

Terms of Reference / Mental Health and Psychosocial Support Consultant



Mental Health and Psychosocial Support Consultant /Terms of Reference	
Country / Region	Afghanistan/Kabul
Start date	ASAP
Duration	7 months
Source of funding	OFDA
Author(s)	Deputy Field Coordinator programs – Afghanistan mission

1. INTRODUCTION

1.1. CONTEXT

Première Urgence Internationale (PUI) is a non-governmental, non-profit, non-political and non-religious international aid organization. PUI teams are committed to support civilian victims of marginalization and exclusion, or hit by natural disasters, war or economic collapse, 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 200 projects a year in the following sectors of intervention: food security, health, nutrition, construction and rehabilitation of infrastructures; water, sanitation and hygiene, and economic recovery. Providing assistance to around 6 million people in 23 countries – across the Caribbean, Africa, Asia, Middle East, Eastern Europe and France.

The Afghan Mission is PUI's oldest mission with the first medical intervention launched in 1980 just after the Soviet invasion. Since then, Afghanistan has mostly been in conflict, with the presence of national armed groups and international forces causing mass casualties and massive movements of population within or out of the country. According to IOM Displacement Tracking Matrix (DTM), the total number of displaced population for the period 2012-2019 that currently live in host communities reached 4,350,900 individuals. The same time, the country has witnessed a strong wave of returnees from abroad at 3,451,510 people. This latter figure is expected to grow further in 2020 as large numbers of Afghans have fled the COVID-19 outbreak from neighbouring countries (mainly from Iran). The high number of returns put additional pressure on host communities, fragile livelihoods and public services that are already strained by conflict and economic underperformance.

The achievements realized in the years following 2001 invasion are now jeopardized by the intensification of conflict and violence and fragile governance. Indeed, due to the increase in the attacks, casualties, displacements and consequently, of the acute needs, the United Nations reclassified Afghanistan conflict from a protracted to an active one. Armed groups are threatening the Government of Afghanistan that struggles to impose its vision of development despite the continuous extended military, financial and political support, nationally and internationally. As Afghanistan continues to face an extremely complex set of humanitarian challenges, the country remains one of the world's largest refugee crisis. According to the World Bank, by the end of 2018, the number of Afghans refugees stood at close to 2.7million, following only the Syrian crisis in terms of magnitude.

In the current context, with elevated pressure on aid organizations by different actors, fragmented conflict that happens to a large extent away from urban centres, the capacity to deliver aid to those in need is particularly challenging. Access to remote areas is volatile, with military offensive and/or threats, expulsion by armed groups that cause agencies to suspend their operations at times. Health actors are particularly at risk as attacks on health facilities and staff continue to happen across the country with a visible intensity in areas where PUI operates.

In 2020, the COVID-19 pandemic advanced the crisis even further. The Humanitarian Needs Overview (HNO) estimated that there are now 14 million Afghans, or 37% of the country's population, in need of assistance. This figure was revised upward from the 9.4 million estimated earlier in 2020 and from 6.3 million in 2019.

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1.2.PUI AFGHANISTAN MISSION HISTORY

PUI orients its programs to addressing the fundamental needs of Afghan populations through the provision of assistance based on humanitarian principles and aligned with the concept of do no harm. Indeed, neutrality and impartiality are the key in order to enable humanitarian access to the affected communities, in particular in remote areas and territories contested or under control of the armed groups.

PUI's interventions are implemented in a coordinated manner and must demonstrate strong support and co-ownership of the stakeholders and beneficiaries. A grass roots approach and engagement of communities is possible as the Organization has maintained acceptance and relationships locally for years, and involves stakeholders in all stages of its actions from design of activities to a community-based feedback mechanism and other accountability instruments.

Over the past 40 years of PUI's response in Afghanistan, PUI has delivered health and nutrition assistance with aim of reducing morbidity and mortality in vulnerable populations. The Organization contributed to the reconstruction of the health system and the expansion of access to quality health services across over 11 provinces.

Until now, health remains PUI's strong area of expertise in the country and the entry point to implement its integrated approach that combines primary health care, nutrition, sexual and reproductive health, maternal health, hygiene and sanitation, and increasingly psychosocial support. Since 2013, PUI has started interventions on emergency preparedness and trauma services to conflict-affected populations. As Afghanistan became the world's deadliest conflict in 2018 with 59% annual increase in terrorism-related deaths, it is crucial to maintain the capacity to respond to mass casualties and/or populations displaced suddenly.

In terms of geographical coverage, PUI increasingly orients its operations to remote areas and territories contested or under the control of the armed groups.

Programmatic Objectives for 2019-2021

In the period of 2019-2021, PUI has remained aligned with the efforts to date, and continues ensuring access to quality health services through both mobile and static facilities. The Organization has also increasingly prioritized the needs related to mental health and psychosocial support not only among vulnerable populations at large but also among the humanitarian community who are exposed to traumatic events in their daily work. Other active sectors of interventions include nutrition, WaSH, mainstreamed protection and cash-based assistance. PUI considers further expansion to the complementary areas of food security and livelihoods.

Prior to the merger, Première Urgence (PU) and Aide Médicale Internationale (AMI) had both been present and known among local populations in Afghanistan (since 1980 for health programs). It should be noted that PUI continues operating in Afghanistan under the logo and name of PU-AMI. Currently, the Organization is implementing the following programs in the eastern provinces of Nangarhar, Kunar, Laghman and Nuristan:

Health:

The focus is on provision of access to quality primary health care services through mobile and static health clinics. Through mobile health teams (MHTs), communities are provided with Primary Health Consultations (PHC), Integrated Management of Childhood Illness (IMCI), Maternal Newborn Child Health (MNCH), EPI, integrated management of acute malnutrition (IMAM), health and hygiene promotion and psychosocial support. In static facilities.

PUI also supports First Aid Trauma Posts (FATPs) oriented towards the provision of specialized services to care for the victims of conflict or other forms of major or minor trauma. Providing the necessary equipment, medications, consumables; training and support to staff to be able to deliver the more advanced management that is required in remote areas. For those cases that cannot be managed at this level, it allows for them to be sufficiently stabilised to manage the journey required for referral to definitive surgical/medical care.

Another area of focus for PUI is Reproductive Health, PUI supports Basic Emergency Obstetric and Neonatal Care in a range of facilities as well as capacity building of midwives and community health programming aimed at engaging communities in Reproductive health Promotion. In the coming period, the mission will be building on past experiences and recent situational analysis to develop its Social and Behavioural Change Communication Programming.

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Nutrition:

Malnutrition remains at dangerously high levels across Afghanistan, and PUI currently integrates a nutrition component (diagnosis, treatment, education) with other healthcare activities. In terms of geographical coverage, nutrition services are being provided in particular in remote areas where access to healthcare system is reduced or non-existent. Nutrition Programming based on the Integrated Management of Acute Malnutrition inclusive of Therapeutic Feeding Units.

Psychosocial Support:

Psychological trauma remains difficult to quantify due to low reporting, diagnosis and overall low quality of available services, though the likelihood of significant portion of the population suffering mental health issues is to be high or very high as the conflict continues now four decades and poverty is deepening across the country. PUI integrates and provides psychosocial support at community-level and in health facilities, for now mainly in the form of awareness, individual sessions and referrals. Furthermore, first as a pilot project, and now at a larger scale, PUI has developed a Psychological First Aid (PFA) package deployed primary at the FATPs and with the aim of providing immediate psychological support (PSS) to those who suffer from major trauma. In addition to this, there are plans to integrate PSS into nutrition.

WaSH:

PUI Afghanistan has a strong WASH in Health component that complements both the implementers of Basic Health Care Package and Essential Package of Hospital Services at the health facilities level. Specifically, PUI provides the rehabilitation of water supply and sanitation infrastructures, ensuring that gender inequalities are addressed in their design. PUI also ensures health facilities in remote areas have access to clean water through boreholes powered with solar energy. PUI's WASH team also contributes to the reinforcement of Infection, Prevention and Control via adherence to WASH in Health Standards (see COVID 19 response below)

Furthermore, in communities, the Organization provides hygiene awareness enhanced by the distribution of hygiene kits.

COVID-19 Outbreak:

Since March 2020, and in close collaboration with a variety of stakeholders and actors, PUI has been actively engaged in preparedness and response in the progressing COVID-19 outbreak with the main objective being interrupting/slowing down the chain of transmission of SARS-CoV-2. This includes reinforcement of the Infection prevention control (IPC) support to PUI-run MHTs and health facilities. In these facilities and designated isolation wards it has been strengthening Outbreak Preparedness and Response through training, provision of materials and equipment, as well as the implementation of a number of relevant protocols and integrated WASH in Health programming. In remote areas, PUI introduced and reinforced risk communication and community engagement in order to raise awareness around COVID 19 and reduce rumours. Furthermore, the Organization enhanced its psychosocial assistance services to cover distress related to COVID-19 and combat stigmatization.

2. CONSULTANCY OBJECTIVE

2.1. OVERALL OBJECTIVE

The MHPSS Lead Researcher Consultant is responsible for conducting a research study on condition of Mental Health in communities in four eastern provinces of Afghanistan - Kunar, Nangarhar, Laghman and Nuristan. As mental health is still a topic not broadly assessed by NGO community in Afghanistan, there is a great need to collect detailed information on this sector, to better understand main challenges communities face in accessing high quality services. The consultant will be responsible for conducting a detailed survey in the four targeted provinces, assessing obstacles to MHPSS access in the four eastern provinces; and proposition to overcome them.

The study will also provide recommendations on the most suitable and relevant intervention in mental health sector in surveyed region. The study will be conducted through analysis of already existing secondary data (desk study) and direct data collection. Data collection will be done using qualitative and quantitative methods:

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- Household level survey conducted with community representatives from four provinces using cluster sampling method (in this method communities are divided into groups of people with similar conditions, and only sample of clusters is then used for interviews)
- In depth Focus Group Discussions (FGD) with representatives of different community groups (women, men, boys, girls, elderly, people with disabilities, pregnant and lactating women etc) – potentially also FGD with mental health/PSS providers
- Key Informant Interviews (KII) with mental health and PSS providers, Ministry of Public Health (MoPH) representatives, community leaders, education professionals – teachers, headmasters etc.

All interviews will be done by trained data collectors in local languages. Household survey will be done using Kobocollect software. Analysis will be done by the Mental Health and Psychosocial Support consultant experienced in scientific researches in line with PUI MHPSS Technical Adviser (TA) guidance and support from MHPSS Advisor at HQ.

The study will be done in a close cooperation with health partners operating in Afghanistan – Women's health and Welfare Organization, Ministry of Public Health, Directorates of Health in four targeted provinces and with Kabul University.

The final result of the study – report and compact summary report on the condition of mental health among communities in four eastern provinces of Afghanistan – will be presented to aforementioned mental health stakeholders and in Agency Coordinating Body for Afghan Relief (ACBAR) digest. Additionally, summary of the report and power point presentations on the key findings will be prepared to ensure the main outcomes of the survey will be also shared widely (e.g. mental health NGOs and INGOs, Clusters, through social media) and presented during special meetings on mental health condition in eastern Afghanistan with Health Cluster and MHPSS Working Group (WG) partners, Women's Health and Welfare Organization. The study can be used as well by other INGOs and NGOs as one of the advocacy tool, to ensure mental health interventions are properly funded and prioritized among other health related activities.

2.2.SPECIFIC OBJECTIVE

- 1) To prepare, realize and develop narrative of study findings
- 2) To recruit, manage and assist data collection team and Lead Researcher Assistant.

3.TASKS

- 1) Preparation of the study
 - Research of existing literature and studies
 - Compile and research of existing PU-AMI studies and research
 - Based on the existing secondary data, decide on the specific MHPSS topics that need to be researched in the Afghan context to address information gaps.
 - Decide on the mixed methodology approach and timeline of the study in coordination with the the MHPSS TA, Monitoring Accountability Evaluation and Learning (MEAL) Manager
 - Prepare terms of reference for the study, adapted to Afghan context, in cooperation with the project managers, MEAL department and field coordination
- 2) Realization of the Study
 - Work with MHPSS TA to develop questionnaires for FGD and KII
 - Ensure smooth running of the data collection in coordination with the security department
 - Adapt study strategy as needed
 - Coordinate and conduct the study with Program team, MEAL team, log team and field coordination

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- Recruit and train staff on relevant data collection tools and attitudes towards beneficiaries
 - Manage, supervise the study team and monitor related activities
 - Ensure quality of the data gathered at all times
- 3) Data Analysis
- Review and analyze the primary data
 - Analyze the secondary data in relation to the primary data and the context
 - Present the analysis internally for feedback
- 4) Report writing
- According to data gathered, analyzed and feedback received, develop a final report including methodology, limitations, findings and bibliography to be shared externally.
- 5) Develop recommendation for MHPSS projects and plan of action for the mission (written report and oral presentation)
- Project implementation, quality analysis and recommendations (including program monitoring: pre-post intervention monitoring, questionnaires used, therapeutic techniques, etc).
 - Recommend approaches and strategies to improve sustainability and qualitative impact of MHPSS activities
 - Suggest links / possibilities for integration with other current intervention sector: protection, wash, education, livelihoods, primary health care (including nutrition and SRH)
 - Recommend actions to prepare for delivery of proposed project activities.
 - Provide new narrative for awareness raising through community approach
 - Analyze and document MH and PSS team experience and lessons learned
- 6) Demonstrate ethical and professional practice:
- Respect beneficiary confidentiality at all times
 - Respect and promote PUI Policies and code of conduct
 - Report any incident or act that causes any harm to beneficiary or to others.
 - Mainstream of protection principles throughout all actions

At the end of the consultancy, the consultant is supposed to provide a research study on MHPSS, accompanied with written report and support for presentation. The consultant will be responsible for presenting findings in front of stakeholders, including donor.

On top of the findings, the consultant should provide solutions adequate for the observed context and limitation.

4. METHODOLOGY

Methodology will be develop by the consultant directly in his/her offer and adapted during the consultancy.

The consultancy mission will be facilitated by the support of program staff and technical advisors at HQ and Kabul level.

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.

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1. PREPARATORY BRIEFING

At HQ level:

- Desk manager / Program officer / Technical Advisors briefings based in Paris (will be done virtually due to current contingency)

At Mission level:

- Head of Mission (HoM)
- Deputy HoM for Programs (DHoM)
- Field coordinators
- OFDA PMs
- MHPSS TA

5. BACKGROUND OF THE CONSULTANT

	REQUIRED	DESIRABLE
EDUCATION / TRAINING	<ul style="list-style-type: none"> ▶ Advanced university degree in Clinical Psychology (MSc / ClinPsyD) ▶ Specialty in research 	<ul style="list-style-type: none"> ▶ Experience in conducting comprehensive research
PROFESSIONAL EXPERIENCE ▶ Humanitarian ▶ International ▶ Technical	<ul style="list-style-type: none"> ▶ Minimum of 3 years of professional experience in humanitarian MHPSS work, including in emergencies and in conflict settings ▶ Strong skills in research ▶ Proven experience in providing technical support to field teams implementing MHPSS interventions 	<ul style="list-style-type: none"> ▶ Experience with an NGO ▶ Experience of working in Afghan context ▶ Experience in community or public health ▶ Experience working on staff welfare ▶ Project Management
KNOWLEDGE AND SKILLS	<ul style="list-style-type: none"> ▶ Willing to visit the team in the field in unstable environments ▶ Able to maintain confidentiality at all times, especially regarding staff welfare programming ▶ Excellent written and verbal communication skills in English ▶ Excellent skills in research, data analysis, and report writing ▶ Excellent supervisory and capacity-building (group training, 1:1) skills ▶ Ability to work independantly ▶ Able to exercise sound judgement and make decisions independantly ▶ Understanding of the existing medical and mental health system in Afghanistan, in relation to services available at different types of facility and the referral system ▶ Knowledge of international MHPSS standards, guidelines (e.g. Sphere, IASC) 	<ul style="list-style-type: none"> ▶ Knowledge of idioms of expression / terms for symptoms of different mental health issues in this context ▶ Knowledge of local areas and community structures ▶ Experience in the design of MHPSS research ▶ Experience in the design of quality supervision tools
LANGUAGES	<ul style="list-style-type: none"> ▶ English 	<ul style="list-style-type: none"> ▶ French ▶ Dari ▶ Pashtun

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SOFTWARE ▶ Microsoft Office	▶ Microsoft Office skills: powerpoint, excel, and word (formatting, presentation, and analysis skills)	
Required Personal Characteristics (fitting into team, suitability for the job and assignment/mission)		
<ul style="list-style-type: none"> ▶ Ability to work independently, take the initiative and take responsibility ▶ Resilience to stress ▶ Diplomacy and open-mindedness ▶ Good analytical skills ▶ Organisation and ability to manage priorities ▶ Proactive approach to making proposals and identifying solutions ▶ Ability to work and manage professionally and maturely ▶ Ability to integrate into the local environment, taking account of its political, economic and historical characteristics ▶ Experience in a similar position, or related experience ▶ A good level of self-awareness and ability to identify stressors and provide self-care ▶ Prioritisation of staff wellbeing 		

6. ORGANISATION OF THE MISSION

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 will have to be provided and subscription proved by the consultant as a condition for departure. Upon request of the consultant, PU-AMI can subscribe to such insurance for an estimated amount of EUR 1495,32 (EUR 249,22 per month), which will be deducted from the payments on a pro-rata basis
- ✓ Housing in collective accommodation with internet
- ✓ Collective Working office with internet
- ✓ Working hours 7:30 am to 16:30 with 30 minutes lunch break
- ✓ Covid-19 preventive measures are taken into consideration, including one week quarantine at arrival and a PCR negative test within 72h before departing (requested by flight company)

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 task and expectations.

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.

4. TIMETABLE

To be discussed with the consultant based on the availability.

7. EXPECTED DELIVERABLES

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

At the end of the 1st Month

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1. A **bibliography on existing sources on addressing cultural barriers for MHPSS in Afghanistan**
2. **Questionnaire draft, and plan of action for data collection**

At 3 months

1. One **mid-term** report to assess the status quo of the consultancy.
2. **All material for data collection finalized**

At 6 months

1. Elaborated report ; printable version
2. **List of findings from data collection ;**
3. **Recommendation to address limitation in MHPSS with proposition of feasible activities**
4. **Presentation material**

All documents produced during this mission will be PUI properties and use internally by it in order to improve addressing MHPSS.

7.1.REPORT

The reports must be presented within 15 days after the first three months of consultancy and within the end of the mission (draft for debriefing, final one within 15 days after the consultancy period): the report must be released with detail methodology and annexes for the implementation of the actions related to 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.

7.2.POWER POINT PRESENTATION

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

7.3.A DEBRIEFING

A first debriefing will be done at the mission level for both reports, and then at HQ level for the final one.

8. BUDGET

The total budget of the consultancy is EUR 30,000.

To be considered that PUI will cover 1 round trip from residence to mission, the accommodation at field level. All other costs (insurance inclusive of MEDEVAC (there is the possibility for PUI to arrange this but if this is done it will be deducted from the budget for the consultancy), and meals) should be included in the offer.

9. 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

Consultants should send all of this documentation in electronic format to: afg.consultancy@premiere-urgence.org

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*The deadline for the submission of applications will be the **28th April 2021 6pm Paris Time.***