

Call for Proposals: External Baseline Evaluation (Terms of Reference)

*ClowNexus –
Creative Encounters for Mental Health*

Commissioning organisation	RED NOSES International (RNI) – Project Coordinator
Funding programme	Creative Europe – European Cooperation Projects
Project duration	36 months
Location	Remote / Europe-wide (no requirement to be Vienna-based)
Language	English
Indicative budget ceiling	Up to EUR 27,000 (all costs included, incl. taxes/VAT where applicable)
Expected start	April 2026 (following selection and contracting)
Key grant deliverable	Baseline Evaluation Report due October 2026



Co-funded by the
European Union

1 Background and purpose

ClowNexus – Creative Encounters for Mental Health (ClowNexus CREMH) is a European cooperation project that brings together healthcare clowning organisations to support youth mental health and strengthen the arts-and-health field. The project addresses the youth mental health crisis and the need for specialised artistic methods and humour-based care approaches with measurable impact. It will deliver international Artistic Labs, artist mobility and training, a peer-to-peer dissemination model, advocacy, communication, and impact evaluation.

RNI is commissioning an external evaluator to conduct the Baseline Evaluation. The baseline must set up the project for strong monitoring, learning and accountability by clarifying what will be measured, how, by whom, and when; establishing baseline values/benchmarks where feasible; and providing practical recommendations.



The external baseline and endline evaluations will be complemented by continuous internal monitoring led by RNI. In parallel, a research organisation will lead an impact measurement process to assess effects of the project's new artistic methods and training tools on participants' emotional well-being. To ensure coherence and avoid duplication, the evaluator will coordinate with RNI and the research organisation during inception and at key reporting points to align indicators, data sources and timing

2 Overview of ClowNexus CREMH

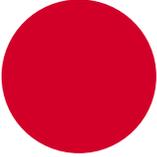
ClowNexus – *Creative Encounters for Mental Health* (ClowNexus CREMH) is a 36-month, cross-sectoral European cooperation project (March 2026 → February 2029) bringing together healthcare clowning organisations to respond to the youth mental health crisis, particularly the rise in children and adolescents hospitalised for psychological conditions. The project's primary aim is to contribute to improved youth mental health through art by developing and testing specialised healthcare clowning methods for paediatric psychiatric patients, and by strengthening humour- and creativity-based approaches in paediatric patient care through support to healthcare professionals. In parallel, ClowNexus CREMH aims to strengthen the wider arts-for-health field by building the capacity, exchange, and recognition of healthcare clowning organisations through structured cross-border collaboration, mobility/training, and advocacy.

The consortium includes ten partners across ten European countries (Austria, Italy, Poland, Slovakia, Croatia, Hungary, Spain, Lithuania, Finland, and Czechia) and is designed for implementation across multiple national contexts. RED NOSES International (based in Vienna, Austria) coordinates the project, with Cultural Welfare Center (Italy) contributing research/advocacy expertise alongside healthcare clowning partners across the network. Direct delivery will focus on paediatric psychiatric patients and healthcare professionals working with paediatric patients, reached through cooperation with at least 23 hospitals in 18 cities across 8 countries (Poland, Slovakia, Croatia, Hungary, Spain, Lithuania, Finland, and Czechia).

Key activities are structured around international co-creation and testing. Central to the methodology are Artistic Labs (adapted from the earlier Creative Europe ClowNexus model) delivered in two parallel strands: a *paediatric psychiatry strand* and a *healthcare staff workshop (“Humour in Healthcare”) strand*. Artists co-create and refine new methods/tools across Lab rounds, followed by “testing phases” in partners' home countries to apply and iterate the approaches in real settings. Evaluation and impact measurement is a dedicated workstream: the project plans to engage an external monitoring & evaluation consultant to conduct baseline and endline evaluations against KPIs, alongside an impact measurement component led by the Cultural Welfare Center.

ClowNexus CREMH – at a glance (scope & scale)

- **Duration:** 36 months
- **Consortium:** 10 partners in 10 European countries
- **Core activity:** 12 transnational Artistic Labs; approx. 24 clown artists involved
- **Innovation outputs:** 4 new artistic methods for paediatric psychiatric patients; 10 training tools for Humour in Healthcare workshops

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- **Research output:** public impact report (impact measurement findings)
 - **Institutional reach:** at least 23 hospitals in 18 cities across 8 countries
 - **Audience reach:** ~65,000 patient encounters during testing phases; ~5,000 healthcare professionals reached through workshop testing
 - **Training & mobility:** 60 training units (International School of Humour); 18 local training sessions; 50 individual study visits
 - **Dissemination & advocacy:** 2 pilot trainings; 9 events; 10 policy-makers engaged

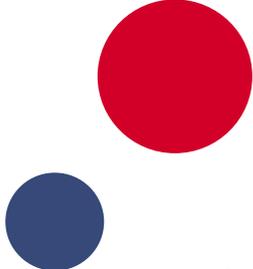
3 Objectives of the baseline evaluation

- Provide a clear situation analysis at the start of the action and establish baseline values/benchmarks where feasible.
- Translate project objectives, work packages and deliverables into a practical evaluation and monitoring framework (learning questions, indicators, sources, methods).
- Set up a feasible data collection system (definitions, templates, responsibilities, quality checks) that partners can use consistently across countries.
- Identify early implementation risks and provide actionable recommendations to strengthen delivery, collaboration, learning loops, and data quality.
- Ensure endline comparability by defining what will be repeated, what will be adapted, and why.

4 Key learning questions (building on ClowNexus 1)

The baseline should build on the learning questions used in ClowNexus 1 (baseline and endline reports are provided as references). Applicants may propose refinements. Suggested learning questions:

- What healthcare clowning approaches best meet the needs of paediatric psychiatric patients and healthcare staff?
- What makes co-creation and transnational artistic collaboration successful, and what conditions enable it?
- What effects are expected for participants (especially youth and healthcare staff) and how will changes be tracked credibly and ethically?
- How can partner organisations collaborate more effectively (structures, routines, learning loops) across countries and disciplines?
- What are the most feasible and ethical ways to monitor, evaluate and learn from healthcare clowning in sensitive contexts?
- How can humour and the arts be advanced for vulnerable groups through dissemination, advocacy and knowledge exchange?



5 Scope of work

The baseline evaluation is expected to be remote and proportionate to the budget and timeline. The evaluator is expected to triangulate evidence from project documentation, partner inputs, and key stakeholder perspectives.

Primary data collection with minors/patients is not required for the baseline. If proposed, it must be clearly justified, feasible, and conditional on appropriate local approvals (e.g., hospital governance/ethics) and safeguarding procedures.

5.1 Tasks

- Kick-off and inception: confirm evaluation questions; develop an evaluation matrix (questions → indicators → sources/methods); agree detailed workplan and coordination routines.
- Desk review: review proposal, work packages, indicator framework, and relevant partner context/documents.
- Tools and templates: develop and pilot practical data collection tools (e.g., partner questionnaire, interview guides, tracking templates).
- Baseline data collection: collect baseline/benchmark information and qualitative insights across partners (remote interviews and/or small group discussions; structured partner inputs).
- MEL system set-up: finalise indicator definitions and counting rules; propose target-setting logic; define roles/responsibilities; propose a feasible monitoring cadence.
- Analysis and recommendations: analyse findings, identify early risks/opportunities, and propose concrete actions for implementation and ongoing MEL.
- Validation: facilitate an online validation workshop with consortium partners to test interpretations and refine recommendations.
- Reporting and handover: deliver the Baseline Evaluation Report and a usable 'baseline package' (final templates/tools and documentation).

6 Baseline data expectations (aligned to grant KPIs and deliverables)

The grant defines provisional indicators and targets across four areas: (i) Artistic Labs, (ii) Training and Capacity Building, (iii) Dissemination/Advocacy/Communication, and (iv) Evaluation and Impact Measurement. The baseline evaluation should verify baseline values where possible, document evidence sources, and set clear measurement rules (definitions, counting, quality checks) so progress can be tracked consistently.

7 Ethics, safeguarding and data protection

- Do-no-harm and safeguarding: methods must minimise burden and risk, particularly in sensitive healthcare/mental health contexts.

- Informed consent/assent: clear, age-appropriate and context-appropriate consent procedures where any direct participant engagement is proposed.
- Confidentiality and anonymity: reporting must avoid disclosing identifiable information; minimum cell-size rules should be applied.
- GDPR-aligned data management: secure storage, controlled access, retention rules, and clear division of responsibilities between evaluator, coordinator and partners.
- Local approvals: any data collection in hospitals/clinical settings, or involving minors/patients, must be conditional on relevant local approvals/governance processes.

8 Deliverables

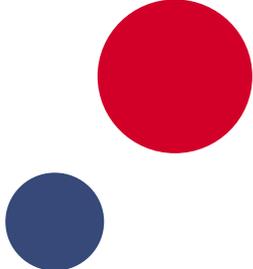
The evaluator is expected to deliver the following outputs (all in English):

- Inception Report (evaluation matrix; refined learning questions; methodology and sampling; tools/templates; detailed workplan).
- Draft Baseline Evaluation Report (baseline/benchmark evidence notes for indicators; findings against learning questions; practical recommendations for kick-off and MEL implementation).
- Online validation workshop (presentation + facilitation of structured feedback).
- Final Baseline Evaluation Report, Presentation Slide Deck + Baseline Package handover (final tools/templates, indicator reference sheet, anonymised/clean datasets or evidence register, as applicable).

9 Indicative timeline

This is a conservative calendar timeline intended to accommodate multi-country scheduling constraints (including summer). Applicants may propose a faster plan, but should justify feasibility and risks.

Phase	Indicative timing	Outputs
Engage evaluator	April 2026	Call published; proposals reviewed; evaluator contracted
Inception and planning	April 2026	Kick-off; evaluation framework; tools/templates; inception report
Data collection and analysis	May–July 2026	Remote interviews/partner inputs; rolling analysis; check-ins
Report drafting and feedback	July–August 2026	Draft baseline report; consortium feedback
Validation workshop and revisions	September 2026	Online validation workshop; revisions
Final report	September–October 2026	Final report and baseline package handover



10 Budget and payment

A fixed budget of up to EUR 27,000 (all costs included) is available for this baseline evaluation. The budget must include all professional fees, overheads, translation/interpretation, any proposed travel, per diems, and incidental costs.

- Applicants should submit a lump-sum budget and a short budget narrative with key assumptions (e.g., number of interviews, languages, team days).
- Suggested payment schedule (indicative; may be negotiated): 50% on contract signature and acceptance of inception report; 50% on acceptance of final report and handover package.

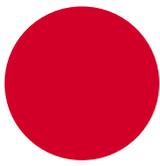
11 Required profile and experience

The single evaluator or the team should meet the following requirements:

- **Evaluation leadership:** At least 5 years' professional experience in evaluation/MEL and evidence of leading at least 3 comparable evaluations (multi-partner and/or multi-country programmes).
- **Methodological competence:** Demonstrated mixed-methods capability (qualitative and quantitative).
- **Relevant sector experience:** Experience in at least one of the following areas: youth mental health/wellbeing, arts-and-health, participatory/creative methods, healthcare settings (or closely related fields).
- **Ethics and data protection:** Demonstrated experience working ethically in sensitive contexts, including safeguarding and GDPR-aligned data handling.
- **Language:** Excellent written and spoken English; additional European languages are an asset.
- **Reporting:** Demonstrated ability to produce clear, actionable, practitioner-oriented outputs (report(s) and presentation of findings).

12 Proposal submission requirements

- Technical proposal (max 10 pages): understanding of the assignment; methodology; sampling and language access approach; workplan; risk mitigation
- Team composition and CVs (including roles and relevant experience).
- Two examples of relevant evaluation work (links or short annexes).
- Financial proposal in EUR: fees/days/rates and direct costs; include key assumptions.
- Two references (contact details).



13 Selection criteria

Proposals will be assessed using the criteria below:

Criterion	Weight
Methodological quality and feasibility	50%
Relevant experience (multi-country evaluation; arts/health/mental health contexts)	30%
Value for money	10%
Clarity and presentation of proposal	10%

14 How to apply

Applicants should submit proposals by email. Please use the subject line: “ClowNexus CREMH – Baseline Evaluation – Proposal – [Applicant name]”.

- Submission deadline: April 7 2026
- Email to: maggie.roessler@rednoses.org
- Expected interviews (shortlisted): April 2026
- Expected contract start: April 2026

RNI reserves the right to request clarifications from applicants and to award the contract based on best value for money and no conflict of interest.