

TERMS OF REFERENCE

EXTERNAL EVALUATION

Towards flexible action for inclusive access to education and vocational training and the construction of a society attentive to mental health issues and respect for people's rights

From 1st January 2022-31st December 2025

Reference: PL-FREE-04276 (PD-FREE-00689)

Study location: Togo, Madagascar, Lebanon and Sierra Leone

Duration: 30 working days

Consultancy period: from September to October, 2025

1. General information (maximum 1 page)

1.1 . Brief presentation of the Federation and its mission

Humanity & Inclusion (HI) is working with communities and local partners to implement community-based response and prevention strategies in the fields of mental health and psychosocial support. The goal is to improve the quality of life and well-being of people suffering from psychosocial distress or living with mental health problems. To do so, the programme organises support and discussion groups, conducts awareness-raising sessions on mental health issues and carries out community visits to help identify people who need support. HI also works with Sierra Leonean associations to carry out advocacy and contribute to the development of new laws and practices in the field of mental health that better protect and support users

This project is part of tranche 2 of phase 2 of the CPP, which began in January 2022. It concerns the Mental health (MH) implemented in 4 countries - Sierra Leone, Togo, Madagascar and Lebanon. The context of this programme is defined by the specific issues to which the project aims to respond, particularly from the point of view of national policies and institutions: i) Mental health problems are not taken into account either by policies or by legislation.

The overall objective of this project is to tangibly improve the living conditions of people with disabilities and vulnerable populations through an inclusive and participatory approach. The vision of change for this second phase of the CPP remains consistent with that envisaged in phase 1. The project focuses on combating the stigmatisation of people with psychosocial disabilities and involving users in their care as the main levers for change. The project is pursuing two specific complementary objectives by working in both the mental health sector and the inclusive education/vocational training continuum.

For this evaluation, we are focusing on objective 1 which aims to strengthen the community-based prevention and response strategy to make mental health a collective responsibility in order to improve the quality of life, well-being/positive mental health and capacity of people in situations of psychosocial distress and/or psychosocial disability by achieving 4 results: 1: The countries' national mental health strategies are strengthened/developed. 2: Community-based, multidisciplinary mental health prevention and care services are consolidated and operational. 3: Mental health promotion activities are developed and strengthened in partnership with users. 4: A knowledge management, development and sharing plan is put in place.

1.2 Overview of the project

With funding from the French Development Agency (AFD), HI is currently implementing a project title (***Towards flexible action for inclusive access to education and vocational training and the construction of a society attentive to mental health issues and respect for people's rights***) through the Multiannual Partnership Agreement (CPP 2) on the components-Mental Health (MH). The **Mental health** encompasses three dimensions: distress, mental disorders, and positive mental health. Our action aims to alleviate distress related to the fragile stories in which HI and its partners work by strengthening community resources to prevent and manage pre-existing mental disorders or exacerbated by these same contexts and thus contribute to positive mental health. HI and its partners define positive mental health as a positive state of balance and harmony between the structures of the individual and those of the environment to which he must adapt.

The mental health situation in the target countries is characterized by repeated crises in recent years and a difficulty of existing services to cover all needs. However, mental health problems can also be disabling and cause a significant loss of quality of life, especially when the manifestations of psychosocial distress or mental disorders are long-term and of high intensity.

2. Background to the evaluation (1 ½ pages maximum)

2.1 Presentation of the project to be evaluated

Project title	Towards flexible action for inclusive access to education and vocational training and the construction of a society attentive to mental health issues and respect for people's rights
Implementation dates	CPP2 (4 years): 01/01/2022 - 31/12/2025
Location/areas of operation	Sierra Leone, Togo, Madagascar & Lebanon
Operational partners	<p>Sierra Leone</p> <ul style="list-style-type: none"> • Service User's and Family Members Association (SUFMA) • Community Association for Psychosocial Services (CAPS) <p>Togo</p> <ul style="list-style-type: none"> • Togolese Federation of Disabled People's Associations (FETAPH) • National Programme on Addiction to Psychoactive Products (PNAPP) • Regional Department of Social Affairs (Savanes, Maritimes) • Division of Community Health and the Elderly (DSCPA) • Zébé Psychiatric Hospital • Research Action Prevention Accompaniment of Addictions (RAPAA) • African Network for Well-being and Resilience (RABER) <p>Lebanon</p> <ul style="list-style-type: none"> • Mousawat <p>Madagascar</p> <ul style="list-style-type: none"> • CHUPZANG Androva • DRPPSPF Analamanga: Direction Régionale de la Protection Sociale et de Promotion de la Femme • DRPPSPF Boeny: Direction Régionale de la Protection Sociale et de Promotion de la Femme
Target Groups	<p>Direct beneficiaries:</p> <p>Mental Health</p> <ul style="list-style-type: none"> ▪ Women, men and children, with or without disabilities, in psychosocial distress and/or suffering from a mental health problem: 8,000 people ▪ Health or community staff trained in community-based MH: 800 people involved in community mental health services (formal or informal) ▪ The community and family environment sensitised to better understanding of mental health: 2,000 people ▪ 8 health centres supported/renovated ▪ The relevant national institutions, namely the Ministry of Public Health and Mental Health Services, the Ministry of Social and Family Affairs, the Ministry of Justice and the Ministry of Education. ▪ Civil society actors involved in the protection of the health of vulnerable people supported and strengthened in the 4 countries: about 60 people
PSquare project code	SL014

Project objectives	Specific Objectives 1: Strengthen community-based prevention and response mechanisms to make mental health a collective responsibility in order to improve the quality of life, well-being/positive mental health and empowerment of people in psychosocial distress and/or with psychosocial disabilities.
Expected results	<ul style="list-style-type: none"> • Result 1: National mental health strategies (national policy, national programme, strategic action plan) of countries are strengthened/developed through continuous support in a participatory and inclusive manner in line with international law and conventions • Result 2: Community-based, multidisciplinary mental health prevention and care services are consolidated and operational through the strengthening of technical, organisational and operational support for the various stakeholders • Result 3: Mental health promotion actions are developed and strengthened in partnership with service users in order to reduce their stigmatisation, increase their representativeness and their economic and social inclusion • Result 4: A knowledge management, development and sharing plan is put in place in order to share good practices in the field of mental health and psychosocial support, to promote the rights of mental health users and the visibility of the issue at national and international level
Main activities implemented	<p>Activities under, result 1</p> <ul style="list-style-type: none"> ▪ A 1.1.1: Strengthen or support the development of a multi-stakeholder platform - which includes users in the mental health and health care sector psychosocial support. ▪ A 1.1.2: Support the mental health department of the Ministry of Health in the development/revision of national mental health policies and/or strategic plans with the platform's stakeholders. ▪ A 1.1.3: Support for the development of mechanisms for steering national mental health strategies with the platform's stakeholders. ▪ A 1.1.4: Carry out advocacy with the platform's stakeholders to encourage the establishment of an initial and continuing training offer in mental health for health stakeholders. <p>Activities under result 2</p> <ul style="list-style-type: none"> ▪ A 1.2.1: Mapping of mental health and psychosocial support actors and basic services in the areas of intervention ▪ A 1.2.2: Contribute to the establishment of a local platform of actors that will develop a referral system in the field of mental health and psychosocial support. ▪ A 1.2.3: Implementation of campaigns to prevent mental health disorders (fight against domestic violence, drug use, etc.). ▪ A 1.2.4: Consolidate or encourage the establishment of mobile clinics for community mental health promotion and psychosocial care with accessible and inclusive referral systems

	<ul style="list-style-type: none"> ▪ A 1.2.5: Strengthen the capacity of partner organisations (public health services, associations and civil society structures) to identify and refer people with psychosocial disabilities in a multidisciplinary approach. ▪ A 1.2.6: Strengthen the technical skills of actors working in the field of social and health support in psychosocial care adapted to their profile, their intervention framework and their target population (e.g. training in active listening, in (e.g. helping/counselling relationship, setting up group activities, etc.). ▪ A 1.2.7: Creation of spaces for listening and psychosocial support for young people from a peer support perspective (in schools, colleges, youth clubs, etc.). ▪ A 1.2.8: Promotion of spaces for listening to and supporting parents (and/or parental figures) of children with behavioural and developmental problems. <p>Activities under result 3</p> <ul style="list-style-type: none"> ▪ A 1.3.1: Mapping of user associations and actors involved in awareness-raising activities at the level of (youth associations, women's groups, community leaders, etc.). ▪ A 1.3.2: Awareness raising and/or training of users to inform them of their rights. ▪ A 1.3.3: Support for the creation of spaces for exchange and sharing between users in order to encourage them to organise and mobilise to defend their rights. ▪ A 1.3.4: Support user associations in the appropriation of advocacy tools and awareness raising on mental health in order to fight against the stigmatisation of people living with psychosocial disabilities and/or mental disorders. ▪ A 1.3.5: Strengthen the skills of users' associations and/or referenced actors for the development of a mental health promotion plan and the implementation of local initiatives to raise awareness and fight against mental illness stigmatisation. ▪ A 1.3.6: Support users to set up income-generating activities (IGAs) - individual or collective - to ensure their empowerment and socio-economic integration in the community. ▪ A 1.3.7: Training of staff in health and support structures for people with psychosocial disabilities in a rights-based approach (in particular through Quality Rights training). ▪ A 1.4.1: Establish a quarterly community of practice between project teams on issues related to mental health and psychosocial support. ▪ A 1.4.2: Set up a capacity building system for staff (HI and partners) on advocacy.
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	<ul style="list-style-type: none"> ▪ A 1.4.3: Organisation of activities (workshops, training, field visits etc.) between partners from different countries for mutual capacity building through peer-to-peer exchanges. <p>Activities under result 4</p> <ul style="list-style-type: none"> • Support for the integration of users involved in the project into regional/international user networks and/or support for the development of partnerships between user association • Establish a quarterly community of practice between project teams on issues relating to mental health and psychosocial support. • Capacity building for HI teams in the 4 countries on community mental health and the rights of mental health users • Technical support on Communication & MEAL across the four countr2
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Project logical framework.

Intervention logic	Objectively verifiable and quantified indicators (IOV)	Sources and means of verification
Overall Objective: To tangibly improve the living conditions of people with disabilities and vulnerable populations through an inclusive and participatory approach.	70 per cent of the people supported by the project (people in psychosocial distress and/or suffering from a mental health problem, children and young people accessing education and vocational training) report an improvement in their quality of life perceived at the end of the project.	<i>Beneficiary database</i> <i>Quality of life measurement tools</i> <i>Evaluation reports</i>
Specific Objectives: Strengthen community-based prevention and response mechanisms to make mental health a collective responsibility in order to improve the quality of life, well-being/positive mental health and empowerment of people in psychosocial distress and/or with psychosocial disabilities.	IOV1: At the end of the project, in the 4 countries, the prevention and care mechanisms in mental health are strengthened through combined actions (Ministry of Health, mental health actors and users) to implement national mental health strategies/policies.	<i>Activity reports</i>
	IOV2: At the end of the project, in the 4 intervention countries 80% of mental health service users report an improvement in their psychological well-being.	<i>Pre/post evaluation</i> <i>Baseline/endline survey</i> <i>Beneficiary files</i>

Result 1. National mental health strategies (national policy, national programme, strategic action plan) of countries are strengthened/developed through continuous support in a participatory and inclusive manner in accordance with international law and conventions.	R1 IOV1: At the end of the project, in each intervention country, national policies or strategic plans are approved by the Ministry of Health and being implemented in community services.	Revised national policy/strategy documents Popularisation of documents in health facilities National policy implementation plan/strategy
	R1 IOV2: At the end of the project, an active platform of mental health actors - which includes service users - monitors the operationalisation of the national mental health strategy at national level.	Existence of a platform for reflection and steering the implementation of national strategies Reports of the various meetings Attendance sheets Activity reports of the platform's actors
R2. Community-based, multidisciplinary prevention and care services in mental health are consolidated and operational by strengthening technical, organisational and financial support. of the various stakeholders.	R2 IOV1: At the end of the project, in the 4 intervention countries, 80% of the actors identified have benefited from technical capacity building.	Capacity building plan for local actors Reports on capacity building activities. Clinical supervision reports Activity sheets
	R2 IOV2: At 4 years of the project, in the intervention areas of all project countries, the referral system put in place has enabled an increase of at least 30% in referrals compared to year 2.	Mapping of actors in the field of mental health and psychosocial support Report on the meetings of the platform's stakeholders Referencing sheets
		Register of beneficiaries Beneficiary files

	<p>R2 IOV3: At the end of the project, 8000 young people and children with behavioural and developmental disorders benefit with their parents psychosocial support adapted to their conditions.</p>	<p>Existence of listening spaces for young people and parents of children with behavioural or developmental problems</p> <p>Activity sheets</p> <p>Reports on psychosocial support activities</p> <p>Clinical supervision reports</p>
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<p>R3. defined mental health promotion actions are developed, strengthened and accompanied in partnership with users in order to reduce the stigmatisation they are subject to in their communities.</p>	<p>OS1. R2 IOV4: At the end of the project, in the 4 intervention countries, mental health issues are integrated into the continuous training plan of health actors thanks to the advocacy action led by the multi-actor platform for mental health and psychosocial support.</p>	<p>Continuous training plan for health actors</p> <p>Advocacy Activity Report</p>
	<p>SO1. R3 IOV1: By the end of the project, in each country of intervention, at least 60% of the mental health users supported show an increased capacity to claim their rights from duty bearers through the organisation of at least one advocacy activity per year.</p>	<p>Mapping in Excel format of user associations and local actors</p> <p>Minutes of awareness raising and/or training sessions on users' rights</p>
	<p>SO1. R3 IOV2: By the end of the project, in each intervention country, at least two associations and/or informal groups have been supported and strengthened in their capacity to carry out awareness raising activities in in communities.</p>	<p>Awareness-raising tools and activity sheets</p>
	<p>SO1. R3 IOV3: At 2 years, in each country of intervention, the mental health promotion plan is developed/reviewed in partnership with mental health users ;</p>	<p>Mental Health Promotion Plan.</p>

<p>OS1.R4. A knowledge management, development and</p>	<p>OS1. R3 IOV4: At the end of the project, in each intervention country, at least 2 awareness raising sessions are carried out each year as part of the health promotion plan to reduce the stigmatisation of people living with health problems mental.</p>	<p>Reports on advocacy activities.</p>
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sharing plan is put in place in order to share good practices in the field of mental health and psychosocial support, to promote the rights of mental health users and the visibility of the issue at national and international level.	SO1. R3 IOV5: At the end of the project, in at least two intervention countries, technical and material support has been provided to at least 15 economic entities (individual or collective), with a participation of 40% or more women.	Entrepreneurial project sheets.
	SO1 R4 IOV1: At the end of the project, at least two capacity building activities between partners from different countries have been carried out.	List of participants in peer-to-peer capacity building activities Training modules
	SO1 R4 IOV2: At the end of the project, 80% of the staff of Handicap International teams and their partners have improved their community mental health skills and capacities to support users to carry out advocacy actions.	Minutes of the thematic meetings of the quarterly Community of Practice Pre/post training test competency framework document
	SO1 R4 IOV3: At the end of the project, at least 4 service users have joined regional/ international network as an individual and/or as a representative of an association or at least 2 user associations accompanied by the project have developed a partnership with other peers.	<i>Letter of acceptance from members and/or partnership contract</i>
	OS1 R4 IOV4: At 2 years of the project, in all intervention countries, the Washington Group Questionnaire including questions on psychosocial disabilities is deployed by the teams and their partners.	<i>Report on data collection activities</i>
	SO1 R4 IOV5: At the end of the project, a database on psychosocial disabilities based on the Washington Group Questionnaire is available in all intervention countries	<i>Database on psychosocial disabilities</i>

2.2 Project evaluation rationale

In accordance with the partnership agreement with AFD, an external evaluation is to be carried out to examine the extent to which the main achievements have been met in relation to the expected results. This Final evaluation is a key element of HI's Project Quality Policy. This quality policy for projects has three components:

- The quality of the response to the identified needs, which questions the contribution of HI to positive changes benefiting the populations.
- The quality of the processes of project management, which cover realisation, support, steering and measurement, and contribute to the smooth and consistent implementation of the various activities.
- The technical quality of the approaches implemented, which applies mainly to the project's products and/or services, with reference to the standards and norms specific to each field or sector of activity.

3. Objectives

3.1 Objectives and general expectations of the evaluation

The project external evaluation is in accordance with the requirements laid out by the proposal. The purpose of the evaluation is to provide AFD, HI and implementing partners with an assessment of the overall quality of the project to date, based on the agreement, logical framework, activities. It is expecting to assess the overall quality of the project with regards to the five HI Project Quality Policy criteria (Change, Relevance, Effectiveness, Accountability & Partnership). Furthermore, the evaluation will identify lessons learned and recommendations.

With its fundamental principles - Ethics, Learning and Accountability - HI's project quality policy aims to improve project performance, to develop the intervention methods of an organisation that aims to learn and to strengthen the capacity to be accountable to the various stakeholders. To achieved this, an external project evaluation will be carried out in order to assess the evolution of the programme's activities in terms of achieving results, to reorient our various interventions if necessary and to consolidate the achievements. This external project evaluation mission, which will be carried out from 2022-2025 by external consultant

3.2 General objective

This external evaluation will take into account the various actions programmed in the project document. It aims to Contribute to assess the quality of the project and formulate recommendations to feed the learning cycle at HI level as well as at the whole sector level. It will also provide the elements needed to show the project's contribution to improving the quality of life of the beneficiaries, and to formulate strategic and practical recommendations based on the lessons learned, which will be shared with all the stakeholders, including the donors and the target beneficiaries and lastly the learning from this evaluation could be put to use also in a next phase of the project

3.3 Specific objectives of the evaluation

Specifically, this will involve

- To assess the quality of collaboration with the project's **STAKEHOLDERS** in the 4 intervention countries and at cross-functional level,
- Assess the quality of project **MANAGEMENT** across the 4 countries and at coordination/transversal level
- Evaluate the quality of the project s **BENEFITS** in country projects and at cross-cutting level
- Analyze the factors that positively or negatively affected the achievement of results
- Assess the sustainability of the expected results (institutional and technical strengthening, empowerment of beneficiaries, ownership of change by beneficiaries, etc.);

4. Evaluation criteria and questions

1. Benefit

a) **Changes: The project aims at positive short & medium**

- How does the mental health project is contributing to the achievement of positive and measurable changes for the targeted beneficiaries & actors?
- How has the project strengthened the skills of services User, partners and actors?

b) **Relevance: The project meets the identified needs and is adapted to the context of intervention.**

- Needs: To what extent has the project met the **identified** needs of the people affected?
- Has the project adapted its actions sufficiently to the context of the countries in which it operates?
- Lessons learned: what lesson learn on the project learns from experience throughout the project cycle to continuously improve the intervention.

2. Management

c) **Effectiveness: The objectives of the project are achieved.**

- Results: How does the project activities contribute to the achievement of the project's objectives
- Adjustment: To what extent does the project monitoring of activities put in place lead to adjustments if necessary.

3. Stakeholders

d) **Accountability to populations: The project has put in place mechanisms to involve the populations.**

- Participation: what mechanism put in place for People to be involved in the decision-making processes that affect them throughout the project cycle?
- Expression: How does community complain, and feedback help tailor the project needs and adaptation? what mechanism has been put in place for the effectiveness of complain and feedback system

e) **Partnership: Operational partners are involved in each phase of the project cycle.**

- Relationship: The relationship between the project partners is reciprocal, dynamic and controlled. How has the project implementation meet such criteria?

4. Evaluation methodology

4.1. Evaluation framework

The evaluation will be carried out by an external consultant **face-to-face in at least 3 of the 4 intervention countries**. The evaluation team's knowledge of the context will guide the choice of these countries.

Sierra Leone will have to be one of the countries covered in the field because of the location of the regional coordination team. For countries not covered by field missions, interviews and other remote information gathering tools will be considered. Technical bids should include a suitable remote methodology.

This will require the organization of related travel. The service contract will cover all costs relating to the expenses incurred by the consultant.

4.2 Qualitative approach

The evaluation will be carried out using a **qualitative approach**: surveys of stakeholders and beneficiaries in the form of semi-structured or open interviews, on-site observations, focus groups and documentary studies.

These approaches provide project evaluation with non-measurable knowledge (implementation conditions, stakeholder involvement and expectations) and help to take into account potentially unexpected effects of the project being evaluated. Using qualitative approaches to mobiliser all the players involved also helps to establish a partnership dynamic and encourage ownership of the evaluation results.

4.3 Data collection methods

The evaluator should use the full range of tools available to collect and analyses information relevant to the study. In particular, the following data collection methods should be used:

Document review: the key documents relating to the project will be examined. Thèse inclue :

- The project document, minutes of meetings, the monitoring and evaluation framework, the various work plans, periodic reports and reports drawn up to document the progress of activities;
- Working documents or other documents produced during implementation, such as monitoring reports, mission reports, consultants' reports, study reports, presentations, training reports, project outputs (studies, videos, technical sheets, etc.); Capitalization documents produced as part of the project; Monitoring-evaluation databases and tools, etc.

Key informant interviews: The evaluation should include interviews with key project stakeholders:

- Key TMRD Project personnel ;
- Partner including the Ministry of Health;
- Target Community population, etc.

Structured and semi-structured telephone interviews: For evaluations carried out outside the project country, interviews will be conducted by telephone or e-mail. The evaluators may also use these tools for other data collection.

Stakeholder consultations: Consultations with stakeholder groups, namely user groups; and operational partners.

4.4 Players involved in the evaluation

The consultant will coordinate with the steering committee to identify and prioritize key players among the following the target groups below:

- Mental health users, beneficiaries of the action and their families
- Mental Health Player
- Community mental Health champion
- The local autorités
- Civil society organizations, including disabled people's associations
- HI country teams
- If available, the donor's representatives in the country

4.5 steering committee involved in the evaluation

The evaluation will be coordinating with the following steering committee below

	Role	Position
Authority	It is the person who enforces the process. It guarantees the quality of each stage of the process.	TMRD Coordination Team (Chief of Party (x 1)
Responsible	It is the person who will implement the different steps of the process. It shall refer to the Authority and seek its assistance where necessary.	Project Manager (x 4), TMRD Coordination MEAL Manager(X1),
Contributors/Informant	Participate in the different stages of the process according to their expertise, on general or specific aspects	Project management & quality evaluation specialist (x 1),

4.6 Organization of the mission

Describe the composition of the Steering Committee, its role and the different occurrences of meetings:

- The kick-off meeting leading to an inception report
- The présentation
- Questionnaire completion
- Communication between the Steering Committee and the evaluator on the draft report
- Validation of the final report (on the basis of the quality checklist attached, chapter 6)

5. Principles and values

5.1. Protection and anti-corruption policy

<u>Code of conduct</u> (<u>English Version</u>)	<u>Protecting beneficiaries from sexual exploitation, abuse and harassment</u> (<u>English Version</u>)	<u>Child protection policy</u> (<u>English Version</u>)	<u>Anti-fraud and anti-corruption policy</u> (<u>English Version</u>)
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5.2. Ethical measures*

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As part of each evaluation, HI is committed to upholding certain ethical measures. It is imperative that these measures are taken into account in the technical offer:

- **Guarantee the safety of participants, partners and teams:** the technical offer must specify the risk mitigation measures.
- **Ensuring a person/community-centred approach:** the technical offer must propose methods adapted to the needs of the target population (e.g. tools adapted for illiterate audiences / sign language / child-friendly materials, etc.).
- **Obtain the free and informed consent of the participants:** the technical proposal must explain how the evaluator will obtain the free and informed consent and/or assent of the **participants**.
- **Ensure the security of personal and sensitive data throughout the activity:** the technical offer must propose measures for the protection of personal data.

**These measures may be adapted during the completion of the inception report.*

5.3. Participation of stakeholders and populations

The following are key consideration in ensuring stakeholder and population participation

- **Consultation:** The consultant is expected to engage stakeholders in the survey to gather inputs. This ensures the survey is relevant and accurately captures the needed data.
- **Accessibility:** Make sure the survey is accessible to diverse groups, including considering language, disability, and technological barriers.
- **Clear Communication:** Provide clear information to the population about the purpose of the survey, how their data will be used, and the benefits of participating.

6. Expected deliverables and proposed schedule

6.1 Other (Assumption)



The following assumptions have been made to ensure that this proposed evaluation can be carried out within a reasonable budget. An overarching assumption is that there will be several considerable levels of cooperation among Coordination Unit and the evaluation team which are as follows:

- The Coordination Team will organize a kick off meeting between the steering committee and the consultant on the planning process of the activities
- To support the desk Document review, a list of documents i.e., inception report, baseline report, policies, manuals, guidelines, tools, management decisions and other project documents will be reviewed. Also, coordination Unit will facilitate assuring access to the past reports and other material that will be relevant for the activities to the consultant
- To ensure access and smooth Project evaluation progress, the Coordination (Chief of Party) will facilitate email communication with project steering committee at, and will email an endorsement letter about the activities been supported by the coordination Unit
- Based on the scope, both the qualitative and quantitative tools are expected to be in line with ToR requirement specifically on PQP framework

6.2 Expected results and proposed timetable

The main deliverables of this evaluation are as follows:

- **Initial/inception report:** The consultant must produce a document setting out his understanding of the terms of reference, the methodology to be followed, the division of tasks between team members and the timetable for the project. It will be examined by HI through the coordination of the Touching Minds Raising Dignity (TMRD) Programmed and the project leaders with a view to providing guidance for the continuation of the evaluation and the selection of consultants.
- **Rapport of the preliminary results:** A presentation of the results to the main stakeholders will be made orally and in writing. This presentation will be made remotely, by video conference, with the project coordination and project teams in the countries concerned. The purpose of this section is to provide an opportunity for initial validation of the evaluators' findings.
- **Draft evaluation report:** One week after the presentation of the preliminary results, the evaluation team will submit a draft evaluation report. This report will be shared with the various project stakeholders.
- **Final evaluation report:** the team of consultants will finalize the report (max. 30 pages, excluding annexes) including a summary in English and French (max. 5 pages) and all the annexed documents, taking into account the comments and suggestions made by HI and the project partners.

The final report should be integrated into the following template:	The quality of the final report will be reviewed by the Steering Committee of the evaluation using this checklist:
 TS8_Template_Final_Report.docx	 TS7_Final_Report_Quality_Checklist.docx

End-of-Evaluation Questionnaire

An end-of-evaluation questionnaire will be given to the evaluator and must be completed by him/her, a member of the Steering Committee and the person in charge of the evaluation.

6.3 Evaluation dates and Works plan

Activities	July 2025				August 2025				September 2025				October 2025				November 2025				December 2025			
Call for tenders for the recruitment of a consultant	x	x	x																					
Closing date for receipt of tenders				x																				
Consultant sélection					X	x	x																	
Consultant contacts								x	x															
Scoping briefing and timetable adjustment									x															
Transmission of documents for document review										x														
Pre-field briefing											x													
Start-up report											x													
Fieldwork / Interviews and focus groups													x	X	x	X	x							
Feedback of results to teams																		x						
Drafting the intérim report																		x	x					
Report proofreading and feedback by the client (in writing and by video conference)																			x					
Drafting and submission of the final report*.																					x	x		

This timetable may be modified/refined following discussions with the selected evaluation team.

The timetable is based on the possibility of an international consultant travelling to the field, depending on how the constraints associated with international travel. The option of remote evaluation and/or mobilization of local evaluators may be chosen in certain countries if travel to the field is not possible.

7. Resources

7.1 consultant profile

The evaluation mission will be carried out by an external consultant or team of consultants with the following skills and experience, duly referenced:

Minimum qualification:

- More than 10 yrs Expertise and experience in the field of mental health/psychosocial support
- Perfect command of evaluation methodology, established and recognized experience of methods for collecting, processing and analyzing qualitative data
- Demonstrated ability to analyses, summaries and write (provide a list of publications)
- A good knowledge of the cultural context of the areas in which it operates
- Mastery of knowledge survey management methodology

- Good interpersonal skills
- Expérience in international développement
- Strong ability to adapt to different work situations
- Good command of project cycle management
- Experience of evaluating similar programmed would-be a plus
- Fluency in French and English essential

7.2 Submission of quotation

Documents relating to the request for quotation and all correspondence between the tenderer and HI must be written in English/French. The tender must include a technical offer and a financial offer.

The evaluator is responsible for presenting the evaluation approach and methodologies in an "evaluation work plan" in its technical and financial bid. The proposal must be in line with professional standards and international criteria and will be validated by the client before being applied by the evaluator.

Composition of offers

About the consultant firm

- A letter of submission addressed to Handicap International's Country Representative, mentioning the HI reference and the full title of these Terms of Reference
- A bidder identification form (eliminary);
- A copy of the structure's legal registration in the consultancy sector
- A certificate of tax regularity dating back less than three months
- A copy of the identity document or passport of the structure's legal representative.
- If the principal consultant is not the legal representative, a copy of the identity card or passport of the principal consultant
- AFD Environmental, Social, Health and Safety (ESHS) Statement of Commitment. [Environmental, Social, Health and Safety (ESHS) Statement of Commitment letter will also be provided to the successful bidder to be signed which is donor requirement for the procurement of works, plants or equipment through National Procurement Competition, Request for Quotations, or through Direct Contracting, in compliance with Article 1.5.1 of donor Guidelines]
- The security declaration => the following text below must be included in the submission letter or in the proposal, but always dated and signed with the surname, first name and position of the signatory, who must be the legal representative: **"We certify that we, the members of our group, and our subcontractors, if any, are aware of the security context and have assessed the risks associated with the performance of the Contract for [Project Evaluation CPP2 Mental Health Project]. We acknowledge that the safety of persons and property mobilized for the performance of the Contract financed by the AFD remains our sole responsibility. We undertake to take the measures we deem necessary and sufficient to ensure the safety of these persons and property."**
-
- Bank statement in the name of the structure

- HI Good Commercial Practices duly completed, dated, stamped and signed by the legal representative (compulsory);
- HI General Purchasing Conditions duly completed, dated, stamped and signed by the legal representative (mandatory);
- AFD Declaration of Integrity duly completed, dated, stamped and signed by the legal representative (mandatory);

NB 1: Please note that the name of the organization's legal representative must appear on at least one of the organization's legal documents, apart from the passport, identity card or bank details (eliminary).

NB 2: The letter of submission must specify the reference of the DA + Title of the consultancy + validity date of the offer. The following text must be included in the submission letter or proposal, but always dated & signed with the surname & first name & position of the signatory, who must be the legal representative:

The technical file

- This technical bid must include for each qualified member of the consultant's team:
- A detailed CV highlighting experience relevant to the study.
- Certified copies of diplomas and certificates of training and work experience;
- References (at least one copy of contracts for similar services);
- Copies of certificates of successful completion for similar services;
- A methodological proposal detailing the consultant's methodological approach for this assignment, in the following format: A chapter on the context of the assignment; A chapter detailing the understanding of the ToR;
- A detailed description of how the proposed assignment will be carried out. This description should include a proposed timetable, the proposed methodology with reference to the objectives, expected results and deliverables proposed in the ToR, and a justification of the proposed methodology.
- Bidders are advised to highlight in this methodological proposal:
 - their mastery of scientific and interpersonal communication
 - their knowledge of the context of the project intervention zone (realities and current events in relation to the project issues);
 - their knowledge of the project partners involved (structure, operation and mandates).

The financial file

- Finally, the application file must include a detailed financial proposal (including VAT), including the number of days of service, fees and expenses for the entire assignment.
- A technical proposal in which the consultant's understanding of the ToR and the methodological approach, the timetable for the study and the dedicated human resources will be clearly explained, and a financial proposal that takes into account all the costs of the service, including VAT. The selected consultant will share information-gathering tools (interview guide, questionnaire, etc.).
- The financial offer must be within a range of €20,000- 30,000((This information is given as an indication, and does not constitute a maximum budget not to be exceeded).

- *the cost per day for each evaluator*
- Fees: all fees must include: the expert's actual remuneration per working day
- Air travel between countries, accommodation costs in accordance with HI standards, visa if required, Covid test if necessary
- Communication and reproduction costs
- The margin, which covers the service provider's overheads and support structures if necessary.

NB: all fees, communication costs, travel expenses and any other costs must be included in the proposed budget.

Evaluation Criteria

For the selection of the consultant, bids will be analyzed successively through administrative criteria (which include eliminatory criteria that we advise candidates to observe carefully, lest their file be rejected), then technical and financial criteria.

- Administrative stage: the candidate does not pass this stage if he/she does not provide the "eliminatory" documents. Even in the absence of the "obligatory" documents in the file, the candidature can pass to the next stage, but the candidate must be able to provide them if his/her candidature is selected for contractualization with HI.
- Technical stage: this involves analysis of the CV in relation to the profile requested, and of the methodological approach proposed by the consultant. It will be marked out of 80 points. A technical score of less than 56 is eliminatory, and the candidate's financial offer will not be considered.
- Financial stage: the lowest financial bid for the assignment, taking into account the number of days of the assignment and the logistics required to carry it out, will be scored out of 20 points. The financial score of the other bids will be calculated in proportion to the lowest bid.

a. Submission of offer

- All related documents to the offer must be sent by email with the reference "**Project Evaluation CPP2 Mental Health Project**" before **30/07/2025 at 5 pm** to the following email addresses:
procurement@sierraleone.hi.org
- Additionally, submissions of documents is possible at HI offices in the countries concerned (Sierra Leone -41 Wilkinson Road Bypass Freetown; Lebanon- Chaar Bldg. 3848 – 9th Floor Abdul Moula Chaar St. - Ras Al Naba'Beirut ; Madagascar- 31, Rue Andriandahifotsy Ambohijatovo Antananarivo; Togo-1 Rue Akei Maison 501-Novissi B.P 8621 Lome)

Only qualified candidates will be contacted. No questions will be answered during the submission period. No files will be returned to tenderers.

Annexes

- HI's Quality Standards, on which all evaluators must base their assessments
[posterreferentielqualitehi_pqp_fr.pdf](#)
- Age, Gender, Disability Policy, which must guide the approach and construction of evaluation tools in the technical offer [PI_HandicapGenreAge_1.pdf](#)