
Mental Health Matters:

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

Africa Region

October 2021



+CIFRC

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Psychosocial Centre

Executive Summary

This year's Movement-wide Mental Health and Psychosocial Support survey has been conducted to follow up on the [Mental Health and Psychosocial Support survey of 2019](#), which, for the first time, provided a dataset and baseline for mental health and psychosocial support (MHPSS) activities carried out by the components of the Movement. A total of 163 National Societies (NS), the International Federation of the Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC) participated in the survey. This report, however, presents the results of the 2021 survey compared to the results of the survey conducted in 2019 with focus on the Africa region.

91% of respondents (40 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, 70% of respondents (29 NS, the IFRC and the ICRC) carried out trainings, and 66% of respondents (29 NS, the IFRC and the ICRC) organised activities around caring for staff and Volunteers.

In 2021, 73% (32 NS, the IFRC and the ICRC) in comparison to 76% of respondents (30 NS, the IFRC and the ICRC) in 2019, reported having provided at least one activity defined as a MH activity. Most respondents (59%: 25 NS, the IFRC and the ICRC) deliver psychosocial support in 2021 versus only 43% (16 NS, the IFRC and the ICRC) in 2019. The second

most frequent type of MH activity in 2021 is the provision of training of community actors in basic psychological support which is an increase of 60% compared to 2019 (in 2019: 33%: 13 NS and the ICRC; in 2021: 43%: 21 NS, the IFRC and the ICRC). Another significant increase is the training of health staff in basic psychological support (in 2021: 41%: 18 NS, the IFRC and the ICRC; in 2019 only 20%: 8 NS, the IFRC and the ICRC).

When comparing 2019 and 2021 numbers, a more significant increase can be identified in the number of NS offering referral(s) to specialized mental health services such as psychiatrists and psychologists. In 2019, 29 NS and the ICRC (75%) compared to 35 NS, the IFRC and the ICRC (80%) do referral to specialized services in 2021. Movement-wide 70% of the Movement-components refer to specialized services.

In 2019, 74% (30 NS and the ICRC) reported having at least one focal point for MH and/or PSS in their organisation. In 2021, however, a rise in focal points can be recorded, as 80% (35 NS, the IFRC and the ICRC) appointed one or more focal points.

Around 3.700 staff and volunteers are reported to be trained in basic psychosocial support, and more than 6.100 staff and volunteers are trained in PFA by Movement components in the Africa region in the past year. This is a significant increase for both types of training.

59% (26 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 an increase of 44% compared to 2019.

25% of respondents (42 NS) have no budget dedicated for MHPSS activities. 89% of respondents (39 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 (52%: 23 NS and the ICRC). Challenges within the organisation were reported by 46% (19 NS, the IFRC and the ICRC).

Looking towards the future, 41% (18 NS, the IFRC and the ICRC) intend to expand their MHPSS activities, 50% (22 NS) intend to integrate or mainstream their MHPSS activities, 9% (4 NS and the ICRC) plan to maintain while no NS expects to reduce their MHPSS activities.

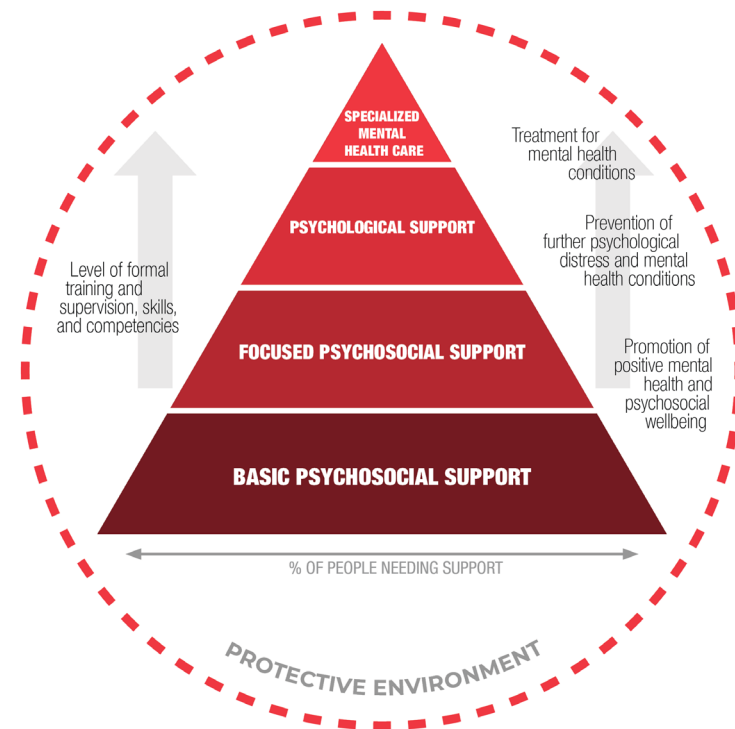
Finally, this report does not include specific information about the delivery of MH and/or PSS activities in relation to the COVID-19 pandemic. We acknowledge that the pandemic possibly has had an impact on the services provided. However, to maintain validity, the survey questions informing the report remained essentially the same as in 2019, with the exception of the questions introduced by the Working Groups of the MHPSS Roadmap implementation (please see the annex).

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. One of the most prominent examples is the COVID-19 health emergency, which sheds light on how crucial mental health and psychosocial support (MHPSS) is.

In the Movement, MHPSS 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 the spectrum of MHPSS from basic psychosocial support, to focused psychosocial support, psychological support and specialized mental health care. Psychosocial wellbeing 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 disorders.

The Mental Health and Psychosocial Support survey was conducted by the International Red Cross and Red Crescent Movement in 2021 to assess and monitor areas of improvement as well as areas that need further strengthening in regard to the activities addressing mental health and psychosocial needs.



The Movement's mental health and psychosocial support framework. Read more: <https://pscentre.org/what-we-do/the-mhpss-framework/>

The survey also provides a method of tracking progress in implementing the Movement’s policy of addressing mental health and psychosocial needs and [resolution 2](#) of the 33rd International Conference “Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies”

This report, therefore, includes questions specifically related to the six Priority Action Areas, as defined in the [Roadmap for Implementation 2020-2023](#). 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. The Priority Action Areas have guided the creation of working groups (WG) that facilitate the roll-out of the specific commitments, as defined in the Roadmap. Each WG contributed to the survey by providing additional questions or amendments to past questions, to ensure an efficient follow-up of the progress on the Priority Action Areas. (Please see the annex for the WGs’ focus and Priority Action Areas and a detailed list of the questions which were added or edited.)

The additional questions provided by the WGs are the only significant change compared to the survey conducted in 2019. The survey in 2019 established a dataset and a baseline of MHPSS activities carried out by NS, the IFRC and the ICRC. This report presents results from the 2021 survey and compares them with those from the previous report to document developments over the past two years.

To summarize, this report contains an overview of the survey results in 2021 compared to the results from the 2019 survey. It presents what respondents in the Africa region – made up of 43NS, the IFRC and the ICRC – have done in the last 12 months and what they continue to do in the field of MHPSS. The focus is on the development in the delivery of MHPSS activities by respondents as well as the challenges encountered when delivering MHPSS activities.

The survey represents a snapshot of current activities but does not provide information about the quality of services being provided or about potential variation in approaches used across the Africa region. For the global Movement-wide survey report and the reports of other regions, please consult the IFRC Psychosocial Support Centre Website in this [link](#).

Key terminology

Mental health activities: 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 MHPSS survey 2021

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 2021. Follow-up on submissions took place between June and August 2021.

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, 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, Europe and Central Asia (CA), and the Middle East and North Africa (MENA) - together with a response from the IFRC Reference Centre for Psychosocial Support (PS Centre). These separate responses were merged into one response for the global report covering all the work undertaken by the IFRC. Similar to the IFRC, the ICRC also provided regional breakdowns for the regions - Americas, Africa, Eurasia, North Africa and Middle East (NAME) and Asia Pacific in addition to information on their MHPSS activities worldwide. This report, however, focuses solely on the performance of the Africa region.

The MHPSS baseline survey in 2019, contained 27 questions, whereas this year's survey contains 33 questions. The additional questions stem from the Roadmap for Implementation 2020-2023 working groups' (WG) specific interest in their Priority Action Areas. Each WG contributed with amendments to the existing questions or added one to two questions. The survey was divided into two sections: existing MH and/or PSS activities, and MH and/or PSS activities moving forward.

Although the COVID-19 pandemic has significantly affected the context of MHPSS activities in the past year it was decided because of reasons of validity to not further modify the initial survey of 2019. As the goal of the Movement-wide MHPSS surveys is to deliver coherent information from the commencement of resolution 2 in 2019 until the end of the Roadmap for Implementation in 2023, the survey needs to remain comparable. The impact of COVID-19 on MH and/or PSS activities and services will be reported on in other appeal reports and publications.

A total of 43 NS out of 49 in Sub-Saharan Africa, the IFRC Africa Office, and the ICRC Africa office provided answers in this survey. This accounts for a total response rate of 90%, compared to a response rate of 82% (40 NS, IFRC Africa office, ICRC global response) in 2019.

Number of respondents per region

Year	Africa	Total
2019	82%	85%
2021	90%	84%

Table 1: Percentage 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 2019. In 2021, 39 NS, the IFRC and the ICRC (89%) indicate that their organisation provides MH and/or PSS activities, as shown on the map (figure 1), compared to all responding NS, the IFRC and the ICRC (100%: 40 NS, the IFRC and the ICRC) in 2019.

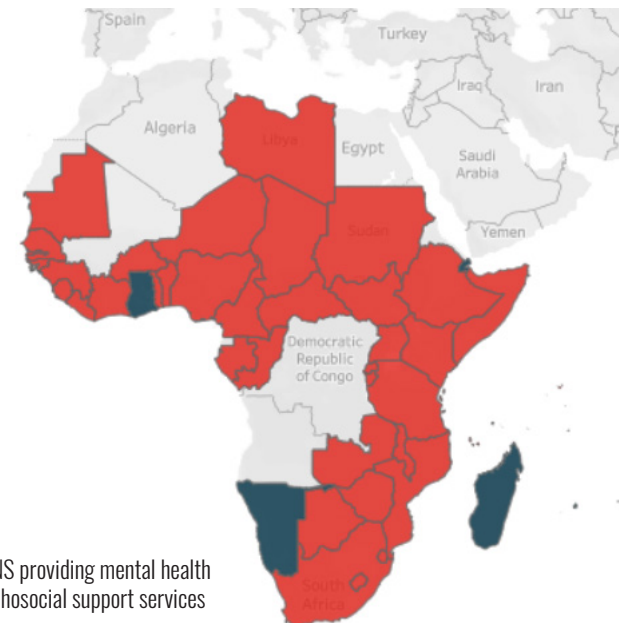
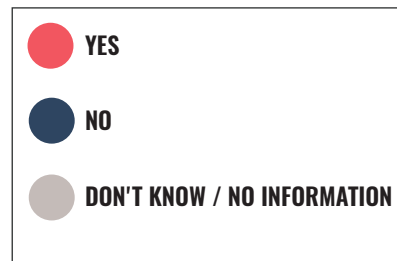


Figure 1: NS providing mental health and/or psychosocial support services

A rise in the number of NS having a MH and/or PSS focus in their organisation strategy is observable, from 76% (30 NS, the IFRC and the ICRC) in 2019 to 82% (36 NS, IFRC and ICRC) in 2021 (figure 2).

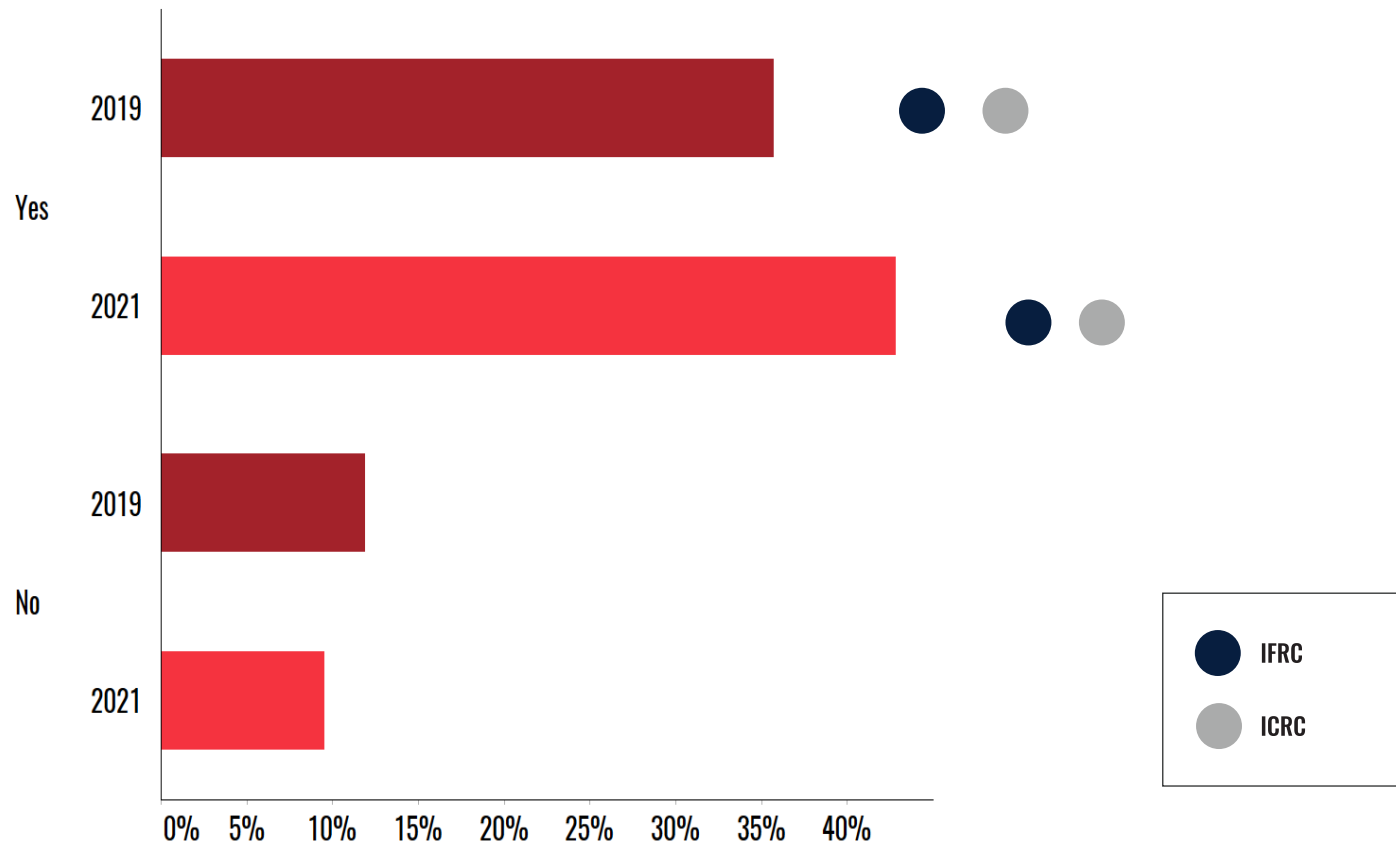


Figure 2: Provision of mental health and/or psychosocial support is a focus in the strategy

Provision of psychosocial support (PSS) activities

When looking solely at psychosocial support (PSS) activities, close to every respondent (91%) that participated in the survey (40 NS, the IFRC and the ICRC) stated to have carried out at least one activity defined as PSS in the last year. This is the same number (40 NS, the IFRC and the ICRC) as in 2019.

The different PSS activities are shown in figure 3. Figure 3 includes a comparison of the activities carried out by the NS, the IFRC and the ICRC in 2019 and 2021.

The top three activities in 2019 were the following:

- **activities linked to restoring family links (76%: 30 NS, the IFRC and the ICRC)**
- **awareness campaigns (74%: 29 NS, the IFRC and the ICRC)**
- **sensitization activities (69%: 28 NS and the ICRC)**

In 2021, the three most utilized activity approaches were:

- 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, PFA, Basic PSS, training of trainers).
- activities around caring for staff and volunteers (66%: 29 NS, the IFRC and the ICRC)

Most respondents have focused on supporting Volunteers (82%: 35 NS, the IFRC, the ICRC) and staff (61%: 25 NS, the IFRC and the ICRC), adolescents (57%: 23 NS, the IFRC and the ICRC) and older persons (50%: 22 NS, the IFRC and the ICRC). The comparison between the focus groups from 2019 and 2021 is depicted in figure 4.

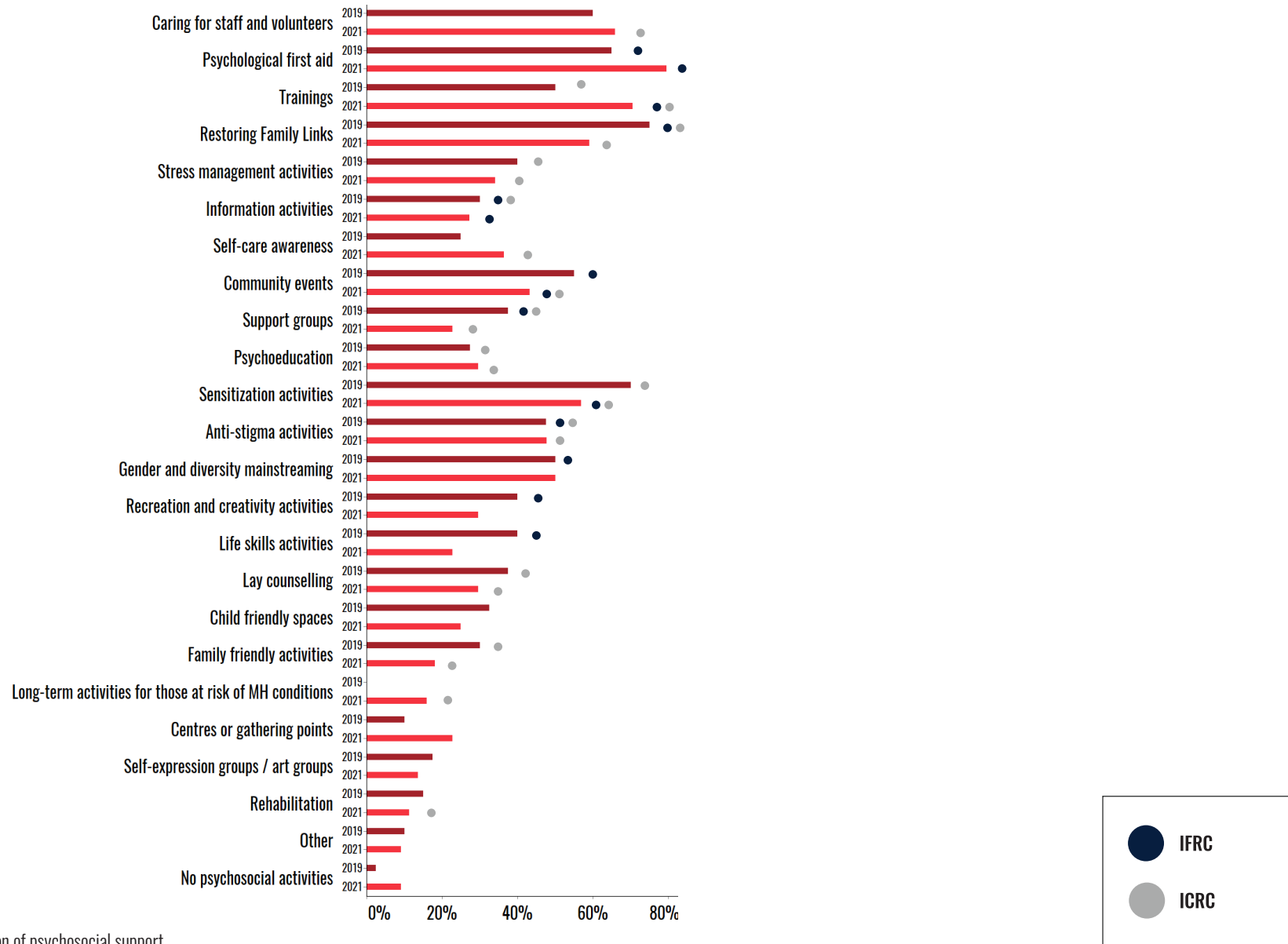


Figure 3: Provision of psychosocial support

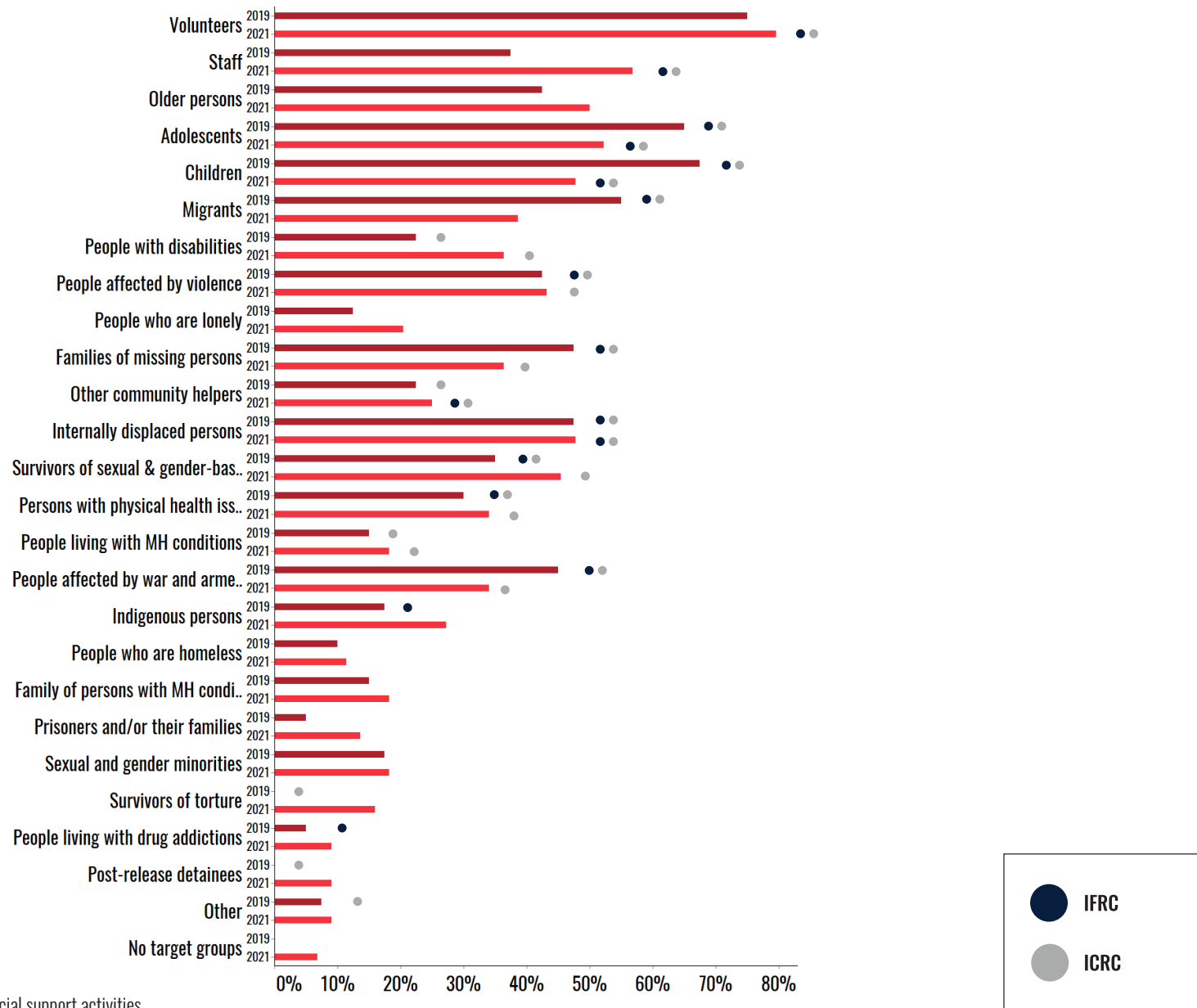


Figure 4: Groups targeted for psychosocial support activities

Provision of mental health (MH) activities

Turning towards mental health (MH) activities carried out in the past year, 73% (32 NS, the IFRC, and the ICRC) in comparison to 76% of respondents (30 NS, the IFRC and the ICRC) of 2019, 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 (59%: 25 NS, IFRC and ICRC) deliver psychosocial support in 2021 versus only 43% (16 NS, the IFRC and the ICRC) in 2019. The second most frequent type of mental health activity in 2021 is with 43% (21 NS, the IFRC and the ICRC) the provision of training of community actors in basic psychological support which is an increase to 62% compared to 2019 (in 2019: 33%: 13 NS and the ICRC). This is followed by counselling activities (in 2021: 41%: 18 NS and the ICRC; in 2019: (40%: 15 NS, the IFRC and the ICRC) and the training of health staff in basic psychological support (in 2021: 41%: 18 NS, the IFRC and the ICRC; in 2019 only 20%: 8 NS, the IFRC and the ICRC).

A global trend which is seen in the Africa Region as well is the following: volunteers and staff rose significantly as a target group for MH activities. In 2019 MH activities volunteers were targeted by only 13 NS and the IFRC (32%) and staff by only 10 NS, in 2021, volunteers were targeted by 29 NS, the IFRC and the ICRC (68%) and staff by 23 NS, the IFRC and the ICRC (58%). Apart from this, the groups mostly targeted by MH interventions were adolescence (49%: 18 NS, the IFRC and the ICRC) and older persons

(39%: 16 NS, the IFRC and the ICRC) Please see figure 6 for more detailed information about targeted groups of MH activities.

When comparing the data from 2019 with 2021 data, a significant increase can be detected in the number of NS which offer referral(s) to more specialized mental health services such as psychiatrists and psychologists. In 2019, 29 NS and the ICRC (75%) compared to 35 NS, the IFRC and the ICRC (80%) in 2021. Globally, 70% of the Movement components do referrals

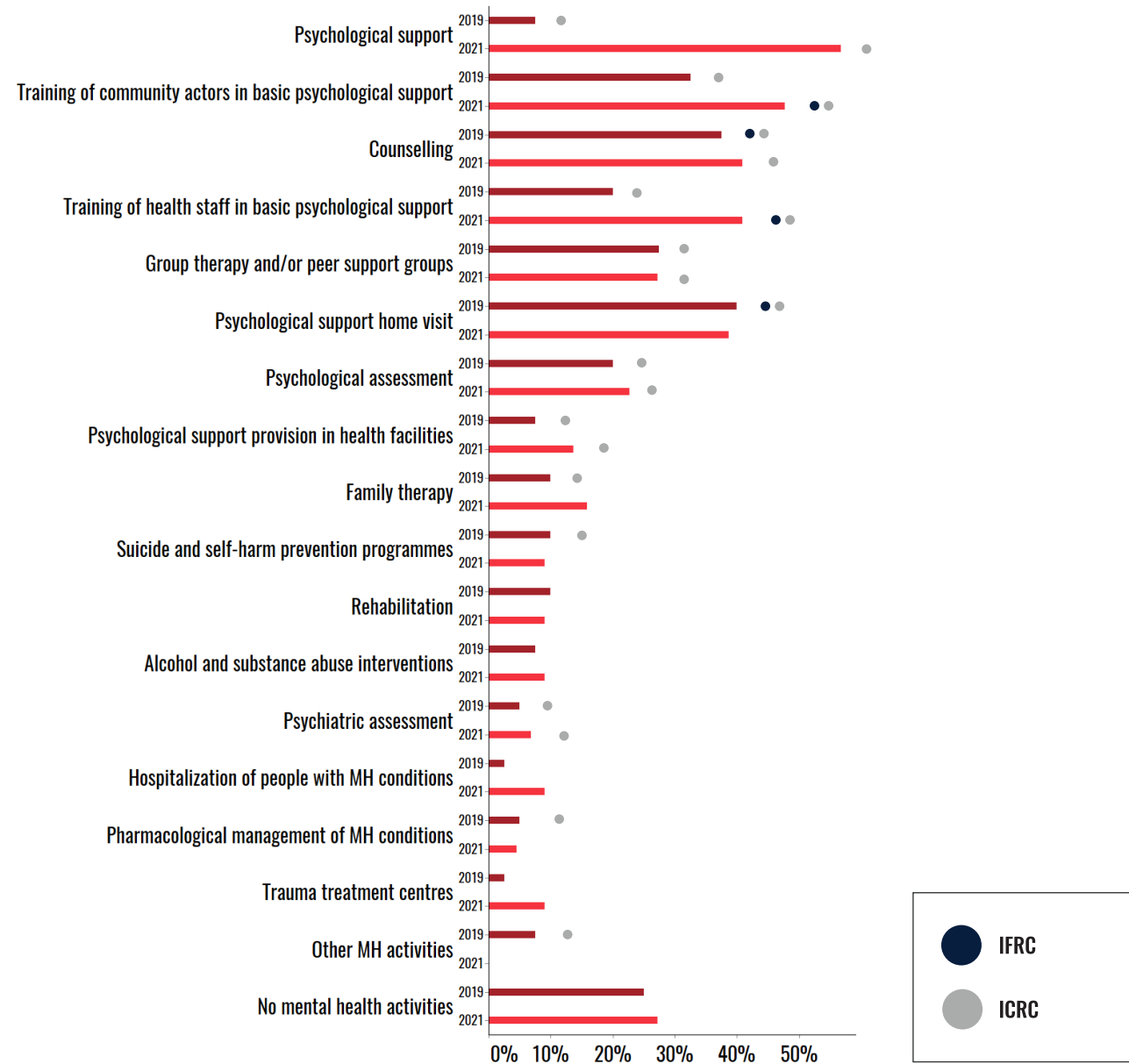


Figure 5: Provision of mental health activities in the past year

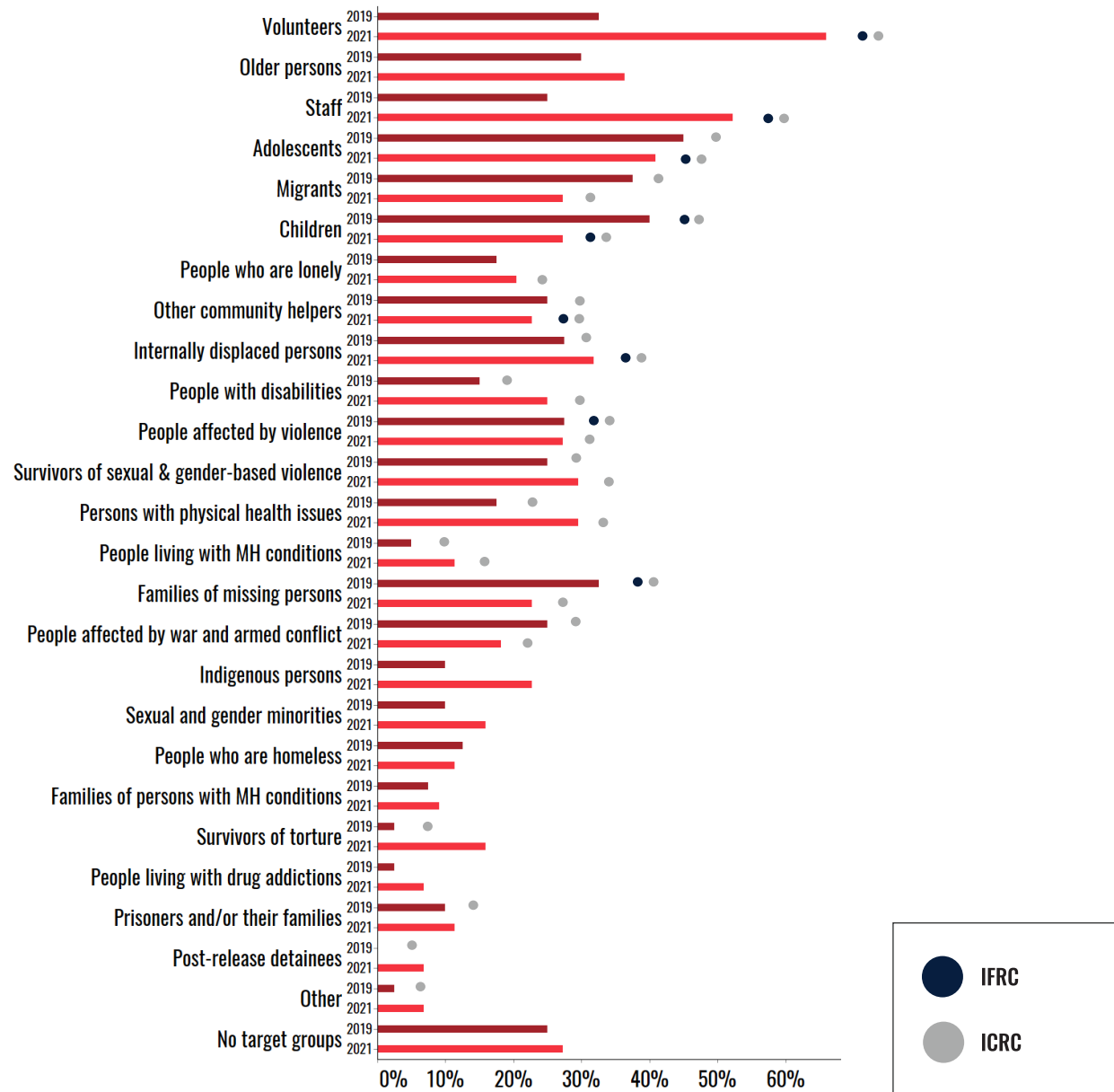


Figure 6: Groups targeted for mental health activities

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 mainstreaming approach or a combination. The survey results indicate that the Movement respondents deliver MH and/or PSS activities as both, integrated/ mainstream and stand-alone approaches. In 2019, the majority 69% (27 NS, the IFRC and the ICRC) of respondents in the Africa Region reported using an integrated or mainstreaming approach. This trend is confirmed in 2021, where 22 NS and the IFRC (50%) report using the

integrated or mainstreaming approach. The ICRC together with 17 NS use both approaches, compared to 10 NS in 2019, and no NS amongst the respondents in the Africa Region uses the stand-alone approach in 2021, compared to just one in 2019 as shown in figure 7.

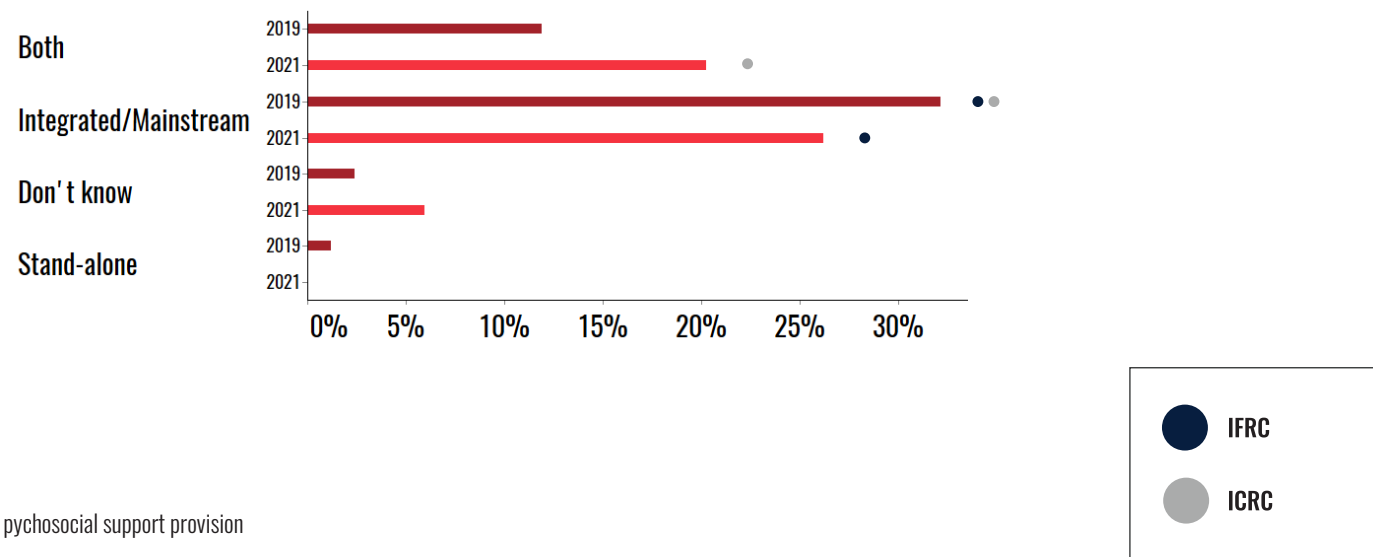


Figure 7: Approaches used in mental health and/or psychosocial support provision

Systems in place to ensure quality

The Movement invests in ensuring that quality support is provided. 59% (26 NS, the IFRC and the ICRC) of respondents, in contrast to 45% of respondents (18 NS, the IFRC and the ICRC) in 2019 have supervision mechanisms in place to ensure the quality of the MHPSS activities they provide. This is a positive development and an increase of 44%.

Figure 8 shows the tools used in the Movement to monitor MH and/or PSS activities in comparison to the tools used in 2019. As in 2019, (60%: 24 NS and the ICRC), supervisor reports were the most utilised tool in the Africa region in 2021 (64%: 27 NS, the IFRC and the ICRC).

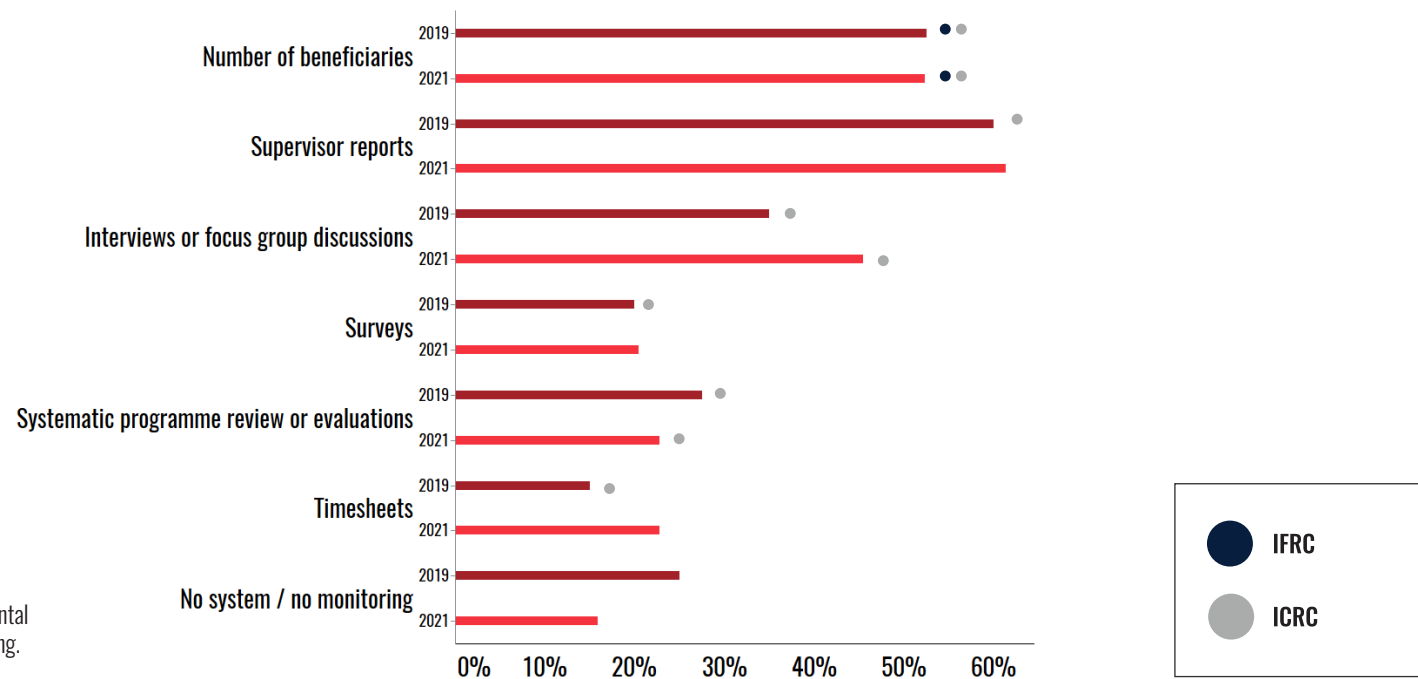


Figure 8: Type of tools/guidance used for mental health and/or psychosocial activities monitoring.

Data protection and confidentiality

In 2019, 46% of respondents (19 NS, the IFRC and the ICRC) had an information system in place to ensure confidentiality and protection of personal data. In 2021, the number of respondents decreased slightly (39%: 16 NS, the IFRC and the ICRC).

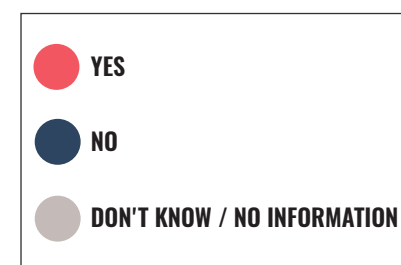
MHPSS in emergencies

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

MHPSS activities are provided during emergency responses by 36 NS, the IFRC and the ICRC (83%) as well in 2019 as in 2021. Figure 9 shows the geographical spread of respondents.



Figure 9: Provision of mental health and psychosocial activities in emergency responses



Mental health and psychosocial wellbeing of staff and volunteers

The mental health and wellbeing 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 (60%: 27 NS, the IFRC and the ICRC) indicate to have systems in place to support staff and volunteers' mental health and psychosocial wellbeing (figure 10). Most of the NS, the IFRC and the ICRC (41%: 17 NS, the IFRC and the ICRC) offer psychological support to staff and volunteers (internal and/or external)

followed by (39%: 17 NS) self-care trainings and capacity building, and (39%: 16 NS and the IFRC) self-care activities which include, for instance, awareness sessions, group activities, mediation practices, sports or recreational activities

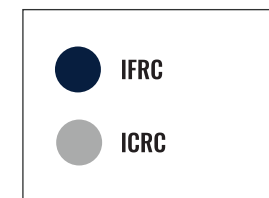
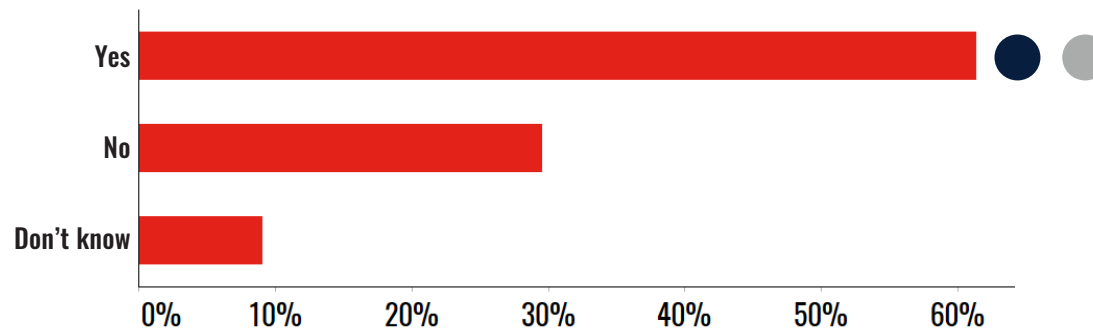


Figure 10: Components having systems in place to support staff and volunteers' mental health and psychosocial well-being

Human resources for MHPSS

The Movement has both staff and volunteers involved in MH and/or PSS activities. In 2019, 74% (30 NS and the ICRC) report that they have at least one focal point for MH and/or PSS in their organisation. In 2021, however, a rise in focal points can be recorded, as 80% (35 NS, the IFRC and the ICRC) stated to have appointed one or more focal points. As an amendment to the survey of 2019, this year's survey more clearly defined 'focal point' as a representative of the NS which is responsible for MH and/or PSS within their NS (either alone or in collaboration with another/others) and 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) as an additional question in this year's survey. The result is that most focal points, namely 71% (23 NS, the IFRC and the ICRC), focus on both staff and volunteers' mental health and psychosocial wellbeing and

MHPSS activities and programmes, whereas 26% (9 NS) focus only on staff and volunteers' mental health and psychosocial wellbeing, and 7% (3 NS) only on MHPSS activities and programmes.

Regarding the Movement's staff, 37% of the respondents (17 NS) have less than 5 staff involved in MH and/or PSS activities, while 20% (9 NS) have between 5-19, 15% (7 NS) have between 20-49 staff, 4% (2 NS) have between 50-99, and 9% (3 NS and the ICRC) have more than 100 staff involved in these activities. ICRC staff provide MHPSS specifically to conflict-affected populations. 13% (6 NS) answered "Don't know".

The profile and numbers of staff in the Africa Region can be broken into the following: close to 1.600 social workers, around 100 psychologists, 14 psychiatrists, and close to 1.700 community health workers working in this field.

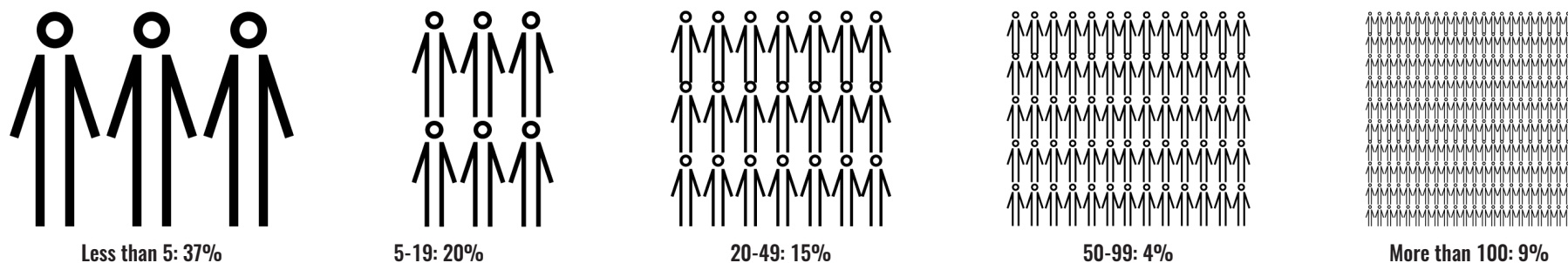


Figure 11: Staff involved in mental health and/or psychosocial support activities

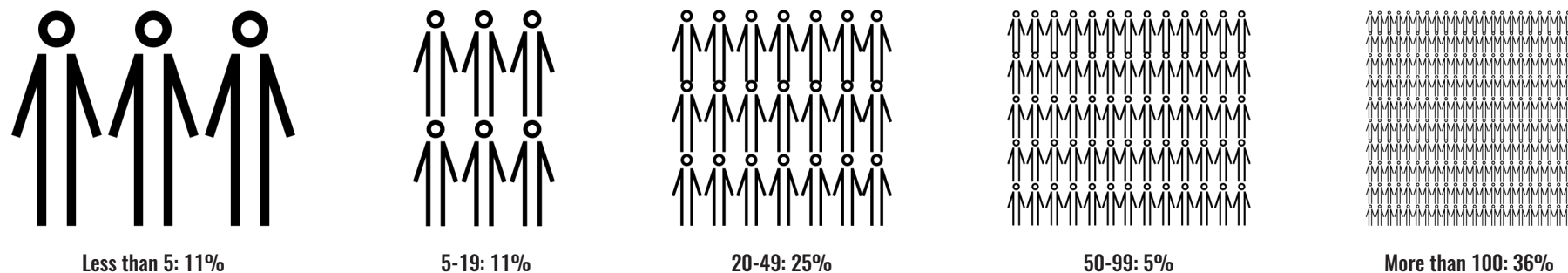


Figure 12: Volunteers involved in mental health and/or psychosocial support activities

Related to volunteers, 11% (5 NS) have less than five volunteers involved in MH and/or PSS activities, while 11% (5 NS) have between 5-19, 25% (11 NS) have between 20-49, 5% (2 NS) have between 50-99, and 36% of respondents (16 NS) have more than 100 volunteers. 11% (5 NS) answered “Don’t know”. The IFRC and the ICRC work with many volunteers however they are usually recruited through the hosting NS, hence do the IFRC and the ICRC not hire volunteers directly.

Among the 43 NS respondents in the Africa region, around 3.000 social workers, 167 psychologists, 18 psychiatrists and close to 5.600 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 4.250 staff and volunteers in 2019, which is a decrease.

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 wellbeing, 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 [resource library of the IFRC Psychosocial Centre](#).

The number of staff and volunteers trained in PFA has risen, from 4.000 in 2019 to more than 6.100 in 2021.

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 the past 12 months, 39% (16 NS 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 (59%: 26 NS and the IFRC) used adapted materials from the IFRC Reference Centre for Psychosocial Support in 2021. 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. As in 2019, 11 NS in 2021 indicate that they use other Movement learning resources.

However, there is a strong need for more technical support regarding trainings and programme/ activity guidance. 96% (42 NS, the IFRC and the ICRC) express a need for this. Further, more than half of the respondents (23 NS) indicate a need for new trainings or tools to tackle specific aspects of the MHPSS activities within their organisations.

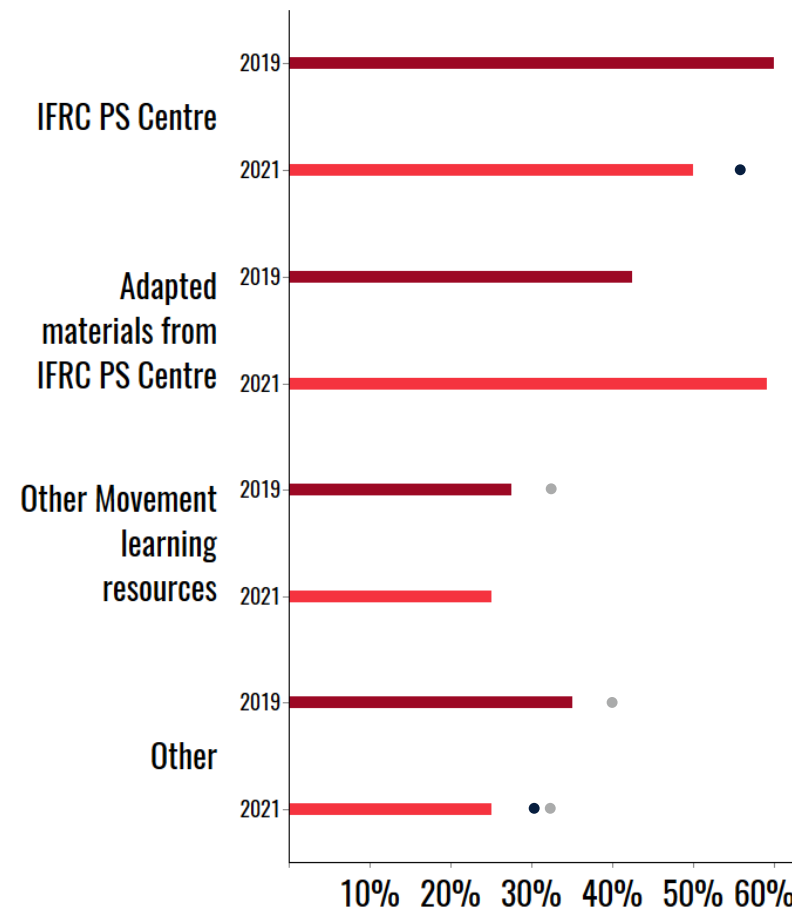
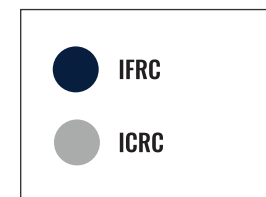


Figure 13: Learning resources used for training staff and volunteers



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. As in 2019, 26% of respondents (11 NS (2019) and 12 NS (in 2021), have no budget dedicated to MHPSS activities. 15% (7 NS) have a budget between 1-50.000 CHF, 13% (6 NS) have a budget between 50.001-100.000 CHF and 9% (4 NS) have a budget between 100.001-150.000 CHF. 4 NS (9%; compared to one NS in 2019) state that they have a budget of CHF 150.001-200.000, which is the largest. Moreover, one NS, the IFRC and ICRC have budgets different from the indicated intervals or have budgets that are included or based on other budgets. 22% (10 NS) reported that they do not have knowledge on this issue.

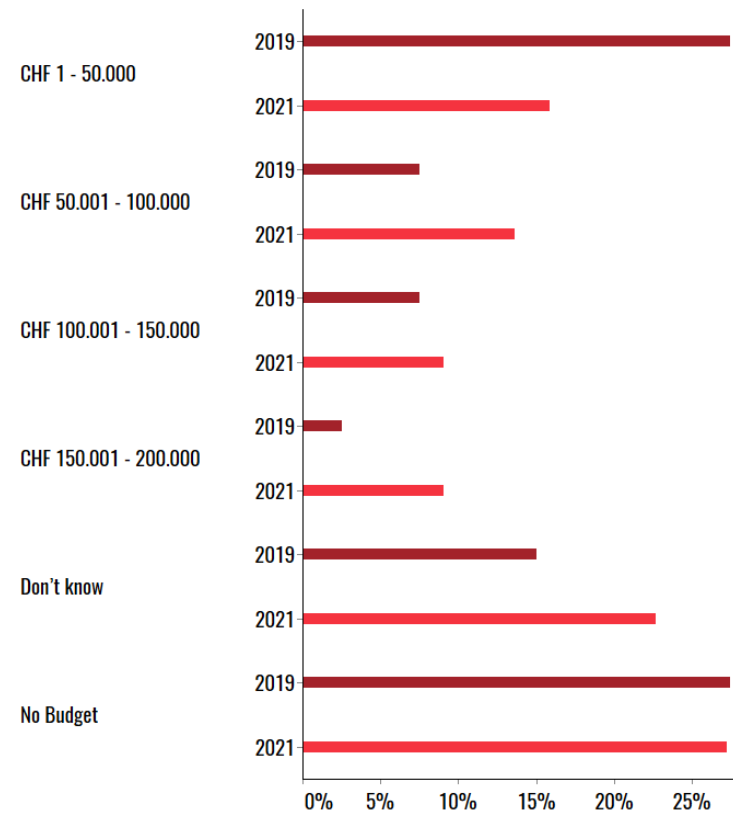


Figure 14: Annual budgets dedicated to mental health and/or psychosocial support activities

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 (65%), Partner National Societies (PNS) (52%), the respective governments (57%) and the ICRC (41%). The second most frequent type of support is funding. NS in the Africa region report that the the PNS are the largest

partner when it comes to funding (63%), followed by the IFRC (54%), and the ICRC (30%). Regarding individual donors, the private sector and United Nations Agencies, the survey revealed that collaboration is very limited.

	Funding	Human Resources	Technical	No collaboration
ICRC	30% (14 NS)	15% (7 NS)	41% (18 NS, IFRC)	33% (15 NS)
IFRC	54% (25 NS)	28% (13 NS)	65% (30 NS)	10% (5 NS)
Partner National Societies	63% (28 NS, ICRC)	26% (11 NS, ICRC)	52% (22 NS, IFRC, ICRC)	26% (12 NS)
Government (e.g. ministry of social affairs, ministry of health)	4% (2 NS)	30% (13, ICRC)	57% (24 NS, IFRC, ICRC)	26% (12 NS)
Individual donors	11% (5 NS)	9% (4 NS)	4% (2 NS)	80% (35 NS, IFRC, ICRC)
Private sector	9% (4 NS)	4% (2 NS)	13% (6 NS)	78% (34 NS, IFRC, ICRC)
United Nations Agencies	26% (12 NS)	9% (4 NS)	22% (9 NS, IFRC)	54% (24 NS, ICRC)
Universities	0% (0 NS)	6% (3 NS)	17% (7 NS, ICRC)	72% (32 NS, IFRC)

Table 2: Number of Movement components received a type of support (e.g. funding) from a specific partner (e.g. ICRC, IFRC)

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%: 23 NS), the the different objectives brought forward by the parties involved (14 NS, the IFRC and the ICRC) and the

logistical difficulties (15 NS). Figure 15 illustrates the respondents' evaluation of the challenges experienced and encountered.

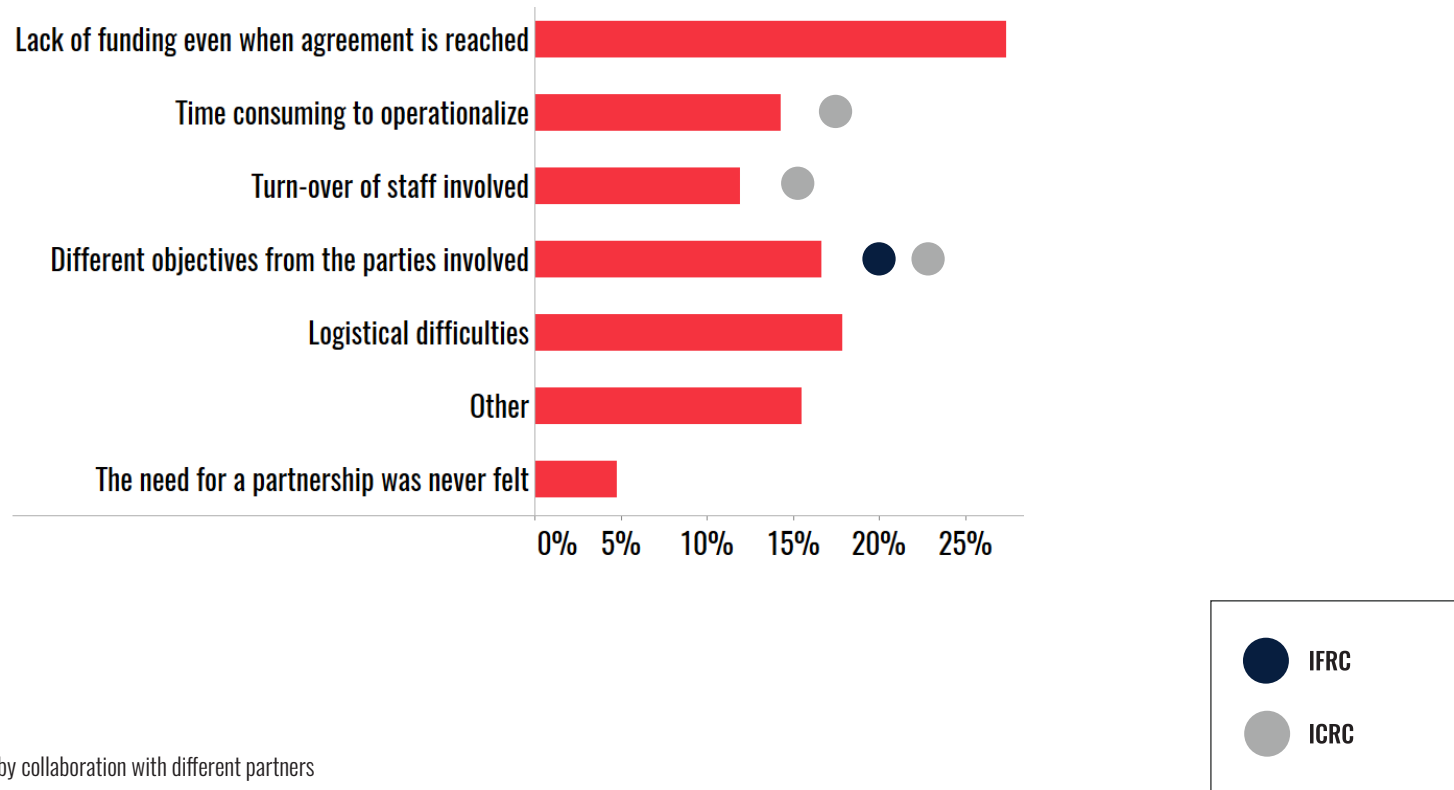


Figure 15: Type of challenges presented by collaboration with different partners

Challenges and gaps in delivering MH and/or PSS services

Budget constraints or limited budget availability are also this year's major obstacles for delivering MH and/or PSS activities. In 2021 89% of respondents (39 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 (52%: 23 NS and the ICRC). Challenges within the organisation were reported by 46% (19 NS, the IFRC and the ICRC). An overview of the different challenges can be seen in figure 16.

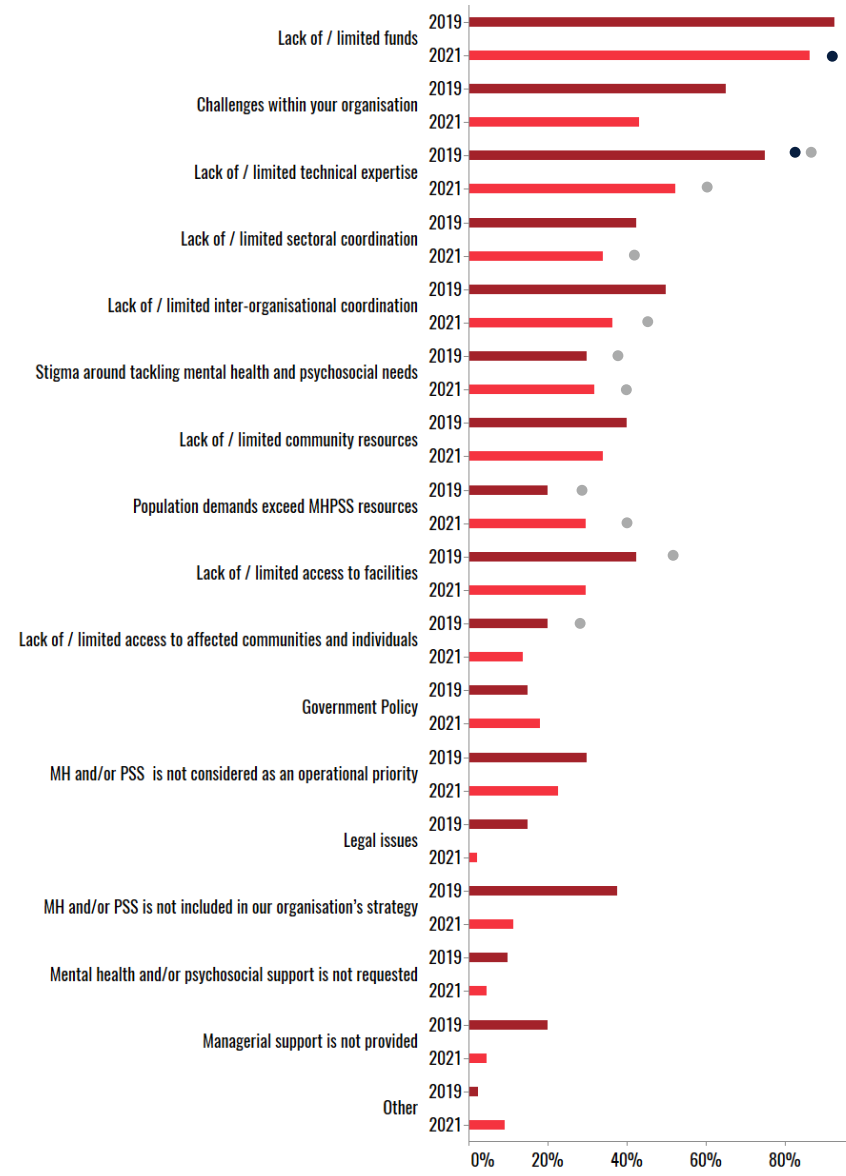
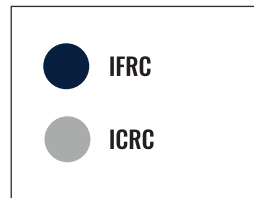


Figure 16: Perceived gaps in delivering mental health and/or psychosocial support activities

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.

More than two-thirds of respondents (68%: 29 NS, the IFRC and the ICRC) work with humanitarian diplomacy on MHPSS related topics or issues in 2021.

In 2019, 3 NS and the ICRC (7%) reported being involved or having been involved in MH and/or PSS research. In 2021, the number has slightly increased, as 8 NS, the IFRC and the ICRC (23%) indicated engaging in research.

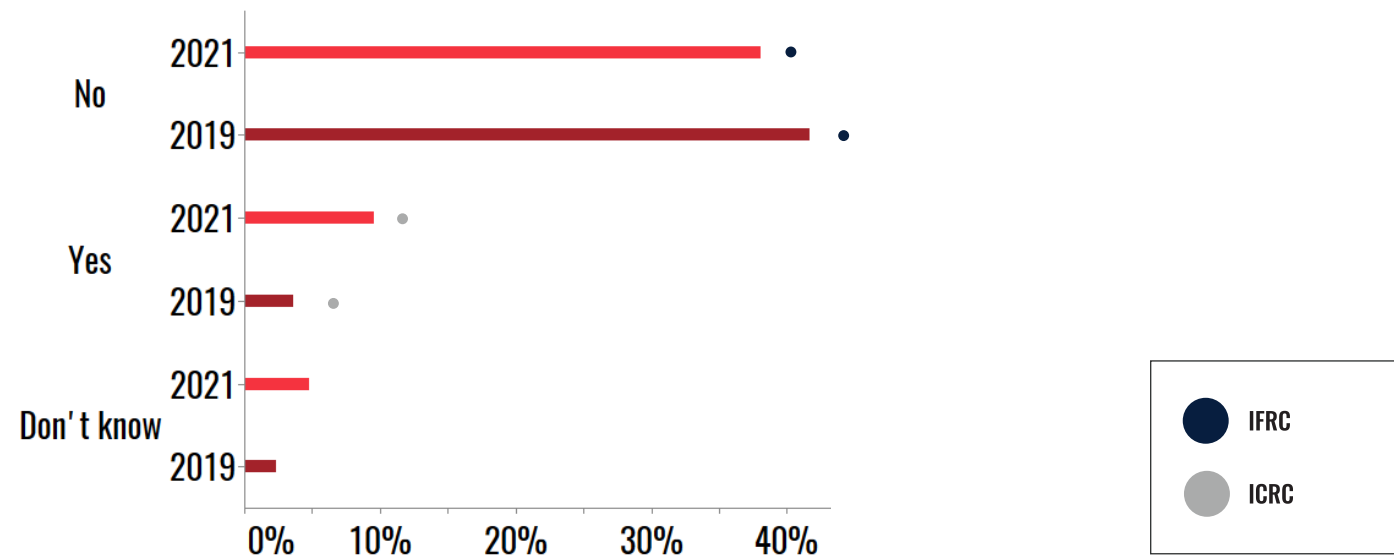


Figure 17: Involvement in mental health and/or psychosocial support research

Nearly one third of NS (27%: 12 NS) indicate that their role in providing MH and/or PSS services is expressly mentioned in national public health laws and policies and further have specific agreements with the public authorities (34%: 15 NS). Half of the NS (50%: 22 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 (48%: 21 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 18 (41%) governments. MHPSS is further mentioned in disaster risk management laws, policies or plans by 28 NS (64%) governments and 19 NS (43%) 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, 41% (18 NS, the IFRC and ICRC) intend to expand their MHPSS activities, 50% (22 NS) intend to integrate or mainstream and 9% (4 NS and the ICRC) plan to maintain MHPSS activities while no NS expects to reduce its MHPSS activities.

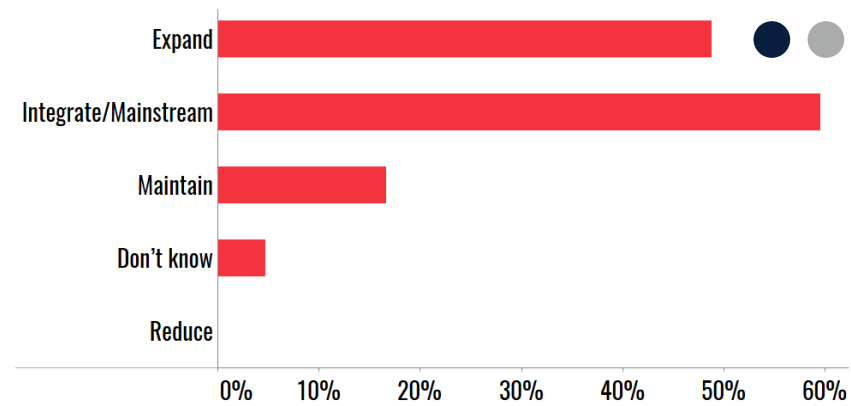
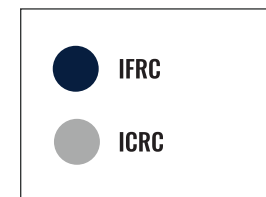


Figure 18: Future plans to expand, integrate, maintain or reduce mental health and/or psychosocial activities



Concluding remarks

Despite often limited resources and funds, the components of the Movement in Africa region are delivering a wide range of MHPSS services and activities in accordance with their respective mandates, commitments and auxiliary roles.

The adoption of the policy on addressing mental health and psychosocial needs and resolution 2 of the 33rd International Conference “Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies” provide the Movement and States with the framework, technical direction, and political will to address unmet mental health and psychosocial needs. The data from the first Movement-wide MHPSS survey conducted in 2019 provided the critical baseline information against which we have been able to measure and track our progress in the operationalisation and implementation of the policy and the resolution. The report will also inform the Council of Delegates. A similar survey will be conducted by 2023 to monitor progress throughout the years of the Roadmap implementation from 2020-2023, drawing on the baseline set by the original survey of 2019.

Key takeaways:



41%

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



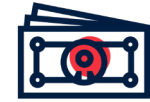
6.100

Volunteers and staff are trained in PFA



41%

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



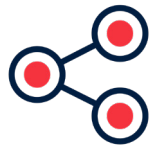
83%

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



83%

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



68%

(35 NS, the IFRC and the ICRC) offer referral to more specialized mental health services



20%

(8 NS, the IFRC and the ICRC) are involved in MH and/or PSS research



80%

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



68%

(29 NS, the IFRC and the ICRC) work with MHPSS advocacy

Breakdown of Movement staff



More than 1.600 social workers



More than 100 psychologists



More than 14 psychiatrists



More than 1.700 community health workers

Breakdown of Movement volunteers



More than 3.000 social workers



More than 167 psychologists



More than 18 psychiatrists



More than 5.600 community health workers

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

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

Malagasy Red Cross Society

Malawi Red Cross Society

Mauritanian Red Crescent

Mauritius Red Cross Society

Mozambique Red Cross Society

Namibia Red Cross

Nigerian Red Cross Society

Red Crescent Society of Djibouti

Red Cross of Benin

Red Cross of Cape Verde

Red Cross of Chad

Red Cross Society of Côte d'Ivoire

Red Cross Society of Guinea

Red Cross Society of Guinea-Bissau

Red Cross Society of Niger

Rwandan Red Cross

Senegalese Red Cross Society

Seychelles Red Cross Society

Sierra Leone Red Cross Society

Somali Red Crescent Society

South African Red Cross Society

South Sudan Red Cross

Tanzania Red Cross National Society

The Gambia Red Cross Society

The Comoros Red Crescent

The Sudanese Red Crescent

Togolese Red Cross

Uganda Red Cross Society

Zambia Red Cross Society

Zimbabwe Red Cross Society

International Federation of the Red Cross and Red Crescent Societies (IFRC) Africa Region

International Committee of the Red Cross and Red Crescent (ICRC) Africa Region

Annex

Working Groups & their Priority Action Areas	Working Group Co-Leads (status October 2021)	Changes to the survey 2021 compared to the initial survey 2019
<p>Working Group 1</p> <p>Priority Action Area 1: Guarantee a basic level of psycho-social support and integrate mental health and psychosocial support across sectors</p>	<p>British Red Cross: Sarah Davidson</p> <p>IFRC PS Centre: Sarah Harrison</p>	<p>Initial question (2019): Are there one or more focal points for mental health and/or psychosocial support within your organisation?</p> <p>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.”</p> <p>Question added to the survey: Please indicate their focus (and select all that apply for all of the focal points you have):</p> <ol style="list-style-type: none"> 1. MHPSS activities and programmes 2. Staff and volunteers’ mental health and psychosocial wellbeing. <p>Initial question (2019): How many volunteers and staff are trained in basic psychosocial support?</p> <p>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 wellbeing, 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.”</p>

Working Group 2

Priority Action Area 2:
Develop a holistic MHPSS approach
between Movement components and in
collaboration with other actors

Danish Red Cross:
Louise Steen Kryger

ICRC:
Douglas Khayat Araujo
Siqueira

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

Questions added to the survey:

Does your organisation work in collaboration (this includes operational support, technical support and any form of coordination activities in the field) regarding MHPSS 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 wellbeing of staff and
volunteers**

Swedish Red Cross:
Maite Zamacona

IFRC HR:
Ines Hake

Questions added to the survey:

In the past 12 months, have management and other leaders in your organisation (e.g., board, branches) received training on the importance and benefits of mental health and psychosocial wellbeing 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 organisation have ways to support staff and volunteers' mental health and psychosocial wellbeing?

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 MHPSS activities within your organisation)
6. Other _____

Working Group 4

Priority Action Area 4:
Demonstrate the impact of MHPSS interventions through research, evidence, monitoring and evaluation

Swiss Red Cross:
Monia Aebersold

IFRC PS Centre:
Michelle Engels

Questions added to the survey:

What are the reasons for why your organisation does not have a system in place to monitor your mental health and/or psychosocial support activities in your organisation? 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 organisation
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 organisation 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: _____

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:
Jakob Harbo

ICRC/POL
Barbara Jackson

IFRC PSK:
Joy Muller

Questions added to the survey:

Is your organisation'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 MHPSS 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: _____