

**UNHCR**United Nations High Commissioner for Refugees
Haut Commissariat des Nations Unies pour les réfugiés

Terms of Reference

TITLE: MHPSS EXPERT**GRADE: P3****LOCATION: Kakuma Refugee Camp and Kalobeyei Settlement**

MISSION LOCATION

Kenya
Turkana County
Turkana West Sub-County
Kakuma Refugee Camp and Kalobeyei Settlement

DURATION

4 months

OPERATIONAL CONTEXT

Kakuma refugee camp is located in the North-western region of Kenya. The camp was established in 1992 following the arrival of the “Lost Boys of Sudan”. The camp is located on the outskirts of Kakuma town, which is the headquarters for Turkana West District of Turkana County. UNHCR Sub-Office Kakuma has two areas of operation; Kakuma Refugee Camp and Kalobeyei Integrated Settlement. Kakuma Camp is divided into four namely: Kakuma 1, 2, 3 and 4 while Kalobeyei Settlement comprises of 3 villages: Village 1, 2 and 3. There were a total of 197,133 persons of concern registered in both Kakuma camp and Kalobeyei Settlement as at 31st August, 2020 comprising of 19 different nationalities with the majority being the South Sudanese.

In refugee settings, mental wellbeing is an essential component in overall wellness. Experiences of displacement due to armed conflict, persecution, or disasters put significant psychological and social stress on individuals, families and communities. According to WHO, the estimated prevalence of mental disorders among conflict- affected populations at any specific point in time (point prevalence) is 13% for mild forms of depression, anxiety, and post-traumatic stress disorder and 4% for moderate forms of these disorders. The estimated point prevalence for severe disorders (i.e. schizophrenia, bipolar disorder, severe depression, severe anxiety, and severe post-traumatic stress disorder) is 5%.¹ In Kakuma, needs have been identified in the clinical management of mental illness, suicide prevention, management of substance abuse and limited community-based care and support for persons with mental illnesses.

It is with this reason that UNHCR, Protection and Health partners in collaboration with the government relevant departments including are working towards providing comprehensive mental health care services to the refugee population and host community -in Kakuma Camp and Kalobeyei Settlement through an established MHPSS working group, in line with the four objectives of Component 4 (Protection) of the Kalobeyei Integrated Socio-Economic Development Plan (KISED P) in Turkana West.²

The purpose of the Mental Health and Psychosocial Support (MHPSS) Working Group (WG) is to address the MHPSS needs of refugees in Kakuma camp and Kalobeyei Settlement by providing the overall coordination and guidance of MHPSS services and activities. Its membership includes among others

¹ <https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies>

² https://www.unhcr.org/ke/wp-content/uploads/sites/2/2019/04/201904_KISED P-STRATEGIC-OVERVIEW.pdf

governmental agencies, CVT, JRS, DRC, IRC, AICK, KRCS, HI, IsraAid, etc. In addition, there is a nascent national MHPSS WG, which coordinates members of the MHPSS working groups in Kakuma, Dadaab and Nairobi.

The WG follows UNHCR Mental Health Operational Guidance on Mental Health and Psychosocial Support for Programming and the general framework of the global Inter-Agency Standing Committee (IASC).

AIM OF THE MISSION

The MHPSS expert will be responsible for strengthening the overall coordination of MHPSS activities in Kakuma Camp and Kalobeyi Settlement, building partner and community capacity, and strengthening the capacity of national service providers under KISED. The expert will work as part of UNHCR SO Kakuma team under direct supervision of Senior Protection Officer. In addition, the Expert will strengthen the country-wide coordination for refugee-centered MHPSS activities through the national MHPSS WG.

MISSION OBJECTIVES

- Map and review services provided, best practices, and gaps in the provision of MHPSS by the MHPSS Working Group partners in Kakuma and provide contextualized recommendations on the strengthening of overall coordination and provision of MHPSS services to persons of concern
- Mainstream and strengthen MHPSS coordination activities in the Kakuma refugee population
- Standardize MHPSS approaches in Kakuma operation while focusing on quality of the services provided, strengthen the MHPSS referral pathway, and developing standard case management and reporting tools for both implementing and operational partners
- Provide technical support and expertise in the implementation of community based MHPSS activities including integration of mentally ill patients through community support
- Provide technical support in linking the refugee operation approaches to both national and county government while supporting the host community within the framework of KISED.
- Strengthen country-wide coordination through the national MHPSS WG, which coordinates members of the MHPSS working groups in Kakuma, Dadaab and Nairobi.

RESPONSIBILITIES

General Responsibilities

- Work within the framework of the IASC guidelines for mental health and psychosocial support in emergency settings and Sphere Standards as well as UNHCR MHPSS Quality Standards.

Coordination and Referral Pathway

- Review the MHPSS working group TOR and workplan (Kakuma/national MHPSS WG) and provide recommendations based on the current MHPSS trends and IASC guidelines
- Participate in the MHPSS WG monthly meetings and provide technical expertise in strengthening coordination activities.
- Review existing 4Ws for the mental health working group with an aim of identifying key partners contributing to mental health and that fit in the referral pathway.
- Support the MHPSS group in developing and strengthening referral pathways
- Strengthen the working relationship with relevant national and county authorities, building on the existing framework of KISED
- Support the establishment of functional links between the MHPSS Working Group and other coordination mechanisms (such as for Health and Protection) and raise the understanding and profile of MHPSS in these groups

- Support and strengthen the newly established inter-agency community-based care mechanism for patients with severe mental health illnesses in the absence of an institutionalized mental health facility. This may include final revisions on the draft SOP and training for service providers.
- Build the capacity of the MHPSS WG (Kakuma/national MHPSS WG) based on identified needs.

Assessment and Stakeholder Engagement

- Conduct desk review of various assessments conducted on MHPSS by various organizations and establish the gaps and areas that require focused interventions for maximum impact.
- Produce and share desk review assessment report to guide program implementation at country level

Monitoring, Evaluation and Reporting

- Develop standard data collection tools and forms to capture MHPSS activities, results and impact in consultation the health and protection officers. This should be in line with existing reporting tools in the RHIS (Refugee Health Information System) and DHIS2
- Establish standard and systematic data collection for reports from both implementation and operational partners

PROFILE

Experience

- Experience in MHPSS responses in humanitarian contexts, and mainly implementation of community based MHPSS in a refugee context
- Firsthand experience in training and implementation of PM+, mhGAP and PFA
- In depth theoretical and practical knowledge of and 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);
- Strong networking capacities for constructive relationships with all humanitarian actors including both the national and the county government;
- Experience in working in large scale complex humanitarian emergencies (previous working experience in the Eastern Africa Region is an added advantage);
- Familiarity with the need's assessments and development of MHPSS action plans;
- Ability to work independently and in collaboration with the Public Health and Protection teams;
- Prior experience with suicide prevention and management of substance abuse in a displacement context desirable.

Essential requirements

- Master's Degree in Psychiatry, Psychology, Counselling from an accredited academic institution with two years of relevant professional experience; or
- Bachelor's degree in the above fields with four years of relevant professional experience.