

<b>Consultancy in Psychosocial project /Terms of Reference</b>	
<b>Country / Region</b>	Lebanon / AKKAR DISTRICT.
<b>Start date</b>	ASAP
<b>Duration</b>	30 days
<b>Source of funding</b>	CDC
<b>Author(s)</b>	Deputy Head of Mission – Lebanon mission

## 1. INTRODUCTION

### 1.1. CONTEXT

The Syrian crisis has led to massive displacement of population into the country during the last 4 years. The situation is still tense, with scarce resources to welcome refugees and political instability.

As the Syrian Crisis is in its fourth year, the number of Syrians seeking refuge in other countries has reached an unprecedented scale. Currently 25% of the population in Lebanon is refugee/displaced, the highest worldwide compared to its population size. 85% of registered refugees (around 1.2 million) live in 182 localities in which 67% of the host population is living below the poverty line. This sudden and dramatic increase in population has exerted a lot of pressure on the country's infrastructure and institutions with serious repercussions on the country's economic stability. Prior to this crisis, Lebanon was already hosting half a million Palestinian refugees; the pressure on the Lebanese government and local population is very high<sup>1</sup>.

In April 2015, the United Nations Security Council declared that the international community has to help Lebanon in its efforts to host more than 1 million refugees from neighboring Syria<sup>2</sup>. The Security Council also expressed concern over border violations including the presence of terrorists and violence extremist groups in Lebanese territory<sup>3</sup>. Since the beginning of March 2015, the government of Lebanon, through the General Security Directorate is enforcing entry regularization among refugees entering from Syria. The Lebanese government has also asked the UNHCR to stop the registration process hence new refugees and new born babies cannot be registered anymore and refugees that arrived after January 2015 have been unregistered. This means it is now much harder for Syrians to enter the country, while those residing in Lebanon are also facing difficulties in renewing their residency or having access to humanitarian aid or public facilities. This situation will place an increased economic strain on the families, and in addition to the expected decrease in basic assistance due to low funding levels, an escalation in negative coping mechanisms (such as begging, child labor, child marriages, sexual services for food/accommodation, petty crime, etc.) might be witnessed.

While Palestinian refugees are settled in camps, there are no official camps for Syrian refugees in Lebanon. On a case by case basis, the government may authorize the establishment of formal tented settlements (FTS). However, Syrian refugees are mainly settled in small shelter units (SSU), collective shelters (CS) or informal settlements (IS). The spillover of the Syrian crisis into Lebanon compounded pre-existing vulnerabilities among the Lebanese society. Refugee populations have in many cases settled in areas inhabited by impoverished and vulnerable Lebanese communities further stretching limited or non-existent sources of income and public services at the local level.

<sup>1</sup> Health Response Strategy

<http://www.moph.gov.lb/userfiles/files/HRS%2020final%20updated%20Oct%202016.pdf>

<sup>2</sup> UNFPA Regional Situation Report For Syria Crisis, available on :

<http://data.unhcr.org/syrianrefugees/country.php?id=122> 28th/Nov/2016

<sup>3</sup> Ibid.

As the Syrian crisis is now protracted, with unprecedented number of civilians affected by the constant violation of the Humanitarian laws, there is little perspective for the refugees to return to their home country. The Syria Crisis Response Conference which took place in London in 2016 clearly intends to address the humanitarian needs of this protracted crisis, by setting up consistent multi years response tackling current issues, considering the evolution of needs and the and the necessity to provide the refugees from Syria with some perspectives and ensuring the social stability in Lebanon. The spillover of the Syrian crisis into Lebanon compounded pre-existing vulnerabilities among the Lebanese society, especially in areas where the level of social infrastructures is not developed or strong enough to cope with.

First challenge is the reduction of the aid available to tackle basic needs: in 2015 and first semester of 2016, only 56% of the funding requested were allocated to the humanitarian response to the Syrian Crisis in Lebanon.

This led to decrease in basic assistance provided to the refugees, and therefore to an escalation in negative coping mechanisms of most vulnerable households, (such as begging, child labour, child marriages, sexual services for food/accommodation, limitation of movements due to transportation costs, etc.).

What is more, if (un)conditional cash assistance is the main relevant way to respond most basic needs of registered poorest refugee families, level of indebtedness is a key factor for explanation of vulnerability In the long lasting crisis, and needs to be monitored constantly. As weather conditions are also very harsh in the winter, access to proper shelter conditions is a main priority as well. Most vulnerable Syrian refugees are mainly settled in small shelter units (SSU), collective shelters (CS) or informal settlements (IS).

London Syrian Crisis Conference focuses as well on the education and health services provision, which need to be upgraded in terms of quality and provided in a more sustainable way, as no return to Syria is realistic in the next upcoming years. According to the 2015 Vulnerability Assessment of Syrian Refugees (VASyR), 27% of households among the Syrian displaced population count at least one member with a specific need: chronic disease (13%), permanent disability (3%), temporary disability or another issue. 70% of displaced households reported a child needing care in the month prior to the survey

## **1.2. PUI LEBANON MISSION HISTORY**

Premiere Urgence Internationale (PUI) is a non-governmental non-profit, non-political and non-religious international aid organization. Our teams are committed to supporting civilians' victims of marginalization and exclusion or hit by 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 in average 190 projects by year in the following sectors of intervention: food security, health, nutrition, construction and rehabilitation of infrastructures, water, sanitation, hygiene and economic recovery. PUI is providing assistance to around 5 million people in 20 countries - in Africa, Asia, Middle East, Eastern Europe and France.

As of 1996, PUI established a presence in Lebanon first focused on the Palestinian refugees and since 2011, focused on the Syrian crises. Ever since, PUI tackled the needs emerging from conflicts, protracted humanitarian crisis and chronic underdevelopment with a diverse panel of activities ranging from emergency response to recovery.

PUI is currently implementing a great range of activities related to food security, WASH, shelter, health, rehabilitation, education, social cohesion and protection in three areas, namely the Akkar district in North Governorate, Beirut and Mount Lebanon Governorates, and Saida and Jezzine districts in the South Governorate, and Nabatyeh district in Nabatyeh Governorate.

In 2016/2017, PUI aims to reinforce the ability of each vulnerable community to become self-reliant and resilient to crisis, through 2 programs:

- Humanitarian Assistance Program: to provide a protection-based humanitarian material assistance and services for the most vulnerable refugees and host communities affected by the Syrian crisis.
- Resilience Program: to develop and strengthen community-level infrastructures and support household-level economic survival and well-being with regards to specific poor and vulnerable groups.

The 2 ongoing PSS/Education projects are financed by AFD and CDC providing a multi-sectorial portfolio of activities (Psychosocial, Education, Health, Food Security, Infrastructure, Shelter Rehabilitation and Protection) addressed to refugee and Lebanese vulnerable population with the aim to facilitate individuals and communities to achieve respect for rights in safety and dignity.

In Akkar, PUI is developing a Protection mainstream response, promoting an integrated and sustainable approach in several villages from the poorest areas of the governorate. PUI is implementing major infrastructure projects such as the installation of a drinkable water network in those villages, along with rehabilitating the public schools buildings and improving the educational condition for children from the most vulnerable Syrian and Lebanese families.

The vast majority of Syrian children as well as many Lebanese children are exposed to forced displacement, difficult living conditions, and tangible intercommunity tensions. This exposure leads to harsh psychological conditions that are hardly manageable by Lebanon national Education, especially in Akkar where public schools management and staff lack technical capacity to manage and support this situation.

The team in charge is therefore developing psychosocial and educational activities with the children and the key actors involved in their education such as parents and teachers of 7 schools. The aim of this approach is to improve the wellbeing of the children and their access to education through PSS/Educational awareness sessions which each groups, recreational activities and training for the schools' pedagogic staff. The team is developing experience in order to safely identify the children or families with specific needs and to refer them to relevant specialized structures.

In order to complement our capacity in cases identification and referral, the protection team is also conducting home visit assessments for emergency cash assistance (ECA) addressed to households under risk of eviction. A PUI outreach team is also identifying cases in need of social, educational, psychosocial or any protection assistance in villages and in informal settlements.

### **1.3. MAP OF THE AREA**

PSS activities only take place in Akkar on the North of Lebanon.



## 1.4. ASSESSMENT JUSTIFICATION

Considering the needs in Akkar, PUI decided to reinforce its capacities to intervene in the Protection/Education/PSS sector in order to capitalize the experiences made in the past to improve the future strategy that might be developed.

# 2. ASSESSMENT OBJECTIVES

## 2.1. OVERALL OBJECTIVE

The main objectives of the requested consultancy mission is:

- To analyse the Psychosocial Support interventions and measure the impact of the intervention, 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.

## 2.2. SPECIFIC OBJECTIVE

1. To analyse and evaluate the ongoing projects in order to design and improve the methodology of intervention
2. To analyze PSS team experience and lessons learnt
3. To harmonize tools and modus operandi in PSS.
4. To build/Strengthen the team's capacity using some SOPs produced
5. To suggest links / possibilities for integration with other current intervention sectors: protection, wash, education, primary health care, shelter...

# 3. TASKS

- Assess PUI ongoing PSS activities: evaluation of the quality of the trainings and the materials
- Identify programs gaps, areas of progress and strategies to better reach the indicators program
- Create technical sheets and process for implementing, monitoring and evaluating activities
- Design a method of capitalization
- Define new appropriate indicators and the methodology to monitor them
- Propose new psychosocial activities
- Design and provide tools in order to monitor, measure and evaluate their impact
- Provide advice for strengthening the coordination between PSS and other sectors of intervention especially health to include PSS in a more integrated approach
- Design psychological and psychosocial vulnerability criteria to detect the main psychosocial risk
- Counseling for an efficient follow up of cases
- Provide a training to the PSS team to strengthen identified gaps
- Provide a methodology guidelines package and recommendations

## 4. METHODOLOGY

Methodology will be developed by the consultant directly in his/her offer and adapted during the field visit. The consultancy mission will be facilitated by at least one dedicated staff among PUI teams to act as consultant assistant in order to:

- Prepare all stages of the field period of the consultancy
- Review and give inputs to all standardization documents package
- Implement team capacity building afterwards using the training materials developed by the consultant

The Consultant should prepare a schedule of his activities at the beginning of the consultancy in collaboration with and supported by the staff at mission level.

### 4.1. PREPARATORY BRIEFING

At HQ level:

- Desk manager / Program officer / Technical and Capitalization Service briefings based in Paris

At Mission level:

- Head of Mission (HoM)
- Deputy HoM for Programs (DHoM)
- Health Coordinator
- Field Coordinator
- Protection Manager

## 5. ORGANISATION OF THE MISSION

### 5.1 COMPOSITION OF ASSESSMENT TEAM

Consultant desired background:

- Diploma in Psychology, Sociology, Education or all relevant other sectors
- At least 5 years of working experience in Protection, PSS or Education fields
- At least 3 years of experience with INGOs in humanitarian context
- Previous experience with refugees and host communities
- Knowledge/experience in the Middle East / Syrian crisis is a plus
- Expertise in project evaluation and MEAL system
- Ability to synthesize complex information in a systematic manner
- Experience in training technical staff and members of a community
- Understanding of a comprehensive approach of vulnerability issues and their interactions with psychosocial consequences
- Excellent English writing and oral skills / Arabic is an asset

The other team required for the consultancy are in country, in this order:

PU-AMI	Support
Head of Mission Deputy Head of Mission Health Coordinator Field Coordinators Protection Manager	Driver Car Cell phone Translator

## 5.2 LOGISTICS, SECURITY AND ADMINISTRATIVE ORGANISATION

- ✓ PU-AMI will cover all expenses regarding round trip transportation to and from home/mission, visa, vaccines... (Ref. to the Visa Guidelines for expatriates, Q&A Visa)
- ✓ Insurance including medical coverage and complementary healthcare, 24/24 assistance and repatriation
- ✓ Housing in collective accommodation with internet
- ✓ Collective Working office with internet
  
- ✓ Working hours 8:00 am to 16:30 with 30 minutes lunch break
- ✓ Lebanon has a typically Mediterranean climate. There are four distinct seasons. Winter (December to mid-March) is mostly rainy, with snow in the mountains.

## 5.3 FOLLOW-UP MANAGEMENT

First a general meeting will be held in order to define general responsibilities and different parts of the consultancy to define and explain the roles of the team involved in the consultancy. During the field mission, weekly follow ups meetings will be held to define the objective and achievements.

Work language and progress notes will be done in English.

## 5.4 TIMETABLE

To be discussed with the consultant based on the availability

# 6. EXPECTED DELIVERABLES

At the end of his/her mission, the consultant should provide:

- One **final report** of findings and recommendations.
- A **methodology, guidelines and tools package** including on capitalization and impact measurement
- A **training session package**

All documents produced during this mission will be PUI properties and use internally by it in order to improve its psychosocial technical guidance and strategy.

## **6.1. ASSESSMENT / EXPLORATORY MISSION REPORT**

The report must be presented at the end of the mission: the report must be released with detail methodology and annexes for the implementation of the actions related to the three specific areas of intervention (evaluation/ methodology and training).

All versions must be released to Head of Mission and Head Quarters and on the date formerly agreed at the beginning of the consultancy.

The Head of Mission, Program Officer or Desk Manager can request corrections or modifications after the report is released and the consultant must ensure that he/she is available if necessary.

## **6.2. POWER POINT PRESENTATION**

A PPT summarizing main results and information collected, in English, will be presented during the debriefing.

## **6.3. A DEBRIEFING**

A first debriefing will be done at the mission level and then at HQ level.

# **7. BUDGET**

From the development funds, the total amount allocated include flight tickets, transportation and accommodation at field level: this cost will be covered by PU-AMI.

# **8. APPLICATIONS**

Interested candidates should submit in English:

- A technical offer with (5 pages max):
  - o Understanding of the Terms of Reference (ToR): development of a problematic and formulation of questions, which the offer proposes to respond to
  - o The methodology and tools proposed for the consultancy
  - o The timetable showing the details for the completion of each consultancy phases. The proposed schedule should include time for briefing and debriefing on the mission and as much as possible at headquarter.
- A financial offer including a budget with detailed sections (fees, other costs)
- An updated CV
- References

**Applicants should send all of this documentation in electronic format to**

- **Cécile WILS, Program Officer for Lebanon : [cwils@premiere-urgence.org](mailto:cwils@premiere-urgence.org)**

**The deadline for the submission of applications will be the 15/04/2017**