Terms of Reference – Training of Trainers (ToT) on psychosocial interventions – Tunisia 2020

Handicap International (HI) is an independent and impartial international aid organization working in situations of poverty and exclusion, conflict and disaster. Working alongside persons with disabilities and other vulnerable groups, our action and testimony are focused on responding to their essential needs, improving their living conditions and promoting respect for their dignity and their fundamental rights. Handicap International is a not-for-profit organization with no religious or political affiliation. It operates as a federation made up of a network of associations that provide it with human and financial resources, manage its projects and implement its actions and social mission. For more details on the association visit www.hi.org

1- Presentation of the context

1-1- Mental Health in Libya

Since the civil war of 2011 and renewed conflict since 2014, the political and economic situation in Libya has become extremely fragile. Health services have gradually collapsed due to depleting human resources, equipment and medicine as well as a lack of investment in the sector. People returning home after a period of internal displacement were reported by REACH to be the group with the highest difficulties to access adequate healthcare (54%)[1]. Furthermore, 24.9% of all assessed households reported at least one member displaying two or more signs of psychological distress, 46.7% of internally displaced households and 39% of returnee households (compared to 23.5% of non-displaced households).[2]

The Mental Health/Psychosocial Support (MHPSS) 4W assessment conducted in Libya in 2017 by mhpss.net states that "*Mental Health is a chronically neglected field in the country with many longstanding problems that predate the conflict that started in 2011, including underdeveloped community and specialized services, shortage of qualified workforce, lack of facilities, social stigma towards people with mental illness and funding marginalization".* In addition, the current and long-lasting violence in the country is believed to further increase the proportion of the population in need of mental health and psychosocial support, requiring a combination of immediate and longer-term interventions.

Mental health service provision is highly centralized in the main urban centers of Benghazi, Tripoli and Misrata, difficult to access and of limited quality. In addition to the two mental health hospitals, one in Tripoli and one in Benghazi there are 6 mental health outpatient facilities in

[1] 201709 reach_lby_report_2017_multi-sector_needs_assessment_september_2017
[2] Ibid.

Libya[3].Two are in mental health hospitals, two are in general hospitals and two are in polyclinics. In parallel there are several private clinics that often are not accessible to the most vulnerable part of the population due to financial barriers. All in-patients from the two mental health hospitals were discharged in 2014 mainly because of the lack of qualified health professionals (psychiatrics, psychologists, and nurses). A high number of qualified foreign health professionals left the country during the 2014/2015 conflict. Provision of mental health care in Libya is essentially based on prescription of drugs, and counselling and psychotherapy services are rare. In addition, psychotropic medicines are not always available and often not affordable to people with low income.

There is no mental health policy in Libya nor updated mental health legislation. In 2012, an inter-ministerial mental health meeting was conducted with various representatives, proposing to develop a coherent and comprehensive mental health policy focused on six core components: organization of services by developing community mental health services; capacity development of human resources; involvement of users and families; human rights protection of users; equity of access to mental health services across different groups; and quality of services (WHO, 2015).

Stigma and a lack of awareness about the real extent of mental health needs in Libya, as well as the absence of mental health policy or legislation, have led to limited financing of mental health services. In 2012, predating the current crisis, the Ministry of Health's annual budget provided 13 million Libyan Dinars for the two mental health hospitals in Tripoli and Benghazi, accounting for 0.45% of total public health budget.

There are no published data on the prevalence of mental health disorders in Libya prior to the 2011 conflict. The WHO estimates that rates of common mental disorders such as anxiety disorders and depression double in the context of humanitarian emergencies from a baseline of around 10% to 20% while people with severe mental health disorders (2-3%) are especially vulnerable in such contexts and require access to care[4].

The situation of non-Libyans in the country (migrants, refugees and people on the move) is also of great concern. It is widely reported in the media of refugees and migrants facing kidnapping, slavery, torture and organized violence, and sexual violence along the migration route.

International Medical Corps (IMC) conducted a MHPSS needs assessment showing that severe social stigma exists towards psychiatric patients[5]. The stigma prevents individuals with mental

[4] WHO & UNHCR (2012). Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Major Humanitarian Settings. Geneva: WHO

[5] International Medical Corps (IMC). (2011). IMC Libya Mental Health and Psychosocial Support Assessment Report.

illness, especially people who have been treated in psychiatric hospitals, from integrating into the community. People prefer private clinics, if they can afford them, to reduce or avoid the stigma. Some informants reported an increase of local, traditional healers dealing with MHPSS issues in recent years, especially in the city of Misrata, Libya's third largest city.

In 2016 HI conducted an assessment[6] on the availability, capacity and range of services delivered in health structures in Western Libya. The findings of the assessment stressed that the MHPSS sector is undeveloped with a lack of a harmonized statistical system shared by health structures, and the absence of systematic data collection on inpatient flow and pathologies; a lack of trained and experienced MHPSS human resources; an over-medicalization of psychological distress; only a few civil society organisations are active in the field of psychosocial support; and there is a lack of capacity to advocate efficiently for the cause of MHPSS. Moreover, the assessment reported a lack of a comprehensive rehabilitation system, integrating physical and psychosocial rehabilitation, as well as including health structure departments, coordination, and a referral system.

The Ministry of Health (MoH) and other stakeholders have identified MHPSS as a priority area in Libya. A new mental health program based within Libya's National Centre for Disease Control (NCDC) was set to transform the institution-based approach to a community-based approach to mental health care, to be made available in all areas of the country. In 2013, a 4-year (2015-2019) mental health strategy to improve the services was launched. However, strategy implementation has been impacted by ongoing conflict and political crisis in Libya.

1-2- AMAL – Action for Mental Health Assistance in Libya

According to the World Health Organization's (WHO) 2015 Health Profile for Libya[7], in order to improve mental health in the country, a combination of immediate and long-term interventions is needed:

- The immediate actions should consist of assessment of mental health and psychosocial support needs and system's existing capacities, strengthening coordination among actors working in the field of mental health and improving the supply of essential psychotropic medicines.
- Long-term actions should include: integrating mental health and substance use services at the community and primary health care levels; building the capacity of health professionals to deliver evidence-based interventions for priority mental and substance use disorders; enhancing access to evidence-based psychosocial interventions; developing a national mental health strategy and plan; and increasing awareness of mental health and the rights of people with mental disabilities based on best evidence-based practices and human rights.

[6]https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/handicap_international_health_assessment_report_libya_june_2016.pdf
[7] WHO - Libya health profile 2015 - WHO Regional Office for the Eastern Mediterranean

In response to these recommendations and based on evidenced needs, the 3-year Action for Mental Health Assistance in Libya (AMAL) project, implemented by HI and its Tunisian partner Nebras() is part of a wider initiative to **Improve Access and Quality of Health Care Services in Libya**, funded by the European Commission.

The project consists of:

- **Increasing awareness** about the risks and manifestations of mental illness and substance abuse (including awareness campaigns and awareness sessions in the community)
- **Expanding access, availability and acceptability to quality psychosocial support and mental health care** (including delivery of mental health services through outreach teams, primary health care clinics, psychiatric departments of general hospitals and/or in psychiatric hospitals);
- **Training and upskilling of mental health staff** (including ToT and university diplomas in mental health for several categories of specialized as well as non specialized staff)

2- Presentation of ToT on psychosocial interventions for children

2-1- Why this training?

Mental health services in Libya are highly centralized and there is very little integration of mental health into primary health care and no community approach. Given the stigma related to mental health disorders as described above, patients can be reluctant to consult with a professional and remain untreated. As a response to this gap, through the AMAL project HI plans to develop the provision of mental health care at community level initially focused on adults as well as children suffering from mild and moderate mental health disorders.

Psychologists or psychosocial workers will participate to the ToT. They will use the skills acquired in the training in their practice and will themselves train and supervise community health workers and social workers on psychosocial interventions for children and parents

2-2- Training objectives

General objective of the training

The general objective of the ToT is to provide trainees with:

- enhanced skills to implement psychosocial interventions, individually or in groups, for children from 6-18 years with mild or moderate mental health disorders, as well as parenting skills interventions
- ability to train and supervise others on these interventions (applying a methodology to train non-specialized final trainees to provide psychosocial interventions for children and parenting skills intervention).

Specific objectives

The specific objectives will be to develop the ToT skills of trainees with:

- An emphasis on developing the basic counseling skills of final trainees;
- Providing final trainees with knowledge and skills on identification of children with mild and moderate mental health disorders in the community (based on mhGAP);
- As well as on provision of psychosocial interventions by final trainees, including psychoeducation on mild and moderate mental health disorders in children
- And provision of parenting skills sessions
- Both in individual setting and in group setting;
- Capacity to supervise final trainees on the abovementioned practices.

2-3- Training content

In the form of a Training of Trainers, the training should be in Arabic and cover the following topics.

- Child development and vulnerability in emergency and identification of children in need for referral.
- Psychosocial activities for children with mild and moderate mental health disorders (such as child friendly spaces, learn and play, expressive activities and semi guided activities such as child resiliency program),
- Parenting sessions with parents.
- Basic principles and best practices of counselling with minors with a focus on protection issues
- Key messages and strategies for psychoeducation
- Inclusive approach for children with disabilities and psychosocial disabilities

2-4- Location, dates and duration

The training will take place in Tunis, Tunisia.
Date: January 2021 (exact dates will be agreed with the consultant after selection).
Duration:

- one week
- followed by 3 months supervision of trainees (one session a month 7 persons * 3 cities)

2-5- Target Population

The target population of the ToT are HI psychosocial workers as well as Libyan Ministry of Health staff.
Number of trainees will be approximatively 21

- 6 staff from HI
- 16 staff from the Ministry of Health.

Once they are trained, the trainees with have two tasks:

- First to use the skills they acquired in the training to themselves provide services to patients in their usual work environment:
    - outreach activities provided by HI's staff in the community, through individual or group sessions with beneficiaries
    - usual activities provided by staff from Ministry of Health or local NGO
- Second:
    - be able to train and supervise non-qualified staff to provide the psychosocial support to children and parents in the community

2-6- Methodology

The ToT should include:

- Adult active and interactive pedagogy
- Use of role plays
- ToT tools
- Cultural adaptation

3- Presentation of the mission

3-1- General objective of the trainer's mission

The trainer will ensure:

- Preparation of training material and handouts (5 days)
- Delivery of training (in Arabic) in Tunisia (1 week)
- Provision of 18 hours of supervision (in Arabic) over 3 months: one monthly 2 hours supervision each month for 7 people in each 3 cities (Tripoli, Benghazi, Misrata) (total of 18 hours)
- Final report and recommendation (1 day)

3-2- Deliverables

1. Final training material (PPT) and handouts – ToT version, trainer's manual & final trainees' material
2. Training report including recommendations
3. Supervision sessions report (attendance sheet) and recommendations
4. Pre and posttest for the training and for the supervision
5. Satisfaction assessments for the training and for the supervision
6. Final report with feedback on training, supervision and recommendations

All training materials (PPT, manuals and handouts) should be in Arabic with a summary of content in English

Reports, and results on pre and posttest and satisfaction assessments in English

4- Requested profile

- Mandatory:
  - Minimum Diploma: Master in psychology with at least 5 years of experience in clinical psychology
  - Experience in the humanitarian field, preferably in the MENA region
  - Knowledge of psychosocial activities for children and parenting skills
  - Experience in delivering ToT
  - Arabic and English language skills mandatory
- Desired:
  - Ability to work in collaboration with public and associative actors
  - Familiarity with the North Africa context

5- Application process

Applications must include:

- About the consultant:
  - A curriculum vitae (training, experience in the areas mentioned above, lists of key publications)
  - References
  - A cover letter
- A technical proposal:
  - Training content
  - Training agenda
  - Proposed methodology
- A financial proposal, including, a minimal, details of consultancy fees.

Please send all required documents before the deadline of 25th December 2020 of to the following email address: callfortender@libya.hi.org with email heading “AMAL-ToT Psychosocial intervention for children”