The Center for Victims of Torture
Helping Survivors Heal (HSH) Project

Guidelines for organizations submitting an Expression of Interest (EOI)

1. Summary of the HSH Project and Announcement of Partnership Opportunity

The Center for Victims of Torture (CVT) is seeking approximately 12 partner organizations to join a new initiative called Helping Survivors Heal (HSH). HSH is designed to expand access to quality, evidence-informed services for survivors of torture and those impacted by conflict that are adapted to local contexts. HSH will approach this goal through intensive capacity development support aimed to enhance the effectiveness of organizations and service providers, and to build the capacity of the mental health and psychosocial support (MHPSS) workforce in diverse local contexts. HSH is a five-year project that runs from October 1, 2021 – September 30, 2026 and is funded by the US Agency for International Development (USAID), through the Victims of Torture fund. Once partners are selected, their involvement in the project is expected to last up to four years.

These guidelines describe the eligibility criteria and application process for an organization interested in becoming a project partner. CVT is seeking partner organizations with a strong allegiance to help survivors of torture and trauma by delivering high quality mental health services. Partners should be prepared and committed to develop their organization, services, and evaluation systems by undertaking the activities and support from CVT. HSH will provide partners with clinical, evaluation and organizational technical assistance and capacity building; training through a mix of online channels and in-person visits; and network building opportunities. HSH will also provide partner organizations with subgrants for capacity development expenses and direct service delivery.

The project objectives are:
- Objective 1: **Organizational Sustainability:** Organizations that serve survivors of torture or trauma are better able to seize opportunities and adapt to challenges.
- Objective 2: **Service quality:** Organizations that serve survivors of torture or trauma provide high quality care.

- Objective 3: **MHPSS workforce:** Increase in technical competence and recognition of professionals and paraprofessionals to provide MHPSS services in partner localities.

The project objectives are viewed using four lenses:
- An **organizational development (OD)** lens focuses on features at the institutional level that influence organizational effectiveness and sustainability, including leadership, management, and administrative capabilities; linkages with other institutions; compliance; staff care and resilience; and resource development.
- A **Mental Health and Psychosocial Support treatment (MHPSS)** lens focuses on the therapeutic interactions between providers and clients; it includes the use of reflective practice, clinical supervision, evidence-informed care adapted to the cultural context, core clinical competencies, and staff care.
- A **service management (SM)** lens focuses on project, program, center, and clinic management and administration to ensure high quality service delivery to survivors of torture. High quality care has many features, including ethical, equitable, efficient, and effective.
- A **monitoring, evaluation, and learning (MEL)** lens focuses on tracking service delivery, ongoing feedback and improvement, intended and unexpected outcomes, generating evidence that can be used for adaptation / innovation, and learning across stakeholder groups.

All Expressions of Interest must be received by CVT no later than end of day CST on ==*Monday, February 14, 2022.*== *CVT will review all Expressions of Interest and invite selected organizations to submit full applications. The timeline is noted below.*

2. Key Dates in the Application Process (Expression of Interest, Application, Zoom calls)

January 25, 2022	CVT sends out Call for Expressions of Interest (EOI)
February 14, 2022	*Closing date for organizations to send CVT Expressions of Interest (EOI)*
End February 2022	CVT reviews EOIs and invites selected organizations to submit full application
Early March 2022 (exact date TBD)	*Closing date for selected organizations to send CVT full applications*
March / April 2022	CVT reviews applications and invites selected organizations for Zoom conversations
April 2022	CVT selects final partner organizations, requests approval from funder, then notifies partners when approved.

3. Core Project Components and Expectations of Partner Organizations

Project partners will participate in the following project components.

Phase 1: Planning (May 2022-September 2022):
Once partners have been selected, they will move to the planning phase. CVT will provide funding to pay for partner staff time during the planning process.

CVT planning visit to partner organization to confirm partnership:

A brief visit will take place in-person at each partner organization if security and safety conditions allow (e.g., COVID risk); CVT is also planning for a contingency scenario in which "visits" take place remotely. These two-day engagements will ensure mutual understanding of the project, partnership, and expectations. If the organization or CVT decides that full partnership is not appropriate, then the organization will be considered for membership in a broader network that CVT will engage with throughout the project period, but who will not receive tailored / intensive capacity development support. The partner organization and CVT will review and sign the Memorandum of Understanding (MOU). Then both organizations will develop a plan for conducting a full organizational assessment visit (timing, partner staff involvement, etc). (See next section).

CVT organizational assessment and partner Institutional Strengthening Plan (ISP) development:

CVT will work collaboratively with each partner to conduct a participatory organizational assessment and support the partner in developing an Institutional Strengthening Plan (ISP). The ISP is a plan to pursue the partner's goals as viewed through the project lenses of MHPSS treatment; organizational development; monitoring, evaluation, and learning; and service management.

The organizational assessment will include document review, remote meetings between CVT advisors and partner staff, and introductory material presented by CVT advisors. The assessment will culminate in a full visit by CVT advisors (approximately one week) taking place in-person at the partner organization if security and safety conditions allow (e.g., COVID risk). This organizational assessment will be later compared with midline and endline assessments to measure change in capacity (organizational sustainability and service quality).

During the visit, partner staff will use information from the assessment and support from CVT advisors to develop their ISP. The ISP consists of multiple parts, including rationale, needs statements, objective statements, project logic model, activity strategy / timeline for achieving each objective, resources needed, and a monitoring, evaluation, and learning plan. ISP objectives for each partner will address each of the overarching HSH project objectives -- organizational sustainability, service quality, and workforce development. While organizational sustainability and service quality objectives will focus on the partner organization, their workforce development objective(s) may involve the partner looking outward to their local service system, including paths to professionalization for MHPSS workers. The ISP will form the basis of the capacity development support provided to partners by CVT. Partners will submit their budget request for a subgrant to CVT along with their ISP submission for approval. Partner subgrant funding must cover the expenses related to the partner's capacity development objectives (please see below for additional detail about subgrants), and can also be used for direct service delivery.

Phase 2: Implementation of Institutional Strengthening Plans (ISP) (October 2022-September 2025)

ISPs will be reviewed, extended, or updated annually through a joint working session involving CVT technical advisors and partner staff. Partners who achieve their ISP goals quickly may elect to conclude the intensive support from CVT and shift their role to one that focuses more heavily on networking with other partners, engaging in communities of practice, or even serving a mentoring role. These overall timelines and expectations will be discussed during ISP development and revisited annually.

CVT's delivery approach for supporting partners in achieving their ISP objectives integrates in-person activities (e.g. site visits, in-person training) with a robust virtual engagement and eLearning strategy. The team will draw from a wide range of virtual engagement modes and technologies including: individual and small group advising/supervision via video conferencing; interactive live online planning sessions; live online training; blended learning courses incorporating asynchronous elements (e.g. interactive modules, videos, discussion forums, assessments, assignments, group collaborations) within the "HSH Portal." This portal is a secure, encrypted online environment that will be a hub through which individuals access training, resources, and interactions with other partners. This Portal is built within Canvas, CVT's Learning Management System (LMS). In addition, HSH may provide partners with access to a broader virtual network, with training and networking opportunities with an expanded community of providers.

Below are the types of support offered by CVT.

Tailored technical support by CVT staff assigned to partners:

Partners will be assigned CVT advisors who will support them throughout the project. CVT advisors will conduct in person visits for capacity development (one or more visits per year), communicate remotely with partner contacts, and conduct remote capacity development utilizing CVT's integrated eLearning approach to advance ISP objectives. Advisors are experts in one or more of the project lenses (OD, MHPSS, MEL, SM). Each visit from CVT advisors will require partner staff time to prepare and plan, as well as participate in meetings and trainings while the CVT advisor is on site. Visit dates and length will be negotiated in advance with partner staff, but typically last 1-2 weeks. Online engagement between CVT advisors and partner staff will be negotiated as needed, and may include email communication; small or large remote trainings; one-on-one consultation, mentoring, and coaching; and other activity. CVT advisors expect to communicate with partner staff at least twice a month.

Partners may request the on-site placement of an MHPSS specialist (for up to 18 months) and/or a MEL specialist (for up to 4 months). These specialists will provide support and guidance for partners to achieve their ISPs. CVT will pay for the visas, work permits, laptop, salary and benefits, housing, and living expenses of the specialist. The partner organization will participate in the hiring and selection process with CVT. The partner will assure the legality of the placement by helping to obtain any necessary visas and permits; provide a space for the professional to work; and take full advantage of the specialist to advance their ISP objectives.

Subgrants to support service delivery and ISP objectives:

Each partner organization will write a proposal to CVT for subgrant funding and submit it with their ISP for approval. Subgrant amounts will vary by project year, but an average estimate is up to $75,000 per year during the ISP implementation phase. During the final project year, subgrants will be capped at a lower amount.

Subgrant funds must be used for activities directly connected to the HSH project. This can include core operating expenses, translation and interpretation costs to participate in HSH, provision of direct services to clients, and to support costs of capacity development, including staff time to participate in HSH activities. In similar projects CVT has implemented in the past, partners have

needed to allocate substantial amounts of their subgrants to support staff time to attend training, clinical supervision, mentoring, and other capacity development activities.

If the partner requires support in a technical area in which their assigned CVT advisors do not have expertise, subgrant funds may be used to hire local consultants, such as those with knowledge of country-specific human resources or legal frameworks; logistics and procurement in a highly dynamic environment; and network and workforce development on a national and regional level.

CVT will review subgrant requests and their links to the ISP. Use of subgrant funding for major technology purchases (such as customized software or databases) are discouraged, but may be approved under extenuating circumstances. Purchases of pharmaceuticals and major equipment (such as vehicles) are ineligible.

Standard (cross-partner) technical support by CVT staff through the HSH Portal:

The HSH project Portal will facilitate communication and engagement with and among project partners. The Portal is intended to be a central location for project and partner information, communications, online training content and tools, files and resources, and discussion forums.

Each partner organization is expected to have access to the necessary technology (internet access and computers or devices to access the site) and to make time available for staff participation in eLearning activities and engagements offered during the life of the project. Sub-grant funds can be used to support related costs.

Phase 3: Sustainability planning (October 2025-June 2026)

This phase will carry a special emphasis on sustainability of the capacities developed during the ISP implementation phase. Partners will continue to work toward their ISP objectives, but subgrant amounts will taper and there will be no on-site placements. CVT advisors will conduct in person visits as needed. As noted above, partners who have already achieved their ISP objectives may have transitioned to another project role prior to this period.

Administrative Expectations for Partners

Reporting

Partners will be required to submit programmatic reports and financial reports on a regular basis, likely quarterly but potentially as often as monthly. These reports will be reviewed by CVT staff, who may ask follow-up questions and request additional information to ensure compliance and monitor progress toward achievement of objectives. Partner leaders or contact persons will make themselves available for quarterly check-ins with the CVT project management team, if needed.

Monitoring, evaluation, and learning

As a component of their ISP, partners will develop a monitoring, evaluation, and learning plan to help them to monitor their HSH-related outputs and assess progress toward their objectives. CVT MEL advisors will support partners to develop these plans and provide any capacity development support needed to carry them out. In some cases, this may involve measure development or cultural

/ contextual adaptation of tools. Some partners may not need this assistance, but for those who do, HSH views this requirement as a core part of its capacity development approach to help establish sustainable partner MEL systems at the organizational level.

Two important expectations related to MEL are 1) participation in a baseline organizational capacity assessment with annual follow-up facilitated by CVT, and 2) monitoring and reporting of de-identified and/or aggregated beneficiary data to CVT. Beneficiary data will include basic demographics and repeated measures of beneficiary status on intended programmatic outcomes that are relevant to the partner's HSH-supported interventions. Data agreements will be negotiated with each partner and signed by both parties. The agreement will outline the acceptable uses of data by CVT. CVT and the partner will adhere to strict ethical and data protection standards. These standards will be mutually enforced and outlined in the data agreement.

Partners will also be expected to participate in HSH's internal evaluation and any external evaluations contracted by the funder (USAID) or by CVT. These evaluations focus on the HSH program and contribute to HSH learning. For partners, this involves regular response to feedback and satisfaction surveys and conversations; organizational assessments; and potential participation in interviews or focus group discussions.

Language of business

The primary language of project administration and business will be English. Partners will be expected to submit reports in English and be able to communicate via email in English in a timely fashion. Partners who do not have this capability among their current staff are still eligible to participate in HSH, but will need to allocate a portion of their subgrant funding request to contract or employ a translator for this purpose.

HSH does not guarantee that a partner's assigned advisors, specialist placements, or other CVT staff will be able to work in the language of the partner's choice, but we will make every effort to match advisors to partners on this factor when possible (for example, if CVT has an available advisor who speaks a language in common with the partner). Specialist placements who do not speak the language of the partner's staff will be assigned an interpreter, contracted and paid for by CVT, pending available funding. CVT will also provide and pay for interpreters to accompany CVT advisors during in-person visits. However, all other remote communication and activity with CVT advisors that requires interpretation or translation must be paid for by the partner using their subgrant funds*.*

4. What Partner Organizations Can Expect of HSH

In addition to the project components listed above, HSH partner organizations can expect a collaborative approach to planning and implementation, a respect for the experience and knowledge partners bring to the project, and openness to feedback and ideas about how the partnership can be improved.

5. Eligibility Criteria

CVT staff will review the Expressions of Interest and evaluate organizations using the following criteria:

A. Serves a population of clients from a context of ongoing human rights violations or recent conflict
B. Provides mental health and/or psychosocial services to survivors of torture and trauma.
C. Record of consistent programming in mental health and psychosocial services for survivors of torture and trauma and consistent funding over time
D. Located in countries with generally navigable security issues and work-related visits by foreigners (accessible for travel by CVT staff)
E. Located in a country with a USAID mission: https://www.usaid.gov/mission-directory
F. Shows an organizational interest in the goals of this project and is able to commit time and staff to core activities of the project as described
G. Willing and able to accept financial support from the U.S. Government.

6. Further Information

All questions should be directed to CVT via email: HSHadmin@cvt.org. Questions will be answered through Friday, February 4, 2022. CVT cannot guarantee a response to any questions submitted after that date.

7. Link to Expression of Interest (EOI)

If your organization is interested in applying to join the HSH project, please submit an Expression of Interest (EOI) by filling out the information in this link:
https://survey.alchemer.com/s3/6412784/HSH-Organizations-Questionnaire