1. Background

Somalia's 30 year old civil strife has severely disrupted social cohesion, broken down social norms and led to widespread psychological suffering. Long-standing conflict undermines trust between individuals, families, communities and their institutions. With 70% of Somali's population under the age of 30 years, the vast majority of the population was born and grew up in the midst of conflict. This situation can lead children, young people and adults to normalize and potentially reproduce violence and conflict through retribution, joining armed groups and intimate partner violence. Studies of adverse childhood experiences and trauma, such hunger, violence and neglect, have shown an association with long-term chronic health conditions including mental health and substance use. Therefore, neglecting to address the psychosocial impact of conflict will ultimately undermine peace, health and development.

Through UN Peacebuilding fund, the WHO country office in Somalia, in partnership with the IOM, UNICEF, Somali National University and the federal government, are currently implementing a pilot project on youth-oriented integrated MHPSS in the context of peace building.

The project complements existing primary health care services and peace-building initiatives and tackles an important service delivery gap – MHPSS – which is currently not covered by any humanitarian or developmental programmes in Somalia.

The project is the first of its kind and aims to:

- Improve access to and widen coverage of mentalhealth and psychosocial support services for youngpeople at the primary health care level

- Establish an institutional response to mental healthand psychosocial problems affecting young Somalipeople

- Enhance our knowledge and understanding of the links between mental health and drivers of conflict in Somalia which have not been well studied orresearched

- Collect and analyze primary data on links betweenmental health and peace-building

- Generate evidence on how health can be linked topeace through integrating mental health care withcommunity reconciliation and rehabilitation efforts

- Align the collaborative work of three agencies of the United Nations to promote mental health and well-being.

The Theory of Change is that, the provision of mental healthand psychosocial services to young men andwomen, lessening of the stigma associated with mental and psychosocial disorders and improved social cohesion will reduce disenfranchisement and marginalization of young people – a recognized driver of conflict –and thereby enable them to become positive agents of change who contribute to peace-building opportunities.

As part of this project, WHO and implementing partners are conducting a study on the links between mental health, conflict and peace building in order to provide evidence about the interplay between MHPSS and drivers of conflict in Somalia, and help to inform new evidence-based approaches and interventions that can be implemented as a follow-on to the project. It is being increasingly recognized among professionals working in MHPSS and peace building that interventions aiming to achieve build peace would benefit from closer links with mental health interventions, as both add vital elements to rebuilding social, economic and political structures.

2. Purpose

An independent evaluation consultant/team is sought to perform an end line evaluation of the mental health themed project under the UN Peacebuilding Fund *"Improving psychosocial support and mental health care for conflict-affected youth in Somalia: A socially inclusive integrated approach for peacebuilding"*.

The primary purpose of this evaluation is to assess the extent to which the project achieved its strategic outcome with an added focus on whether the project interventions have achieved outcome level contributions to peace building and social cohesion with a focus on youth through mental health and psychosocial support interventions in the targeted areas. The evaluation must provide concrete findings and actionable recommendations to the programme management, partners and the donor. The evaluation shall also provide key lessons learned on youth

centred mental health and psychosocial support approaches and highlight areas where the project performed less effectively than anticipated if any.

3. Objectives of the evaluation

The end-term evaluation shall comprehensively cover all outputs under the outcome as outlined in the project results framework. Specifically, evaluating the project's implementation against set results, using evidence from the partners, stakeholders and beneficiaries/communities. The specific objectives include the following:

   i. Assess the relevance of the project in terms of:
- Addressing critical drivers of conflict in relation to youth centered psychosocial support and mental health care and adopting relevant peacebuilding strategies in targeted areas.
- Alignment with Somalia national frameworks such as NDP and the UNCF.

  ii. Evaluate how effective the project has been in achieving its outcome and whether the interventions has contributed to or laid the foundation for a reduction in negative coping mechanisms for youth in the target districts, through extensive evaluation methodologies including beneficiary perception surveys.

 iii. Evaluate the project's efficiency, including its implementation strategy, institutional arrangements, management and operational systems and value for money. This includes an assessment of timeliness and success of adaptations the project implemented to respond to challenges resulting from the COVID-19 pandemic.

 iv. Assess whether the project promoted gender equality and women empowerment by adopting a specific focus on women's participation and role in peacebuilding processes.

  v. Document good practices, innovations and lessons emerging from the project; and

 vi. Assess whether the project has been implemented through a conflict-sensitive approach;

 vii. Provide actionable recommendations for future programming, including alignment to the country's recently revised essential package of health services (EPHS 2020).

4. Scope of the project evaluation

The evaluation team shall undertake the specific tasks listed below:

(i) Evaluate the whole results chain from project inputs, outputs, outcome, and immediate impacts with regards to activities achieved by the project.

(ii) Evaluate the project's theory of change specifically, the conceptual, technical and policy underpinnings of the project design and compare with experiences on the ground.

(iii) Identify factors contributing to the achievement of outputs/outcome and those preventing the achievement of outputs/outcomes. This will serve to enhance evidence-based learning to inform future programming.

(iv) Evaluate project performance against its ability to achieve conflict prevention and contextual peacebuilding changes in targeted areas.

The evaluation must follow the UN Data Protection Principles, UNEG norms and standards for evaluations, and relevant ethical guidelines. The evaluation criteria, questions and methodology will be refined and fully defined during the inception phase. Below is a synthesis of some of the major steps that the evaluation team is expected to take:

- Design appropriate methodology for implementing the end-term evaluation and develop the standard tools taking into account the objectives mentioned above in this TOR. The methodology should combine various data collection methods, including quantitative and qualitative surveys. The detailed methodology and data collection tools should be presented in the inception report. Data collection will be done only upon approval of the methodology and tools.
- Conduct appropriate desk review, collect and analyse available secondary data related to the project objectives.
- Conduct primary data collection in targeted project locations to measure key indicators through beneficiary surveys and interviews, FGDs, KIIs, and field observations. The evaluator shall speak with MHPSS project stakeholders/implementing agencies; WHO, UNICEF, IOM, the Federal Ministry of Health (FMoH) and the UN Peacebuilding Fund donor as well as beneficiaries of the project.
  - Analyse and interpret data to develop a comprehensive and succinct evaluation report with adequate evidences and references as applicable.
  - Share key findings and insights with staff and stakeholders through dissemination forum

The following questions shall guide the end-term evaluation.

Relevance:

- To what extent did the project design address and respond to mental health and psychosocial support services in the context of peacebuilding?

- Was the project relevant to the needs and priorities of the target communities/beneficiaries? What was the level of engagement during the design and implementation of the project?
- Did the project's theory of change articulate assumptions about why the project approach is expected to produce the desired change? Was the theory of change grounded in evidence? Did it hold up in practice?

Efficiency:

- How efficient was the overall staffing, planning and coordination within the project (including between the implementing agencies and stakeholders)? How efficient were the management and accountability structures of the project?
- Were the project outputs delivered promptly/in line with the proposed timelines?
- How efficient and successful was the project's implementation approach, including inputs, implementing partners and other resources?
- How efficient, timely and successful did the project adapt to challenges resulting from the COVID-19 pandemic?
- How well did the project collect and use data to monitor results? How effectively were data used to inform project performance and improvement/course correction?
- Overall, did the project provide value for money? Specifically, did the actual or expected results (outputs and outcomes) justify the costs incurred?
- To what extent did the project ensure synergies within UN agencies' different programs and other implementing organizations and donors with the same portfolio?
- What were the strengths, weaknesses, opportunities and threats of the project's implementation process?

Effectiveness:

- How effective were the project implementation strategies and tools in contributing to the project's strategic objective?
- To what extent have targets in the results framework been achieved per indicator disaggregated by gender, age and other relevant targeted demographics.
- To what extent did the respond to challenges and demands raised by young women and men?
- To what extent did the project mainstream gender equality and women's empowerment (GEWE) and achieve inclusive conflict resolution processes?
- How appropriate and clear was the project's targeting strategy in terms of geographic and beneficiary targeting?
- Did the project adopt responsive monitoring and evaluation practices/systems and how effective were they in capturing data to inform results at all levels, including at the outcome level?

Impact

- To what extent did the project generate or is expected to generate significant positive or negative, intended or unintended, higher-level peacebuilding results by addressing key drivers of conflict?
- To what extent did the project contribute to the broader strategic outcomes identified in the Somalia national development plan, legislation, and policies?

Sustainability & ownership

- To what extent are the project results likely to be sustained after the completion of this project?
- Did the intervention design include appropriate sustainability and exit strategy (including promoting national/local ownership, use of national capacity etc.) to support positive changes in peacebuilding after the end of the project?
- To what extent did the government, local authorities and the community's participation in the project foster increased commitment and ownership of the project results for sustainability beyond the project period?
- How has the project enhanced and contributed to national capacity development to ensure the suitability of efforts and benefits?

Coherence:

- To what extent did the project complement work among different entities, especially with other UN actors, other government institutions and alignment with other PBF projects?
- How were stakeholders involved in the project's design and implementation?

Catalytic:
- Was the project financially and/or programmatically catalytic?

- Has PBF funding been used to scale-up other peacebuilding work and/or has it helped to create broader platforms for peacebuilding?

Gender/Youth-Responsiveness:
- Did the project consider the different challenges, opportunities, constraints and capacities of women, men, girls and boys in project design (including within the conflict analysis, outcome statements and results frameworks) and implementation?
- Were the commitments made in the project proposal to gender-responsive peacebuilding, particularly with respect to the budget, realized throughout implementation?
- To what extent did the project include young men and women in the design and implementation?

Risk-Tolerance and Innovation:
- Were risks adequately monitored and mitigated?
- How novel or innovative was the project approach? Can lessons be drawn to inform similar approaches elsewhere?

5. Deliverables

The consultant will work to produce the following output/deliverables

Output 1: Prepare inception report with:

- The specific set of issues and questions to be addressed by major project elements

- Relevant stakeholders to be consulted

- Proposed evaluation methodology including data collection tools and table of contents of the evaluation report

- Work schedule including dates and deliverables by dates

Deliverables 1.1: Design appropriate methodology for implementing the end-term evaluation and develop the standard tools.

Deliverable 1.2: Conduct appropriate desk review, collect and analyse available secondary data related to the project objectives.

Deliverable 1.5: Share the inception report with staff and stakeholders through dissemination forum

Output 2: Draft report of the evaluation:
Deliverable 2.1: Prepare the end-term evaluation report draft(s) to be reviewed by the project partners. The report will provide the preliminary findings, recommendations and conclusions from which the partners shall provide relevant feedback.

Output 3: Knowledge sharing workshop:
Deliverable 3.1: organize a meeting to facilitate sharing of the evaluation findings with the project partners and provide feedback.

Output 4: Prepare final report:
Deliverable 4.1: Upon incorporating the provided comments, the consultant shall sSubmit a final evaluation report within two weeks of receiving comments on the draft report.

Technical Supervision
The consultant will work under the supervision of:
WHO Health Policy Advisor UHC   Dr Marina Madeo   Email: madeom@who.int

6. Planned timelines (subject to confirmation)

To be decided

7. Specific requirements for National Consultant:

Education:
Advanced university degree (Master's degree or above) in mental health related discipline (psychology, psychiatry, nursing or social work) or a related field.

Experience:
- 7 to 10 years of demonstrated relevant work experience at the national level in monitoring, evaluation, reporting, or research with emphasis on MHPSS is required.
- Demonstrated ability to prepare and follow interview/focus groups protocols and other data collection tools is required.
- Experience in using participatory techniques in data collection, including gender-sensitive and youth-friendly approaches, is required.
- Deep knowledge of the peacebuilding and political context in the country is required.
- Knowledge of and experience is required in the field of peacebuilding, mental health especially in psychosocial protection and services and in social cohesion, human rights, youth empowerment, gender equality, etc.
- Familiarity or previous work experience with the UN system is a strong asset.

Language skills:
- Fluency in oral and written in English and Somali languages are a must.

8. Place of assignment
The position is based in Mogadishu with field missions to other states (if required), Somalia

9. **Medical clearance**
The selected consultant will be expected to provide a medical certificate of fitness for work.