

**TERMS of REFERENCE****MHPSS activities supervision and Capacity Building - Service Provision**

Summary of the ACTIVITY

ToR for capacity building and technical supervision of the psychosocial support activities implemented in the framework of the project.

## 1. BACKGROUND

**Première Urgence Internationale (PUI)** is a non-governmental, non-profit, non-political, and non-religious international aid organization. Our teams are committed to supporting civilian victims of marginalization and exclusion, natural disasters, wars, and economic collapses, by answering their fundamental needs. Our aim is to provide emergency relief to uprooted people in order to help them recover their dignity and regain self-sufficiency. The association leads an average of 190 projects per year in the following sectors of intervention: food security, health, nutrition, infrastructure, WASH, and economic recovery. PUI is providing assistance to 5 million people in 24 countries – in Africa, Asia, Middle East, Eastern Europe and France in 2023.

PUI started implementing operations in Libya since 2017, so far, PUI is focusing on the health care issue, by providing primary health care (PHC) services to internal displaced populations and their host communities, migrants refugees and asylum seekers in the eastern cities of the country. PUI is recreating an access to essential package of health care including communicable and non-communicable diseases, medical screening, sexual and reproductive health and psychosocial support interventions via Mobile Health Teams. Furthermore, PUI is reinforcing sensitization, communication and prevention on health care topics within the communities.

## 2. OVERVIEW

PUI Libya mission is seeking support for the implementation of the mission MHPSS strategy and activities, ensuring the quality of the current MHPSS intervention.

This TOR details the technical support required by the MHPSS program team to ensure the smooth implementation of PUI MHPSS activities in the country.

## 3. PROJECT SUMMARY

PUI is starting a new project aiming at improving the management of Non-Communicable Diseases (NCDs) - including cancer - with a community health and MHPSS component at primary health care level. The project – funded by the French Government (Centre de Crise et de Soutien) will be implemented in Benghazi. The action aims at expanding the capacities of the primary health sector - in the district of Benghazi - in the management of NCDs health care services, building on the expertise PUI has consolidated from 2019. While it is meant to be a continuation of PUI former intervention on NCDs health care services, a broader scope will be adopted to contribute to the National Cancer Control Programme for prevention, screening and early-detection of the most common cancers in the country. Similarly, the project will include activities to address some psychosocial issues linked with NCDs, and to strengthen the capacities of the health staff of the primary healthcare facility, to support patients affected by NCDs. The clinical management of NCDs will be complemented with a community outreach strategy with a two-fold objective: 1) Raising awareness on risky behaviours and prevention and 2) Promoting health seeking behaviours and access to primary health care services for the most vulnerable and at risk of marginalisation groups. Moreover, awareness on mental health and psychosocial support will be raised to fight stigma and promote accessibility to services.

PUI mental health and psychosocial support intervention will be in line with the WHO Comprehensive Mental Health Action Plan (2013-2030) focusing on the integration of mental health and psychosocial support in primary health care and following a community-based approach model. PUI intervention will equip frontline non-specialist health workers to be able to address some psychosocial issues linked with NCDs. The MHPSS integration will rely on non-specialist health professionals present in the primary healthcare center supported by PUI MHPSS officer staff.

Health workers will acquire the necessary skills to be able to identify and refer patients at risk to PUI MHPSS Officer and to other available local services, as well as to be able to raise awareness and provide appropriate assistance to low-severity cases, such as Psychological First Aid (PFA) and basic counselling. At supportive in-site supervision conducted by the MHPSS Officer and the mentor nurse will be proposed for trained health workers to provide them with technical support related to MHPSS.

PUI will conduct training for doctors. The training will include topics such as Psychological First Aid, basic psychosocial skills and will equip medical doctors with abilities, which will help them to identify signs of psychological distress and refer patients to PUI MHPSS officer, or to the most appropriate available service. Furthermore, nurses will also receive a psychosocial support training with content tailored to their assigned role, to raise awareness and support the physicians. The training will include topics such as PFA, “how to listen actively”, effective support, and awareness raising to reduced stigma, discrimination and misconceptions.

PHCC-trained health workers and the PUI outreach team including outreach nurses and Community Health Volunteers (CHVs), will provide psycho-education sessions, brief psychosocial interventions for people in need at health facility level. They will conduct one-shot psychosocial support sessions, including a brief psychoeducation session, in addition to promoting positive coping strategies to face adversity. The individuals who show signs of distress and appear to be in need for more specialized support will be addressed to PUI MHPSS officer and/or will be further referred to the appropriate actors, if in need for more specialized mental health support, following PUI MHPSS Intervention Framework and the IASC MHPSS guidelines. PUI MHPSS officer will conduct brief psychoeducation sessions and basic counselling for NCD patients and their relatives inside the supported health facility. Trained health workers including doctors, nurses, and community health volunteers will help to identify individuals among their patients who could benefit from the psychoeducation sessions.

A MHPSS referral system will be developed. A participatory workshop will be organized to collect information regarding available MHPSS services including public and private services as well as civil society organizations services.

#### **4. OBJECTIVES OF THE CONSULTANCY AND EXPECTED OUTCOMES**

The purpose of this consultancy is to provide technical support to PUI MHPSS staff in the implementation of the activities ensuring they are consistent with PUI MHPSS framework and the scope of the project.

To implement quality activities, PUI is currently seeking technical support for the provision of capacity building trainings and technical supervision follow-up to PUI MHPSS staff for a period of **7 months**, for a total of 30 days over the whole period from June to December 2023. The regularity of supervision may be revisited upon request of both parties, based on the needs.

### **Expected deliverables and work schedule**

The assignment is expected to last approximately 30 working days over a 7-month period, starting in June 2023. However, the starting date might be subject to delays. The number of days estimated below are indicative and will be rediscussed with the consultant prior to start the work.

The support provided will lead to the elaboration of:

<b><u>Activity</u></b>	<b><u>Task/Milestone</u></b>	<b><u>Deliverables</u></b>	<b><u>Estimated timeframe</u></b>	<b><u>Estimated days</u></b>
<b>Technical supervision of MHPSS intervention</b>	Support the MHPSS officer and project health staff in the provision of MHPSS services, to ensure technical aspects of the MHPSS intervention are sound and quality. The supervision is expected to ensure the clinical approach and tools used are in line with the defined MHPSS framework and SOPs for PUI Libya mission. Alerts on any matter such as complex cases, dangerous practice (for both the client and the clinician) or else should be communicated as soon as possible to PUI coordination team.	MHPSS screening tools validated	<b><u>June-July</u></b>	<b><u>1 day</u></b>
		Referral mapping booklet validated	<b><u>September</u></b>	<b><u>1 day</u></b>
		Hold regular follow-up/mentoring meetings with the MHPSS officer	<b><u>July-December</u></b>	<b><u>14 days</u></b> <b><u>(2 hours per week)</u></b>
		Hold group sessions with the health staff (mentor doctor, and mentor nurse)	<b><u>July-December</u></b>	<b><u>3 days</u></b> <b><u>(1 session per month,</u></b> <b><u>4 hours/session)</u></b>
<b>Revision and validation of MHPSS tools, contents, training materials and IEC</b>	Support the MHPSS officer in training and mentoring other medical and non-medical staff in PUI-supported primary healthcare facilities (validation of the training content, the training program, the training tools and methods, the training length, ...)	Training programs and training materials for medical and non-medical staff validated	<b><u>June-July</u></b>	<b><u>3 days</u></b>
		Support in the development and validation of the contents of the awareness and education messages for	IEC materials validated	<b><u>July</u></b>

	the MHPSS activities and campaign at PHCC and community level			
<b>Debriefing and reporting</b>	Liaise and meetings with the focal points at PUI coordination level	4 meetings	<u>July-December 2023</u>	<u>1/2 day (4 hours)</u>
	Produce a final report minding that <u>no</u> confidential information on the project beneficiaries is communicated. The report should recap the main outputs of the technical supervision sessions/mentoring, including: the main topics covered, the support and main inputs provided, as well as the progress of the MHPSS officer and health staff as a result of the supervision when relevant; recommendations on clinical tools, the relevance of the interventions and any room for improvement.	Final report <i>*The template will be provided by PUI</i>	<u>December 2023</u>	2 days

The indicative schedule might be subject to change at any time depending on the evolution of the context and in particular the security situation.

#### **Means of support:**

The expected support will be provided through online sessions (such as Skype) conducted in Arabic and English. The provider will ensure its own materials and internet network.

PUI will provide 3 hours briefings prior to the start of the activity, to ensure the consultant have all the elements, information and documents needed to perform his/her tasks.

## **5. SKILLS, EXPERIENCE AND EXPECTATIONS**

The supervisor should have:

- A masters (MD) in clinical psychology or equivalent
- At least 3 years direct experience in clinical psychology and previous experience in the provision of clinical supervision
- Knowledge and experience in humanitarian and emergency contexts
- Desirable experience in MHPSS support for NCD clinical management and social/behaviourial change activities

- Fluent in Arabic and English (spoken and written)
- Access to reliable internet; ability to review word documents and power point by computer

## **6.** APPLICATION PROCEDURE

Applicants are required to submit the following:

- Technical and financial detailed offer
- Workplan
- CV in English
- Copy of Diploma

PUI's capacity to ensure the protection of and assistance to migrants, refugees, IDP's and other persons of concern depends on the ability of all collaborators to uphold and promote the highest standards of ethical and professional conduct in relation PUI's values and Code of Conduct, Child Protection Policy, and prevention of sexual exploitation, abuse and harassment.

PUI does not tolerate sexual exploitation and abuse, any kind of harassment, including sexual harassment and discrimination.

PUI conducts thorough and comprehensive background checks as part of the selection process.

Deadline of the proposal submission: **10/05/2023**

**Application to be addressed to:** [Tender@premiere-urgence-lby.org](mailto:Tender@premiere-urgence-lby.org)