

- Yes
- No / Not yet

The analysis is particularly concerned about the situation of the following gender group(s): (Females, Males, LGBTI, All gender groups)

The analysis is concerned... “...age groups: (incl All age groups)

The analysis is particularly concerned about the situation of the following group(s) with disabilities (females with disabilities; males; all gender groups with disabilities; people with disabilities but gender not specified)
10 Indicators of good programming:
Gender Equality Measures ("GEMs")

**Design Phase**

- **Gender Analysis**
  The issues facing females, males and LGBTI in different age and/or disability groups are understood and described.

- **Tailored Activities**
  Females, males, all gender groups of different ages and/or disabilities get the assistance they need.

- **Influence**
  Females and males in appropriate age and/or disability groups influence decisions throughout the project.

- **Benefits**
  Different groups of concern (gender, age, disability) get different benefits; no one will be left behind.

**Monitoring Phase**

- **Disaggregated Access Data**
  Different groups of people are able to access assistance.

- **GBV Protection**
  People are safer.

- **Feedback & Complaints**
  People can complain and be heard.

- **Communication with Communities**
  People get the information they need.

- **Satisfaction**
  Different people are satisfied.

- **Project Problems**
  Problems are known and addressed.
Key GEM D (Design Phase): Tailoring

The proposed assistance will be tailored based on:

Please select all that apply:

☐ The needs of different groups in the affected population

☑ The needs, issues and barriers faced by different groups in the affected population

☐ The assistance package is standard, the same for all

☐ Project is tailored solely to address gender-based discrimination

Assistance will be tailored based on the needs and/or concerns of the following gender group(s):

☑ All gender groups

☐ Females

☐ Males

☐ LGBTI / other gender

☐ Gender not considered
Assistance will be tailored based on the needs and/or concerns of the following age group(s):

- Adolescents
- Young adults

Assistance will be tailored based on the needs and/or concerns of people with disabilities:

- All people with disabilities will be considered equally

Do the activities aim to modify or change gender roles and/or relations?

- No / Not yet
Results are available on the GAM dashboard, where we can compare e.g., global GBV response in projects...

Gender-Based Violence

Most projects recognize and work to address GBV in different ways. They may focus their attention on different gender and/or age groups depending on the project or agency mandate.
...with how projects in a particular country are responding
What to work on?

• The most useful entry point for advisors and focal point to improve attention to gender and inclusion continues to be in reviewing the narratives submitted by projects or clusters, “Briefly describe your gender analysis / your analysis of who is marginalized and why,” in their project/sector GAM Report.

➢ If people cannot describe existing inequalities, they will be unlikely to use this information to tailor their interventions.

• Use the dashboard to identify areas for improvement – e.g. more accessible complaints mechanisms, better communication with different groups, or to highlight a potentially underserved age group
Status at Feb 2021

- Programming of the revised questionnaire is ongoing & due soon
- The revised Design Phase has been used/tested well in several countries (~1350 forms completed)
- When the Monitoring Phase questionnaire is finished and translated, the **dashboard** will be revised to accommodate the changes and merge existing GAM data (~13,000 ‘old’ forms)
- A dashboard link will be added to the GAM website, ideally with a “cluster/sector” filter. A *planned* secure access section should be developed to allow organizations to filter for their own results.
- A podcast will be added to the website for people wanting a spoken orientation / introduction
- Management of the GAM has been handed over to OCHA Gender Equality Unit (GEU). GEU has been responding to GAM ‘help’ emails (iasc-gam@un.org) since last year.
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Cash voucher assistance programming in health

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Cash and Voucher Assistance (CVA) in Health Emergency Interventions

30 Minute Teaser Training
Topics

• **Day 1:**
  • Topic 1: What is CVA
  • Topic 2: CVA & Health
  • Topic 3: Designing a CVA Program

• **Day 2:**
  • Topic 4: Implementation
  • Topic 5: Monitoring
TOPIC 1: WHAT IS CASH AND VOUCHER ASSISTANCE (CVA)?
Ways to transfer humanitarian assistance

**In-kind**
Ex: Bednets, hygiene kits, etc.

**Cash**
By nature, cash is unrestricted

**Vouchers**
By nature, vouchers are restricted transfers.
- Commodity vouchers
- Value vouchers

**Services**
Consultations, mobile clinics etc.
Cash is a tool

• CVA is a \textit{modality}
• CVA can be used alone or in combination with other modalities (including services and in-kind)
  – CASH+ Approach
• CVA is one way to deliver assistance (it is not a sector or stand-alone programme)
Definition of Cash and Voucher Assistance

“...CVA refers to all programs where cash transfers or vouchers for goods or services are directly provided to recipients. In the context of humanitarian assistance, the term is used to refer to the provision of cash transfers or vouchers given to individuals, household or community recipients; not to governments or other state actors. “

Source: CaLP Glossary of Terminology for Cash and Voucher Assistance 2018
Cash Across Different Sectors

- Food security
- Nutrition
- Livelihoods
- Health
- WASH
- Shelter
- Protection
- Education

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TOPIC 2: CVA & HEALTH
Universal Health Coverage

“Universal health coverage means that all people have access to the health services they need, when and where they need them, without financial hardship” (WHO, 2019)

The main challenge to making progress towards UHC comes from persistent barriers to accessing health services
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Barriers to Effective Coverage

**DEMAND**

- Are there health services available and with adequate capacity?
  - Too long distance to reach the health facility
  - People not aware where which services are

- Are there discrimination and/or exclusion issues?
  - Not officially registered in admin area

- Are there protection and security issues?
  - No safe transport to health facilities
  - Roadblocks
  - Feeling unsafe in health facility

- Are services physically accessible?
  - Facility not accessible for disabled and older patients
  - Too long distance to reach facility

- Are there organizational and/or information issues?
  - Limited opening hours
  - Fear of health services
  - Mis-information on health services

**SUPPLY**

- Are there health services available and with adequate capacity?
  - Number too low compared to population in catchment area
  - Insufficient infrastructure and environmental standards
  - Inadequate number of qualified health workers
  - Lack of health products that meet quality standards
  - Gaps in services against EPIIS
  - Fragmented support to services and/or facilities

- Are there discrimination and/or exclusion issues?
  - Patients with certain characteristics are discriminated and/or excluded from access

- Are there protection and security issues?
  - No adequate fence, no shelter against attack

- Are services physically accessible?
  - Long distance between the community and the health facilities
  - Facility not accessible for disabled and older patients

- Are there organizational and/or information issues?
  - Limited opening hours
  - Insufficient information of where to find which service
Barriers to Effective Coverage

- **Affordability**
  - Are there financial barriers to access essential services?
    - Lack of health insurance or pooling mechanisms
    - Services not free at the point of delivery
    - Lack of financial protection for the most vulnerable
  - Are services perceived of poor quality?
    - Perception of poor quality
    - Long waiting times
  - Are services socio-culturally acceptable?
    - No female staff in the clinics
    - Staff not treating patients with respect and dignity
    - Staff not speaking the same language as patients
  - Are people using the service?
    - Lack of awareness of benefit from the service

- **Acceptability Barriers**
  - Are services perceived of poor quality?
    - Perception of poor quality
    - Long waiting times
  - Are services socio-culturally acceptable?
    - No female staff in the clinics
    - Staff not treating patients with respect and dignity
    - Staff not speaking the same language as patients
  - Are people using the service?
    - Lack of awareness of benefit from the service

- **Contact & Utilization Barriers**
  - Mis-information on health services
  - Are there financial barriers to access essential services?
    - Out of pocket payments for health services
    - High indirect costs (transportation, cost for caretaker, etc.)
    - High opportunity costs (lost work, costs of childcare)
    - Having to incur debt or take loans to pay health costs
    - Negative coping: prioritize other needs over health
Why is CVA and health important?

• Health needs are different from other sectoral needs. Higher levels of specialization as well as a need for high quality.
  o A natural focus on the supply-side of the equation.

• PDM’s and household expenditure surveys consistently reflect health related expenditures.
  o 7% of MPCA in Gaza
  o MSNA: 23% HHs reported barriers
    • 64% reported high costs of services/medicine
    • 14% reported long distance to medical centers
How can CVA impact barriers to health?

Cash & vouchers can be useful to improve access to and utilisation of health services in humanitarian settings, by reducing direct and indirect financial barriers and/or by incentivising the use of free preventive services (demand-side barriers).

CVA also has the potential to contribute to monitoring and improving quality of services (vouchers for medicines/services).

Convalescence – supporting basic needs (food, water, shelter, etc) to ensure a full recovery.

Needs after recovery – repairing shelter or livelihoods lost during the traumatic event.
### Examples of how CVA for health address barriers to accessing health care

<table>
<thead>
<tr>
<th>Potential Modality</th>
<th>Barrier</th>
<th>Direct/Indirect Financial barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash (conditional) to pay for a health service</td>
<td>Accessibility, Effective coverage</td>
<td>Direct</td>
</tr>
<tr>
<td>Value voucher (for goods and services including medication)</td>
<td>Availability, Acceptability, Accessibility (affordability)</td>
<td>Direct</td>
</tr>
<tr>
<td>Vouchers to access health services</td>
<td>Availability, acceptability, accessibility</td>
<td>Direct</td>
</tr>
<tr>
<td>Transportation voucher</td>
<td>Accessibility</td>
<td>Indirect</td>
</tr>
<tr>
<td>Unconditional cash</td>
<td>Accessibility</td>
<td>Indirect</td>
</tr>
<tr>
<td>MPC</td>
<td>Accessibility</td>
<td>Indirect</td>
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</tbody>
</table>
Potential Opportunities for CVA in oPt

- Cash for transportation
- MPCA
- CVA for (child) nutrition programs
- CVA for GBV/PWD cases to help cover other resulting needs
  - Referrals to CVA for livelihoods
- CVA to poor patients for a full recovery after medical support
- Vocational training - nurses
Health and Cash and Voucher Assistance

The content on this webpage has been developed with the Global Health Cluster.
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Health Cluster projects vetting criteria

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<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>29 September</td>
<td>Project Module clinic (9 am – 11 am) covering Protection mainstreaming &amp; PSEA, GAM and CVA</td>
</tr>
<tr>
<td>30 September</td>
<td>Project Module clinic (2 pm – 4pm) covering Protection mainstreaming &amp; PSEA, GAM and CVA</td>
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<tr>
<td>3 October – 15 October</td>
<td>Project upload period by organizations.</td>
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<tr>
<td>17 October – 31 October</td>
<td>Cluster vetting panels.</td>
</tr>
<tr>
<td>31 October</td>
<td>Vetting panels must ensure that organizations receive a confirmation on the outcome of their project/s.</td>
</tr>
<tr>
<td>1 November</td>
<td>Deadline for an organization to submit appeal against the panel’s decision.</td>
</tr>
<tr>
<td>5 November</td>
<td>Deadline for final approval of all projects by Clusters</td>
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