

# JOB DESCRIPTION

Preliminary Job Information	
Job Title	MHPSS TECHNICAL ADVISOR
Reports to	MEDICAL COORDINATOR
Country & Base of posting	TUNISIA WITH 90% OF TIME IN LIBYA (BENGHAZI AND AL KUFRAH)
Duration of Mission	4 months (renewal)

General Information on the Mission
<p><b>Context</b></p> <p><b>Première Urgence Internationale (PUI)</b> 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 200 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 assisting around 7 million people in 22 countries – in Africa, Asia, Middle East, Eastern Europe and France.</p> <p><b>Crisis context</b></p> <p>After an armed and civil uprising ended Muammar al Gadhafi's regime in late 2011, the authorities have had difficulties to address pressing security issues, reshape the country's public finances, or create a viable framework for post-conflict justice and reconciliation. Thus, since 2014, non-state armed groups have disrupted Libya's political transition. In 2018, continued political instability, ongoing-armed conflict in Libya, particularly internal struggles between local militias, and the collapse of economy, have led to deteriorating living conditions and reduced access to essential services in most of the country. Civilians continue to suffer from unsafe living conditions, with little or no access to health care services, essential medicines, safe drinking water, shelter and education.</p> <p>In 2019, the whole population is still affected by the armed conflict and the lack of a functioning government, and 823 000 people will still need humanitarian assistance (including 554,000 people in need of health care services) throughout the whole assessed territory in Libya. The complex humanitarian crisis is primarily driven by the absence of the rule of law, lack of access to basic services, displacement of population, the collapse of the economic system and the financial crisis. On April 4<sup>th</sup> 2019, the Libyan National Army (LNA) under the guide of General Haftar, announced the beginning of a large scale offensive against the Government of National Accord (GNA) in Tripoli. Soon after, the southern neighbourhoods of the city were engulfed in the conflict. To date, continued clashes, involving the use of heavy weaponry and airstrikes, affected 500,000 people, and displaced over 100,000 people within the Libyan capital, to the neighbouring cities, and, more recently to Tunisia.</p> <p>Throughout 2018, in Benghazi and its surroundings, the situation remains calm even though heavy fighting took place in other towns of the country (Darnah, Ajdabiya, Tripoli, and Sabha). After two year of siege, the LNA launched an attack on Darnah in May 2018. Then, Haftar announced the capture of the city in June; however, clashes were still ongoing in a small part of the town in November 2018. Near to Ajdabiya, fights erupted in June 2018, when the forces conducted by Ibrahim Jadhran attacked the oil facilities in the oil crescent, under the LNA forces. These fights conducted to some population movements in eastern Libya. However, the overall number of IDPs did not change significantly throughout the year - increasing and decreasing at times - while the total number of returnees has progressively increased. Late in 2018, Benghazi is still the town hosting the highest number of IDPs (25,665 individuals), as well as knowing the highest number of returnees (188,625 individuals) in Libya. Thus, Benghazi appears to be, with Tripoli, one of the two main cities to host the more IDPs. The area appears to be particularly vulnerable locations due to the high damage inflicted by three years of heavy clashes. Among the IDPs population, the Tawergha community living in the camps in Benghazi and its surroundings, is entering its 8th year of displacement with few real chances to return their areas of origin soon. Darnah is the fifth town of returns with 23,863 individuals.</p>

The violation of human rights and humanitarian law, including violations of the right to life, and of children and women's rights, are widespread, including of Gender-based Violence. There are alarming levels of gender-based violence and grave violations of child and women's rights in the current context.

Still in the same area, since April 2019 the situation remained relatively stable, allowing the PUI program's to progress with minimum interference. However, this fragile equilibrium could be rapidly overturn depending on the evolution of conflict. Premiere Urgence Internationale (PUI) is monitoring closely the events and, is evaluating potential scenarios in order to plan for contingency in case the security situation deteriorates.

In the Southeast of the country, the tensions between the Tebu and the Zway tribes seriously affects the health system and the access to basic services. Tribe communities, when they are a minority in the area, are suffering from segregation in most of Al Kufrah's institutions, including health care facilities. This occurs in a context of underdevelopment and poverty that exacerbates the impact of the conflict on the population in the region. Indeed, this area has been suffering, even before the conflict, from a poor investment from the central government. However, few information are available on this area and its humanitarian needs due to a poor, if not almost inexistent, presence of NGOs.

Besides, in the Libyan context, migrants, refugees and asylum seekers leaving outside and within the detention centres (DCs) represents another significant vulnerable group in Libya. Estimated to be around 700,000 to 1 million, they are among the most vulnerable population in the country and are currently facing acute needs. This includes an estimated number of migrants in 55 DCs of 5,000 to 7,000 people at the end of 2018. These persons, including both asylum seekers and refugees, have been consistently identified as being the most vulnerable individuals throughout Libya for several reasons. In particular, they are identified as having reduced access to, and availability of life-saving assistance. Additionally, various report show that refugees and asylum seekers in Libya face significant protection concerns, with their status making them particularly vulnerable to abuse, marginalisation, and exploitation. Those who move through the country are exposed to widespread abuses and human's rights violation along the route. Due to their irregular status, lack of domestic support networks, impunity for crimes committed against foreign nationals, racism, xenophobia and policies linked to the control of mixed migrations flows in Europe, they are highly vulnerable and in need of humanitarian assistance.

#### **PUI's strategy/position in the country and current programs**

Since May 2016 and the beginning of the exploratory mission, PUI still identifies the support to the health system and the improvement of access to health care as some of the major needs for the eastern Libyan population along with its ongoing field intervention. This analysis has been confirmed by the 2019 HNO, which defines the access to critical services (including public healthcare services and Wash facilities) as the second key humanitarian priority need, with the health sector being the one with the highest number of people in need (554,000 individuals). PUI Libya mission has started implementing operations in East of Libya (Benghazi area) in 2017 and developed an emergency health response that provides primary health care services to the most vulnerable population. PUI's intervention focuses on health care through the deployment of Mobile Health Teams (MHT) delivering direct services to internal displaced populations, the host communities, migrants, refugees and asylum seekers. To date, PUI has three mobile health teams operating in the entire eastern Libya, two of which targeting vulnerable communities in urban setting and one targeting refugees and asylum seekers in detention centres. Since 2018, PUI has extended its area of intervention to in the north eastern Mantikas namely Al Wahat (Ajdabiya Baladiya), Al Marj, Al Jabal Alakhadar, Darnah and Al Butnan (Tubruq Baladiya) to better reach out the most vulnerable. In 2019, PUI Benghazi office is starting a new project called Evidence Based NCD care, a model for PHC in Libya with the objective to enhance access to Non-Communicable Disease health services in the PHC level in the target area. The project includes 2 health facilities and 2,000 patients will benefit from the services.

In the view to extend its operational coverage in 2018, PUI conducted an exploratory mission in the Al Kufrah region (southeast Libya) in order to identify the specific needs of this isolated area and develop an adapted humanitarian response. Thus, PUI intends to implement comprehensive health related activities to ensure a continuous access to essential care. The operation will start in Winter 2019 after a three-month inception phase including capacity building of the team and installation of a PUI office, composed of a full management and health team.

In 2018-2019, PUI has also enhanced its strategy of intervention. Although the focus remains health and direct service delivery, it includes other related sectors and approaches to ensure an integrated response. Thus, PUI conducted several rehabilitation projects in order to allow the reactivation of primary health care centres and the functioning of the Al Jalaa Hospital's emergency room (the main trauma centre of Benghazi). Additionally the rehabilitation projects also led the restarting of a water pumping station in a conflict-affected area of Benghazi and the reactivation of the only laboratory providing drugs and food quality testing in the eastern Libya. Rehabilitations within the refugee's detention centres have also been implemented to meet the Wash minimum standards for the detainees.

In line with its country strategy 2020, PUI Libya plans to reinforce its MHPSS intervention.

To note, due to the security context, the majority of the humanitarian intervention in Libya are being managed remotely from Tunis

<b>Configuration of the mission</b>	
<b>BUDGET FOR 2019</b>	3 800 000
<b>BASES</b>	COORDINATION IN TUNIS & OPERATIONAL BASES IN BENGHAZI AND AL KUFRA (EAST LIBYA)
<b>NUMBER OF EXPATRIATES</b>	11
<b>NUMBER OF NATIONAL STAFF</b>	50
<b>NUMBER OF CURRENT PROJECTS</b>	3
<b>MAIN PARTNERS</b>	ECHO + UNHCR+ EU Delegation
<b>ACTIVITY SECTORS</b>	Health and Mental Health & Psychosocial Support, Rehabilitation & Early Recovery
<b>EXPATRIATE TEAM ON-SITE</b>	Head of mission, Deputy Head of Mission Program, Medical coordinator, Admin / Fin coordinator; Logistics coordinator, Basic Needs Response Coordinator, and Humanitarian Affairs Officer  Expat team in Benghazi: Field Coordinator, Deputy Field Coordinator Programs, and Deputy Field Coordinator Support

<b>Job Description</b>
<b>Overall objective of the position</b>
<p>The Mental Health and Psycho-Social Support Technical Advisor (TA) will be working under the responsibility of the Medical Coordinator based in Tunis and will be in direct contact with the HQ MHPSS technical advisor. She/he will be in charge of the development, implementation, monitoring and standardization of PUAMI MHPSS in Libya. Depending on the security and access situation, she/he will be mainly based in PUI field office in Benghazi (2/3 time) with frequent trips to Al Kufrah field office (1/3 time). More specifically the MHPSS TA will be responsible to <b>strengthen quality and access to mental health services in Libya</b> and <b>to improve access to quality mental health and psychosocial care</b> through enhancing technical capacities of PUI MHPSS team, capacity building of stakeholders at different interventional levels and promotion of mental health care.</p>
<b>Tasks and Responsibilities</b>
<ul style="list-style-type: none"> <li>▶ <b>Strategy:</b> Working alongside the Medical Coordinator and cooperating closely with the Headquarter/Technical Department, she/he provides strategic guidance to the mission on MHPSS programming and contributes to the development of the related country strategy and operation framework of intervention.</li> <li>▶ <b>Programmes:</b> She/he will ensure implementation, oversight and monitoring of the activities related to MHPSS of the program in the frame of PUI response in East of Libya. She/he will develop PUI internal capacity on MHPSS by development of internal curriculums and human resources capacity building. S/he will be in charge of developing PUI MHPSS component, enlarging the scope of activities implemented. S/he will develop and/or reinforce the quality assurance process for MHPSS activities following national and international standards.</li> <li>▶ <b>Representation/Coordination:</b> S/he coordinates PUI's representation to consortium partners, donors, and authorities within the related sub- sector, in the technical field of expertise, and ensures that information about the program is properly distributed.</li> <li>▶ <b>Human Resources / Training:</b> S/he supports the targeted staff members and oversee the technical training activities and permanent supervision according to identified needs.</li> <li>▶ <b>Logistics and Administration:</b> S/he ensures the activities for which s/he is responsible comply with logistical and administrative procedures.</li> <li>▶ <b>Safety:</b> S/he contributes to compliance with safety rules within the mission and communicates any safety-related information to the Head of Mission.</li> </ul>

<b>Specific objectives and linked activities</b>
<p><b>1. CONTRIBUTE TO MISSION'S MHPSS STRATEGY</b></p> <ul style="list-style-type: none"> <li>▶ Contribute to the development of the mission's operational MHPSS strategy and ensures its dissemination within the mission.</li> <li>▶ Contribute to the definition of the related operational framework including policies, methodologies of intervention, tool kits and reporting system in line with PUI's policy.</li> </ul>
<p><b>2. ENSURE IMPLEMENTATION AND MONITORING OF PROGRAMS</b></p> <ul style="list-style-type: none"> <li>▶ Support the design and implementation of action plans of the MHPSS mission component</li> <li>▶ Production of propositions for guidelines for MHPSS case management</li> <li>▶ Develop an MHPSS mapping of qualitative services and production of propositions for standardized referral pathways</li> <li>▶ Providing monthly monitoring reports on the activity progress and contribute to donor and internal activity reports</li> <li>▶ Design and delivery of awareness raising messages in relation with MHPSS activities</li> <li>▶ Conducting workshops on MHPSS best practices and lessons learned</li> <li>▶ Set up of structured and regular clinical supervision.</li> <li>▶ Ensure that the provision of MHPSS services is properly inscribed in the larger PUI strategy.</li> </ul>
<p><b>3. ENSURE IMPLEMENTATION AND MONITORING OF PROGRAMS</b></p> <ul style="list-style-type: none"> <li>▶ Support the design and implementation of action plans of the MHPSS mission component</li> <li>▶ Production of propositions for guidelines for MHPSS case management</li> <li>▶ Develop an MHPSS mapping of qualitative services and production of propositions for standardized referral pathways</li> <li>▶ Providing monthly monitoring reports on the activity progress and contribute to donor and internal activity reports</li> <li>▶ Design and delivery of awareness raising messages in relation with MHPSS activities</li> <li>▶ Conducting workshops on MHPSS best practices and lessons learned</li> <li>▶ Set up of structured and regular clinical supervision.</li> <li>▶ Ensure that the provision of MHPSS services is properly inscribed in the larger PUI strategy.</li> </ul>
<p><b>4. SUPPORT TECHNICALLY THE MHPSS TEAM</b></p> <ul style="list-style-type: none"> <li>▶ Define HR setup of the activity</li> <li>▶ Support recruitment of the MHPSS officers on technical point of view</li> <li>▶ Provide technical support and supervision to all MHPSS staff</li> <li>▶ Provide training and on-job coaching of MHPSS staff and support in different intervention sites</li> </ul>
<p><b>5. ENSURE LOGISTICAL AND ADMINISTRATIVE MONITORING OF MHPSS ACTIVITIES</b></p> <ul style="list-style-type: none"> <li>▶ Ensure follow up and support to administrative and logistic departments in relation with MHPSS activities implementation</li> </ul>
<p><b>6. ENSURE THE REPRESENTATION OF PUI TO RELEVANT EXTERNAL STAKEHOLDERS</b></p> <ul style="list-style-type: none"> <li>▶ Attends meetings and represent the mission towards key relevant actors (technical working groups, clusters, MHPSS actors)</li> </ul>

<b>Required Profile</b>		
<b>Required knowledge and skills</b>		
	<b>REQUIRED</b>	<b>DESIRABLE</b>
<b>TRAINING</b>	<ul style="list-style-type: none"> <li>▶ <b>Formal degree</b> as Clinical psychologist</li> </ul>	<ul style="list-style-type: none"> <li>▶ Experience in the psychosocial approach</li> <li>▶ Familiar with mhGAP intervention, Thinking Healthy , PM+, IASC and SPHERE standards</li> <li>▶ Familiar with IASC and WHO MHPSS guidelines</li> </ul>
<b>PROFESSIONAL EXPERIENCE</b> <ul style="list-style-type: none"> <li>▶ Humanitarian</li> <li>▶ International</li> <li>▶ Technical</li> </ul>	<ul style="list-style-type: none"> <li>▶ Previous experience in MHPSS in a humanitarian context.</li> <li>▶ At least 2 years of previous clinical experience</li> </ul>	<ul style="list-style-type: none"> <li>▶ Familiar in MH integration in primary health care.</li> <li>▶ Familiar with camp and non-camp set-up.</li> </ul>
<b>KNOWLEDGE AND SKILLS</b>	<ul style="list-style-type: none"> <li>▶ Good written and oral communication skills</li> <li>▶ Knowledge of programs management</li> </ul>	
<b>LANGUAGES</b> <ul style="list-style-type: none"> <li>▶ French</li> <li>▶ English</li> <li>▶ Other (please specify)</li> </ul>	X  Arabic	X
<b>SOFTWARE</b> <ul style="list-style-type: none"> <li>▶ Pack Office</li> <li>▶ Other (please specify)</li> </ul>	X	
<b>Required Personal Characteristics (fitting into the team, suitability for the job and assignment)</b>		
<ul style="list-style-type: none"> <li>▶ Ability to work independently, take the initiative and take responsibility</li> <li>▶ Strong commitment in humanitarian principles</li> <li>▶ Resilience to stress</li> <li>▶ Diplomacy and open-mindedness</li> <li>▶ Good analytical skills</li> <li>▶ Organisation and ability to manage priorities</li> <li>▶ Proactive approach to making proposals and identifying solutions</li> <li>▶ Ability to work and manage professionally and maturely</li> <li>▶ Ability to integrate into the local environment, taking account of its political, economic and historical characteristics</li> </ul>		

<b>Conditions</b>
<b>Status</b>
▶ <b>EMPLOYED</b> with a Fixed-Term Contract
<b>Salary package</b>
▶ <b>MONTHLY GROSS INCOME:</b> from 1980 up to 2310 Euros depending on the experience in International Solidarity + 50 Euros per semester seniority with PUI
<b>Costs Covered</b>
<ul style="list-style-type: none"> <li>▶ <b>COST COVERED:</b> Round-trip transportation to and from home / mission, visas, vaccines etc.</li> <li>▶ <b>INSURANCE</b> including medical coverage and complementary healthcare, 24/7 assistance and repatriation</li> <li>▶ <b>HOUSING</b> in collective accommodation</li> <li>▶ <b>DAILY LIVING EXPENSES</b> «Per diem»</li> <li>▶ <b>BREAK POLICY</b> : 5 working days at 3 and 9 months + break allowance</li> <li>▶ <b>PAID LEAVES POLICY</b> : 5 weeks of paid leave per year + return ticket every 6 months</li> </ul>