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BasicNeeds-Ghana

TERMS OF REFERENCE

Project Mid-Term Review

TERMS OF REFERENCE (ToR)

FOR

PROJECT MID-TERM REVIEW

OF

‘Strengthening Community Health Systems to Enhance Integrated People-Centred HIV, TB, SRH and MHPSS for Vulnerable Women and Adolescents in Ghana’

PROJECT CODE: 23SANIC204

Implemented By:



BasicNeeds
BETTER MENTAL HEALTH, BETTER LIVES

BasicNeeds-Ghana



Funded By:



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List of Acronyms and Initials

BNGh	BasicNeeds-Ghana
CCM	Country Coordinating Mechanism
CEO	Chief Executive Officer
CHAG	Christian Health Association of Ghana
CPRI	Centre for People's Empowerment and Rights Initiatives
CSO	Civil Society Organisation
DHMT	District Health Management Team
EF	Expertise France
FHD	Family health Division of the Ghana Health Service
GAC	Ghana Aids Commission
GBV	Gender Based Violence
GF	Global Fund
GHS	Ghana Health Service
HIV	Human Immuno-Deficiency Virus
HPD	Health Promotion department of the Ghana Health Service
IPV	Intimate Partner Violence
MDAs	Ministries Departments and Agencies
MHA	Ghana Mental Health Authority
MHPSS	Mental Health and Psychosocial Support Services
MMDA	Metropolitan Municipal District Assemblies
NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
NGO	Non-Governmental Organisation
NSA	None State Actor
SRHR	Sexual and Reproductive Health and Rights
TB	Tuberculosis

Executive Summary

'Strengthening community health systems to enhance integrated people-centred HIV, TB, SRH and MHPSS for vulnerable women and adolescents in Ghana' is a 36-month (three years) initiative with a total budget of EURO€954,298 which Expertise France is funding fully.

The project commenced in May 2024 and expected to end in April 2027. This mid-term review is to help provide independent viewpoints of the progress of the project, identify variances emerging and opportunities and recommendations to mitigate limitations and or inadequacies identified in order to achieve the anticipated results. The Terms of Reference (ToR) therefore details the scope of the assignment, the qualifications, experience and specification of the desired consultant to lead the independent the project review. It also recommends the methodology and methods that could be utilised to undertake the assignments, project documents to review, as well as the contents and format the final report. The ToR will be used to identify and engage a suitable consultant, negotiate the fee of the assignment, and itinerary for undertaking the exercise. It will serve as the framework within which the mid-review will be undertaken.

1.0 Introduction

BasicNeeds-Ghana (BNGh) together with project implementation partner organisations and key collaborators have been implementing a project titled “**Strengthening community health systems to enhance integrated people-centred HIV, TB, SRH and MHPSS for vulnerable women and adolescents in Ghana**” with funding from Expertise France under the L’Initiative funding scheme. The project is a 36-month project which commenced implementation in May 2024. Having been nearly mid-way through its scheduled duration of implementation and has a scheduled mid-term review to inform the remaining period of implementation of the project, this Terms of Reference (ToR) details the minimum requirements for the review. In this regard, the TOR provides an overview of the project, its focus and key elements, the approach of the review, and contents of the final report as well as the specific skills and experiences, and personal attributes needed for the lead reviewer.

2.0 Project Overview

The ‘*Strengthening community health systems to enhance integrated people-centred HIV, TB, SRH and MHPSS for vulnerable women and adolescents in Ghana*’ project, is a 36-month project with a total budget of EURO€954,298, entirely funded by Expertise France (EF) under the L’Initiative funding window. The project seeks to contribute to strengthen community health systems to enhance HIV prevention and treatment outcomes for pregnant and postpartum women and adolescent girls living with HIV and/or at risk of HIV in Ghana. This specifically includes women and girls who are vulnerable and/or marginalized due to a myriad of factors, including poor healthcare service access, social stigma, discrimination and criminalisation, as well as those of rural and hard-to-reach communities and urban slums, migrant and itinerant populations. The project **target direct beneficiaries** are 14000 pregnant women and girls and postpartum mothers (i.e., 15-49 years) with mental health needs, who have survived Sexual and Gender-Based Violence/Intimate Partner Violence (GBV/IPV), as well as those living with or at risk of HIV.

The **project’s main objective** is ‘To improve maternal and child health outcomes for the poorest and most vulnerable women and girls in Ghana’ with two specific objectives which are i) Strengthening community systems to deliver integrated, people-centered HIV, TB, sexual reproductive health (SRH) and mental health and psychosocial support services (MHPSS) during the peripartum period¹ for women and adolescent girls living or at risk of HIV; and ii) Addressing gender-based differences and inequality in access to healthcare services and health status among pregnant and postpartum women and adolescent girls living with or at risk of HIV.

Broadly, the proposed interventions will work to advance the integration of MHPSS into both policy and direct service delivery, support an enabling environment for stigma and discrimination-free MHPSS services in maternal and child health care and HIV/TB treatment.

BasicNeeds - Ghana (BNGh) is jointly implementing the project with the Christian Health Association of Ghana (CHAG), Centre for People’s Empowerment and Rights Initiative (CPRI), and Mental Health Society of Ghana (MEHSOG). The organisations are actively collaborating with the Ghana Health Service (GHS), and Ghana Mental Health Authority (MHA), as well as the Ghana Aids Commission (GAC), Global Fund (GF) Ghana Country Coordinating Mechanism (CCM).

The project target locations are 14 MMDAs in seven of Ghana’s 16 administrative and political regions of Ghana. Table 1.0 below gives the details of the project target locations.

¹ In this project, the perinatal period refers to the duration of pregnancy and the year after birth. This has been clearly defined in WHO’s “Guide for integration of perinatal mental health in maternal and child services.”

Table 1.0: Project target locations

District	Region	Communities
1. Tamale Metropolitan Area	Northern Region	Tamale (Tishigu, Gumbihini and Nakpanzou)
2. Gushiegu District		Gushiegu/ Kpatinga/ Gaa
1. West Mamprusi Municipal Area	North-East Region	Walewale /
2. Mamprugu Moaduri District		Yagba and Kubori
5. West Gonja Municipal Area	Savannah Region	Damango
6. Central Gonja Area		Buipe and Yapei
7. Bolgatanga Municipal	Upper East Region	Sokabiisi/ Yikene
8. Talensi District		Tongo/ Baare/ Gorogo
9. Lawra Municipal Area	Upper West Region	Boo and Yagtuuri
10. Daffiama-Busei-Issah (DBI) District		Daffiama, Busei, and Issah
11. Sunyani Municipal Area	Bono Region	Sunyani,
12. Sunyani East District		Odumase
13. Ga East Municipal	Greater Accra Region	Ashaiman
14. Ga West Municipal		Amasaman

A total of 42 healthcare facilities, made up of 14 district hospitals and 38 sub-district healthcare centres and Community Health Planning and Services (CHPS) compounds of the target district capitals and communities.

This project has been under implementation since 1st May 2024. Three six-monthly progress update reports have been submitted to Expertise France, the most recent being in January 2026.

2.1 Anticipated results and key activities of the project

The results anticipated and the key activities to carryout to realise the results them are detailed below;

1. District/community level healthcare facilities have integrated MPHSS into their HIV, TB and MCH services enhancing access to and quality of services, and health and wellbeing overall

- Train, support, and supervise community healthcare workers to utilise screen tools to identify MHPSS care needs of pregnant women and postpartum mothers, including thos eliving with HIV/TB and survived GBV/IPV.
- Create safe spaces for MHPSS/ counselling support for the target beneficiaries.

2. Perinatal and post-partum women and adolescent girls (15-49 years), 50% of whom will be living with HIV have enhanced health and wellbeing as a result of accessing HIV/TB /MHPSS and perinatal / postpartum care services at the community level

- Stratify treatment and care, and support specialist psychiatrist outreach clinics
- Engage in prevention and promotion activities which include efforts to promote 'know your status' for HIV/TB and perinatal mental health awareness and anti-stigma campaigns
- Promote and support the provision of peer-psychosocial support for HIV /TB-positive pregnant women and girls and postpartum mothers under ARV/DOT treatment

3. Women/ girls and youth (15-49 years) are empowered, and making informed choices to protect their health and rights

- Undertake print and electronic media-based campaign on HIV/TB, maternal mental health/ GBV/IPV
- Establish 28 Self-Help Peer Support Adherence Clubs (SHACs) to promote HIV/TB and MHPSS treatment
- Engage/ collaborate with government/ state stakeholders to enhance social protection, gender equality and women's empowerment

2.2 Project Management, Partnership and Key Collaboration

Details of the management of the project, partnership and key collaborators are provided below.

2.2.1 Project Management

BNGh is the project's lead organisation and grantee of the project. As the lead organisation, BNGh coordinates engagements with the project implementation partners (CPRI and MEHSOG), the project resource partner (CHAG), and the key collaborators (GHS, MHA, GF Ghana CCM, GAC).

The project implementation partners are the CPRI and MEHSOG, with the CHAG being a resource partner. The key collaborators in the delivery of this project are the GHS, particularly, the Family Health Division (FHD), the Health Promotion Division (HPD) and the HIV, TB, and Mental Health focal persons and coordinators, as well as the regional and district health directorates and healthcare facility managers of the project target districts and regions. The MHA, the Global Fund Ghana Country Coordinating Mechanism (CCM), the Ghana Aids Commission (GAC), National Health Insurance Authority (NHIA) and the Ministry of Gender, Children and Social Protection (MoGCSP) are the other collaborators of the project. Similarly, the Metropolitan, Municipal, and District Assemblies (MMDAs), and other relevant government decentralised Ministries, Departments and Agencies (MDAs) are actively engaged and interfaced with in the delivery of the project. The notable MDAs are the Department of Social Welfare, District Health Insurance Schemes (NHIS), and Gender Desk Officers.

BNGh, as grantee, interfaces with the funder (EF) on donor relations and key accountabilities relating to reporting on the grant and other relevant communications on the project on behalf of the project partners.

2.2.2 Partnerships

BasicNeeds-Ghana (BNGh): is a pioneer and leading mental health and development advocacy organisation in Ghana with more than 20 years' experience implementing and promoting initiatives to transform the lives of people with mental health conditions or epilepsy, their families and communities, by catalysing access to integrated community-based mental health care, socioeconomic rehabilitation, rights-based public policy advocacy, anti-stigma awareness creation and inclusive community development. The organisation was registered in 2002 with the Registrar General's Department as a company limited by guarantee (with registration number CG031202019) and with the Department of Social Welfare to operate as a not-for-profit NGO. The organisation's head office is in Tamale, Ghana, with another office in Accra for national level liaison and programme/ project implementation in the Greater Accra Region. It works with the implementation partners and other organisations and collaborators across the country.

BNGh is the national convener of the Ghana Mental Health Alliance and as well is a member of the Ghana National Coalition of NGOs in Health, and Network for Women's Rights in Ghana (NETRIGHT). It is also an observer of the GF Ghana CCM.

BNGh is the lead organisation of this project coordinating project partner organisations in the implementation of project activities, providing backstopping and supportive supervision, including leading in the implementation of national level activities. BNGh interfaces with the funder, Expertise France, on all matters of the project. BNGh reports to Expertise France and maintains all communications relating to project activity implementation, financial matters, visits of officials of EF and or the Embassy of France in Accra, Ghana.

Christian Health Association of Ghana (CHAG): is a national level network of nearly 400 hospitals and clinics, and health training institutions established by some 34 Christian denominations in Ghana. CHAG was registered as a not-for-profit NGO in 2010 (with number CG129642019) even though the organisation's services date back to the 1980s. The organisation is headquartered in Accra, Ghana. CHAG is the largest none-state healthcare service provider in Ghana. Under an MoU with GoG, CHAG-run facilities are supported by GoG paying emoluments of staff working in the CHAG facilities to complement services provided by GHS (the national health service agency). CHAG is an immediate past Principal Recipient of grants of the GF Ghana CCM delivering the 'Ghana HIV/TB Community System Strengthening' grant (Grant Cycle 6) in Ghana, simply referred to as CHAG HIV/TB CSSAs. BNGh and CHAG have variously partnered and collaborated in the delivery of mental health and development interventions over many years. In this project, CHAG serves as a resource partner, involved in providing community engagements and interface with HIV/AIDS and TB focal persons, as well as in implementing activities in their facilities. Two of their health facilities in the Bono Region are covered.

Centre for People's Empowerment and Rights Initiatives (CPRI): The implementation partner of the project in the Upper West and Upper East regions of Ghana. CPRI is a youth-focused not-for-profit NGO working with young people and marginalised population to positively effect change in families and communities in Ghana concentrating particularly in the Upper West Region (UWR), Upper East Region (UER), North-East Region (NER), Northern Region (NR) and Savannah Region (SR). CPRI operates in the areas of health, education, gender and disability and human rights. It was registered in 2006 with registration number G17,444. CPRI is a longstanding member of BNGh, works well with the GHS and MHA. CPRI is the regional convener of the Ghana mental health alliance in the UWR. In this project, CPRI is the lead organisation in the implementation of project activities in the Upper West Region and complement project partners to help mobilise adolescent girls to access services, including support to the Self-Help peer support Groups (SHGs). CPRI engages GHS/ MHA and relevant collaborators at the community, district and regional levels in the delivery of the project., will also lead advocacy on the integration of HIV/TB, Sexual and Reproductive Health (SRH) and Mental Health.

Mental Health Society of Ghana (MEHSOG): is a membership-based organisation of mental health service users and primary caregivers advocating for inclusion and human rights of persons with living with mental health conditions. MEHSOG was registered in 2009 under the aegis of BasicNeeds-Ghana and remains one of the close partners of the organisation. MEHSOG is registered as an NGO with registration number G27,376. The offices of MEHSOG are located in Accra. In this project, MEHSOG works with BNGh in the delivery of the project in the target districts and health facilities in the Greater Accra Region. MEHSOG contributes to advocacy for enhanced access to treatment services and social protection scheme (such as cash-transfers and health insurance), as well as anti-stigma and awareness raising activities. The organisation has a policy to promote gender equality through staff recruitment and beneficiary targeting, ensuring that majority women and girls benefit from the projects and programmes of organisation.

2.2.3 Key collaborators

Ghana Health Service (GHS) is the national health service agency of the Government of Ghana (GoG) primarily implementing public sector health services and health policies for/ of the country. It was established in 1996 under the Ghana Health Service and Teaching Hospitals Law, (Ghana Health Service and Teaching Hospitals Act, 1996 (Act 525), 1996). The GHS has 12 divisions and operates across all the political and administrative jurisdictions of the country, that is national, regional, district levels, as well as with management and administrative structures at each hospital/ health facility. The divisions the GHS currently operate with are (1) Family Health Division (FHD), (2) Health Promotion Division (HPD), (3) Public Health Division (PHD), (4) Human Resource Development Division (HRDD), (5) Policy Planning Monitoring and Evaluation Division (PPMED), (6) Institutional Care Division (ICD), (7) Research and Development Division (RDD), (8) Health Administration and Support Services Division (HASS), (9) Supplies Stores and Drug Management Division (SSDM) (10) Finance Division (FD), (11) Internal Audit Division (IAD), (12) Office of Director General (ODG). In this project the project implementation partner organisations worked with the Family Health Division, Health Promotion Division, and the focal persons and coordinators for mental health (under Institutional Care Division), HIV/AIDS and TB (both under Public Health Division), as well as the directors of the district and regional health directors, mental health coordinators, HIV/AIDS and TB focal persons, and the hospital medical directors, and in-charges of sub-district health centres and CHPS compounds.

Ghana Mental Health Authority (MHA): is an agency of Ghana's Ministry of Health (MoH) responsible for coordinating and overseeing the implementation of mental health policy (-ies) and ensuring quality mental healthcare services in the country. It was established under the Mental Health Law, Act 846 (2012) to respond to the absence of a national agency to coordinate mental health policy and services of the country. Much as the law was enacted in 2012, MHA was established with an operational office and staff in 2014. The MHA has a national office headed by a Chief Executive Officer (CEO) with a governance board providing fiduciary oversight. It operates with several divisions covering community mental health, the three psychiatric hospitals, a research unit and a department for non-government and corporate partnership relations, all of which are under the CEO. BNGh and the project partners have actively worked with the MHA on several initiatives and various points in time and have cordial working relationships with it. In this project, the MHA provides perspectives and enhancing the integration of MHPSS into HIV/AIDS and TB services among pregnant women and girls, and postpartum mothers living with or at risk of HIV including survivors of GBV/IPV. Officials of MHA have actively participated in engagements galvanizing support for inclusion of MHPSS in HIV and TB care.

Global Fund (GF) Ghana Country Coordinating Mechanism (CCM):

The GF Ghana CCM coordinates GF investments in Ghana as a GF recipient country. The Executive Secretary of the CCM has regularly participated in engagements and meetings of the project and sharing information and resources that can support the integration of MHPSS into HIV and TB, as well as creating links with the GF funding recipients in Ghana for BNGh and the project partners to interface with. Notable linkages were with the associations of people living with HIV/AIDS and TB.

Metropolitan Municipal and District Assemblies (MMDAs): are the 14 target MMDAs that the project is being implemented in. They are listed in the 'District' column of Table 1 above. The District Coordinating and Planning Unit (DCPU) which are the secretariats of the MMDAs and the Social Services Sub-Committee (SSSCs) of the MMDAs were the one engaged to secure their support for the project by having officials attend activities of the project in their jurisdictions which could make the officials make support statements and pronouncements that could be beneficial to the project beneficiaries. The engagements were also for enhancing the inclusion of the target beneficiaries in

and their access to benefit social protection schemes, particularly the District Assembly Disability Common Fund financing, and free registration under the district NHIS.

World Health Organization (WHO): The WHO Country Office in Ghana is also a key collaborator in this project. Having led the assessment and publication of a report on Maternal Mental Health (MMHP) and worked closely with BNGh in the assessment, BNGh included the WHO in the project country coordinating committee to share perspective and contribute advocacy for the integration of HPSS in HIV and TB response(s). The WHO in Ghana has also recently begun a Technical Assistance to the WHO and MHA to develop and implement a Maternal Mental Health Programme for Ghana. BNGh has been invited to share perspectives from its previous work in enhancing maternal mental health for pregnant women and postpartum mothers. Engagements in this process have fostered working relationships and experience sharing on the two ongoing projects.

3.0 Expertise France and ‘L’Initiative’

Expertise France is the French Agency for development cooperation of the Republic of France. A subsidiary of the Agence Française de Développement (AFD) Group and the being the largest development cooperation agency of its kind, EF has a mission which states that *“to strengthen public policies in our partner countries in a sustainable way. Working with civil society and private sector, we design and implement projects that stimulate innovation, reinforce their actions to benefit everyone. Through our expertise in governance, security, climate, health, education, entrepreneurship, cultural and creative industries etc. Expertise Frances contributes to achieving the Sustainable Development Goals (SDGs) in over 140 countries with public funding from French and European sources.”* EF manages L’Initiative Grant Funding scheme (<https://www.expertisefrance.fr/en>, 2016).

“L’Initiative” is a Special Agreement concluded in application of the Framework Agreement dated June 30, 2021 between the Ministry of Europe and Foreign Affairs and Expertise France to be implemented from January 1, 2023”(Expertise France, 2023, 2024). It is a funding mechanism which complements the work of Global Fund to fight AIDS, Tuberculosis, and Malaria. It funds projects that will strengthen systems for health at all levels, from local to national to achieve universal access to health and to eliminate the HIV and AIDS, tuberculosis, and malaria pandemics. As stated in the contract this project, *“The grant contract falls within the scope of ‘L’Initiative’ on HIV/AIDS, TB, Malaria: Frances’ indirect contribution to the Global Fund to fight AIDS, tuberculosis, and malaria (“GF”) place under the oversight of the Ministry of Europe and Foreign Affairs (MEAE) and implemented by Expertise France. L’Initiative is intended to support beneficiary countries to design, implementation and monitoring and evaluation of funding allocated by Global Fund,”* L’Initiative therefore provides Technical Assistance (TA) and catalytic funding to Global Fund recipient countries with the objective to supporting and encouraging the involvement and performance of an ecosystem of committed individuals, national authorities and organisations working towards response(s) tailored to all populations affected by the three pandemics (HIV/AIDS, TB, and Malaria).

The project BNGh and partners is implementing in close collaboration with key agencies of Government of Ghana and other stakeholders was in response to the 2023 Call for proposals - ‘AP-Int-2023-1(HSS) - published under Channel Project of L’Initiative. The call was to contribute to invest in building and strengthening health system(s) at community and national level(s) that is sustainable, resilient, gender-sensitive and enable access to quality services for populations, particularly in response to the three pandemics.

EF manages the relationship with BNGh as the grant holder through, with a project team made up of Project Manager(s), a Monitoring and Evaluation Manager, Administrative and Financial Manager, Procurement, Audit and compliance.

4.0 Scope of the Project Mid-term Review Assignment

The assignment of this mid-review of the project is for an individual expert in project evaluations to undertake an independent review of the project *Strengthening community health systems to enhance integrated people-centred HIV, TB, SRH and MHPSS for vulnerable women and adolescents in Ghana*. This will be done by the consultant carrying out a detailed review of documents of the project and leading at least a ten-day field work in districts and communities the project has been implemented in to assess implementation and achievement so far and then write and submit to BasicNeeds-Ghana, its partners a technical report giving an independent opinion of the achievements and results of the project. Details of the approach, contents and format for the review are contained in section 11.0 of this TOR. The specific questions to answer include the following:

1. integrated services provision in the project target locations/ facilities

Are MHSS-integrated services provided for pregnant women and girls and postpartum mothers living with or at risk of HIV and TB, including survivors of GBV/IPV and impression of their quality?

1.1 How does the training provided in health centres contribute to integrated care provision?

Have the reinforced knowledge and competencies of targeted healthcare workers improved the provision of integrated MHPSS for pregnant women and girls and postpartum mothers, and survivors of GBV/IPV. Describe how user-centred the provision of MHPSS integrated services in HIV and TB, SRH services have been as a result the pre-defined package of training healthcare workers received.

1.2 Presence and appropriateness of counselling spaces for the provision of counselling/ brief psychosocial counselling services to the target beneficiaries

How have the MCH clinics and or VCT centres and TB clinics integrated and enhanced the provision of counselling services for pregnant women and girls and postpartum mothers living with or at risk of HIV and TB, including survivors of GBV/IPV?

2 Beneficiaries sense of benefiting enhanced MHPSS-integrated services

What are the views/ perceptions of beneficiary pregnant women and girls and postpartum mothers, including survivors of GBV/IPV, about their health and wellbeing following MHPSS-integrated services they have been provided in the targeted project facilities, as in whether?

2.1 How the strategies and levers used to combat stigma have an effect on the achievement of the project's objectives?

Examine and comment on the approaches used and the products/ materials produced to combat social stigma against pregnant women and girls living with or at risk of HIV, TB, and mental health conditions and recommend improvements for success.

2.2 Target beneficiaries' self-awareness and knowledge of their HIV, TB, and Mental health status

How certain are target beneficiaries knowledgeable of the HIV, TB, and mental health status and accept their diagnoses and feel empowered?

2.3 Non-clinical services/ psychosocial counselling services gained by the target project beneficiaries

How have target beneficiaries valued psychosocial counselling services provided helping them to cope/ live more positively?

3 Community/ public awareness and Sense of participation and empowerment of target beneficiaries

3.1 Presence and activities of Self-Help peer support Groups (SHGs)/ Self-Help Peer Support Adherence Clubs (SHACs)

How beneficial do the target beneficiaries think the SHGs/SHACs help them gain a sense of belonging, social connection, and confidence to go about their day to day activities and that self-stigma and social stigma has been reduced among them individually and in their groups?

3.2 Are partnerships and collaborations established appropriate and how can they be enhanced?

Assess ongoing partnerships and collaborations established and make recommendations for enhancing and maximising them.

4 Identify possible synergies with other projects

Identify possible synergies with other projects/ programmes that maximise the achievement and impact of the project towards achieving sustainable, high quality outcomes. *Provide examples/and or recommendations*

5 Risk(s)

Any risk(s) that could negatively impact on the project to be aware of with suggested mitigation measures.

5.0 Desired Skills, Experience and Person specification

The consultant will be one with a basic degree in the social sciences and or public health with substantial experience working in social development and understanding social determinants of health/mental health, including project management, monitoring and evaluations. The consultant must be conversant with managing projects funded by Expertise France, European Union, and bilateral/multilateral institutions and or similar donors. S/he must have hands-on experience of leading donor-funded project reviews and evaluations in the last five years. The ideal candidate must also possess high quality writing skills and in producing technical reports.

The person must also be of high professional and ethical standards, be willing to lead and work in a team of field workers and illiterate persons. S/he must understand and respect persons living with mental illness or epilepsy, HIV/AIDS and TB, survivors of GBV/IPV, and their primary caregivers and families. Similarly, the successful reviewer should maintain confidentiality and possess cultural sensitivities that respect the medical conditions of people encountered in the course of the review.

Knowledge and ability to communicate in the local languages spoken in Ghana, especially Dagbanli, Dagaare, Gonja, Gurune/Talen (Frafra), Hausa, Twi/(Akan), and Ga-Adangbe and Twi will be an advantage.

6.0 Proposed Approach and Content of the Review

It is proposed that the project mid-term review shall adopt appropriate and adequate processes to eliciting information that can inform opinions expressed and recommendations proffered by the reviewer. BNGh is open to discuss and agree with the reviewer on the best methodology to adopt. However, it is recommended that the review should be a participatory exercise ensuring maximum stakeholder involvement and or reach. Hence, the following are recommended:

- Qualitative approach, methodology and tools to capture impressions and perspectives of the project beneficiaries, partners, and collaborator stakeholders
- **Methods:** Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), observations, as well as;

- Review of project documents (e.g. proposal, project matrix, semester reports and feedback; and other relevant data).
- Analysis of findings to inform conclusions and recommendations

7.0 Background reading and engagements to consider

The following documents need to be read and familiarised with for the project mid-term:

- i. The approved project proposal document related documents (logical framework, project activity plan, budget, results matrix)
- ii. Annual Project Reports, including financial information. Any case studies produced by the project.
- iii. Baseline study report.
- iv. Other evidence of impact that the project team thinks is important. This could include notes of decisions taken, evidence of policies or programmes that have changed or communication material that may have had an impact on decision-making.

Key engagement to consider are the following below:

1. Project manager(s)
2. Project staff, including male and female field workers or volunteers
3. Target groups whose capacity is being built by the project (e.g. health workers, agricultural workers, extension workers)
4. Beneficiaries: men, women, adolescent girls and boys, disabled girls and boys, men and women living with mental illness or epilepsy and primary carers of persons with mental illness or epilepsy reached by the project.
5. Implementation partner organisations and member-organisations of the Alliance for Mental Health and Development familiar with the project and involved, for example, in advocacy
6. Government officials familiar with the project

8.0 Logistics and Budget

BNGh, working together the project implementation partners, CPRI,, MEHSOG, and CHAG will be responsible for mobilising project beneficiaries and communities, as well as all relevant stakeholders of the project for such engagements as interviews and focus group discussions and/ or the observation of project related activities.

BNGh as the lead implementation organisation will lead the processes of engaging the consultant and in liaising with the implementation partners for the field activities. Means of transportation for the independent reviewer will be provided by BNGh as well as other logistics such as stationery (flip-char paper, marker pens, flash-cards and related items) using the budget provided for the mid-review.

9.0 Budget

The total budget for the project mid-term evaluation covers fees of the reviewer, inclusive of the reviewer's field expenses (accommodation, meals, and incidentals), which is a maximum of the equivalent of EURO€11,000, will be negotiated and agreed up for up to 14 days duration. Other expenses relating to field trip travel and transport engagements with project beneficiaries and stakeholders, as well as other logistics will be borne by BasicNeeds-Ghana.

10.0 Time Frame

The project mid-term review is expected to be carried out in March 2026. Review of documents and field will be between the 1st and 4th March, 2026. Field work will be from 9th to 13th March 2026. Presentation of preliminary findings will be on 17th March 2026. The first draft report for review should reach BasicNeeds-Ghana by 20th March 2026 with a final report for submission to EF by 25th March 2026.

11.0 Key Deliverable(s)

This project mid-term review is very key to ensuring the remaining period of the project is executed in a way that it achieves, if not exceed, all the planned outcomes. It will also provide direction for future design of similar projects of BNGh in the area. Interest of this review is to understand how successful the project has been so far in realising its outputs and anticipated results.

The deliverable(s) of this project is a presentation of key findings and recommendations by Microsoft PowerPoint to the project partners and primary beneficiaries and key stakeholders. This allows for partners and stakeholder have a fair idea of the findings and their implications thereof. A final report with any addendums presented to BNGh for onward submission to EF. For clarity, the list of deliverables include the following:

- i. A scope note from the consultant providing a detailed methodology of a maximum of 10 pages maximum)
- ii. A presentation of key findings PPT to share the first conclusion of the review,
- iii. A final report with the essential parts as listed in Section 13 below of a maximum of 20 pages without annexes.

12.0 Useful content for the reviewer

This section is recommended for the reviewer as guide to conducting the project mid-term review and producing the report. It is expected that the final report of the mid-term review should capture the details as outlined below in Section 12.1.

12.1 Suggested content of the final Review Report

It is suggested to the reviewer to consider the content of the mid-term review report in the format and content(s) below:

▪ Recommended Length of the report

The recommended length of the report should be a maximum of 20 pages in plain English Language. Use Microsoft Word, Calibri font size 11.

▪ Recommended format

1. Title Page with Basic Information (1 A4 page maximum)
(Project title, Agency name, Grant Code number, Country, Name of lead/local partner(s), Name of person who compiled the review report, including summary of role/contribution of others in the team and the period during which the evaluation was undertaken)
2. Contents Page
3. Abbreviations and acronyms page
4. Executive Summary (2 A4 page maximum)
5. The main report (see Section 4.0 and the rest of Section 12 below)
6. Outcome and Output score (see Section 13 below)

7. Annexes: Include the review terms of reference; names and contact details of the reviewers/ consultants, along with a signed declaration of their independence from the project team; review schedule; key people met; documents consulted.

- **Achievements and results of the project:** *Support with examples*

Please, refer to the Section 4 (Scope of the Assignment) which outlines the key questions the mid-term review wants to answer. The reviewer should keep in mind that the review is intended to improve delivery of activities and or aspects of the project in order to be able to realise the intended results/ outcomes.

The presentation and final reports should make brief comments about the following as well

- **Value for money (VfM):**

Evaluate whether the project has been implemented according to principles that support value for money, which is aiming to maximise the impact of every EURO spent will lead to ensuring sustainable, high quality outcomes and not just achieving the lowest costs programmes/ projects, goods and services. *Provide examples/and or recommendations.*

- **Sustainability:**

Do elements (outputs) of this project require future funding and if so has funding been secured? This includes understanding existing capacity, attitude, and positioning of BasicNeeds-Ghana and partner organisations to deliver.

- **Lesson Learning on approaches**

Are there any useful lessons that can be drawn from this project? Note: reviewers do not have to provide lessons under each area. Focus on what is felt to be most useful, such as:

- a) Approaches to Empowerment and Advocacy
What has worked well?
- b) Equity and Gender Equality
Has the project learned any useful lessons in understanding and address gender inequality?
Explain in brief.
- c) Capacity building
What approaches have worked or not worked? What has the organisation learned to apply for the future?
- d) Monitoring
What is the quality of monitoring?
Does a system exist or not?
Consider the accuracy of monitoring data, its flexibility and the use made of it.
Consider if the baseline data is adequate.
- e) Innovation

Are there any innovative aspects of the project identified during the evaluation, if so describe. *Support your findings with examples.*

▪ **Outputs and Result(s) scoring**

Please score project performance against the outcome and each output, making a judgement on the actual achievement of expected results using a five point scoring system:

Score	Description of Score
A++	Highly on track to exceed the project's anticipated results
A+	Moderately on track to exceed the project's anticipated results
A	Just on track to meet Outputs/ Results met expectation
B	Moderately not on track to achieve the anticipated project results
C	Substantially off track to achieve the anticipated project results

13.0 Fieldwork itinerary

To be determined on engagement of the consultant. An itinerary will be developed to cover aspects of the project in a representative manner across the project locations. The itinerary will detail the days, dates, and times of a schedule of activities, individuals and groups involved, the locations, as well as responsible partner organisations and or staff to lead in that activity.

Appendices, Annexure and Enclosures

1. Project narrative proposal
2. Logical Framework & output/outcome Indicator matrix
3. Budget
4. Semester (half-year/ 6-monthly) narrative reports and output data update
5. Project Theory of Change
6. Project activity report and media post/ publications.

References

- Expertise France. (2023). *2023 Call for Proposals L'Initiative - Call for Proposals Guidelines: "STRENGTHENING HEALTH SYSTEMS AT ALL LEVELS (COMMUNITY TO NATIONAL)."*
<https://www.theglobalfund.org/en/strategy/>
- Expertise France. (2024). *EF_L'Initiative Grant Contract 23SANIC204 BasicNeeds-Ghana.*
- Ghana Health Service and Teaching Hospitals Act, 1996 (Act 525), Pub. L. 525, Assembly Press, Accra 1 (1996). <https://doi.org/GPC/A568/500/9/2002>
- <https://www.expertisefrance.fr/en>. (2016, January). *Expertise France: The French Agency for Development Cooperation.* <https://www.expertisefrance.fr/en>