TERMS OF REFERENCE (ToR)

Mid-Term Project Evaluation -Youth Mental Health Project (2023-2025)

Context and Background

About SOS Children's Villages Uganda

SOS Children's Villages Uganda is affiliated to SOS Children's Villages International, a Global federation present in over 136 countries and territories via national SOS Children's Villages associations. SOS Children's Villages Uganda is a child-focused non-governmental organization that has been operating in Uganda since 1991. The focus of our work is care for children without parental care and those at risk of losing parental care. Our vision is to see that every child belongs to a family and grows up with love, respect, and security. Our mission is to build families for children in need, helping them to shape their future, while also sharing in the development of their communities.

Mental Health Uganda

Mental Health Uganda (MHU) is an Indigenous, non-governmental, membership-based disabled people's organization, an organization of people with a lived experience of mental health problems. MHU was established in 1997 and formerly registered as a national NGO in 2001. Since then, MHU's membership has grown to over 25,000 members in Uganda. MHU promotes equal access to services and opportunities for people with mental health problems.

About Youth Mental Health Project

Youth Mental Health project is a 3-year project (2023-2025) implemented by SOS Children's Villages Uganda and Mental Health Uganda in partnership with SOS Children's Villages Norway and Youth Mental Health Norway. The project is targeting youth aged 13-19 years in Gulu City and Wakiso district, within 08 schools (07 Secondary and 01 Primary). The overall goal is to strengthen youths' right to education and health.

The Development Problem and the Project Response

In May 2022, an article in the national newspaper, New Vision, titled "14 million Ugandans have mental disorders" received national attention and sparked a national discussion on mental health problems in the country. This marked the emergency of more evidence from researchers and practitioners. Mental health problems among the young came into the limelight, for example, the publication that 'half of all mental illnesses begin by the age of 14 years' by the World Health Organization in 2018. A study conducted on drug and substance abuse among youth schools (ages 12-24 years) in Gulu and Kampala found that 70%

of students had ever used alcohol and substances, with 39% using substances regularly (Abbo etal, 2016). The Mental Health Uganda helpline data from May 2021 to September 2021, indicated a 43.1% of youths from the Central region and 37.6% from Northern Uganda reported mental health problems of; stress, depression, anxiety, sleep disorders, drug and substance abuse, neglect by caregivers, sexual and domestic violence. Other factors compounded all these problems such as poverty, experiences of war, uncertainty about the future, and the COVID-19 pandemic. SOS CV conducted a youth needs assessment in its locations and 50% of the respondents reported observing/hearing young people experiencing mental health problems and 64.5% reported having experienced a mental health problem themselves since the COVID-19 outbreak.

The above state of mental health for young people, coupled with many other factors like high unemployment rates, limited knowledge and access to essential mental health services, effects of urbanization, and low educational outcomes gave an impetus to the birth of a proposal on 'Youth Mental Health'. The proposal was a joint response designed by SOS Children Villages Uganda and Mental Health Uganda to address the mental health burden of youth (13-19 years) through, two key approaches, awareness creation and promoting access to psychosocial psycho-social support services. The response uses a youth-led approach called the 'Mental Health Champion Model'. Through this model, youth within target schools are trained on mental health basic principles and therefore equipped with helping skills e.g. psychological first aid, and self-care practices - so that they can prevent mental health problems among peers and provide timely support (including referral) to peers with mild to severe symptoms of mental disorders. The intervention started in January 2023 and is expected to end in December 2025.

Project Response: Project outcome and outputs

Outcomes	Outputs
1. Normalize mental health problems, reduced stigma and discrimination	1.1 Students have increased knowledge of mental health problems. 1.2 Students know where and how to access mental health services. 1.3 Communities' increased awareness and knowledge of mental health problems
2. Accessible Psychosocial Support in target schools	2.1: Mental Health Champions recruited and trained in basic principles, referral pathways, psychological first aid and peer support 2.2: Community members provided with psychological first aid and/or referred for professional care by mentor champions 2.3: Youth with mental health problems provided with psychological first aid and/or referred for professional care

	2.4: Schools with Mental Health safe spaces and clubs established
	2.5: Youth who have/had a mental health problem are confident in discussing their mental health problems
	2.6: Teachers have improved their capacity to respond to respond to youths and fellow teachers with mental health problems.

Overarching Project Approach(es)

The Project is implemented using a peer-to-peer approach dubbed the 'Mental Health Champion model'. The model is based on evidence by the World Health Organization that peer support, including peer counseling, is an effective strategy for offering adolescent and youth-friendly services. Young people are more likely to feel comfortable and safe discussing sensitive issues with peers than adults, in most societies in Uganda because of cultural perceptions that hinder casual interactions with elders. Through this model, a team of Mental Health Champions (110 to date) were recruited, trained, and mentored by another team of youth (18-30 years) with a lived experience of mental health problems.

Champions lead awareness creation through organized events e.g. school assemblies, class meetings, and small group meetings among others. They use youth-friendly modalities like drama, skits, songs/mimes, artwork/pieces, poetry, and essay writing to deliver messages to peers and also solicit feedback, for example, follow-up questions, and seeking help. In addition, champions provide psychological first aid to peers with symptoms of mental health problems and refer those with more severe symptoms to focal teachers and mentor champions who make visits to schools on a monthly basis for continual support and mentoring.

Purpose and Objectives of the Mid-term Evaluation

Purpose

The main purpose of this Mid-Term project evaluation is to assess the project's performance and provide information to guide learning documentation and decision-making about the future scale and scope of the project. It also contributes to accountability towards the donor, program participants, and key stakeholders.

The findings from this Mid Term project evaluation will be used by:

I. SOS CV, MHU and partners
II. The donor
III. Stakeholders such as schools and local governments.

Specifically, the mid-term project evaluation will assess

To what extent has the project achieved its goal, and objectives, in terms of; relevance, coherence, effectiveness, efficiency, impact, and sustainability?

1. To document lessons learned and promising practices; and
2. To provide recommendations for modifications to meet the project´s goal and objectives.

Key Questions for Mid-term Evaluation

In line with an evaluative thinking approach, the midterm evaluation will pose questions directly related to the project's logical assumptions, results, and objectives outlined in the project theory of change, and the evaluation criteria and questions contained in table 1 below:

Table 1: Evaluation questions

CRITERIA	QUESTION
Relevance	■ To what extent is the project meeting the needs of project participants? ■ Are there any interventions or results that are not included, but should be? ■ Are project participants, and other key stakeholders satisfied with the project?
Coherence	■ How well does the project complement and link to the GoU priorities and activities as well as to other relevant actors?
Efficiency	■ How are project resources (inputs) being used to achieve expected results and objectives, and to what extent the different activities were cost-efficient? ■ Were there any changes in the implementation of the project from the original design? What influenced the changes and what were the implications on the project?
Effectiveness	■ To what extent is the project on track to achieving its intended objectives? ■ To what extent is the project empowering the youth to promote and protect their mental health rights?
Impact	■ How many people has the project reached so far and will it be able to meet its targets? ■ What difference is the project making for the project participants and other stakeholders? ■ Have there been any positive or negative unintended outcomes?
Sustainability	■ To what extent are the outcomes of the programs sustainable?

Scope

Geographically, the Mid-term evaluation shall be conducted in all 8 (04 in Gulu and 04 in Wakiso) schools and surrounding communities using a scientific representative sample.

In terms of time, it is expected to cover the period from March 2023 (when the project activity implementation started) to September 2024.

Methodological Approach and Design

The Mid-term project evaluation shall use a mixed methodology approach of both qualitative and quantitative methods. The methods should include but are not limited to document review, key informant interviews, questionnaire surveys, focus group discussions, participant observation, and other participatory methods. Data collection methods shall be triangulated to have a more comprehensive report. A clear data analysis plan shall include beneficiary data disaggregated data by age and sex. The applied methodology shall ensure that boys, and girls, have equal representation during data collection and in the report.

The consultants must ensure that the evaluation design as well as its conduct and the evaluation products follow the partners' (SOS and MHU) safeguarding policies and other gate-keeping guidelines.

Evaluation Team

SOS and Mental Health Uganda wish to jointly procure two external consultants i.e. a Monitoring, Evaluation and Learning Expert (Lead Consultant) and a Psychologist, to conduct this evaluation. The team will work with the SOS National Monitoring, Evaluation, and Learning Coordinator as the focal person. This core team shall work together to come up with the evaluation strategy, and realistic time framework, conduct data collection, and analysis, and prepare the final report

Specific Roles and Responsibilities of the External Evaluation Team

1. Develop and submit a mid-term study proposal demonstrating a clear understanding of the assignment, proposed methodology including a suitable study design, data collection methods to be used, data collection techniques, and data analysis packages to be used, work plan, etc. (preferably using digital data collection application)
2. Write an inception report.
3. Train (and equip) all the enumerators on the data collection tools for quality assurance purposes before they are sent to the field and in line with the digitalized data collection application proposed.
4. Collect data and conduct data analysis using appropriate techniques.

5. Draft and submit a mid-term evaluation draft report for review and compile comments for integration into the final report.
6. Compile and submit a comprehensive mid-term evaluation final report.

Expected Deliverables

1. Inception report
2. Draft report
3. Final report.

SOS/MHU Responsibilities

1. Provide the Consultant with relevant project documents.
2. Meet the agreed costs related to the Consultancy.
3. Provide timely feedback to the consultant through effective communication and M/E support.
4. Facilitate meetings related to the assignment.

Timelines

The evaluation team will propose a detailed calendar that shall be discussed and agreed upon by the three parties. The proposed time frame of the assignment is 4 weeks effective from the date the contract is signed (between October and November 2024). All parties shall adhere to the timelines and any deviation may lead to nullification.

Reporting

The consultants will report to the Program Manager, Mental Health Uganda and copy the Project Coordinator.

Qualifications, Skills, and Attributes of the External Evaluation Team

1. M&E Expert (Lead Consultant)
   - Advanced degree and/or professional qualification in Monitoring, Evaluation and Learning, Research, Statistics or any other relevant qualification.

   Experience
   o A minimum of 7 years' experience in designing and conducting related research or evaluation studies.
   o Soundtrack record in conducting evaluation studies.

- A good understanding of policy frameworks, disability rights, and development agenda, especially on mental health and psychosocial support.
- Demonstrated capacity to design and implement evaluation or related studies, including the development of data collection tools for both quantitative and qualitative methods with the necessary level of technical rigor.
- Strong analytical skills.
- Excellent writing and presentation skills.

2. Psychologist
   - Advanced degree in counseling or clinical psychology from a recognized institution.
   - A first degree in any of the above with a minimum of 5 years of working experience can work in place of the advanced degree.
   - A postgraduate qualification in monitoring and evaluation or research is an added advantage.

Experience
- A minimum of 7 years working experience implementing psychosocial interventions.
- Previous experience in conducting evaluation studies on mental health and psychosocial support among young people.
- Good understanding of the mental health issues affecting young people at macro and micro levels.
- Skills in the assessment and diagnosis of psychological conditions among young people and treatment options.

Award Criteria
a) Lead consultant's CV- 25%.
b) Psychologist's CV- 20%.
c) Methodology - 20% (approach, work plan, data collection methods).
d) Providing useful comments on the ToR - 5%.
E) Financial offer - 30% (all costs related to the assignment).

Terms of Payment
I. 60% of the total payment will be paid after the signing of the contract agreement with the successful consultants.
II. 40% of the total payment to be made after the submission and approval of the final report.
Note: Withholding Tax: According to the Income Tax Act section 119 (1), the partners (SOS and MHU) Uganda is mandated by the Uganda Revenue Authority to withhold 6% from any goods and services

procured exceeding 1 million Uganda Shillings. These funds are remitted to URA every month and a certificate is issued to a service provider as evidence of payment. **Note** URA requires the 6% to be deducted from the total sum quoted which is inclusive of the professional fees and administration costs.

Submission procedure

Interested consultants should submit a **joint** technical (CVs, methodology, comments on the Terms of Reference) and financial proposal not later than **11:00 p.m., local time, on 6ᵗʰ October 2024**, with the tender title as the subject to: The Executive Director, Mental Health Uganda on info@mentalhealthuganda.org and copy to Procurement.NO@sosuganda.org
All material for submission must be merged into one pdf file not exceeding 15 pages.

Note: The 2 partners (SOS and MHU) promote zero tolerance for discrimination/harassment based on sex, sexual orientation/identity, religious beliefs, etc. All staff, volunteers and contractors adhere to strict guidelines to facilitate "silent" inclusion. Project actors also adhere to their safeguarding provisions – a set of procedures and practices designed to ensure that no harm comes to people as a result of contact with their programs, operations or people.