

## Terms of Reference

### TITLE – GRADE – LOCATION

Mental Health and Psychosocial Support Expert (Suicide Prevention) – P3

### MISSION LOCATION

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UNHCR Sub Office Yumbe with frequent visits to the field.

### DURATION

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The deployment will last for 6 months, with frequent visits to different regions with refugee settlements.

### OPERATIONAL CONTEXT

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Uganda hosts approximately 1.95 million refugees and asylum-seekers, primarily from South Sudan, the Democratic Republic of Congo (DRC), Burundi, Somalia, and Sudan, with over half of the population being children. Refugees are hosted across 13 refugee settlements including Adjumani, Bidibidi, Imvepi, Kiryandongo, Palabek, Palorinya, Rhino Camp, Lobule, Kyangwali, Kyaka II, Nakivale, Rwamwanja, Kiryandongo, and Oruchinga, as well as in urban locations, particularly Kampala, which hosts a growing refugee population facing compounded protection and psychosocial stressors.

Mental Health and Psychosocial Support (MHPSS) needs across settlement and urban contexts are high and persistent, driven by conflict-related trauma, prolonged displacement, food insecurity, reduced assistance, limited livelihood opportunities, domestic violence, and social isolation. Adolescents and youth, survivors of gender-based violence, unaccompanied and separated children, and persons with pre-existing mental health conditions remain particularly vulnerable.

A critical and escalating concern is the recurrence of suicide and suicide attempts across refugee settlements and urban areas. From January to November 2025, MHPSS partners reported 177 suicide-related incidents across the refugee response, including 133 suicide attempts, 44 deaths by suicide, and 10 repeat attempts, averaging approximately four suicide deaths per month. Refugees accounted for most fatalities, and men represented around 80 per cent of completed suicides, while attempts were more frequent among women and adolescents. In the first quarter of 2026 alone (January to March), 34 additional suicide incidents were reported (28 attempts and 6 deaths), indicating a continued and urgent trend rather than isolated events.

Suicide and self-harm incidents have been reported across multiple settlements, with recurrent cases within the same communities and households. Common triggers identified include family conflict, domestic violence, lack of basic needs, financial stress, previous mental illness, and substance use, while the most frequently reported methods include hanging and poisoning, highlighting both psychosocial distress and access-related risks.

Although MHPSS services are delivered through a multi-sectoral approach integrated across health, protection, child protection, GBV, education, and community-based protection, prevention and response capacity remains uneven. Gaps persist in early identification of suicide risk, standardized risk assessment, referral and follow-up mechanisms, community-based surveillance, and frontline capacity, particularly in remote settlements and in the urban Kampala context.

Against this backdrop, UNHCR has identified suicide prevention as a life-saving and protection-critical priority within the Uganda refugee response. The deployment of a short-term Suicide Prevention Expert is intended to provide targeted technical support to strengthen community-based prevention strategies, staff capacity, standardized risk

management, inter-sectoral coordination, and systemized follow-up of suicide and self-harm cases, contributing to the reduction of preventable deaths and improved psychosocial wellbeing among refugees and host communities.

## AIM OF THE MISSION

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The overall aim is to strengthen suicide prevention and response interventions by effectively using available data and existing resources

## MISSION OBJECTIVES

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The deployee will carry out a series of activities aimed at strengthening activities for the prevention of suicide and response with the following core deliverables:

### 1. *Desk review, field visits, and consultations*

- A comprehensive desk review will be conducted alongside field visits and consultations with key stakeholders to realize a set of practical recommendations aimed at improving suicide prevention and response interventions and coordination mechanisms.
- Map existing services, referral pathways, and gaps related to suicide prevention on refugee settings (health, MHPSS, GBV, child protection).

### 2. *Coordination structure for suicide prevention and response set up*

- Facilitate that suicide prevention is discussed in existing platforms such as the national MHPSS TWG, Protection Working Groups and Health Working Groups.
- Develop or agree on interim Standard Operating Procedures (SOPs) for suicide prevention, response, referral, and reporting.
- Explore the need and feasibility for a national or sub-national Suicide Prevention and Response Task Force led by the Ministry of Health, with participation from UN agencies, NGOs, and civil society

### 3. *Capacity building package developed*

- Develop a training package for
  - frontline health workers, protection staff, social workers, and community outreach workers on identification of suicide risk and warning signs
  - clinicians on the management of suicide attempts, including admission, follow-up, and medication adherence where relevant.
- Develop orientation materials for community leaders, religious leaders, and teachers on basic suicide prevention messaging and safe referral.

## RESPONSIBILITIES

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Under the supervision of the Senior Community-Based Protection Officer and the MHPSS focal person under the public health unit, the MHPSS expert will provide.

- Functional coordination mechanism for suicide prevention and response.
- Train cadre of frontline workers and community actors
- Agree on referral pathways and interim SOPs
- Increase community awareness and reduce stigma
- Improved identification and follow-up of individuals at risk

## PROFILE

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### Experience

- Experience with MHPSS in large-scale complex humanitarian displacement contexts (previous working experience in Uganda is an advantage).
- Experience in assessment and programming for suicide prevention and mitigation

### Essential requirements

- Mental health professional (master's degree in psychiatry or clinical psychology with six years of experience).
- Proven thorough understanding of tools and guidance for humanitarian suicide prevention such as the IASC Guidance on Addressing Suicide in Humanitarian Settings (2022), the UNHCR Toolkit for Multisectoral Action on Planning for Prevention and Risk Mitigation of Suicide in Refugee Settings (2023) multisectoral action
- In-depth theoretical and practical knowledge of the IASC Guidelines for Mental Health and Psychosocial Support in Emergency Settings, and preferably with the IASC Minimum Service package for MHPSS
- Familiarity with Refugee Operations and the Refugee Coordination Model, humanitarian appeals, humanitarian response plans and common humanitarian funds
- Firsthand experience in training and implementation of MHPSS tools

#### **Personal Characteristics**

- Ability to work in physically and emotionally challenging contexts to adapt to rapidly changing situations.
- Strong networking capacities for building constructive relationships with all humanitarian actors and national counterparts.
- Willingness to serve in a capacity-building role, fostering the capacities of actors on the ground.
- Ability to work independently and in collaboration with the Public Health and Protection teams.