A. Background

Liberia is a fragile, post-conflict country. Although restoration of some basic health services and increasing coverage of immunizations have helped to improve a number of health outcomes, significant health system challenges remain. A system for mental health services is one challenge. Recognizing the importance of addressing the psychosocial and mental health needs of its population, the GOL developed a National Mental Health Policy (NHMP) in 2009-2015. In 2016, a new policy that extended to 2021 was drafted and approved (http://moh.gov.lr/liberia-launches-5-year-mental-health-policy-and-strategic-plan/). The NMHP prioritizes an integrated and decentralized approach to the delivery of mental health care and focuses on the following objectives: (i) prevention of mental illnesses; (ii) improved accessibility and availability of psychosocial and mental health services; (iii) provision of services for particularly vulnerable groups; (iv) provision of rehabilitative services and; and (v) the provision of social services. Achieving these objectives through a community-based approach is one of the pillars of the GOL’s strategy to address the mental health and psychosocial needs of the population.

Among the legacies of the civil war, in addition to the poor state of the health care system, is unaddressed trauma. This trauma was compounded by the Ebola Virus Disease (EVD) outbreak that began in Liberia in March 2014. The outbreak also reversed many of the health system gains and exacerbated service delivery challenges. Liberia was declared Ebola-free by the World Health Organization on January 14, 2016. The health system in Liberia embarked on a robust strategy to improve the proficiency and quality of testing for infectious diseases to meet International Health Regulation Standards, improve its disease surveillance infrastructure in all 91 health districts, establish rapid response teams in every county all now under the auspices of a new Public Health Institute. Despite these gains, the impact of this crisis has left deep and pervasive trauma and continues to be felt economically and socially.

The Carter Center’s Mental Health Liberia Program has benefited from funding by the Japan Social Development Fund (JSDF) (administered by The World Bank) and from the UBS Optimus Foundation since 2015, as outlined below. Both projects are working in Margibi and Montserrado counties of Liberia, which were most affected by EVD. The Carter Center is commissioning final evaluations for both projects which conclude in December 2018.

Projects to be evaluated:
1. “Supporting Psychosocial Health and Resilience in Liberia” is a JSDF/World Bank-funded community-based project developed to address the psychosocial health impact of the EVD outbreak at both the individual and community levels, whilst also building long-term resilience and psychosocial health. Its technical design emphasizes the role of strengthening protective factors as a means of promoting resilience. The Project Development Objective (PDO) is to respond to the intermediate psychosocial and mental health impact of the EVD crisis and to build long-term psychosocial health and resilience at the individual and community levels in project target areas. The PDO will be achieved through: (i) the training and capacity building of new and existing cadres of mental health providers (i.e. mental health clinicians (MHCs), psychosocial counselors, social workers, and general community health volunteers (gCHVs), now called community health workers and community health assistants; (ii) the implementation of psychosocial/mental health interventions at the individual, family and community levels; and (iii) supporting project management, and monitoring and evaluation to guide project implementation.

2. “Improving Child and Adolescent Mental Health in Liberia” is a community-based project funded by the UBS Optimus Foundation that aims to improve the well-being of vulnerable children and adolescents in Liberia. This project builds on The Carter Center’s work in Liberia to assist the Ministry of Health in developing the country’s public mental health service delivery system. The “Improving Child and Adolescent Mental Health in Liberia” project leverages investments in the JSDF/World Bank project outlined above, to increase the number of schools with clinics and further bolster the number of health, social welfare and education professionals (in Health, Social Welfare and Education) equipped to support the mental health needs of children and adolescents.

The project goal is to improve the well-being of vulnerable children and adolescents in Liberia by strengthening a national system of mental health care for children and adolescents in need of services. This is accomplished through: (i) training health and social welfare professionals on child and adolescent mental health and development, (ii) training teachers on the science of brain development to support developmentally appropriate teaching and learning strategies and to recognize child and adolescent mental health or distress signs and symptoms, (iii) establishing and supporting school-based clinics that provide services, improve access to health and mental health and foster lifelong positive health-seeking behaviors.

Annex 1- Results Framework: Supporting Psychosocial Health and Resilience in Liberia project and Annex 2- Key Performance Indicators: Improving Child and Adolescent Mental Health in Liberia project are included in this Terms of Reference, for information.

The consultant will complete an external final evaluation for each of the two grant-funded projects. The consultant will write a final report for each project, detailing results and conclusions based on examination of project accomplishments.
B. Evaluation Purpose, Use, and Scope

The World Bank and UBS Optimus Foundation each require a final evaluation, in the form of an “Implementation Completion Report” (for the World Bank) and a final evaluation (for UBS Optimus Foundation).

These evaluations will examine the effectiveness and impact of the two projects in question.

Final reports will need to meet these funders’ requirements, which will have been negotiated by TCC, but may be subject to change. It is hoped that the evaluation results can be translated to publications that highlight project accomplishments. Findings will also inform future project design for the Mental Health Program in Liberia.

C. Scope of Work

The Implementation Completion Report (ICR) Consultant will be responsible for the following:

- Review all progress reports and project data for the two grant-funded projects being implemented by The Carter Center Mental Health Program in Liberia
- Design and carry out appropriate research methodologies to address evaluation questions and ensure that the change stories of beneficiaries are included
- Write a detailed Implementation Completion Report for the “Supporting Psychosocial Health and Resilience in Liberia” project that adheres to World Bank requirements for final evaluation reports and describes project background and design as well as outcomes, outputs, and activities.
- Write a detailed final evaluation for the “Improving Child and Adolescent Mental Health in Liberia” project that details project background and design as well as outcomes, outputs and activities.
- Research and support findings with current literature, including gray literature, government and non-governmental documents where available.
- Work, as needed, with the project team to ensure accurate representation and interpretation of the project activities, outcomes, and implications of the work.
- Develop graphs, charts and datasheets to inform reporting, presentations and public information work.

The contract will last until all deliverables are completed. Contracting is expected to be completed in September 2018, with all deliverables completed by December 1, 2018. Section E below outlines indicative timelines. A single consultant is needed to fulfill these two scopes of work, given the complementary nature of the two projects, and the resulting efficiencies to be found in field work and evaluative inquiries. The total budget envelope is to not surpass $20,000 USD (of which 37.5% is UBS Optimus funded and 62.5% is World Bank funded).

D. Evaluation Questions
Regarding effectiveness of the interventions:

- How well did the project meet its indicator targets?
- To what extent were the stated outcomes or outputs achieved?
- How effective was the process of accountability to all stakeholders, especially project participants?
- Was the project effective in incorporating the most appropriate stakeholder participation to achieve the project’s results?
- What factors have contributed to achieving or not achieving intended outcomes?

Regarding impact of the interventions:

- What were the unintended Outcomes of the project? (positive and negative)
- Did the project achieve its Outcomes? If not, was the project impact in the eyes of the project participants?
- What happened in the target population as a result of achieving the Outcomes?
- What are the perspectives of project participants on the immediate and intermediate effects? (stories of change from the beneficiaries’ perspectives)
- What are the perspectives of partner staff on the immediate and intermediate effects?
- How well has the project disseminated information on its short and intermediate impact?
- What are the unintended or unexpected outcomes of the project?

Regarding potential conclusions and recommendations:

- What are the evaluation conclusions?
- What did or did not work about the project design, implementation and context?
- What are potential recommendations and lessons learned?

**E. Evaluation Deliverables & Indicative Timeframes**

The following are indicative and will be agreed at time of contracting. Final Report completion dates are not negotiable due to donor requirements.

1. Evaluation plan (inception report): by September 30, 2018 indicating how each evaluation question will be answered by way of: proposed methods, proposed sources of data, sampling methodology, and data collection procedures for the two evaluations. A schedule of tasks, activities and deliverables will be included and should include requests for TCC staff involvement (with a lead name to be specified by TCC)

2. Two draft evaluation reports: by October 25, 2018 (TCC to provide feedback within 1 workweek)
   - Implementation Completion Report of the “Supporting Psychosocial Health and Resilience in Liberia” project
   - Final evaluation report of the “Improving Child and Adolescent Mental Health in Liberia” project
3. Two final evaluation reports: by December 1, 2018
4. Summary Memo: outlining recommendations from each evaluation report and highlighting key points of overlap
5. All data, forms, and other research materials produced by the consultant transferred in appropriate electronic form to TCC

Qualifications & Application Procedures

The Carter Center (TCC) Liberia Mental Health Program seeks an experienced professional or team of professionals with global health and child and adolescent mental health training and experience, as well as proven skills in monitoring, research and evaluation, to complete the final evaluation of the projects “Supporting Psychosocial Health and Resilience in Liberia” and “Improving Child and Adolescent Mental Health in Liberia.” Experience working with an international team is required as well. The consultant should be available to communicate regularly with TCC staff and other partners in Monrovia, Liberia and Atlanta, GA throughout the evaluation process, as well as travel to Liberia as needed for evaluation activities.

The consultant should have:

- A Masters or PhD in public health, psychology, mental health, child and adolescent health or developmental psychology, social work, or a related field and 5 years of evaluation experience
- Extensive experience in behavioral health research, evaluation research, and global health and mental health research
- Knowledge of the principles and current approaches to monitoring and evaluation of health programs with a focus on international programs
- Technical skills in qualitative and quantitative research design, data analysis, and program monitoring and evaluation
- Small and large dataset management, analysis and reporting experience
- Knowledge/experience in child and adolescent mental health
- Familiarity with World Bank reporting requirements
- Experience conducting evaluations in low and middle-income settings and low-resource environments/settings preferred
- Comprehension of the organization of mental health services in low income settings generally, or Liberia in particular
• Experience working in different cultures and/or with individuals from different cultures (Liberian/West African/African preferred)

• Qualified consultants in Liberia or the sub-region will be given priority consideration.

The consultant is expected to be independent from any organizations that were involved in designing, executing or advising on any aspect of the projects that are the subject of the evaluation.

The consultancy will be part time for the duration of the contract, which is approximately 3 months, with an estimated 40 total days of work. The ICR consultant will report to the Project Lead, Dr. Janice Cooper, and coordinate planning for logistics and submission of deliverables with Sarah Yoss in TCC’s Atlanta office.

To apply, please submit your resume, cost proposal, three references of similarly situated work and one sample evaluation to Sarah Yoss, sarah.yoss@cartercenter.org by August 24, 2018. If selected for a short-list, consultants should be prepared to interview as early as the week of September 3, 2018.

F. Inputs

The Consultant will be remunerated upon delivery of the agreed outputs, at the agreed fee rate for the agreed number of days of professional fees chargeable. In addition, the Consultant will receive the following benefits:

a) Direction and support from Project Lead and Project Staff

b) Access to research and content materials to complete deliverables

ANNEXES (TO BE FINALIZED)

1. Results Framework: “Supporting Psychosocial Health and Resilience in Liberia” project
2. Key Performance Indicators: “Improving Child and Adolescent Mental Health in Liberia” project
3. List of documents to be consulted (e.g. Project Implementation Manual, quarterly reports, etc)
4. List of key stakeholders and partners — to include individuals who should be consulted, together with an indication of their affiliation and relevance for the evaluation and their contact information. This annex can also suggest sites to be visited.
5. Required outline for the evaluation report— including the sections to be included, the page limits, and any required annexes, as well as requirement of electronic delivery.