

World Health Organisation (WHO)

Consultant to support the MHPSS TWG – Mogadishu, Somalia

Terms of Reference (ToR)

I. POSITION INFORMATION	
Position title	Mental Health and Psycho-Social Support Technical Working Group (MHPSS TWG) Consultant
Position grade	P3
Duty station	Mogadishu, Somalia
Reports directly to	Health cluster coordinator
Estimated start date & timeframe	ASAP for 3 months
II. ORGANIZATIONAL CONTEXT AND SCOPE	
Somalia is currently experiencing one of the worst droughts in its history because of three consecutive below-average rainy seasons and related water shortages. Decades of conflict, frequent epidemics of cholera and measles, widespread poverty, and recurrent climatic shocks, including the ongoing drought emergency, continue to weaken and cause widespread fragility to the health systems in Somalia. The United Nations Office for the Coordination of Humanitarian Affairs states that the country now faces the risk of famine. The extreme drought conditions have affected about 6.1 million people, and 759 400 people are displaced from their homes in search of water, food and pasture. The emergency is decimating the lives of people whose coping capacities were already eroded by decades of conflict, food insecurity, increasing rates of malnutrition and disease outbreaks. Women and children continue to endure the adverse health and nutrition effects most of these perpetual crises. The Mental Health and Psycho-Social Support (MHPSS) technical working group was established in September 2020 by the protection and health clusters. While the MHPSS TWG maintains core functions including monthly meetings, service mapping, and referral pathways under the leadership of the FMoH and Health Cluster/WHO, progress in intersectoral coordination, strategic planning and activity monitoring has been hindered by systemic challenges. These challenges have been exacerbated by a significant decline in humanitarian funding landscape, with fewer resources specifically allocated to MHPSS response activities in Somalia. However, there are still some good partners manage to provide a full package of services, experiences and adaptations of tools and approaches in the Somalia context of these could be captured and used to support scaling of services by other partners. In addition, some MHPSS activities are reported by partners to the health cluster, but the needs surpass by far the capacity to deliver. Some challenges include lack of referral pathways support; technical capacities of staff delivering services are limited and lack of evidence of use of standards and tools to guide service delivery. As Somalia is a long running emergency setting Psychological First Aid (PFA) training has been provided to many individuals over time and implemented by several partners. However, there is a clear weakness in monitoring standards of care and outcomes of interventions. Use of the mental health Gap Action Programme (mhGAP), with its humanitarian intervention guide (mhGAP-HIG) and / or integration into primary health care has been explored and yet to be taken up by the FMoH as an official standard of care. The revised Essential Package of Health Services (Somalia EPHS 2020) includes mental health care at all levels of services from community to referral hospitals, but	

technical expertise and consistent efforts are needed, by all competent actors, to make it operational.

A work plan for the TWG needs to be developed to work towards good practice standards and coordinate the efforts of all MHPSS Actors to respond effectively to the mental health and psychosocial needs of the crisis affected population including the internally displaced as well as the host communities. ‘Self-care’ and ‘staff-care’ approach may provide a useful and practical entry point – especially those partners staff providing services in the districts hardest hit by the drought.

III. RESPONSIBILITIES AND ACCOUNTABILITIES

1. Provide technical advice and recommendations to revitalize the MHPSS Technical Working Group and ensure consistency with the national FMOH MH related strategy.
2. Guide and facilitate the formulation of strategies and the annual work plans for the MHPSS Technical Working Group in Somalia, and facilitate the coordination functions of the country’s health institutions
3. Support MHPSS alignment within the HNRP, cluster approach plan and priorities, inter-sectoral coordination and non-MHPSS actors, the FMOH national policy, and stakeholders including the Donor Community.
4. Design a comprehensive Training Needs Assessment to map existing MHPSS capacities and identify critical gaps. Based on these findings, a tailored Capacity-Building Framework for stakeholders across the public, private, and civil society sectors is developed. This framework will include Training of Trainers (ToT) programs, specialized clinical training, and target awareness-raising initiatives—such as orientation seminars and technical briefings. All interventions must be grounded in evidence-based tools and international standards, including mhGAP-IG/HIG, Psychological First Aid (PFA), IASC Guidelines, and the WHO-UNHCR toolkit."
5. Outline a specific MHPSS advocacy message that can be updated on a quarterly basis to support partners and relevant clusters in resource mobilization for MHPSS activities.
6. Contribute to the adaptation of existing MHPSS tools and standards of care to the context of Somalia, with particular focus on
 - mainstreaming of MHPSS in project design by relevant clusters
 - contributing to the integration of mental health care into PHC, in line with the country’s service delivery framework, the EPHS 2020, including the referral system across levels
 - review and update the MHPSS service mapping and monitoring tools.
7. Perform such other duties as may be assigned by the hosting agency, WHO, and the health cluster coordinator, such as contributing to the MHPSS Peacebuilding Project Planning and Implementation.

IV. REQUIRED QUALIFICATIONS AND EXPERIENCE

EDUCATION

- Master’s degree in Psychiatry, Psychology, Social Work, Counselling or a related field from an accredited academic institution with three to five years of relevant professional experience; or

University degree in the above fields with 6 years of relevant professional experience in humanitarian settings.	
EXPERIENCE	
- Experience in MHPSS responses in humanitarian contexts; - Experience working in conflict/humanitarian contexts with a strong experience and knowledge of the cluster approach, TWGs core functions - In depth theoretical and practical knowledge of the IASC Mental Health and Psychosocial Support in Emergency Settings guidelines and associated products (e.g., IASC Assessment toolkit, the 4Ws mapping tool, M&E framework, and the Health, Protection and CCCM booklets); - Experience in coordinating the delivery of health-related interventions and good understanding of the primary health care principles. - Strong networking capacities for constructive relationships with all humanitarian actors (e.g., OCHA, ICRC, Cluster Leads, UN agencies, INGOs, NNGOs and CBOS), Donors and relevant Government Line Ministries; - Experience in working in large scale complex humanitarian emergencies and protracted crises (previous working experience in Somalia is an advantage); - Familiarity with the humanitarian architecture (cluster system), humanitarian appeals, humanitarian response plans and common humanitarian funds; - Ability to work independently and under pressure	
V. LANGUAGES	
Required (specify the required knowledge)	Advantageous
For this position, fluency in English is required (oral and written).	Somali or Arabic will be considered an asset.
VI. COMPETENCIES	
The incumbent is expected to demonstrate the following values and competencies: Values <u>Inclusion and respect for diversity</u>: respect and promotes individual and cultural differences; encourages diversity and inclusion wherever possible, respect of the local culture and diversity. <u>Integrity and transparency</u> maintain high ethical standards and acts in a manner consistent with organizational principles/rules and standards of conduct. <u>Professionalism</u>: demonstrates ability to work in a composed, competent and committed manner and exercises careful judgment in meeting day-to-day challenges. Core Competencies – behavioural indicators <u>Teamwork</u>: develops and promotes effective collaboration within and across units to achieve shared goals and optimize results. <u>Delivery results</u>: produces and delivers quality results in a service-oriented and timely manner; is action oriented and committed to achieving agreed outcomes. <u>Managing and sharing knowledge</u> continuously seeks to learn, share knowledge and innovate. <u>Accountability</u>: takes ownership for achieving the Organization's priorities and assumes responsibility for own action and delegated work.	

- Communication: encourages and contributes to clear and open communication; explains complex matters in an informative, inspiring and motivational way.

Managerial Competencies – behavioural indicators

- Leadership: provides a clear sense of direction, leads by example and demonstrates the ability to carry out the organization's vision; assists others to realize and develop their potential.
- Empowering others and building trust creates an atmosphere of trust and an enabling environment where staff can contribute their best and develop their potential.
- Strategic thinking and vision work strategically to realize the Organization's goals and communicates a clear strategic direction.