Mental Health Matters:

Progress Report on Mental Health and Psychosocial Support Activities within the International Red Cross and Red Crescent Movement

Africa Region

April 2024

Executive Summary

In 2023, the Red Cross Red Crescent Movement-wide Mental Health and Psychosocial Support (MH and/or PSS) survey has been conducted as a follow-up to the 2019 and 2021 surveys. The 2019 survey provided a baseline dataset on MH and/or PSS activities carried out by the components of the Movement – National Societies (NS), the International Federation of the Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC). A total of 43 NS, the IFRC and the ICRC participated. **This report, however, presents the 2023 survey compared to the results of the surveys conducted in 2021 and 2019 with focus on the Africa region.**

91% of respondents (39 NS, the IFRC and the ICRC) provide mental health (MH) and/or psychosocial support (PSS) activities. 80% of respondents (35 NS and the IFRC) reported having carried out psychological first aid, 76% of respondents (32 NS, the IFRC and the ICRC) carried out awareness campaigns, and 69% of respondents (29 NS, the IFRC and the ICRC) organised activities around caring for staff and Volunteers.

In 2023, 78% (33 NS, the IFRC and the ICRC) in comparison to 73% of respondents (32 NS, the IFRC and the ICRC) in 2021, reported having provided at least one activity defined as a MH activity. Most respondents (64%: 27 NS, the IFRC and the ICRC) deliver psychosocial support in 2023 versus only 59% (25 NS, the IFRC and the ICRC) in 2021. The second most frequent type of MH activity in 2023 was with 51% the provision of training of community actors in basic psychological support (in 2023: 51%: 22 NS and the ICRC; in 2021: 43%: 21 NS, the IRFC and the ICRC).

When comparing 2021 and 2023 numbers. a slight decrease can be identified in the number of NS offering referral(s) to specialized mental health services such as psychiatrists and psychologists. In 2021, 35 NS and the ICRC (80%) compared to 32 NS, and the ICRC (73%) which do refferal to specialized services in 2023. Movement-wide 68% of the Movement-components refer to specialized services.

In 2021, 80% (35 NS and the ICRC) reported having at least one focal point for MH and/or PSS in their organisation. In 2023, however, a rise in focal points can be recorded, as 82% (35 NS, the IFRC and the ICRC) appointed one or more focal points.

Around 8.079 staff and volunteers are reported to be trained in basic psychosocial support, almost twice as many as in 2021. Nearly 6.200 staff and volunteers are trained in PFA by Movement components in the Africa region in 2022/23, a slight increase compared to 2021.

44% (18 NS, the IFRC and the ICRC) of respondents have supervision mechanisms in place to ensure the quality of the MHPSS activities they

provide. This is a decrease compared to 2021 (59%: 26 NS, the IFRC, and the ICRC).

33% of respondents (15 NS) have no budget dedicated for MHPSS activities. 96% of respondents (41 NS, the IFRC and ICRC) indicated a lack of or limited funds as part of their challenges, followed by a lack of or limited technical expertise i.e. manuals, trainings, specialists as gaps in the delivery of MH and/or PSS activities (53%: 23 NS and the ICRC). Challenges within the organisation were reported by 42% (17 NS, the IFRC and the ICRC).

Despite the challenges, **MH and/or PSS activities continue to rise**. As in 2021, around half of the respondents (16 NS, the IFRC and the ICRC) plan to expand their MH and/or PSS activities. Further, 58% (26 NS and the ICRC) want to integrate or mainstream MH and/or PSS in other programme activities. This comes along with a continuously high need for technical support (2023: 100%: 43 NS, the IFRC and the ICRC).

The Movement's role as a provider of MH and/or PSS is more acknowledged by national authorities. More than half (58%: 26 NS) of respondent NS are mentioned in national public health or disaster management plans.

In addition, many NS (70%: 31 NS) are included as a participant in relevant humanitarian inter-agency mechanisms, and more than half (60%: 27 NS) are included in inter-ministerial/departmental committees. For reasons of validity, the survey questions informing the report remained the same as in 2019 and 2021, apart from the questions introduced by the Working Groups of the MH and/or PSS Roadmap implementation (please see the annex). We expect that all contextual aspects that influenced the provision of MH and/or PSS services are captured without further discriminiation by the answers of the respondents.

Introduction

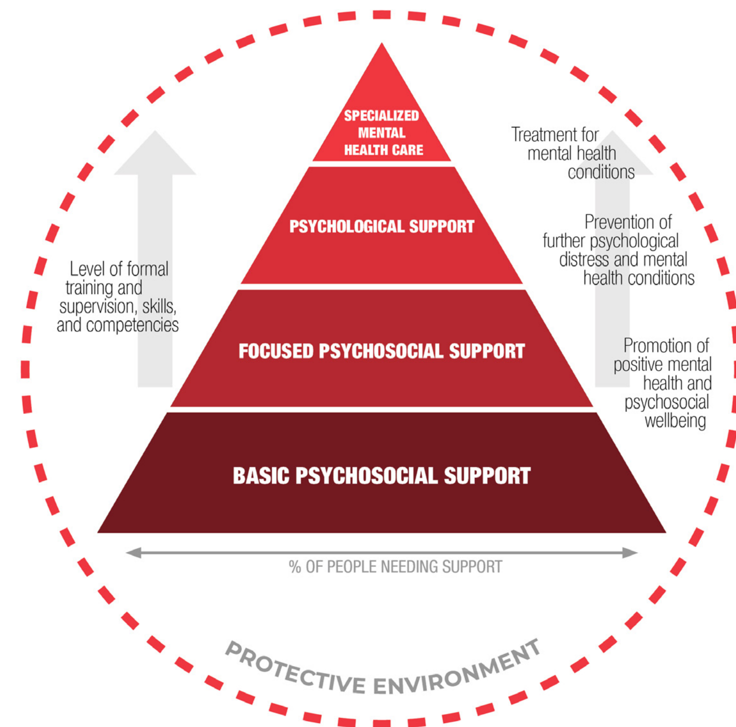
Throughout the world, every day the International Red Cross and Red Crescent Movement (the Movement) witness **the extensive unmet mental health and psychosocial support needs that populations endure**. Needs that increase dramatically during armed conflicts, natural disasters, and other emergencies.

Across the Movement**, MH and/or PSS continues to be high on the agenda. The different components of the Movement** - the 192 National Societies (NS), the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC) - respond to mental health and psychosocial needs through a variety of activities. These activities cover a spectrum from basic psychosocial support, to focused psychosocial support, psychological support and specialized mental health care. This approach acknowledges that psychosocial well-being and mental health support exist on a continuum, and therefore different people need different levels of care, from prevention and promotion of positive mental health to treatment of mental health conditions.

The survey is one method of tracking progress in implementing the Movement policy on addressing mental health and psychosocial needs and Resolution 2 of the 33rd International Conference "Addressing mental health & psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies".

Thus, this report includes questions specifically related to the six Priority Action Areas, as they are defined in the Roadmap for Implementation 2020-

The Movement's mental health and psychosocial support framework. Read more: https://pscentre.org/what-we-do/the-MH and/or PSS-framework/



2024. This Roadmap specifies the Movement's collective commitments and ambitions in responding to the mental health and psychosocial needs of the populations we serve, by translating those into activities and outputs that both the Movement as a whole and NS, the IFRC and the ICRC individually should work towards. Each Priority Action Area has been represented by a working group (WG) which facilitates the roll-out of the specific commitments, as defined in the Roadmap[1]. In 2021 each WG contributed to the survey with questions or amendments to past questions, to ensure an efficient follow-up of the progress on the Priority Action Areas. In 2023, two questions have been added on the request of the Digital MH and/or PSS WG (a sub-group of WG4) and the MH and/or PSS Roadmap Coordination Group. Please find the WG's focus and Priority Action Areas in the annex, together with references to the survey questions added or edited by them. These additional questions are the only significant change compared to the MHPSS surveys conducted in 2019 and in 2021. While the survey in 2019 established a dataset and a baseline on the MH and/or PSS activities carried out by NS, the IFRC and the ICRC, the 2023 survey results are compared against the previous reports to document developments over the past six years.

To summarize, **this report contains an overview of the survey results in 2023 compared to the results from the 2021 and 2019 surveys for the Africa region**. It presents what the respondents – made up of 43 NS, the IFRC and the ICRC – have done from mid-2022 to mid-2023, and what they continue to do in the field of MH and/ or PSS. The focus is on the development in the delivery of MH and/or PSS activities by the respondents as well as the challenges encountered when delivering MH and/or PSS activities. This report does not seek to analyse the data submitted by the components of the Movement, but rather to compile responses and present the results.

Key terminology

Mental health activities: *e.g. counselling, group therapy, psychiatric or psychological assessments and treatments, often delivered by persons with professional training in mental health or psychology, or highly skilled, trained and supervised volunteers.*

Psychosocial support activities: *e.g. psychological first aid, psycho-education, awareness-raising, community-based activities and other activities usually delivered by trained volunteers but often supervised by someone with a more advanced background in psychology/social work/ health.*

Source: Movement-wide MH and/or PSS survey 2021

1 If you wish to know more about the WGs of the Roadmap or you wish to join as a member, please reach out to Nathalie Helena Rigall for further information.

Methods: How was the survey conducted?

The survey was shared in Arabic, English, French and Spanish and disseminated to all 192 NS, the IFRC and the ICRC in June 2023. Follow up on submissions took place between June and August 2023.

The survey requested each component of the Movement to provide information on their mental health (MH) and/or psychosocial support (PSS) activities related to both national and international work. Only one response was accepted per NS. In cases where more than one answer was submitted from the same NS, the respondents were given the opportunity either to consolidate their response and resubmit a joint answer or to choose which of the submitted responses should be considered.

Regarding the IFRC, a response was received from each of the five IFRC Regions - Africa, Americas, Asia Pacific (AP), Europe and Central Asia (CA), and the Middle East and North Africa (MENA) - together with a response from the IFRC Psychosocial Centre (PS Centre). These separate responses were merged into one response covering all the work undertaken by the IFRC. Like the IFRC, the ICRC provided regional breakdowns for the regions, Africa, Americas, Asia Pacific, Eurasia,and North Africa and Middle East (NAME), in addition to information on their MHPSS activities worldwide.

Just like the MH and/or PSS baseline survey in 2019, the survey included respondent specific questions and contact information. This year's survey contained 35 questions. Some questions stem from the Roadmap for Implementation 2020-2024 working groups' (WG) specific interest in their Priority Action Areas. Each WG contributed with amendments to existing questions or added questions. The survey was divided into two sections: existing MH and/or PSS activities, and MH and/or PSS activities moving forward. The report also contains graphs in the form of bar charts which illustrate the data, visually differentiating between the National Societies, the IFRC and the ICRC as separate entities and the numbers in the bar charts being the count of National Societies selecting the responses.

In order to ensure validity, it was decided to not further modify the initial survey of 2019. The Movement-wide MH and/or PSS survey needs to remain comparable to achieve the goal of delivering coherent information from the commencement of the MH and/or PSS policy and resolution in 2019 until the end of the Roadmap for Implementation in 2024.

A total of 43 NS out of 49 in Sub-Saharan Africa Office, and the ICRC Africa Office provided answers in this survey in 2023. This accounts for a total response rate of 88%, compared to a response rate of 90% (40 NS, the IFRC Africa Office, the ICRC Africa Office) in 2021.

Number of respondents per region

Year	Africa	Average response rate globally
2019	82%	85%
2021	90%	84%
2023	88%	85%

Table 1: Percentages of respondents per region

Results

Mental health (MH) and/or psychosocial support (PSS) activities

The delivery of MH and/or PSS activities has remained high since 2021. In 2023, 35 NS, the IFRC and the ICRC (82%) indicate that their organisation provides MH and/or PSS activities, as shown on the map (figure 1). This is a slight decrease compared to 2021 (89%: 37 NS, the IFRC and the ICRC).

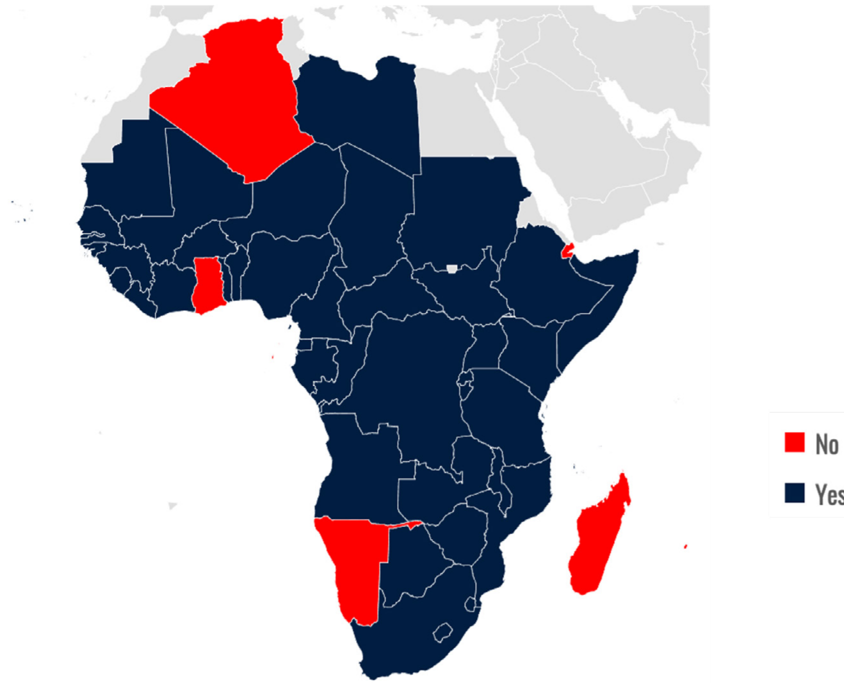


Figure 1: NS providing mental health and/or psychosocial support services

The number of NS having a MH and/or PSS focus in their organisational strategy decreased in 2023, with 78% (33 NS, the IFRC and the ICRC) responding yes compared to 82% (35 NS, the IFRC and the ICRC) in 2021 (figure 2)..

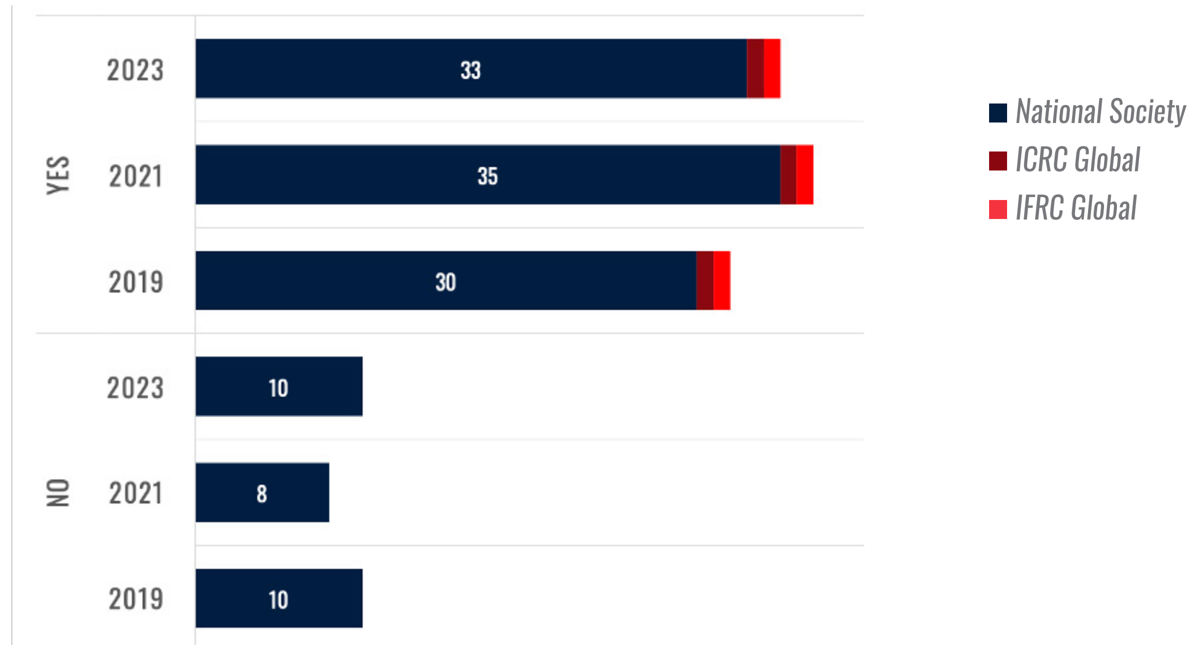


Figure 2: : Number of NS, the IFRC and the ICRC who focus on mental health and/or psychosocial support in their organizational strategy

Provision of psychosocial support (PSS) activities and target groups

When looking solely at psychosocial support (PSS) activities, close to every respondent (98%) that participated in the survey (42 NS, the IFRC and the ICRC) stated to have carried out at least one activity defined as PSS in 2023. This is 7% higher than in 2021 (91%: 39 NS, the IFRC and the ICRC). The different PSS activities carried out in 2023 are shown in figure 3.

The top three activities in 2021 were the following:

- psychological first aid (80%: 35 NS and the IFRC)
- trainings (70%: 29 NS, the IFRC and the ICRC) (most prominent trainings were i. a. Psychological First Aid, Basic PSS, training of trainers)
- activities around caring for staff and volunteers (66%: 29 NS, the IFRC and the ICRC)

In 2023, the three most utilized activity approaches were:

- psychological first aid (80%: 34 NS and the IFRC)
- awareness campaigns (76%: 32 NS, the IFRC and the ICRC)
- activities around caring for staff and volunteers (67%: 29 NS, the IFRC and the ICRC)

Most respondents have focused on supporting Volunteers (80%: 36 NS, the IFRC, the ICRC) and staff (60%: 25 NS, the IFRC and the ICRC), adolescents (53%: 22 NS, the IFRC and the ICRC) and older persons (49%: 20 NS, the IFRC and the ICRC). The target groups from 2023 are shown in figure 4.

To compare the numbers in more detail with 2021, please consult the 2021 Africa MH and/or PSS survey report.

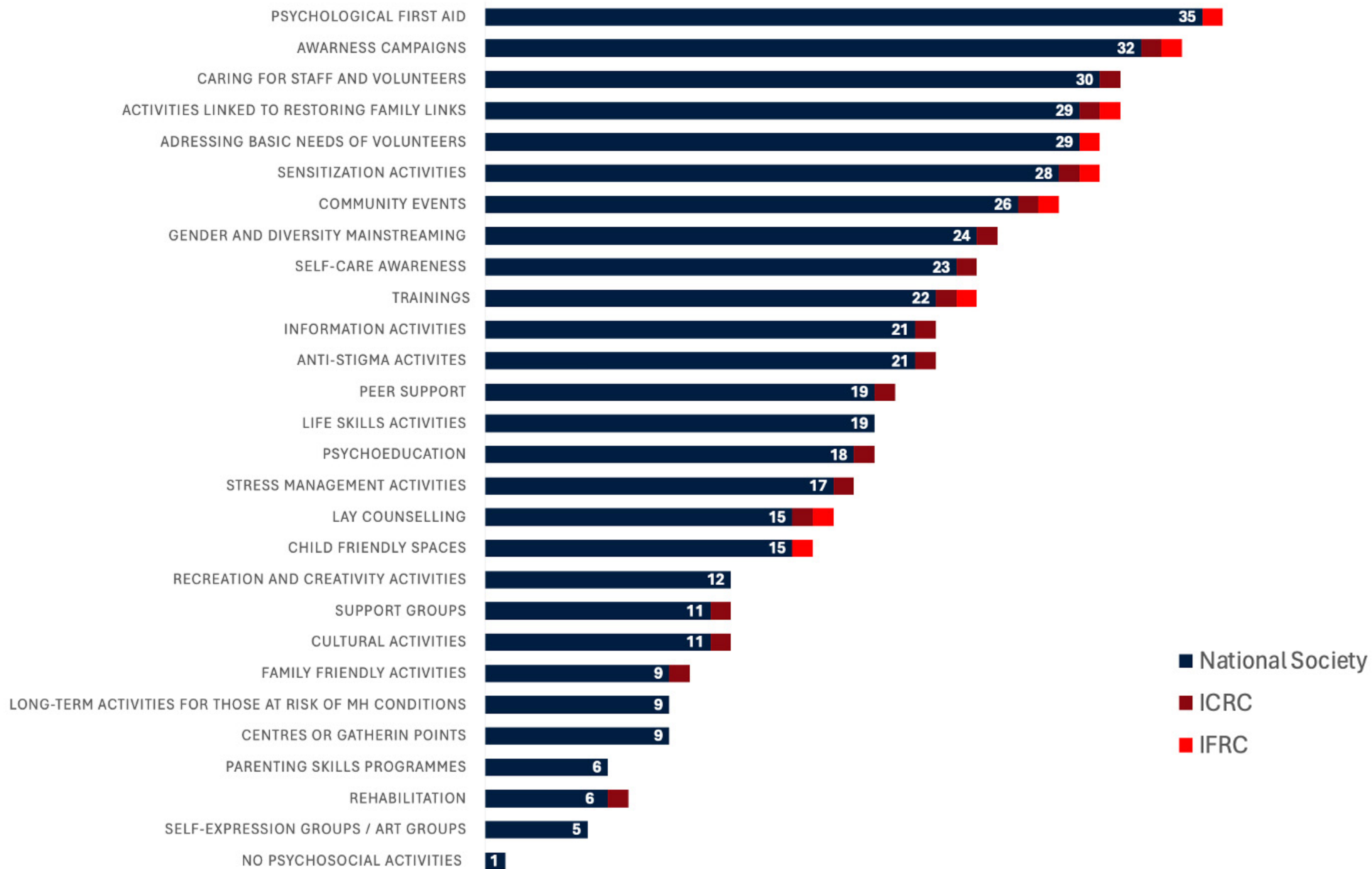


Figure 3: Provision of psychosocial support in 2023

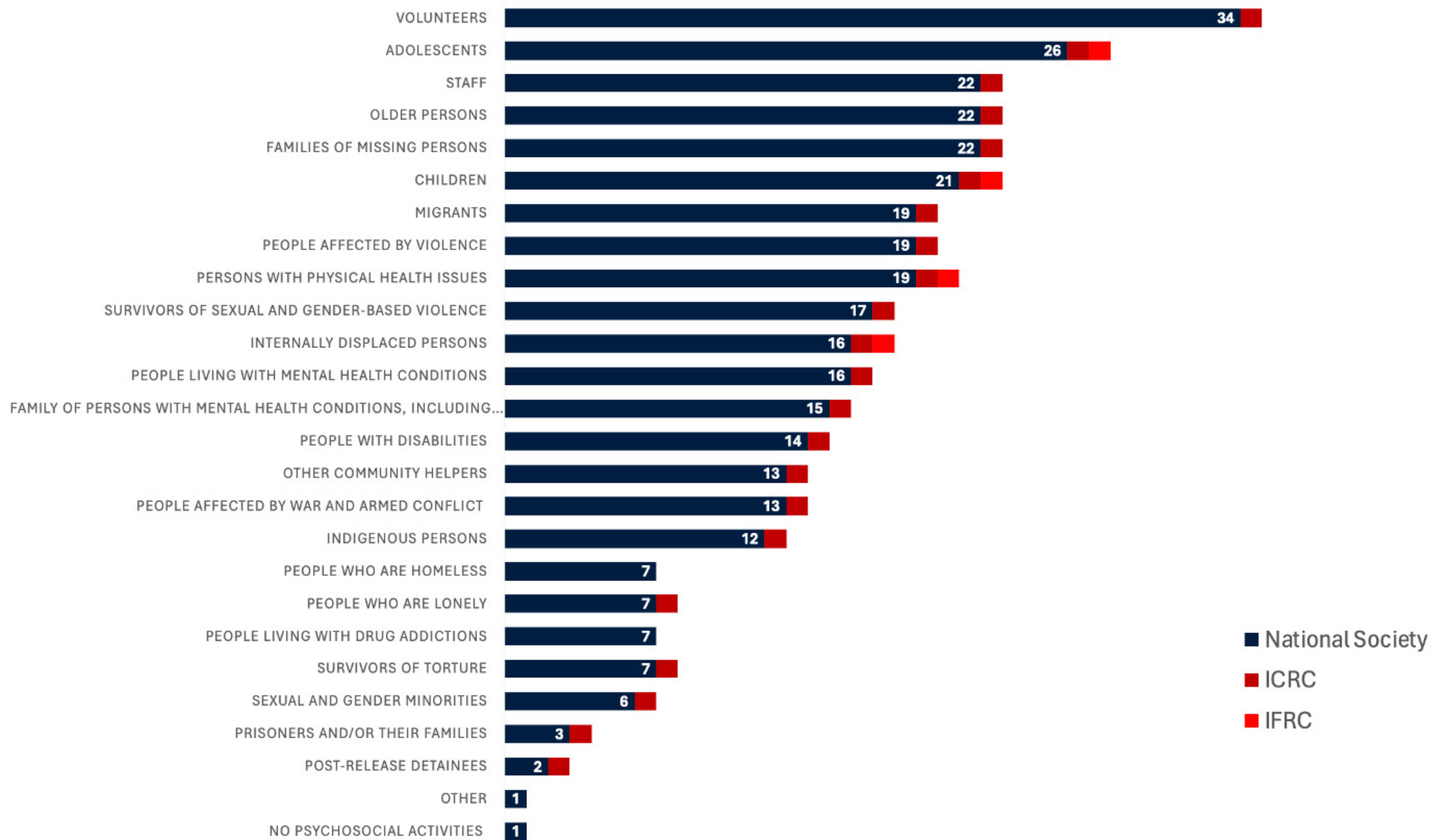


Figure 4: Groups targeted for psychosocial support activities in 2023

Provision of mental health (MH) activities

Turning towards mental health (MH) activities carried out between 2022 and 2023, 78% (35 NS, the IFRC, and the ICRC) in comparison to 73% of respondents (32 NS, the IFRC and the ICRC) of 2021, report that they have provided at least one activity defined as a MH activity.

The different MH activities are shown in figure 5. Most respondents (64%: 29 NS, the IFRC and the ICRC) deliver psychosocial support in 2023 versus only (59%: 25 NS, the IFRC and the ICRC) in 2021. The second most frequent type of mental health activity in 2023 is with 51% (23 NS, the IFRC and the ICRC) the provision of training of community actors in basic psychological support which is an increase compared to 2021 (43%: 21 NS, the IFRC and the ICRC). This is followed by counselling activities (in 2023: 42%: 19 NS and the ICRC; in 2021: 41%: 18 NS and the ICRC) and Group therapy and/or peer support groups (in 2023: 40%: 17 NS, the IFRC and the ICRC; in 2021 only 27%: 12 NS, the IFRC and the ICRC).

In 2021 MH activities targeted volunteers by 29 NS, the ICRC and the IFRC (68%), and staff by 23 NS, the IFRC and the ICRC (51%). In 2023, volunteers were targeted by 25 NS, the IFRC and the ICRC (56%) and staff by 18 NS, the IFRC and the ICRC (40%). Apart from this, the groups mostly targeted by MH interventions were adolescents (53%: 24 NS, the IFRC and the ICRC) and older persons (47%: 21 NS, the IFRC and the ICRC) Please see figure 6 for more detailed information about targeted groups of MH activities.

In 2023, 73% of the respondents (32 NS, and the ICRC) state that they make referrals to specialized mental health services such a psychiatrists and psychologists. As in the previous survey, this number includes NS which themselves have not carried out any MH activities in the 2022/2023 and therefore rely on referrals to ensure that the need for specialized MH care is met.

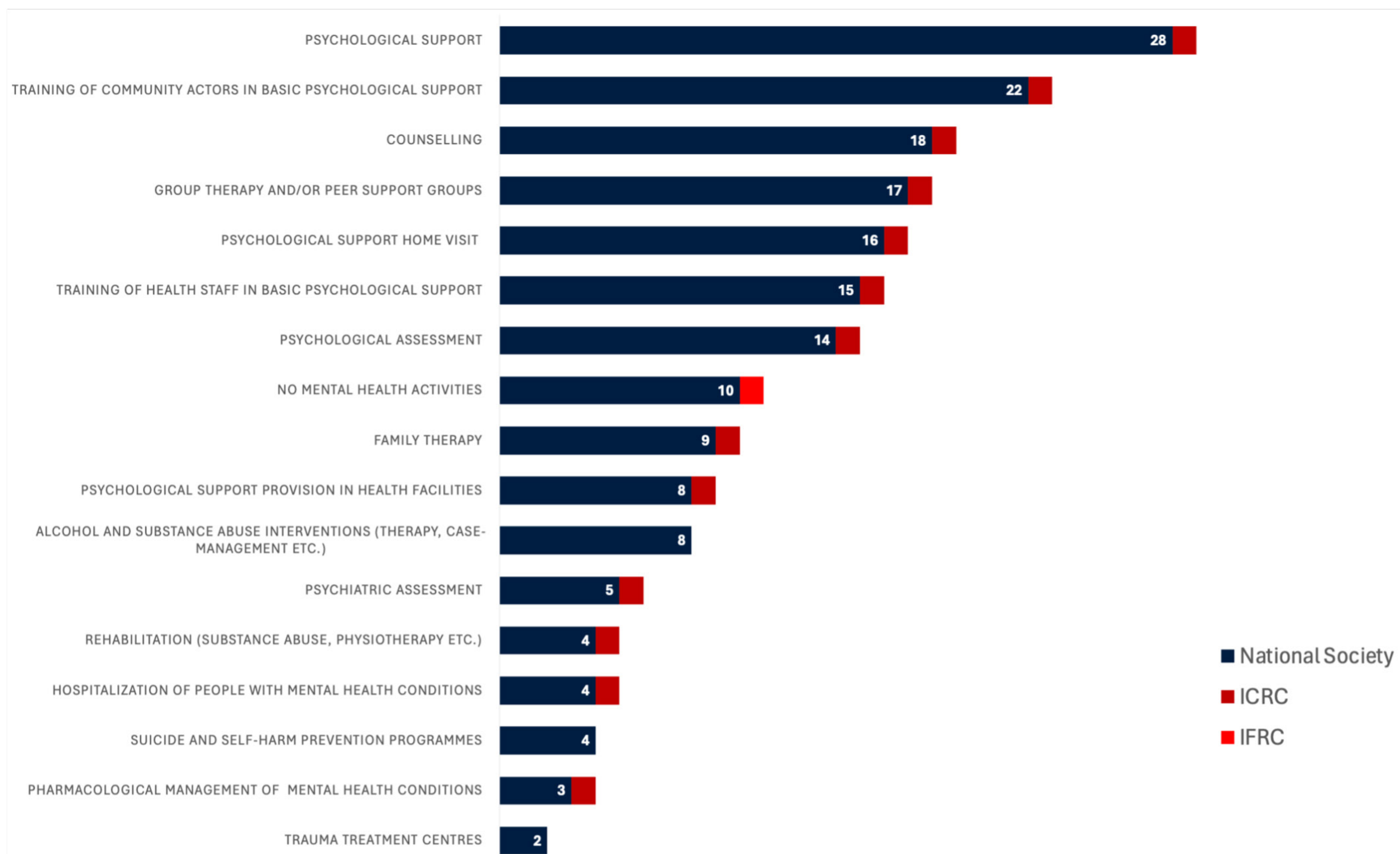


Figure 5: Provision of mental health activities in 2023

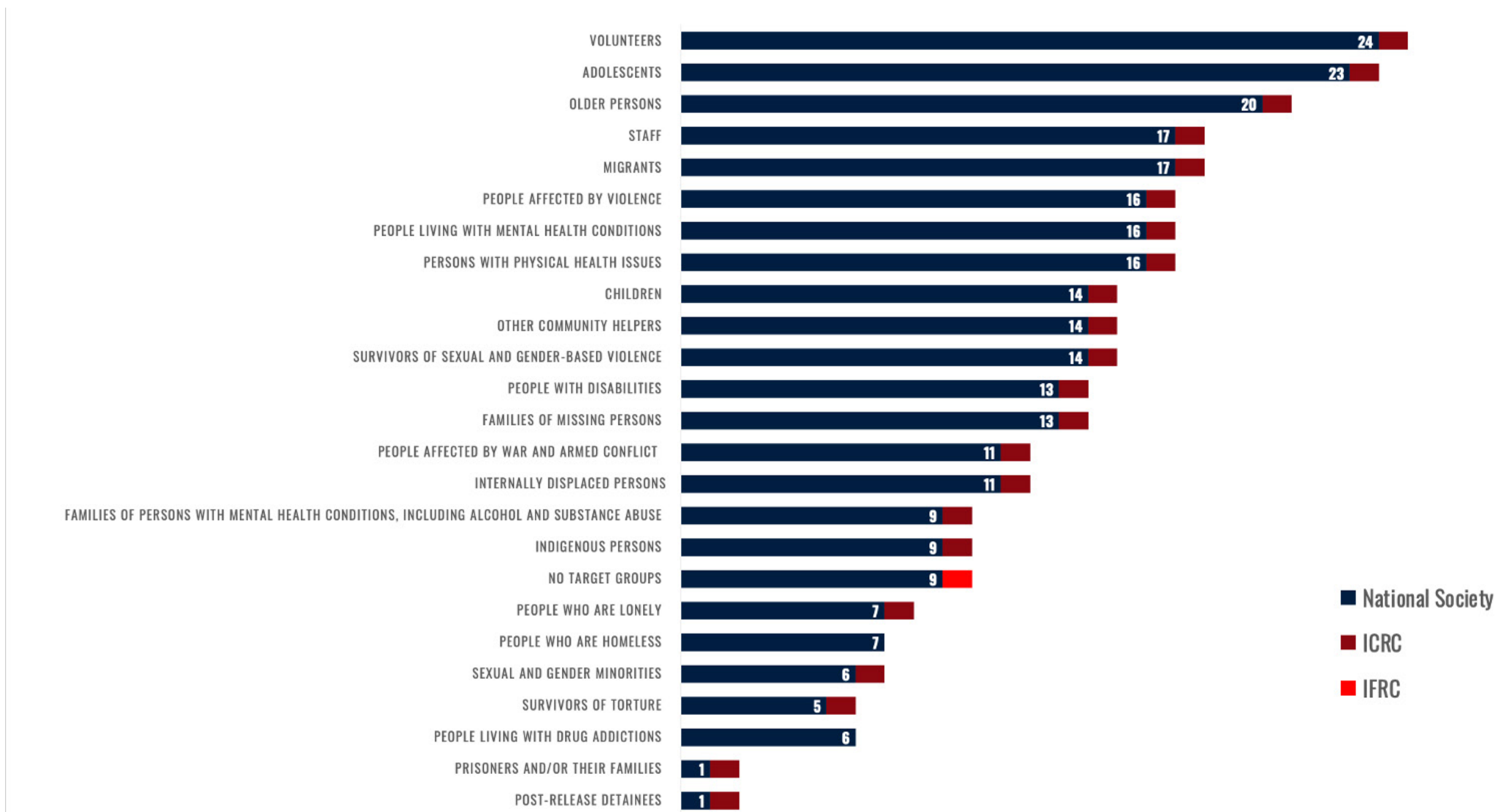


Figure 6: Groups targeted for mental health activities

Approach used when delivering MH and/or PSS services

The components of the Movement use different approaches when they deliver MH and/or PSS services: a stand-alone approach, an integrated or a mainstreaming approach or a combination of both.

The survey results indicate that the respondents deliver MH and/or PSS activities using either integrated/mainstream approaches or both stand-alone and integrated/mainstream approaches. The integrated/mainstreaming approach was used by 42% of NS, the IFRC and the ICRC in 2023 (2019: 69% (27) NS, the IFRC and the ICRC); 2021: 50% (22NS, the IFRC and the ICRC)). In 2023 a total of 18 NS and the ICRC (40%) reported to be using a combination of the integrated / mainstreaming approach and stand-alone approach when providing MH and/or PSS services (2019: 26% (10 NS and the IFRC), 2021: 38% (17 NS, the IFRC and the ICRC)). The stand-alone approach is the least utilized approach to provide MH and/or PSS services (2019: 3% (1 NS), 2021: 0% (0 NS), 2023: 9% (4 NS)), although this approach has gained popularity. Figure 7 shows the approaches used in 2023.

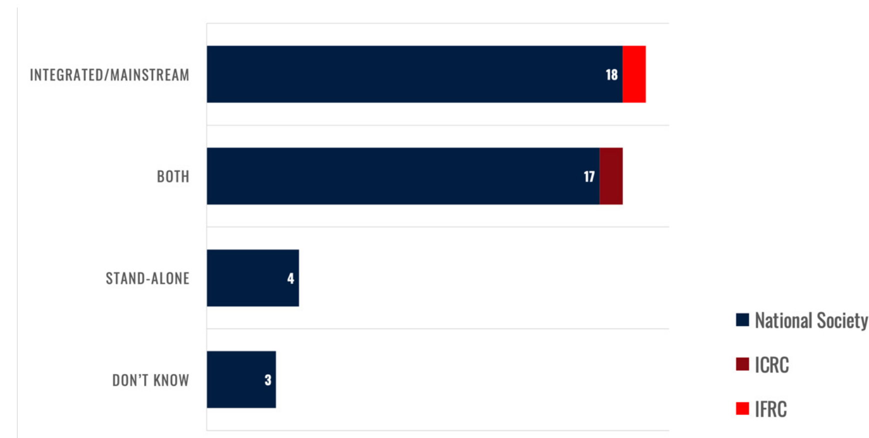


Figure 7: Approaches used in mental health and/or pychosocial support provision

Systems in place to ensure quality

The Movement invests in ensuring that quality support is provided. In 2023, 44% (18 NS, the IFRC and the ICRC) of respondents, in contrast to 59% of respondents (24 NS, the IFRC and the ICRC) in 2021 have supervision mechanisms in place to ensure the quality of the MHPSS activities they provide across the African region. This is a decrease compared to 2021.

Further, 78% (33 NS, the IFRC and the ICRC) state that they have a system in place to monitor the MH and/or PSS activities of their organization. As in 2021, 'documenting the number of beneficiaries engaged in an activity' was the most used tool in 2023 (60%: 25 NS, the IFRC and the ICRC). See figure 8 for more detailed information. If no monitoring system was in place, it was reported that this was due to a lack of / limited funds (16%: 7 NS), followed by the lack of staff who can analyse data (11%: 5 NS), and lack of / limited

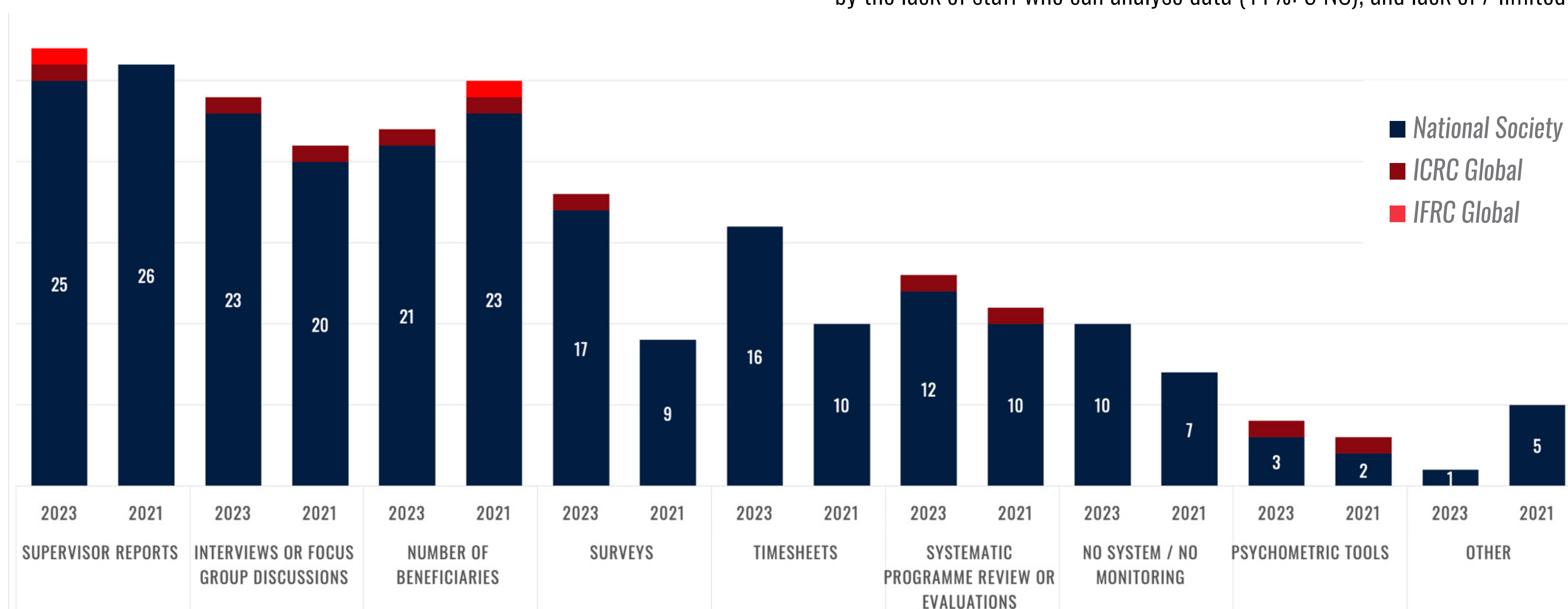


Figure 8: Type of tools/guidance used for mental health and/or psychosocial activities monitoring

Data protection and confidentiality

In 2021, 39% of respondents (16 NS, the IFRC and the ICRC) had an information system in place to ensure confidentiality and protection of personal data. In 2023, the number of respondents increased (51%: 23 NS, the IFRC and the ICRC).

MHPSS in emergencies

During armed conflicts, disasters and other emergencies MHPSS needs increase dramatically. The Movement has a specific role and mandate to address the humanitarian needs.

More and more National Societies provide MH and/or PSS activities during emergencies, namely 87% (39 NS, the IFRC and the ICRC) of the respondents in 2023 in comparison to 83% of the respondents (36 NS, the IFRC and the ICRC) in 2021. Figure 9 below shows the geographical spread of respondents in 2023.

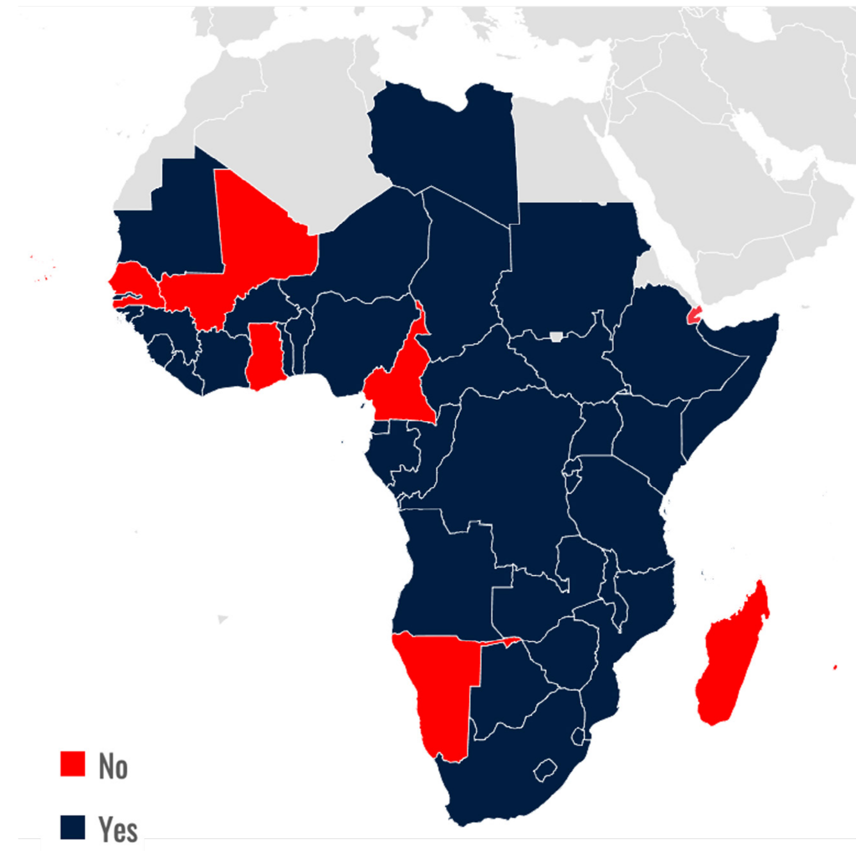


Figure 9: Types of mental health and/or psychosocial support monitoring system in place

Mental health and psychosocial well-being of staff and volunteers

The mental health and well-being of staff and volunteers are of critical importance to the Movement. Therefore, staff and volunteers are of particular focus when it comes to MHPSS activities. More than half of respondents (53%: 22 NS, the IFRC and the ICRC) indicate to have systems in place to support staff and volunteers' mental health and psychosocial well-being (figure 10).

Many of the NS, the IFRC and the ICRC (38%: 15 NS, the IFRC and the ICRC) offer Self-care activities to staff and volunteers followed by (33%: 16 NS) psychological support (internal and/or external), and (31%: 13 NS and the IFRC) referral systems (e.g., supervision mechanisms for monitoring and/or directing staff and volunteers to the appropriate support).

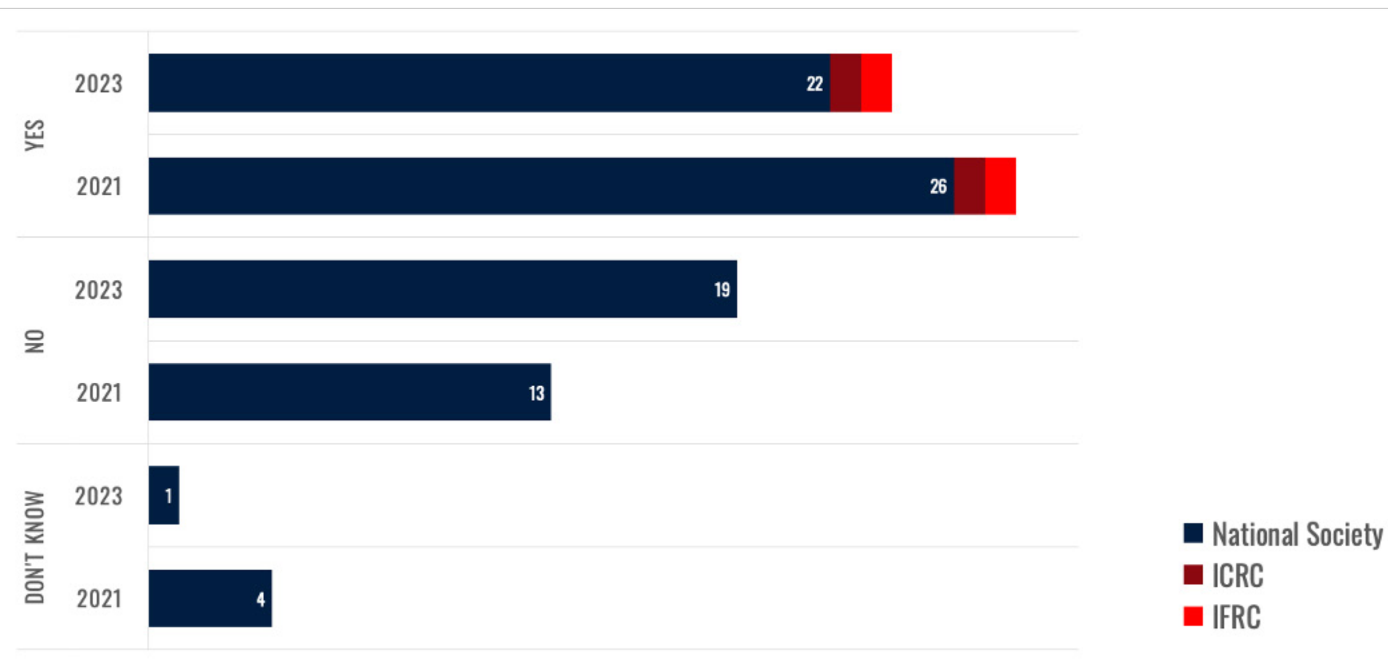


Figure 10: Components having systems in place to support staff and volunteers' mental health and psychosocial well-being

Human resources for MHPSS

The Movement has both staff and volunteers involved in MH and/or PSS activities. In 2021, 80% (33 NS, the IFRC and the ICRC) report that they have at least one focal point for MH and/or PSS in their organisation. In 2023, this number has increased to 82% (35 NS, the IFRC and the ICRC) stated to have appointed one or more focal points. As an amendment to the survey of 2019, the 2021, and 2023 survey more clearly defined 'focal point' as a representative of the NS who is responsible for MH and/or PSS within their NS (either alone or in collaboration with another/others) and who should be appropriately resourced and enabled by the NS/Movement component that they represent.

If the NS/Movement component indicated that there are one or more focal points, they were asked which focus this person has (programming or human resource-related). The result is that many focal points, namely 51% (23 NS, the IFRC and the ICRC), focus on both staff and volunteers' mental health and psychosocial well-being and MHPSS activities and programmes, whereas 18% (8 NS) focus only on staff and volunteers' mental health and psychosocial wellbeing, and 9% (4 NS) only on MHPSS activities and programmes.

Regarding the Movement's staff, 33% of the respondents (13 NS and the IFRC) have less than 5 staff involved in MH and/or PSS activities, while 28% (12 NS) have be- tween 5-19, 13% (6 NS) have between 20-49 staff, 9% (4 NS) have between 50-99, and 16% (6 NS and the ICRC) have more than 100 staff involved in these activities. 1% (2 NS) answered "Don't know".

The profile and numbers of staff in the Africa region can be broken into the following: close to 926 social workers, around 157 psychologists, 14 psychiatrists, and close to 1.850 community health workers.

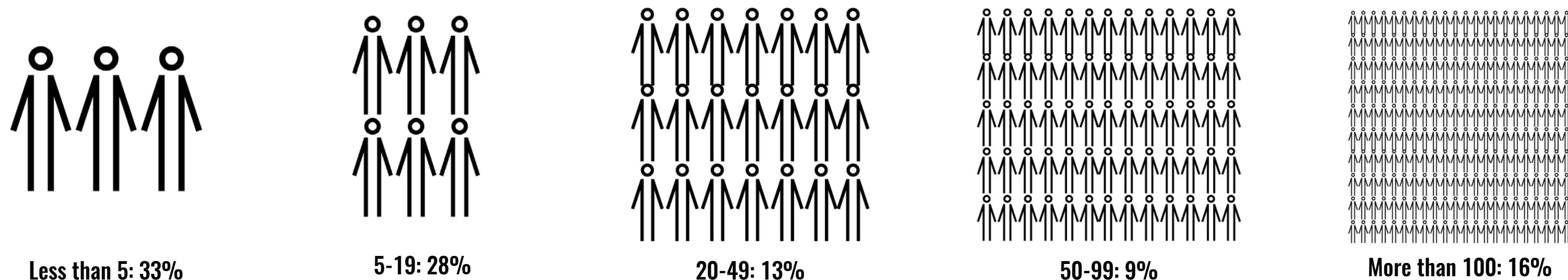
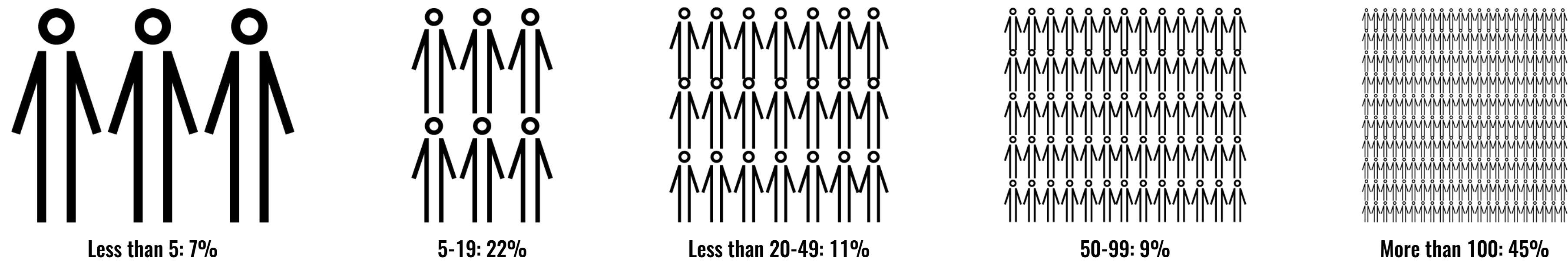


Figure 11: Staff involved in mental health and/or psychosocial support activities

Figure 12: Volunteers involved in mental health and/or psychosocial support activities



Related to volunteers, 7% (3 NS) have less than five volunteers involved in MH and/or PSS activities, while 22% (10 NS) have between 5-19, 11% (5 NS) have between 20-49, 9% (4 NS) have between 50-99, and 44% of respondents (20 NS) have more than 100 volunteers. 7% (3 NS) answered: "Don't know". The IFRC and the ICRC work with many volunteers however they are usually recruited through the hosting NS, hence the IFRC and the ICRC do not hire volunteers directly.

Among the 43 NS respondents in the Africa region, around 1022 social workers, 77 psychologists, 6 psychiatrists and close to 8079 community workers work as volunteers in this field.

Among the 43 NS respondents in the Africa region, the IFRC and the ICRC around 3.700 staff and volunteers are reported to be trained in basic psychosocial support in 2021, compared to almost 8079 staff and volunteers in 2023, which is a significant increase. Basic psychosocial support belongs to the first layer of the MHPSS Framework, which is explained in the Movement's MHPSS Policy, promoting positive mental health and psychosocial well-being, resilience, social interaction and social cohesion activities within communities. Activities in this layer are often integrated into health, protection, and education sectors and should be accessible to the affected population. More information about the International Red Cross and Red Crescent Movement's MHPSS Framework can be found in the library of the PS Centre.

The number of staff and volunteers trained in PFA has slightly risen, from 6.000 in 2021 to 6.184 in 2023.

It should be noted that all specific numbers regarding staff and volunteers are likely to be higher as respondents typed zero in cases where the actual numbers were unknown.

In 2023, 31% (12 NS, the IFRC and the ICRC) of respondents answered 'yes' to the question whether the management and other leaders in the Movement's components (e.g., board, branches) received training focused on the importance and benefits of mental health and psychosocial well-being of staff and volunteers. Frequently cited training topics included PFA, Basic Psychosocial Support, Caring for Staff and Volunteers.

Learning resources and needs for training staff and volunteers

The Movement has developed several learning resources such as manuals, courses, and lectures to use when training staff and volunteers. As seen in figure 13, most respondents (53%: 23 NS and the IFRC) used materials from the IFRC Reference Centre for Psychosocial Support in 2023. The IFRC Reference Centre for Psychosocial Support (PS Centre) works under the framework of the IFRC and supports NS in promoting and enabling the psychosocial well-being of beneficiaries, staff, and volunteers. Compared to 2021 fewer NS indicated that they use adapted IFRC PS centre resources in 2023.

However, there is a strong need for more technical support regarding trainings and programme/ activity guidance. Indeed, 100% (43 NS, the IFRC and the ICRC) express a need for this. NS respondents expressed the general need for more trainings. Specifically caring for staff and volunteers and monitoring of MH and/or PSS activities were named.

More than half of the respondents (69%: 29 NS, the IFRC and the ICRC) state that they see a need to design new trainings or tools, on specific MH and/or PSS services or activities provided by their organizations.

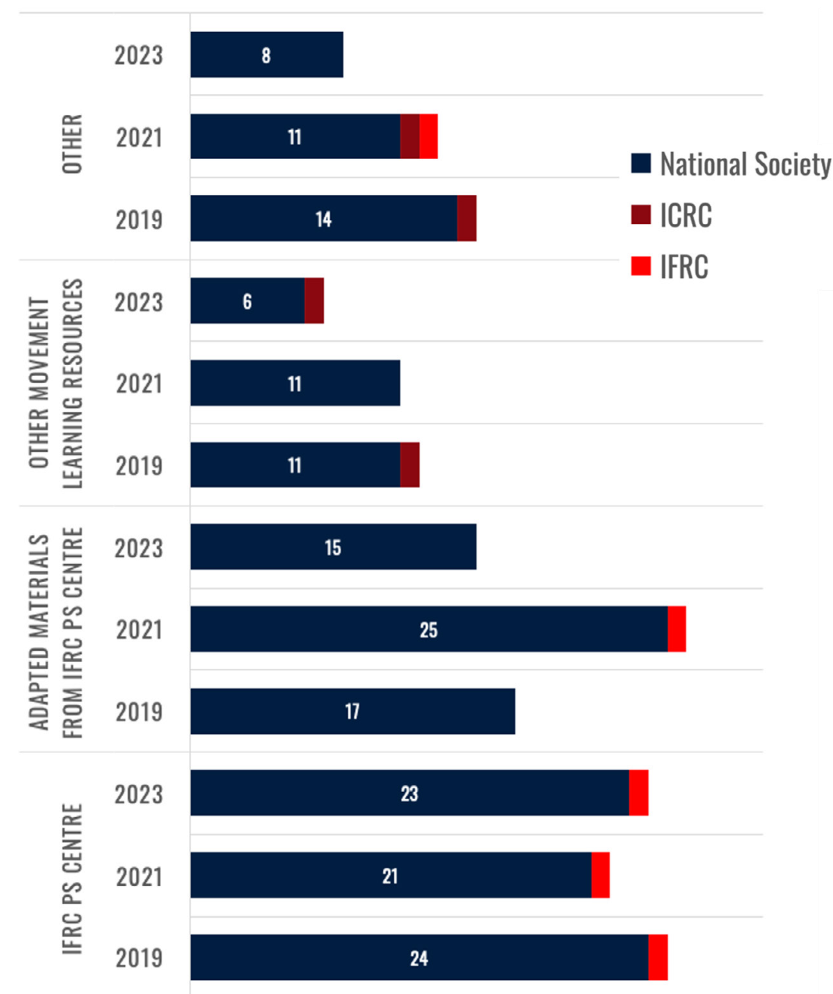


Figure 13: Learning resources used for training volunteers and staff

Budget dedicated to MHPSS

Each component of the Movement is fully independent and responsible for its own budget plan. The budget for MHPSS is therefore very diverse. In 2023 35% of respondents (15 NS in 2023, 12 NS in 2021), have no budget dedicated to MHPSS activities. 16% (7 NS) have a budget between 1-50.000 CHF, 16% (7 NS) have a budget between 50.001-100.000 CHF and 5% (2 NS) have a budget between 100.001-150.000 CHF. 2 NS (5%; compared to 9% NS in 2021) state that they have a budget of CHF 150.001-200.000. Moreover, 3 NS (7%) have budgets different from the indicated intervals or have budgets that are included or based on other budgets. 14% (6 NS) reported that they do not have knowledge on this issue.

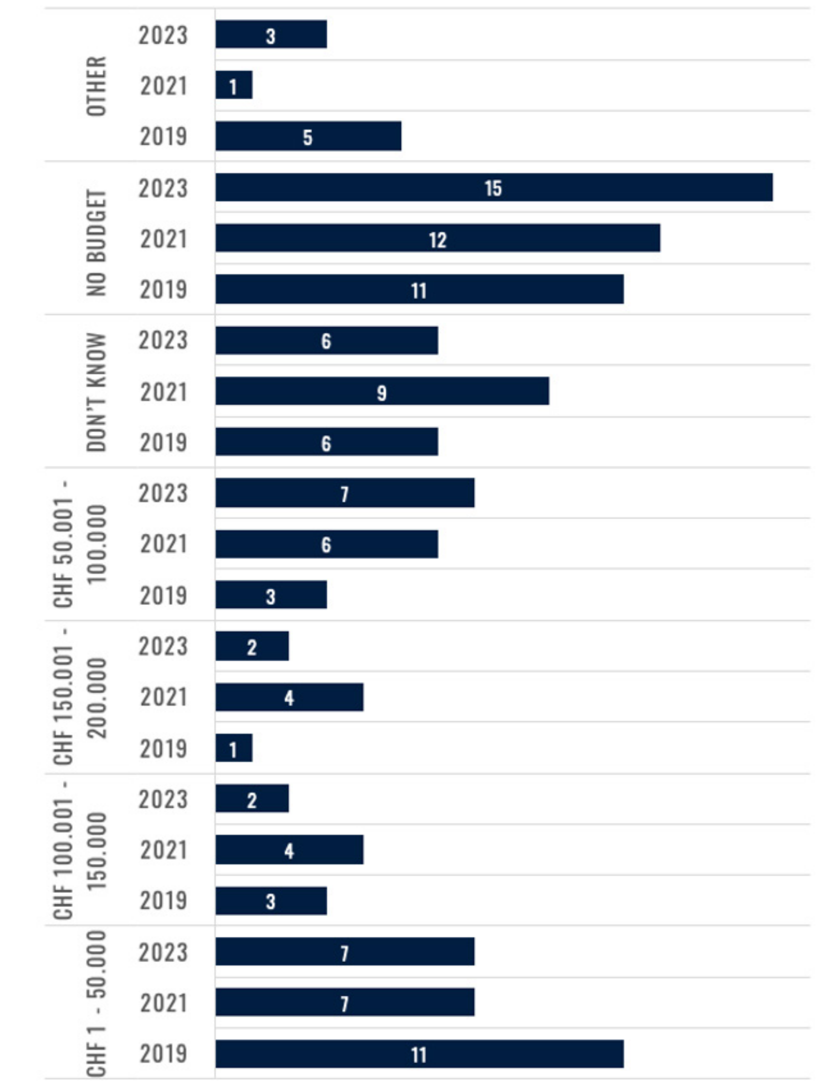


Figure 14: Annual budgets dedicated to mental health and/or psychosocial support activities

Collaboration regarding MH and/or PSS

The Movement receives support from various stakeholders and of different kind. Survey data indicate that the support received by the Movement components is mostly of a technical kind, especially provided by the IFRC (58%), the Partner National Societies (PNS) (44%), the respective governments (47%) and the ICRC (36%).

The second frequent type of sup- port is funding. NS in the Africa region report that the PNS are the largest partner when it comes to funding. 56% receive funding from PNS, followed by the IFRC (38%), and UN agencies(36%). Regarding individual donors, the private sector and universities, the survey revealed that collaboration is very limited.

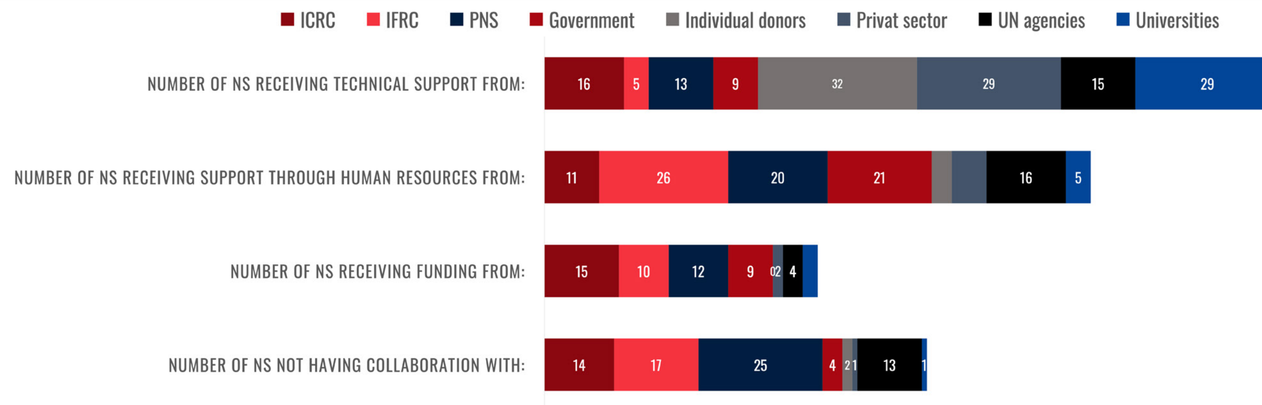


Figure 15: Type of collaboration according to stakeholder

Challenges that hinder or have already hindered collaboration between Movement partners are reported to be the lack of funding even when an agreement is reached (50%: 21 NS, and the IFRC), the different objectives brought forward by the parties involved (33%: 13 NS, the IFRC and the ICRC) and the logistical difficulties (44%: 20 NS). Figure 16 illustrates the respondents' evaluation of the challenges experienced and encountered.

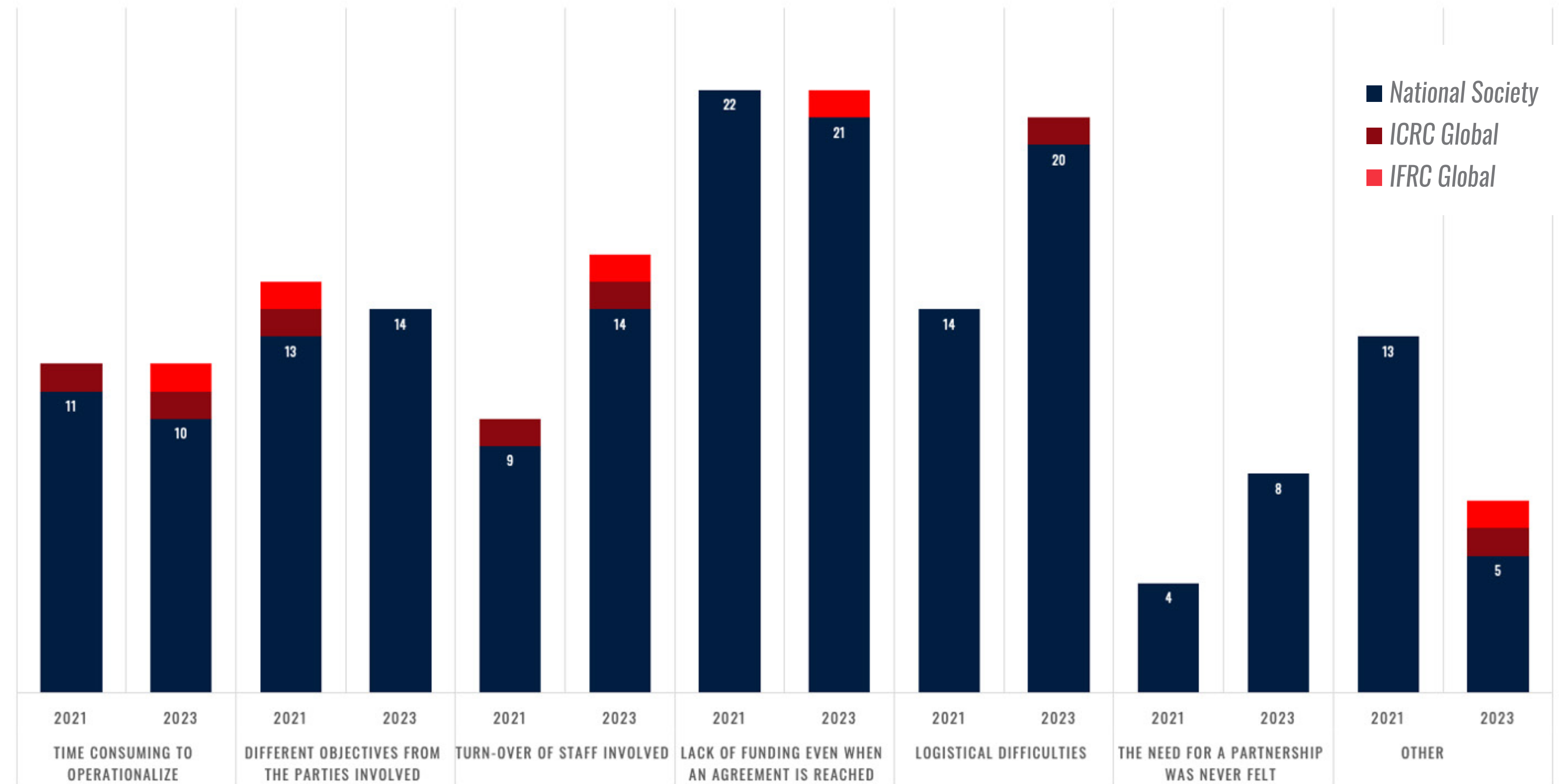


Figure 16: Type of challenges presented by collaboration with different partners

Challenges and gaps in delivering MH and/or PSS services

Budget constraints or limited budget availability are also this survey's major obstacles for delivering MH and/or PSS activities. In 2023 96% of respondents (41 NS, the IFRC and the ICRC) indicated a lack of or limited funds as part of their challenges, followed by a lack of or limited technical expertise.

i.e., manuals, training, specialists as gaps in the delivery of MH and/or PSS activities (53%: 23 NS and the ICRC). Challenges within the organisation were reported by 42% (17 NS, the IFRC and the ICRC). An overview of the different challenges can be seen in figure 17.

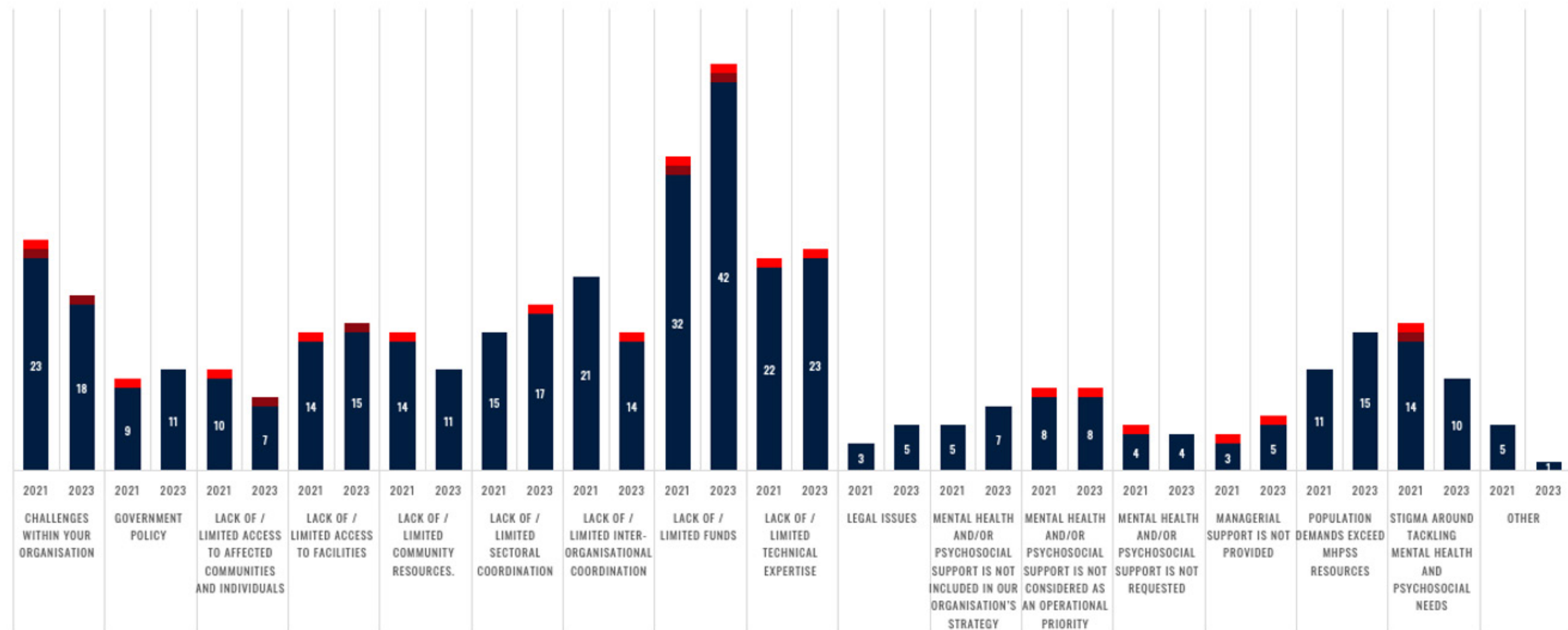


Figure 17: Perceived gaps in delivering mental health and/or psychosocial support activities

MHPSS research, advocacy, and the national role

The Movement is involved in humanitarian diplomacy and research to generate awareness and funding for mental health and psychosocial support services, and through research to document our work and inform the development of new and innovative approaches.

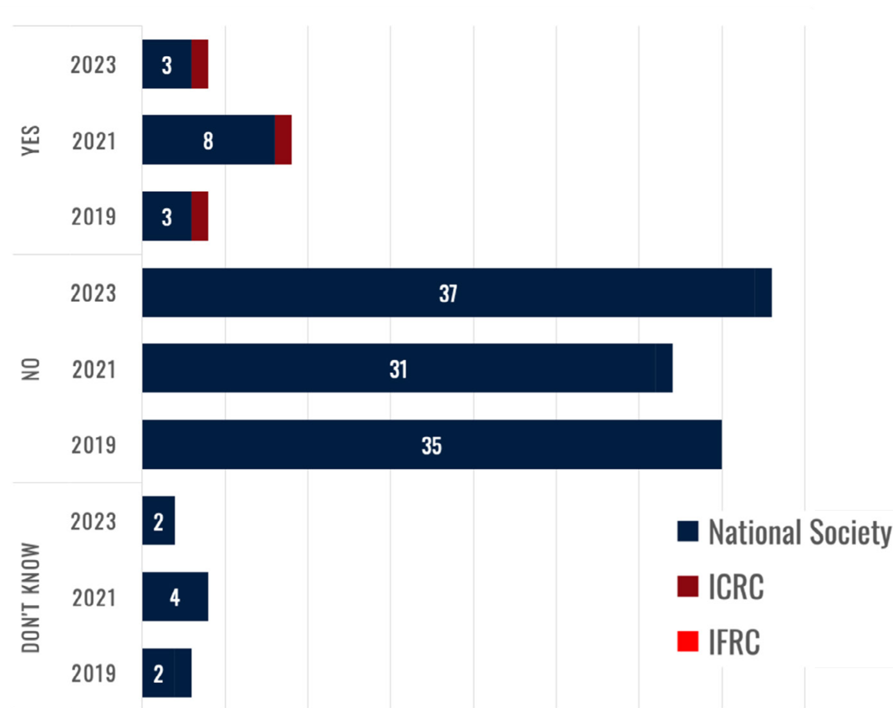


Figure 18: Involvement in mental health and/or psychosocial support research

78% of respondents (34 NS, and the ICRC) work with advocacy on MHPSS related topics or issues in 2023.

In 2021, 8 NS and the ICRC (23%) reported being involved or having been involved in MH and/or PSS research. In 2023, the number has decreased, as only 3 NS, and the ICRC (9%) indicated engaging in research.

Nearly one third of NS (38%: 17 NS) indicate that their role in providing MH and/or PSS services is expressly mentioned in national public health laws and policies and 12 NS further have specific agreements with the public authorities (27%). More than half of the NS (58%: 26 NS) are mentioned in national public health or disaster management plans. Most NS (70%: 31 NS) are included as a participant in relevant humanitarian inter-agency mechanisms, and around half of NS (60%: 27 NS) are included in inter-ministerial/departmental committees.

As the NS work as auxiliaries to the public authorities it is key to understand if the public authorities recognize MHPSS as a component of their responses to disasters and emergencies. MHPSS is mentioned in the pandemic preparedness and response laws, policies or plans by 22 (49%) governments. MHPSS is further mentioned in disaster risk management laws, policies or plans by 21 NS (47%) governments and 18 NS (40%) governments include MHPSS in plans for response to conflicts or violence. As the IFRC and the ICRC do not have auxiliary status this is not applicable to them.

Future plans

Looking towards the future, 36% (16 NS) intend to expand their MHPSS activities, 58% (24 NS, the IFRC and ICRC) intend to integrate or mainstream and 2% (1 NS and the ICRC) plan to maintain MHPSS activities while no NS expects to reduce its MHPSS activities.

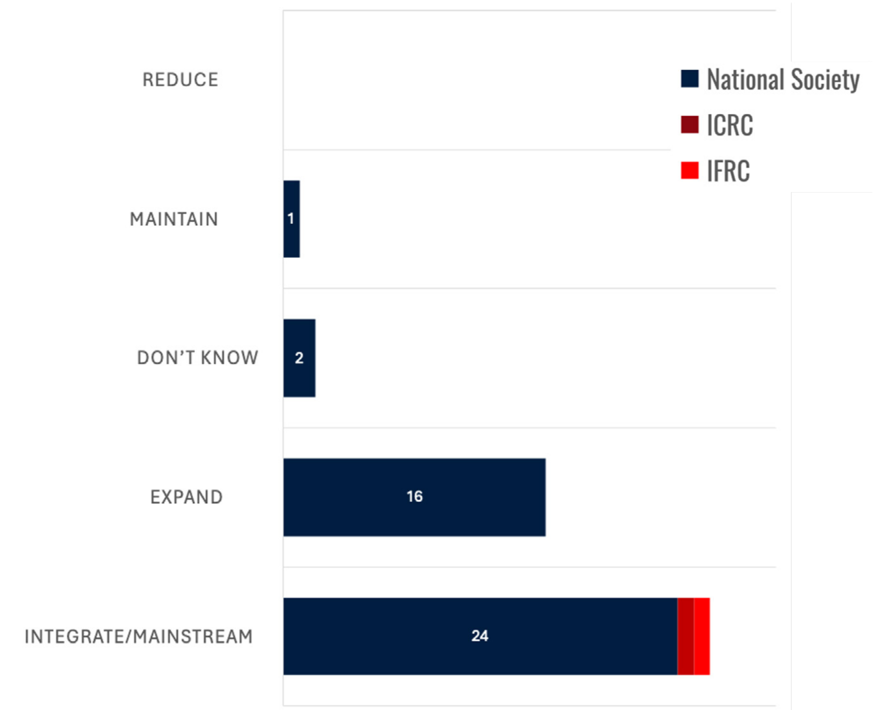


Figure 19: Future plans to expand, integrate, maintain or reduce mental health and/or psychosocial activitiess

Concluding remarks

The 2023 Red Cross Red Crescent Movement-wide Mental Health and Psychosocial Support (MH and/or PSS) survey reveals continuous progress and commitment, but also persistent challenges within the Movement's efforts to address mental health and psychosocial needs and thereby implement the MH and/or PSS Policy in the African region. National Societies, the IFRC and the ICRC continue to provide a wide range of MH and/or PSS services activities in accordance with their respective mandates, commitments, and auxiliary roles. Psychological first aid (PFA) continues to be a cornerstone activity, offered by 87% of respondents, ensuring immediate support during crises. The consistent emphasis on staff and volunteer well-being, with 67% of respondents engaging in activities for their care, reflects the Movement's recognition of their vital role and resilience.

In summary, while challenges persist, the Red Cross Red Crescent Movement continues to make significant advances in the field of MH and/or PSS. The data presented in this report serves as a valuable snapshot, offering insights into the evolution of MH and/or PSS activities within the Movement over the past six years since the adoption of the MH and/or PSS Policy and MH and/ or PSS Resolution in 2019 across the African region. It is evident that the Movement's commitment to providing essential mental health and psychosocial support during emergencies remains unwavering. Collaboration and support, both within the Movement and from external partners, will be essential to overcome financial and technical constraints and further advance these vital services. It will also be imperative to integrate the work of the MH and/or PSS Roadmap Working Groups in the ongoing activities, connecting them with already existing networks within the Movement and thereby reinforce the Movement's collective abilities to providing essential mental health and psychosocial support during emergencies and beyond. The 2023 survey data will undoubtedly serve as a vital resource for future planning and advocacy efforts, ensuring that the Movement continues to make a meaningful impact on the mental well-being of communities worldwide.

Key takeaways:

36%

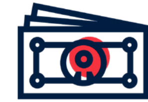
(14 NS, the IFRC and the ICRC) plan to expand their MHPSS activities

6.184

Volunteers and staff are trained in PFA

51%

(21 NS, the IFRC and the ICRC) have a system in place to ensure confidentiality and protection of personal data

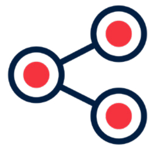


96%

(41 NS, the IFRC and ICRC) identify limited funds as a challenge

87%

(37 NS, the IFRC and the ICRC) provide MH and/or PSS activities in emergencies



78%

(33 NS, the IFRC and the ICRC) have a system in place to monitor MH and/or PSS activities

73%

(32 NS and the ICRC) offer referral to more specialized mental health services

9%

(3 NS and the ICRC) are involved in MH and/or PSS research

78%

(34 NS and the ICRC) work with MHPSS advocacy

Movement staff engaged in MH and/or PSS

More than 900 social workers

More than 15 psychologists

Nearly 14 psychiatrists

Nearly 1.850 community health workers

Movement volunteers engaged in MH and/or PSS

More than 1000 social workers

More than 75 psychologists

More than 5 psychiatrists

More than 3.380 community health workers

With thanks to the following for their participation in the survey:

Algerian Red Crescent
Angola Red Cross
Baphalali Eswatini Red Cross Society
Botswana Red Cross Society
Burkinabe Red Cross Society
Burundi Red Cross
Cameroon Red Cross Society
Central African Red Cross Society
Congolese Red Cross
Ethiopian Red Cross Society
Gabonese Red Cross Society
Ghana Red Cross Society
Kenya Red Cross Society
Lesotho Red Cross Society
Liberian Red Cross Society
Libyan Red Crescent
Malagasy Red Cross Society
Malawi Red Cross Society
Mali Red Cross
Mauritius Red Cross Society
Mozambique Red Cross Society
Namibia Red Cross
Nigerian Red Cross Society
Red Cross of Benin
Red Cross of Cape Verde
Red Cross of Chad
Red Cross of Equatorial Guinea
Red Cross of the Democratic Republic of the Congo
Red Cross Society of Côte d'Ivoire
Red Cross Society of Guinea
Red Cross Society of Guinea-Bissau
Red Cross Society of Niger
Sao Tome and Principe Red Cross
Senegalese Red Cross Society
Sierra Leone Red Cross Society
South African Red Cross Society
South Sudan Red Cross
Tanzania Red Cross National Society
The Gambia Red Cross Society
Togolese Red Cross
Uganda Red Cross
Zambia Red Cross Society
Zimbabwe Red Cross Society
International Federation of Red Cross and Red Crescent Societies (IFRC)
International Committee of the Red Cross (ICRC)

Annex

Working Groups & their Priority Action Areas	Working Group Co-Leads (status October 2021)	Changes to the survey 2023 and 2021 compared to the initial survey 2019
Working Group 1 **Priority Action Area 1:** **Guarantee a basic level of psycho-social support and integrate mental health and psychosocial support across sectors**	**British Red Cross:** Sarah Davidson **IFRC PS Centre:** Shona Whitton	**Initial question (2019):** Are there one or more focal points for mental health and/or psychosocial support within your organization? **Addition to initial question is a definition of 'Focal Point':** "A Focal Point should represent the National Society and be responsible for mental health and psychosocial support within their National Society (either alone or in collaboration with another/others). The focal point should be appropriately resourced and enabled by the NS/ Movement component that they represent." **Question added to the 2021 survey:** Please indicate their focus (and select all that apply for all of the focal points you have): 1. MH and/or PSS activities and programmes 2. Staff and volunteers' mental health and psychosocial well-being. **Initial question (2019):** How many volunteers and staff are trained in basic psychosocial support? **Addition to initial question is a definition of 'basic psychological support':** "Basic psychosocial support – the first layer of the pyramid – promotes positive mental health and psychosocial well-being, resilience, social interaction and social cohesion activities within communities. Activities in this layer are often integrated into health, protection and education sectors and should be accessible to 100% of the affected population, where possible. Examples of activities include psychological first aid (PFA) and recreational activities. Basic psychosocial support can be provided by trained Red Cross and Red Crescent staff and volunteers and/or trained community members."

Working Group 2

Priority Action Area 2:
Develop a holistic MH and/or PSS approach between Movement components and in collaboration with other actors

Danish Red Cross:
Louise Steen Kryger

ICRC:
Sarah Miller

Initial question (2019): If your mental health and/or psychosocial activities receive support, please specify from whom:

Questions added to the 2021 survey:
Does your organization work in collaboration (this includes operational support, technical support and any form of coordination activities in the field) regarding MH and/or PSS with other partners?

	Funding	Human Resources	Technical	Other	No collaboration
ICRC					
IFRC					
Partner National Societies					
Government (e.g. ministry of social affairs, ministry of health)					
Individual donors					
Private sector					
United Nations Agencies					
Universities					
Other					

What are the challenges that may (or have already) hinder collaboration between Movement partners (i.e. jointly develop and implement activities) – please select all that apply:

1. Time consuming to operationalize
2. Different objectives from the parties involved
3. Turnover of staff involved
4. Lack of funding even when an agreement is reached
5. Logistical difficulties
6. The need for a partnership was never felt
7. Other ___________________

Working Group 3 Priority Action Area 3: Protect and promote the mental health and psychosocial well-being of staff and volunteers	**Swedish Red Cross:** Maite Zamacona **IFRC HR:** Ines Hake	**Questions added to the 2021 survey:** In the past 12 months, have management and other leaders in your organization (e.g., board, branches) received training on the importance and benefits of mental health and psychosocial well-being of staff and volunteers? If yes, indicate what training they have received (at minimum one hour): 1. Yes ____________ 2. No 3. Don't know Does your organization have ways to support staff and volunteers' mental health and psychosocial well-being? 1. Yes ____________ 2. No 3. Don't know Indicate which systems are in place: 1. Self-care activities (e.g., awareness sessions, group activities, meditation practices, sports or recreational activities, etc) 2. Peer-to-peer support (e.g., peer support groups, buddy systems) 3. Psychological support (e.g., it can be both internal and external) 4. Referral systems (e.g., supervision mechanisms for monitoring and/or directing staff and volunteers to the appropriate support groups/focal point) 5. Self-care trainings and capacity building (e.g., trainings or tools to tackle specific aspects of the MH and/or PSS activities within your organization) 6. Other ____________

Working Group 4 **Priority Action Area 4:** **Demonstrate the impact of MH and/ or PSS interventions through research, evidence, monitoring and evaluation**	**Swiss Red Cross:** Monia Aebersold **IFRC PS Centre:** Sarah Kate van der Walt	**Questions added to the 2021 survey:** What are the reasons for why your organization does not have a system in place to monitor your mental health and/or psychosocial support activities in your organization? Please select all that apply: 1. Lack of / limited funds 2. Lack of planning (e.g. not including monitoring and evaluation plans at the beginning of the project/activities) 3. Lack of staff who can collect data 4. Lack of staff who can analyse data 5. Lack of suitable tools 6. Lack of / limited technical expertise (e.g. to identify manuals, trainings, specialists) 7. Monitoring mental health and psychosocial support activities is not seen as a core priority for the organization 8. Monitoring and evaluation is not requested 9. Practical monitoring and evaluation support is not provided 10. Legal issues (e.g. data protection and information security) 11. Other ____________________ What resources/guidance does your organization use to monitor mental health and psychosocial support activities? Please select all that apply: 1. IFRC Reference Centre for Psychosocial Support 'Monitoring and Evaluation Framework for Psychosocial Support Interventions – Toolbox / Indicator Guide' 2. ICRC 'Guidelines on Mental Health and Psychosocial Support' 3. IASC 'Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings' 4. IASC 'Mental Health and Psychosocial Support Assessment Guide' 5. WHO & UNHCR 'Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings' 6. IFRC 'Project/Programme Monitoring and Evaluation Guide' 7. We do not use any of the above listed resources/guidance (please specify why not and select all that apply): 8. We use other existing guidance/resources, please specify: ____________________

Sub-group of Working Group 4 **Digital MH and/or PSS Pledge Working Group**	**Swiss Red Cross:** Monia Aebersold Viktoria Zöllner Rilana Stöckli	**Questions added to the 2021 survey:** 11.3. Does your National Society provide MH and/or PSS activities or services in a digital way? In a digital way could be through the following devices: telephone, website, apps, online-communication tools e.g. Zoom, chat tools e.g. WhatsApp. Examples of services provided digitally could be e-learning, training, online counselling/online therapy, networking amongst users, etc. 1. Yes 2. No 3. Not yet, but we plan to digitalize MH and/or PSS activities in the next 1-2 years

Working Group 5	Participants	Questions
Working Group 5 **Priority Action Area 5: Strengthen resource mobilization for MHPSS in humanitarian response** **and** **Priority Action Area 6: Mobilize political support for MHPSS – humanitarian diplomacy and advocacy**	**Danish Red Cross:** Andreas Støttrup Moldow **ICRC:** Agnès Christeler	**Questions added to the 2021 survey:** Is your organization's role in providing MH and/or PSS services expressly recognized by: 1. Mention in national public health laws or policies? ☐ Yes ☐ No ☐ Don't know 2. Mention in national public health or DM plans? ☐ Yes ☐ No ☐ Don't know 3. Specific agreements with the public authorities? ☐ Yes ☐ No ☐ Don't know 4. Inclusion of the NS as a participant in inter-ministerial/departmental committees of your government that handle this issue? ☐ Yes ☐ No ☐ Don't know 5. Inclusion of the NS as a participant in relevant humanitarian inter-agency mechanisms (e.g. clusters, technical working groups) that handle this issue? ☐ Yes ☐ No ☐ Don't know Is the role of MH and/or PSS specifically mentioned in: 1. Your government's pandemic preparedness and response laws, policies or plans? ☐ Yes ☐ No ☐ Don't know 2. Your government's disaster risk management laws, policies or plans? ☐ Yes ☐ No ☐ Don't know 3. Your government's plans for response to conflicts or violence? ☐ Yes ☐ No ☐ Don't know 4. Any other plans? Please specify: ________________

MHPSS Roadmap Coordination Group	**IFRC:** Bhanu Pratap Sofia Ribeiro **ICRC:** Milena Osorio **IFRC PS Centre:** Sarah Harrisson **Danish Red Cross:** Louise Steen Kryger **Swedish Red Cross:** Maite Zamacona	**Questions added to the 2023 survey:** 33. Is your National Society a member of one or more of the MH and/or PSS Roadmap Working Groups (link?) 1. Yes 2. No 3. Don't know If no is selected – dropdown menu (multiple selections) 1. It is the first time we hear about it 2. We do not have human resources to attend 3. We prefer to attend meetings compatible with our time zone 4. We prefer to attend meetings held in our local language 5. Other ______________________