# **Terms of Reference for Impact Evaluation of the Community-Based Psychosocial Support sub-program**

Act Church of Sweden (Act CoS) is in the process of reviewing its Community-Based Psychosocial Support (CBPS) sub-program (2014 – 2020). This will be done through an evaluation which aims to support Act CoS’s planning process for the next programme phase, in which the CBPS approach will be integrated into the Act CoS humanitarian response and Act CoS development programmes. The stakeholders are based in Uppsala as well as in the field where the humanitarian work is implemented. **The assignment should be carried out from April to December 2021.**

Background  
The community-based psychosocial support (CBPS) approach has been a cornerstone of Act CoS humanitarian work during the two last strategic periods with Sida (2014 – 2017, 2018 – 2020). Act CoS’s humanitarian framework is based on the CBPS approach as the most effective way to ensure community-based resilience in the humanitarian contexts where ACT Alliance partners operate. The approach builds on the IASC MHPSS Guidelines in Emergencies[[1]](#footnote-2) and is directly linked to the nine Core Humanitarian Standard (CHS) on quality and accountability to assure principled, accountable, and high-quality humanitarian assistance[[2]](#footnote-3). Recent years have seen an increasing focus on the CBPS approach, with large INGOs and UN agencies working in the mental health and psychosocial support field shifting their attention to working in this way. For example, UNHCR[[3]](#footnote-4) recently produced a handbook outlining their community-based approach to MHPSS and protection; IOM[[4]](#footnote-5) produced a manual on community-based MHPSS in emergencies and displacement; and the IASC MHPSS Reference Group established a community-based MHPSS thematic group, which Act CoS is an active member of.

The CBPS approach emphasises enabling and strengthening the collective structures and systems which are essential for people and communities to not only overcome crises, but also to restore hope and a sense of efficacy at both individual and community levels. The CBPS approach is based on the assumption that there is a connection between active participation and wellbeing, and the focus is therefore on meaningfully involving community members in all stages of the response. Rather than being passive recipients of services designed for them, crisis-affected people become active participants who recognise their own capacities and resources, and their role in improving individual and collective wellbeing. There is evidence that strengthening self-efficacy and community-efficacy increases the likelihood of recovery after distressing events[[5]](#footnote-6). The CBPS approach involves the integration of the core CHS principles into all aspects of a humanitarian response, rather than establishing stand-alone MHPSS initiatives[[6]](#footnote-7). This ensures both that the psychosocial wellbeing of the entire affected population is promoted, and that those with higher levels of distress receive the support they need to recover.

In order to integrate the CBPS approach within all sectors of ACT Alliance humanitarian response, Act CoS has focused on strengthening the institutional capacity of ACT Alliance members to integrate the CBPS approach into all their activities. This is in line with both the Act CoS theory of change, and the MHPSS principle that the promotion of good mental health and psychosocial wellbeing requires the engagement of all actors in a humanitarian response, regardless of the sector they are active in6.

Furthermore, the application of the CBPS approach contributes towards the Sustainable Development Goal (SDG) 3, and the related target 3.4 which includes the promotion of mental health and wellbeing.

## Purpose and expected outcomes with this evaluation

The purpose of this evaluation is to provide Act CoS with a utilization focused external view on the impacts of the CBPS sub-programme (2014-2020), to contribute to the evidence-base regarding the effectiveness of psychosocial interventions that rely on community based support systems of community-based psychosocial support in humanitarian responses. Moreover, humanitarian actors in the MHPSS field will be informed about the impacts of community-based psychosocial health on humanitarian responses, which could inform their programming in the field.

***Expected output from the evaluation is:***

Evidence is collected, debriefing workshops are held with Act CoS, the ACT Alliance and other actors in the MHPSS field, and results are analysed and systematised on the impacts of community-based psychosocial support (CBPS) in humanitarian responses, with a specific emphasis on the impact that capacity-strengthening has on integrating and addressing CBPS in humanitarian responses, in an evaluation report.

***Target audience of this evaluation:***

The evaluation report will be used by the Act CoS Humanitarian Unit in its planning of the future CBPS programming. However, while this evaluation is formally located at the Humanitarian Unit, it will target Act CoS as a whole as CBPS is and has been integrated to varying degree in the whole International Department. In addition, both ACT Alliance members and IASC MHPSS Reference Group members and other MHPSS actors are also target audience of the evaluation report. The evaluation process should include engagement with the members of the Humanitarian Unit, the Regional Section management, the senior management team of Act Church of Sweden and implementing partners in program countries, including ACT Alliance members. Staff at Act CoS will be involved and informed by the conclusions and recommendations in the form of a report.

## Evaluation question

The following question has been identified as the overall evaluation question:

To what extent and how have Act CoS’s initiatives, aimed at strengthening ACT Alliance partners’ capacity to promote and integrate psychosocial wellbeing into humanitarian response, had an impact on program performance and affected populations?

The evaluation should also be guided by the following underpinning questions and further informed by the specific programmatic questions:

1. How have Act CoS’ capacity-strengthening initiatives impacted on partners’ integration of CBPS approaches at organisational and programmatic levels, and what where the specific drivers for the impact?
2. How have CBPS capacity-strengthening initiatives improved partners’ interventions to ensure community-owned and led humanitarian responses?
3. To what extent, and in what ways, have the organisations mainstreamed CBPS into their various programmatic sectors, and in what ways has this made these programmes more appropriate and efficient in relation to responding to the needs of crises-affected populations?
4. How has the mainstreaming of CBPS impacted on the wellbeing of affected populations, particularly the most vulnerable groups?

The consultant is expected to give particular focus to the OECD-DAC criteria of impact, accountability and relevance when assessing and analysing the underpinning and specific programmatic questions. The below questions are provided as guidance for this:

* Impact: What difference has the CBPS capacity building made for partners, and how? What approach gives most expected impact comparing working with a regional approach or with separate projects?
* Accountability: To what extent has the CBPS sub- programme contributed to the Act CoS fulfilment of the CHS commitments?
* Relevance: The relevance and added value of the CBPS program in relation to ACT Alliance and other partners, including the IASC MHPSS RG, as well as beneficiaries’ requirements (based on organisational policies).

## Methodology & Process

The scope of time for the material analysed in the impact evaluation will be the two last periods of Sida’s strategic partnership framework during which Act CoS has received financial support, ranging from 2014 to 2017 and 2018 to 2020. The projects which are of particular relevance and hence the focus of this evaluation are the CBPS capacity strengthening support which was provided by Act Church of Sweden through the CBPS 5-Module training, the Advanced CBPS training, and deployments from the CBPS roster.

As indicated above, data will be collected at the macro level (i.e.: Act CoS Headquarters); meso level (partners’ Headquarters and/or regional offices) and the micro or field level, with an anticipated emphasis at: 10% dedicated to desk-review, 10% dedicated to macro, 25% meso and 55% dedicated to micro-level data collection. Data should be gathered through desk review, interviews/focus group discussions, and direct observations with partners and rightsholders. Given the current outbreak of Covid-19, the consultant must demonstrate capacity to transfer planned field data collection into other methods that are feasible to the purpose, if necessary. In addition, given Covid-19 restrictions and challenges of physically reaching rightsholders, the consultant must demonstrate knowledge and capacity of the application of methods on how to evaluate impact at rightsholders’ level that does not require direct contact with rightsholders. Further, the consultant should demonstrate how CBPS results can be collected and measured. The evaluation is expected to include both qualitative and quantitative analysis. Finally, the evaluation should also consider the IASC Common Monitoring and Evaluation Framework for MHPSS[[7]](#footnote-8) as well as the IASC MHPSS RG Recommendations for Conducting Ethical Mental Health and Psychosocial Research in Emergencies[[8]](#footnote-9).

Respondents will include selected management and staff at Act CoS’ central office in Uppsala, Sweden, management and staff at organisations supported by the CBPS programme based at Headquarters and/or regional level, members of the CBPS roster and

partners in field work where the humanitarian work is implemented, including field work in three selected countries, one in East Africa (Kenya, Ethiopia or Uganda), one in Latin America (Colombia) and one in Southeast Asia (Bangladesh or Myanmar). Act CoS and the consultants will make this selection together. The field-level selection process will include countries where the Refugee programme is present, where we have had a deployment of a CBPS roster member and where there are regional PS CoPs. The field-level data collection will also involve a data collection workshop with stakeholders in one selected country. The remote CBPS support that has been provided during the Covid-19 outbreak should also be included.

Act CoS expects the contractor to share the Church of Sweden's values and to sign its Code of Conduct for contractors. Act CoS will provide the contractor with relevant documentation. The partners included in the field study, to be decided, will provide the contractor with documentation relevant to their work.

Act CoS intends to arrange a seminar to present and review the preliminary findings of the impact evaluation in order to capture/collect inputs and feedback from relevant stakeholders, especially the intended users, regarding the relevance and feasibility of the findings. The contractor is expected to do the presentation of the preliminary findings at this seminar and incorporate feedback from the participants into the evaluation report. Moreover, the contractor is expected to triangulate evaluation findings with assessment/evaluation findings from other community-driven approaches used by Act CoS, such as Local to Global Protection (L2GP) and Survivor and Community Led Response (SCLR).

## Evaluation report

An Evaluation report in English is to be reported to Act CoS’s Humanitarian Unit. It should include purpose, background, evaluation questions, limits, method, findings, analysis, conclusions, and recommendations. The report should be a maximum of 30 pages, including an Executive Summary of three pages, plus annexes. It should build on the data gathered from stakeholders.

## Time frame

*Tender phase*

The deadline for submission of tenders for this consultancy is 23 March 2021. Interested candidates should be available for interviews until 30 March 2021.

*Inception phase*

April 2021. Contract will be signed in Uppsala. As this is meant to be a learning process for Act CoS, and in efforts to ensure the best balance of priorities for the study, the inception period will entail a series of discussions with between the Consultant(s) and different Act CoS stakeholders. This period also includes the desk review.

*Implementation phase (data collection, findings & analysis)*

May – September 2021. Again, as this is also meant to be a learning process for the Act CoS team, debriefings will be held at various stages of the data collection process to reflect and help refine the focus of the study as it evolves. A workshop to present the preliminary findings and collect feedback from intended users is planned for 1 October 2021.

*Reporting Phase*

October - December 2021. First draft of the report to be presented 15 October and final version 15 November. Seminar on findings and recommendations, in Uppsala 3 December 2021.

## The evaluation team

Interested consultants may present a tender as a team which is preferred, or as an independent consultant. Independent consultants may be paired by Act CoS with one or two other consultants in order to set up a suitable evaluation team.

It is preferred that the team of consultants is international and that consultants are locally grounded in the regional or country specific contexts of this Impact Evaluation.

The consultant(s) shall submit CVs that include the information below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Please use this table in the tender for the evaluation** | | | |
|  |  |  |  |
| **Required qualifications for the evaluation team** | **Yes** | **No** | **Comments** |
| Advanced academic degree in a field of social science |  |  | Should show in CV |
| A minimum of 5 years of relevant work experience in project  implementation/management |  |  | Should show in CV |
| A minimum of 3 years of work experience in providing humanitarian support in the Global South |  |  | Should show in CV |
| A minimum of 5 years of work experience of conducting evaluations. |  |  | Should show in CV |
| Work experience in the areas of community-based psychosocial support capacity building of local actors (in particular community/ institutional/ organisational), gender equality, and beneficiary involvement (this might include evaluation work, providing technical support, or working with implementation). |  |  | Should show in CV |
| Familiarity with the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, and its core principles. |  |  | Should show in CV |
| Fluency in written and spoken English |  |  | Should show in CV |
| Fluency in written and spoken Spanish |  |  | Should show in CV |
| Documented experience of evaluations and report writing |  |  | Should show in CV, and please attach 2 reports |
| Good communications and process leading skills |  |  | Should show in CV |
| Locally grounded International consultant team |  |  | Decribe in tender |
| Due to C-19, the consultant must demonstrate capacity to transfer planned field data collection into other methods that are feasible to the purpose |  |  | Decribe in tender |
| The consultant must demonstrate knowledge and capacity of the application of methods on how to evaluate impact at rightsholders’ level that does not require direct contact with rightsholders. |  |  | Decribe in tender |
| The consultant should demonstrate how CBPS results can be collected and measured. |  |  | Decribe in tender |

## Budget and logistics

The budget should include consultancy fees, travel costs, and logistic costs specifying VAT. The contractor is responsible for his/her own insurance policies, including travel insurance, and Act CoS recommends liability insurance. The costs will be invoiced in two occasions. 30% at signing of the contract and 70% after the final report is approved by Act CoS.

## Ownership and confidentiality

Act Church of Sweden retains intellectual property rights on the material generated in this study, and it will be shared only with their written consent.

## Tenders

Tenders are sent to gun.linderman[at]svenskakyrkan.se by 5 April. Any questions may be directed to the same address until 31 March 2021. Tenders should include a CV, a budget, three references and a contact person for any questions from Act CoS. Act CoS reserves the right not to accept the lowest or any of the tenders.

1. Inter-Agency Standing Committee (2007) *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva: IASC. [↑](#footnote-ref-2)
2. The Core Humanitarian Standard (CHS) is the foundation of Act CoS’s own Quality and Accountability Framework. See *Quality and Accountability Framework for the Church of Sweden’s International work.* [↑](#footnote-ref-3)
3. UNHCR (2017) *Community-Based Protection & Mental Health & Psychosocial Support* UNHCR: Geneva [↑](#footnote-ref-4)
4. IOM (2019) *Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement.* IOM: Geneva [↑](#footnote-ref-5)
5. Hobfoll et al (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry*, 70 (4) 283-315. [↑](#footnote-ref-6)
6. Williamson,J. & Robinson,M. (2006) Psychosocial interventions, or integrated programming for well-being? Intervention, 4 (1) 4-25 [↑](#footnote-ref-7)
7. IASC (2017). A Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings. [↑](#footnote-ref-8)
8. Inter-Agency Standing Committee (IASC) Reference Group for Mental Health and Psychosocial Support in Emergency Settings, 2014 [↑](#footnote-ref-9)