EXTERNAL capacity building

Mental Health and PSS

Terms Of Reference

Countries/ Region	Iraq, Kurdistan and Central & south Iraq
Duration	**Total 55 days**
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1. INTRODUCTION

1.1. CONTEXT

Iraq is characterized by multifaceted crises, with the political crisis resulting in a prolonged and bloody conflict with ethno-sectarian divisions which has significantly damaged the socio-economic fabric of the country and created one of the most severe, large-scale humanitarian crises in the world today.

1.1.1. POLITICAL AND SECURITY

Iraq is undergoing a constitutional crisis visibly rendered in divisions between central government, the semi-autonomous Kurdish Region of Iraq (KRI), Kirkuk, and disputed territories. The sitting Al Abadi government is under increasing pressure from rivals, most notably previous prime minister Al Maliki who orchestrated the removal of several key Al Abadi ministers in contentious circumstances, in a bid to destabilize and possibly collapse the current government and exploit the situation for political gains.

The largely autonomous KRI is also locked in political fighting with the term of current president, Masood Barzani, having expired in August 2015 and causing tensions, most prominently between his ruling PDK party headed by his nephew and Prime Minister Necherven Barzani and main opposition PUK and Goran parties. Al Maliki has exploited such tensions to split the Kurdish bloc vote in the Iraqi parliament which may affect the likelihood of a push for Kurdish independence in the next year. KRI parliamentary and presidential elections and Iraqi provincial elections are scheduled for 2017 which are likely to create political turmoil and result in violence, especially in Baghdad, if not postponed.

Neighboring countries play a significant role in Iraq, most notably the involvement of Iran in Iraqi politics, armed forces and irregular militias or Popular Mobilization Units (PMU), the presence of Turkish PKK, Syrian YPG/YPJ, and Iranian PDKI and other regional Kurdish groups. Under the PMU umbrella there are over 40 armed groups including the Badr Organisation, Muqtada al-Sadr's

Saraya Al Salam and Shia groups with links to Syria, Lebanon and Iran. In addition, Turkey has stationed several hundred troops in KRI, against the will of the Baghdad government, with the stated intention of training Sunni Turkmen militias which is a source of tension and controversy between the two states.

The evolution of Al Qaeda in Iraq into the Islamic State of Iraq and the Levant (ISIL), which culminated in ISIL taking control of large swathes of the country in 2014/2015, has been greeted with the formation of a US-led coalition of approximately 60 countries, many of whom are militarily active and present. Throughout 2016, the Iraqi army and Kurdish Peshmerga units with support of these multi-national forces and PMUs have taken large areas of territory from ISIL control including cities such as Ramadi and Falluja. In October 2016, a large-scale offensive was launched to take Mosul though no clear strategy of who will govern the traditionally mixed though predominantly Sunni Arab city seems to exist. Should widespread ethno-sectarian violence occur, the possibility that Sunni insurgent groups will once again resurge in the area will increase, thus undermining the long-term stability of Iraq.

1.1.2. Socio-economic

Iraq is undergoing a protracted financial crisis with an enormous expenditure on military and security assets and a global slump in oil prices. Oil revenues represent 95% of Iraq's foreign exchange and so this slump has impacted both the Baghdad government and KRI incomes. KRI has begun exporting oil against the will of the central government, leading them to retaliate by stemming financial support to the region which has a visible impact on the economy. Although KRI has the lowest poverty rates in Iraq, government employees are frequently only paid 40% of their salaries which has resulted in widespread protests and impacted the ability of the government to provide basic services.

The social dynamics are highly complex with approximately 75% of the country Arab, 15% Kurd, and 10% Assyrian, Turkmen, Shabak, and other minorities with Sunni, Shia, Christian, and Yezidi faiths.

1.1.3. Humanitarian needs

The surge in violence between armed groups and government forces has resulted in over 3.3 million internally displaced persons (IDPs) across Iraq and left more than 10 million in need of humanitarian assistance according to OCHA, which classifies Iraq as one of three Level 3 emergencies in the world today. Needs are as varied and complex as the overall context, ranging from emergency humanitarian and life-saving, to stabilization, returns, development, and peace-building. At the end of 2016, there are an estimated 1m returnees, 225,000 Syrian refugees, 3.3m IDPs, and another 3m people in hard to reach areas under the control of armed groups.

1.2. PUI Iraq history

PUI has been present in Iraq since 1983. The programming has spanned the sectors of health, WASH, protection, shelter, food security and livelihoods, through an integrated approach, in both urban and rural areas, responding to the changing needs of the local communities.

By 2010 PUI was implementing an integrated multi-sectorial program targeting poor rural villages in Baghdad to help them regain livelihoods and restart agricultural production. Besides training and supplies, this program emphasizes reconciliation, solidarity and cooperation among villagers. Since 2014, PUI are meeting needs of the displaced population by supporting livelihood projects

and promoting access to the job market through Professional Tool Kits and associated trainings. PUI has a focus on the most vulnerable households who would have the greatest benefit from income generating activities.

As the war in Syria increased in severity the influx of refugees crossing into the Kurdistan Region of Iraq increased. PUI opened a Mission in KRI in 2013 to start to respond to these needs. PUI has been operating in Gawilan camp since November 2013, providing a basic package of health care services complimented by a WASH response of active hygiene and sanitation watch out. Based on this successful first experience, PUI was chosen as a key partner by local government and UN to replicate its integrated strategy in additional camps, first in Domiz 2 and, after the IDP crisis, in Bajet Kandala and Bardarash camps.

PUI took a multi-faceted approach to supporting the needs of this newly displaced population focusing on Dohuk, Ninewa and Najaf Governorates, supporting nearly 100,000 IDPs. Firstly working in newly set up camps in KRI, then providing additional health care outside of camps through the Mobile Health Teams (MHTs) in the north and a Mobile Surveillance team in the south. Latrines were built both these areas to support IDPs living in unfinished buildings and informal settlements. NFIs distributed in multiple locations, including hygiene kits, reaching people within the first few weeks of displacement.

1.2.1. Current Programming

In Iraq, an integrated approach is developed while still maintaining health as the central point of the activities. PUI is currently working in three camps in KRI, providing Primary Health Care and WASH services as well as focusing on psychosocial support. PUI also provides support to the large number of IDPs and refugees living out-of camp by providing primary health care, psychosocial, WASH and educational support.

Water, Sanitation and Hygiene:

WASH activities are undertaken in Bardarash and Gawilan camps, with a program of operation and maintenance, including community teams being created to support the work. Tool loan committees support camp inhabitants to be autonomous and self-reliant.

Outside of camps, PUI is currently working in 10 villages where many displaced people have taken refuge around the Bardarash area with the aim to improve water supply and to spread hygiene messages. As part of the Mosul response, PUI is starting implementing a project with the aim to provide water, sanitation and hygiene support to potential IDPs coming out of Mosul, in Shekhan, Akre and Hamdaniya districts (in and out-of camp)

Education:

In Dohuk Governorate, non-camp activities focus on educational support for Syrian refugee children, in order to give them confidence and motivation not to drop out of school.

1.2.2. Health and Psychosocial Support:

PUI is in charge of the management of the Primary Health Care Center in Bajet Kandala and Bardarash IDP camps.

Teams in Dohuk governorate are linking refugees to the health services, increasing both awareness of and access to existing facilities, as well as boosting refugees' knowledge of health care to support them to improve their own health status. Activities are primarily targeting chronic

disease and mother, newborn, and child health. PHCCs are supported as a part of this project in order to ensure their capacity to cope with increased patient load.

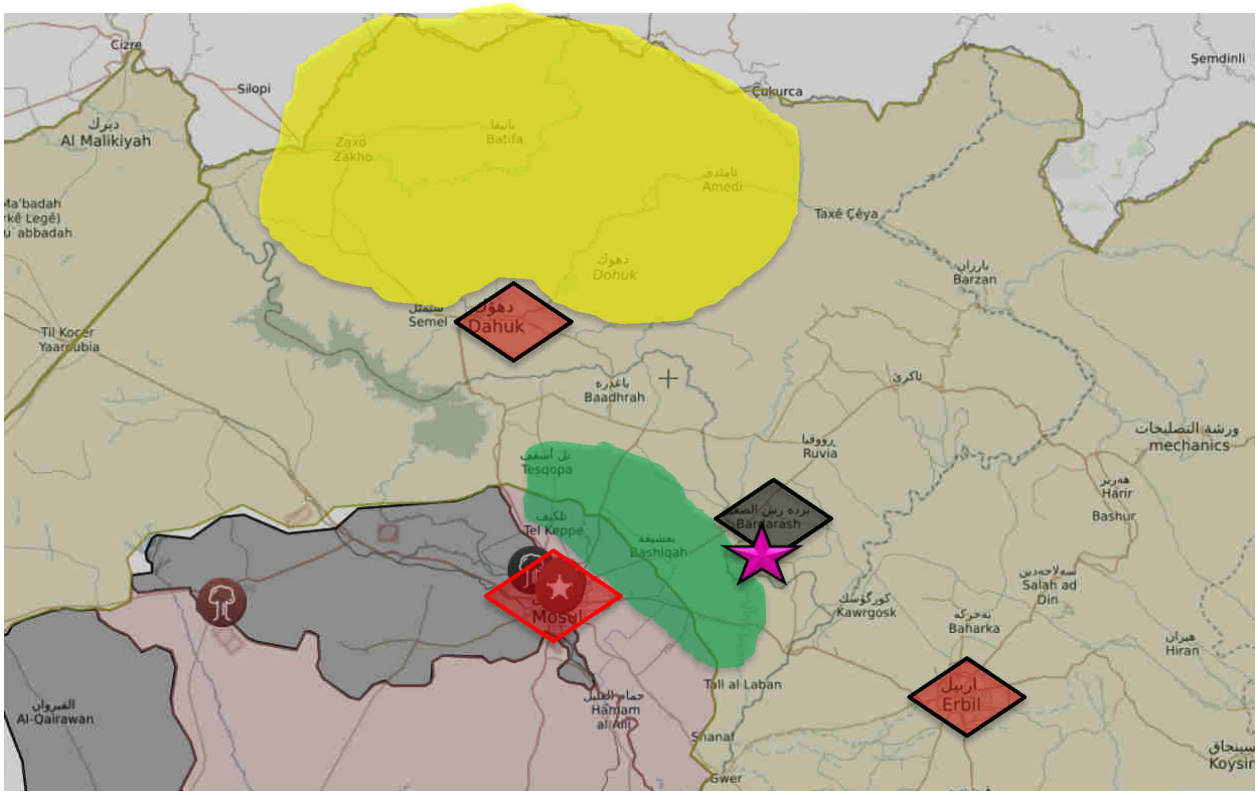
7 Mobile health teams in Dohuk, Ninewa, Bagdad and Najaf governorates reach IDP's living out of camps to provide a basic package of health care. This includes treatment, referral, pharmacy, and psychological support. One additional mobile team specifically focuses on the follow-up of patients in need of Mental Health support in Dohuk and Ninewa Governorates.

Mental Health Psychosocial program specifically

This sector is significant for the PUI mission in Iraq due to:

- 3 Mental Health and Psychosocial Support (MHPSS) teams coupled with our MHT intervention in newly retaken area near Mosul continuance. Currently, there is a ratio of 1 MHPSS team for every 2 MHT, with a goal to double that ratio to 1 MHPSS to 1 MHT.
- PSS program in Bardarash camp > community center for generation, child friendly space ending in March; we would like to extend this towards a new project that could be focused around 'return preparedness';
- MHPSS activities for non-camp Syrian refugees are led by two psychologists and two outreach workers. Activities include: individual case management, family counselling and group counselling, social integration in schools and awareness activities. Areas of intervention are urban settlements with high density of Syrian Refugees including Amedi, Summel, and Zakho regions.

1.3. MAP OF THE ZONE



In the above map, the three main cities (Erbil, Dohuk and Mosul) are highlighted in red.

City were PUI has an office are bordered in back (Erbil, Bardarash, Dohuk)

In green the zone were MHT and MHPSS team intervene

The purple star is Bardarash camp where PSS project is implemented
In yellow, the zone where PSS activities are implemented with out of camp refugees.

2. OBJECTIVES

2.1. JUSTIFICATION

The main objective of the requested capacity building exercise is:

- To rapidly analyses the Mental Health and Psychosocial Support interventions, making relevant recommendations and suggestions, to ensure best practice is taking place.
- To capitalize on the existing program and to harmonize interventions by designing standard operating procedures (SOPs) and protocols, that follow international guidelines and are adapted to the mission's current interventions.
- To train teams on harmonized Modus operandi, SOP and tools. To explain in detail to relevant management staff staff well-being protocols.

2.2. OUPUTS

The expected outputs for this capacity building work are:

2.2.1. RAPID RECOMMENDATIONS

- ❖ Project implementation quality analysis and recommendations (including program monitoring: pre-post intervention monitoring, questionnaires used, therapeutic techniques, etc).
- ❖ Suggest links / possibilities for integration with other current intervention sector: wash, education, primary health care,…
- ❖ Analyze PSS team experience and lessons learnt from PM (Bardarash camp and non-camp refugee in Dohuk), harmonize tools and modus operandi in PSS.
- ❖ Analyze MHPSS team (out of camp) experience and lessons learnt.

2.2.2. STANDARDIZATION

- ❖ Compile SOP for MHPSS approach including recommended guidelines for this sector. Harmonize tools and modus operandi in PSS. (using overview document of MHPSS programming in Kurdistan by linking with MH Cluster & other NGOs) preferably including Mental Health Gap Action Program – Humanitarian Intervention Guide (mhGAP HIG) training (clinical or not).

2.2.3. TEAM CAPACITY BUILDING

- ❖ Understand capacity limitations of MHPSS teams and suggest capacity building objectives.
- ❖ Prepare team training on good practice and disseminate international protocols and SOP + tools designed specifically for PUI mission in Iraq.

- Create a strategy for coherence & coordination between activities (recommendations of how to share information, tools, resources etc.)

2.2.4. STAFF WELFARE : HELPING OF HELPERS

- Identify overall needs and risks relating to impact of stress and trauma on MHPSS staff, and provide recommendations for staff welfare programming, as well as reviewing content of a previously implemented stress management training

3. METHODOLOGY

3.1. METHODS

Methodology will be develop by the trainer directly in his/her offer and adapted during the field visit.

The capacity building exercise will be facilitated by at least one dedicated staff among PUI teams to act as trainer assistant in order to:

- Prepare all stages of the field period for the trainer
- review and give inputs to all standardization documents package

3.2. PUI INTERNAL KEY INFORMANT *NOT EXHAUSTIVE

PUI HQ

- Sandrine Chapeleau – Middle East Regional health advisor (in Amman)
- Elise LESIEUR – Head of technical department
- Pierre-Manuel MENDEZ - Program Officer for Middle East and Europe - Iraq and Ukraine
- Maureen Veyret – Psychologist volunteer

PUI Irak

- Manon Gallego, Deputy HoM
- Moustafa Issa, Health liaison Officer KRI
- Alex Theran, Bardarash Field Coordinator
- Caitlin Cockcroft, PSS PM in Bardarash
- Laura CHAMBRIER, FC Dhk PUI krg.dohukfieldco@pu-ami.org
- Mokhtar Omar, MHT PM
- Hani Musa Dino, MHT MHPSS Team Leader
- Robin Michaels , Non Camp Refugee PM

3.2.1. KEY DOCUMENTATIONS

Please find below a non-exhaustive list of Key documentation that will be provided to the trainer during briefing at mission level:

- Proposal and overview of project (curriculums etc.)
- focus group discussion outputs,
- needs assessment
- monitoring tools
- Existing SOPs

3.3. Key Stakeholder / Institutions

Please find below a non-exhaustive list of Key informant and institution to meet outside of PUI:

- ACF MHPSS PM
- MSF Switzerland MHPSS department
- Mental health cluster Lead and co lead Dohuk and Erbil
- Handicap International MHPSS Technical Adviser - Iraq
- Case management Child protection sub-cluster Lead and co lead Dohuk and Erbil (national)
- Case management GBV sub-cluster Lead and co lead Dohuk and Erbil (national)

4. ORGANISATION OF THE MISSION

4.1. TIMELINE

Phase			Detail	Timeline (dates and days)	# of trainer days
1	Analysis of PUI MH & PSS activity+ team level (remote)	Program-related documentation review	Context literature review , need assessments	From 15th of March to 1st of April	10
			Proposal and overview of project, reports, past evaluations, focus group outputs		
			Job descriptions and organogram		
			Training curriculum and type of technical support provided,		
			Working procedures and M&E tools used and existing SOPs		
			Description of activities and data collected and analyzed (quantitative and qualitative)		
			Relevant guidelines PUI is willing to use as references		
		Work-related quality of life evaluation (1st phase)	Staff well-being assessment questionnaires to be completed by the staff		
		Staff level assessment	"Knowledge, aptitudes, practice" test: aiming to evaluate the level of the professionalism of the staff. Custom made depending on the JD. The 1st phase is a questionnaire, and it'll be completed by focus groups and interviews in phase 2		
2	Field evaluation	Observation of the activities	Selection of relevant activities to observe	From 11th to 24th of April 2017	14
			Design of observation tools (observation criteria lists)		
			Observation + debrief time with staff (CAP phase 2)		
		Interviews and focus-group with the staff	Meeting with management and coordination team		
			Interview and/or focus group with field staff (CAP phase 2)		
		Interview with stakeholder and	Key-informants and institutions in PUI's network		

		partners			
3	Analysis (Remote)	Field and remote evaluation analysis		By the end of April	4
4	Recommendation (Remote)	First recommendation report draft including:	Evaluation outcomes	From 1st to 8th of May	2
			Capacity building recommendations (limitations and objectives to reach)		
			Staff well-being recommendations		
			Debriefing with PUI Mission and HQ	May 9th 2017	
5	Standardization	Tool harmonization	Harmonize tools and modus operandi in PSS (using overview document of MHPSS programming in Kurdistan by linking with MH Cluster & other NGOs) preferably including Mental Health Gap Action Program – Humanitarian Intervention Guide (mhGAP HIG) training (clinical or not)	From 9th to 19th of may	7
6	Capacity building preparation	Guideline centralization and design SOPs	SOPs		7
			Training manuals/guidelines		
			Staff well-being protocols		
7	Finalization Of Tools and Report		Final feedback and comments from PUI HQ +field team	By May 20th 2017	2
			Finalized report and guideline		
8	Team Capacity building	in Dohuk	Not feasible during Ramadan probably.	from 21st to 25th of May	3
		in Bardarash		from 4th to 8th of July	3
		In Bagdad		from 18th to 22nd of July	3
				TOTAL days	55

Reporting and Follow up

A weekly meeting will be organize with Medical coordinator, Medical advisor in HQ and Deputy HoM.

4.2. Profile required

- Training and qualifications: Clinical Psychologist
- General professional experience: sound humanitarian experience \
- Specific professional experience:
  - Experience in tool/sop development and harmonization
  - Experience in team capacity building / trainings
  - Mental health or PSS back ground
  - Experience in service provider mapping
  - Experience with staff welfare (trainings or interventions)
- Required qualities: Training capacity, Autonomy, reactivity, initiative. Good writing skills, diplomacy
- Languages: English, Arab/Kurdish are assets.
- Special attention is paid to the independence of the trainer regarding organizations engaged in the elaboration, implementation related to the project, concerned with the capacity building.

4.3. Logistique and administrative Organisation

4.3.1. Communication equipment

Laptop is provided by the trainer. Phone is provided by PUI

4.3.2. Transport and housing

International transport is provided by the trainer. Local transportation and housing is provided by PUI.

4.3.3. Visa

PUI will make the necessary arrangements for visa and entry procedures if applicable.
Any costs associated to visa issuance will be covered by PUI.

4.3.4. Security

Security briefing will be provided by the Head of mission when he/she arrive in Erbil

5. EXPECTED DELIVERABLES

5.1. Methodology

Part of the technical offer submit by candidates will be composes of methodology description and capacity building organization,…

5.2. Report Draft and Field presentation

The capacity building work leads to the elaboration of a written report in English which includes an finding summary as well as a detailed narrative, along with the relevant annexes.

A draft of the report must be presented at field level before presentation to coordination and HQ.

This will content:

- Key findings
- Principal elements of the trainer recommendation for current program
- Set out MHPSS intervention strategy for future project including staff well fare solution
- The principal elements of the MH and PSS package (National and International Guidelines, Tools + SOPs adapted per project + HR description and organization chart training material and list of contact of other stakeholder and institution of the sector)

The PM, Field Coordinator, Deputy Head of Mission, Health advisor Programme Officer or Desk Manager can request corrections or modifications after the report is released and the external trainer must ensure that he/she is available if necessary.

5.3. Final Report

The final report will be following the established framework and a maximum of 15-20 pages, excluding appendixes. The final report will focus on practical operational recommendation and way forward for PUI (MHPSS programming,…)

Annex will contain SOP, guidelines, contact list, training materials,…

The conditions for submitting the report are explained in the technical offer and also indicated in the contract.

5.4. Debriefing

A debriefing will be organize

- in Bardarash and Dohuk base
- in Erbil coordination
- in HQ

5.5. SELECTION METHOD

The candidates interested are requested to submit their application by email before the 21th of March, 2017 at 12PM to Pierre Manuel Mendez pmmendez@premiere-urgence.org

This application must include:

- A CV of the Trainer
- A cover letter describing the relevant experiences regarding the present evaluation or capacity building work, the registration number of the entity and/or the trainer and at least 2 relevant referrals. This letter should also mention the trainer's availabilities.
- A technical offer signed and scanned presenting the understanding of the present Terms of Reference, the approach suggested including the evaluation and capacity building methodology.
- A financial offer signed and scanned indicating all the costs related to the completion of the service (including the accommodation, food, transport and communication expenses) including all of the following information's:
- An external quotation request filed (model in annex)
- The name, address of the external trainer and its signature (stamp if exist),
- The currency,
- Terms of payment,

- The date of the offer,
- The validity of the offer,
- The terms and timetable of the report delivery,
- A reference table of the major evaluations + training carried out (maximum 10)

PREMIERE URGENCE INTERNATIONALE

External Quotation Request - EQR
Demande de Cotation Externe - DCE

Date :	**Quotation ref. :** *Réf. Cotation :*
Supplier name : *Nom fournisseur :*	

Supplier adress : *Adresse fournisseur :*

Tel. :

Fax :

Email :

Object :
Objet : External Capacity Building Mental Health and PSS.

N°	Designation and technical specifications and quantity reqested *Désignation et spécification techniques*	Requested qty *Qté demandée*	Quantity available *Quantité*	Unit *Unité*	Unit Price *Prix à l'unite*	Total Price *Prix total*
1	MHPSS capacity building (cf ToR attached:20170313_IRA_TOR_MH&PSS capacity building) incluiding all fees		1	lumpsum		
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Delivery conditions (time, place, etc.) : *Conditions de livraison (date, lieu, etc.) :*	**Sub-total** *Sous-Total*
	Discount *Remise*
Payment modality : *Modalités de paiement :*	**VAT** *TVA*
	Total Amount *Montant total*

Minimum information to provide on your offer / Informations à fournir sur l'offre

Contact person / *Personne contact* :

Currency / *Devise* : **Exchange rate /*Taux de change* :**

Validity (minimum 1 month) / *Validité (1 mois minimum)* :

Guarantee period / *Durée de garantie* :

Availability of items / *Disponibilité des biens* :

Supplier name, signature and stamp *Nom du fournisseur, signature et tampion*	**Logistician name and signature** *Nom du logisticien et signature*

This quotation request is not an order and does not commit PUI on any obligation. Cette demande de cotation n'est pas une commande et n'engage PUI à aucune obligation.