



**USAID**  
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**Report to Congress on  
Development and Humanitarian Assistance Accounts for  
Mental Health and Psychosocial Support Programming  
Section 7019(e) of the Department of State, Foreign Operations, and Related Programs  
Appropriations Act, 2023 (Div. K, P.L.117-328)  
and the Accompanying Joint Explanatory Statement**

**Introduction**

Consistent with Section 7019(e) of the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2023 (Div. K, P.L.117-328) and the accompanying Joint Explanatory Statement, USAID and the Department of State jointly submit this report on development and humanitarian assistance accounts for mental health and psychosocial support programming.

Mental Health and Psychosocial Support (MHPSS) activities play a crucial role in achieving the goals of USAID and the Department of State. Mental health symptoms and conditions are directly associated with poor education outcomes; substance abuse and misuse; poor early childhood development outcomes; poor treatment uptake and outcomes for HIV, Tuberculosis (TB), and other infectious diseases; increased incidence of non-infectious diseases, including heart disease and diabetes; poor nutrition; and poor maternal, newborn, and child health. Mental health symptoms and conditions also impact the service providers and program implementers that we rely on to drive development and humanitarian progress. Recognizing the significance of children's mental health to long-term well-being across the life-span, USAID and the Department of State place importance on addressing the mental health needs of children and their caregivers. According to the World Health Organization (WHO), nearly 50 percent of global mental health issues originate before the age of 14. Tragically, WHO reported that suicide ranks as the fourth leading cause of death for young people aged 15 to 29, and it remains a significant cause of mortality among those under 15. Extensive research demonstrates that MHPSS interventions aimed at youth between the ages of 10 and 29 yield positive outcomes in terms of mental health and psychosocial well-being.

**USAID Support of MHPSS Programming**

**Development, Democracy, and Innovation Bureau (DDI)**

**Inclusive Development Hub (ID)**

In FY 2022, the ID Hub spearheaded numerous mental health and psychosocial initiatives that contributed to the integration of mental health considerations in programming. These initiatives include the development and deployment of a new MHPSS e-learning course for USAID staff, as well as the creation of the [Integrating Mental Health and Psychosocial Support into Youth Programming](#) toolkit. The mental health team provided continuous technical assistance to

USAID Missions on MHPSS design and implementation across all global regions, recognizing the need for expert support in developing safe and effective MHPSS programming. Additional Agency-level initiatives include a MHPSS database that houses research on MHPSS interventions, an intra-agency MHPSS working group, and the newly launched Interagency U.S. Government (USG) Community of Practice that brings together leadership from across USG agencies to strengthen efforts in promoting mental health in foreign assistance programming.

**The ID Hub's Children in Adversity team** coordinates the [\*U.S. Government Advancing Protection and Care for Children in Adversity \(APCCA\) Strategy\*](#), which builds on three evidence-based objectives that inform the U.S. government's policies and programs to benefit the world's most-vulnerable children by building strong beginnings, putting family first, and protecting children from violence. The APCCA strategy recognizes that children in adversity are at high risk of poor mental health and prioritizes the mental health and psychosocial well-being of both parents and caregivers, as well as children. Programs help caregivers and families create safe, nurturing home environments that build children's social and emotional skills and minimize the effects of adverse childhood experiences and toxic stress. Emphasis is on evidence-based approaches to improve child and family well-being and strengthen child protection systems to prevent and respond in cases of violence, abuse, neglect, and exploitation. Other programming includes: support for evidence-based, culturally appropriate parenting to promote loving, nurturing care, support the mental health and well-being of parents and other family caregivers, and address issues such as conflict in relationships and intimate-partner violence. In FY 2022, the Children in Adversity team supported programming in 15 countries.

Through the **ID Hub's Victims of Torture program (VOT)**, USAID supports the healing and rehabilitation of survivors of torture. The VOT program advances MHPSS by increasing access to mental health services; ensuring quality of mental health services; promoting "do no harm" approaches; building the capacity of providers; and strengthening global mental health systems. In FY 2022, USAID continued its collaboration with WHO to strengthen mental health and well-being through system strengthening approaches in nine countries. Activities included working with local governments to develop mental health strategies and policies, as well as training providers in mental health interventions. The VOT program allocated funding to support USAID Mission-led programming for children's mental health. These dedicated mental health funds were effectively utilized in FY 2022 and now cover eight additional Missions. The primary objective remains focused on providing essential mental health care services to marginalized and vulnerable populations, and ensuring a responsive approach that addresses their unique circumstances and needs. In Ukraine, the VOT program has been actively engaged in mental health programming since 2015 and has expanded efforts following the Russian invasion in 2022, providing technical assistance to the Government of Ukraine to support the implementation of the country's national mental health initiative. This includes assistance in planning, analytics, national-level communication efforts, and inter-ministerial and cross-partner coordination.

[Center for Education](#)

The USAID Education Policy includes social and emotional skills as a measurable learning outcome and contributor to the overall well-being of children and youth. The inclusion of social emotional learning in education systems makes learning environments more equitable and inclusive and enables all learners to reach their full potential. For example, in Colombia, USAID's *Juntos Aprendemos* activity integrates social emotional learning into the curriculum and teacher training to help learners develop skills critical to violence prevention and coping with the impact of migration. In Nigeria, where many children and adolescents' education has been disrupted due to violence and forced displacement, social emotional learning has been integrated into accelerated learning programs through the Opportunity to Learning activity, which enables learners to better manage emotions and cope with stress to achieve learning outcomes. Social and emotional learning activities are often integrated, layered, or sequenced with other types of basic education and cross sectoral programming. In FY 2021, USAID basic education programs reached 28 million children and youth in 56 countries, including 31 countries affected by conflict or crisis.

#### Gender Equality and Women's Empowerment (GenDev) Hub

USAID's GenDev Hub focuses work to prevent and respond to gender-based violence (GBV). In March 2023, USAID released its updated Gender Equality and Women's Empowerment Policy. The Gender Policy strengthens the operational and programmatic framework enabling USAID to more effectively integrate gender equality and women's empowerment, including GBV prevention, mitigation and response, across all programming. In FY 2022, GenDev worked with the U.K. Government's Foreign Commonwealth and Development Office (FCDO) on the *What Works to Prevent Violence Program* to synthesize evidence on the bidirectional relationship between mental health and GBV. GenDev also programs funding of \$12-15 million in FY 2022 on prevention, mitigation, and response to child, early, forced marriages and unions (CEFMU), reflecting Congress' prioritization of this critical issue. GBV incentive funds have allowed USAID Missions to focus more attention on youth and children; the needs of married children; adolescent girls; survivor-centered health and psychosocial services; legal services; secondary education; and income-generating and other services, while also strengthening support systems for vulnerable families. Protection of children includes a focus on holistic mental health and psychosocial support services. In FY 2022, CEFMU programming was active in six countries including: Somalia, Yemen, Niger, Cambodia, Mauritania, and India.

## Democracy, Rights and Governance Center (DRG)

**DRG's Counter-Trafficking in Persons team (C-TIP)** led the revision of USAID's C-TIP Policy. This policy encourages the use of trauma-informed approaches in C-TIP programs. For example, in Trinidad and Tobago, a USAID-funded activity is promoting trauma-informed, age-appropriate, and gender and culturally sensitive psychosocial services and support to TIP victims. The activity is also improving the availability of support services to victims in residential care and shelters, including equipping residential facilities with customized spaces for training, counseling, medical and other social services in a safe and secure environment. USAID supported C-TIP activities across 22 countries in Africa (three countries); Asia (13 countries); Latin America and the Caribbean (six countries); as well as one global award. These interventions total \$32.5 million obligated in FY 2022 and have served to prevent, protect, prosecute, and enhance partnerships to combat human trafficking globally during FY 2022.

## **Bureau for Global Health (GH)**

### The Office of Maternal and Child Health and Nutrition (MCHN)

MCHN is funding research around the rapidly growing body of evidence on the significant global burden of perinatal anxiety and depression (1 in 7 women globally) and the direct and indirect relationship between maternal mental health and maternal and child morbidity and mortality. MCHN implemented a ground-breaking landscape analysis on perinatal mental health (PMH) in low- and middle-income countries (LMIC). Maternal mental health problems affect not only women, but also the physical, emotional, and neurological development of newborns and children. In India, USAID provided an additional \$500,000 to integrate perinatal mental health programming and implementation research, and began the design of a multi-dimensional measurement study, to generate evidence on the contributions of perinatal mental health services on key MNCH outcomes. In Burma, funds led to successful integration of mental health services in maternal, newborn, and child healthcare services in five townships through the High-Impact Maternal, Newborn and Child Health (HI-MNCH) Activity. Globally, to further advance the integration of MHPSS into maternal and child health programs, USAID is developing a training package for Missions, with the objectives of preventing and managing the impact of Perinatal Mood and Anxiety Disorders (PMADs) on mothers and children.

### The Office of Infectious Diseases (ID) (TB Division)

Mental health conditions are common among people with tuberculosis and the WHO estimates that 45.2% of people with any form of tuberculosis experience depression. People with multi-drug resistant tuberculosis (MDR-TB) have a higher risk of depression, anxiety, and psychosis due to the side effects of treatment. Lack of data on mental health issues among TB patients in many USAID target countries is a challenge for providing adequate services for this area of a patient's health. Lack of clinical psychology and mental health knowledge among TB case managers at the primary care level has also become a great challenge to integrate mental health services into country TB services. The TB Division is supporting a regional project in Asia that is designed to identify the potential for integrating MH services and TB services in Indonesia, Cambodia, and the Philippines, and to develop an initial framework for collaborative

care. Lessons learned from this project will contribute to the design of a comprehensive framework for integrating mental health in TB services.

#### The Office of HIV/AIDS (OHA)

OHA's Mental Health and Psychosocial Support (MHPSS) Technical Working Group (TWG) advocates for the integration of MHPSS programming into global HIV prevention, care, and treatment. The MHPSS TWG supports Missions with guidance and technical assistance, facilitates opportunities for learning and sharing, and encourages integration of mental health, psychosocial support, and substance abuse programming at all levels to support vulnerable children and their families. The TWG also promotes capacity building and self-protection for community staff who work with these populations. In FY 2022, USAID supported funding for Orphans and Vulnerable Children of \$381,719,053, including funding for children under 18 and families to support prevention and case management which integrates PSS and some MH. Programming reached 2.9 million children and their families through comprehensive case management that includes child-focused, family-centered psychosocial support and integrated services. USAID also implements a number of programs, including those focused on pregnant and breastfeeding women, and those targeting adolescent girls and young women such as the Determined, Resilient, Empowered, AIDS-, Mentored, and Safe or DREAMS Partnership, a comprehensive, multi-sectoral package of core interventions that address key factors that make adolescent girls and young women particularly vulnerable to HIV, incorporating MHPSS into their work. OHA has also expanded access to mental health services through an integrated approach to primary health care and HIV services via direct service provision and referrals. Current OHA Country/Regional Operational Planning Guidance contains a robust section outlining the importance of integrating and including mental health and substance abuse programs and activities into PEPFAR programming at all levels to improve health and wellness outcomes.

#### **Bureau of Humanitarian Assistance (BHA)**

BHA supports integrated, holistic, evidence-based, contextualized MH and PSS programming through the health and protection sectors, respectively. The Bureau also ensures these programs are complementary to other sectors' programs, including water, sanitation, and hygiene (WASH); shelter; and nutrition. BHA is investing in new tools, modalities, and standards for MHPSS that provide humanitarian actors with interventions that can safely be deployed at scale in culturally diverse and resource-challenged environments. BHA mental health programming in the health sector focuses on applying WHO's Mental Health Gap Action Program (mhGAP) tools within primary health care service delivery in humanitarian settings. This approach focuses on training primary care providers to screen, detect, and manage prevalent mental, neurological, and substance use disorders, ensuring expanded access to appropriate and quality care, even in complex emergencies. BHA PSS programming in the protection sector is designed to protect and improve psychosocial well-being of individuals and communities, with tailored approaches for children, adolescents, vulnerable populations, and survivors of GBV. Psychosocial well-being is a critical component of all BHA's protection sector activities.

BHA prioritizes child protection across all responses, recognizing the devastating effects that humanitarian emergencies can have on children’s mental health and psychosocial well-being, as well as their increased risk of experiencing violence and other forms of harm. In FY 2022, BHA provided more than \$98 million for child protection in emergencies, through 106 field-level child protection responses and two global child protection research, policy, and capacity-building awards. Collectively, these interventions supported approximately 1.8 million people in 40 countries. Although programming varies according to context, in all settings there is a recognition that safe environments, strong child protection systems, play, and skill-building are necessary for children’s mental health and psychosocial well-being. Interventions include case management support to connect children to services based on their individual needs; structured recreational, psychosocial, and life skills activities in Safe Spaces; peer-to-peer PSS for adolescents; reintegration support for children formerly associated with armed forces and armed groups; psychosocial support for parents and caregivers of young children; and PSS services for child survivors of GBV, including referral to specialized mental health support when needed.

**USAID MHPSS Funding**

In FY2022, USAID provided more than \$17.4 million in assistance for mental health and psychosocial support programming worldwide as reported through a Mental Health Key Issue reporting mechanism (Table 1). Additionally, USAID programming and earmark funding that directly or indirectly supports child and mental health well-being was \$168.6 million (Table 2). The tables reflect funding provided for mental health across the lifespan given the critical relationship between the mental health of adults, including caregivers, and children’s mental health.

**Table 1: Key Issue Reporting**

USAID recently introduced a Mental Health Key Issue reporting mechanism to better account for the amount of funding provided under development and humanitarian assistance accounts for MHPSS programming. Key Issue reporting mechanisms enable State and USAID to collect worldwide performance information on important cross-cutting issues and initiatives, as well as on other programs that are not fully captured through the Standardized Program Structure and Definitions, in order to represent U.S. foreign assistance programs to key stakeholders. Funding provided in this table is inclusive of the newly launched Mental Health Key Issue.

Afghanistan	\$450,000
Colombia	\$2,350,000
El Salvador	\$650,521
Guatemala	\$511,000
Madagascar	\$300,000
South Sudan	\$50,000
West Bank and Gaza	\$500,000
Bureau for Development, Democracy, and Innovation (DDI) Victims of Torture Fund (Global)	\$11,820,000



Global Health, Maternal and Child Health	\$862,000
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**Table 2: USAID programming that impacts children’s psychosocial support and wellbeing:**

In addition to our key issue reporting, USAID programming and congressional earmarks in the table below show funding that impacts children’s psychosocial support and wellbeing directly or indirectly.

Ukraine <sup>1</sup>	\$35,200,000
Bureau for Development, Democracy, and Innovation (DDI) Children in Adversity	\$23,000,000
Global Health (OVC) <sup>2</sup>	\$381,719,053
Bureau for Humanitarian Assistance (BHA) (Global)	\$98,900,000
GenDev Child, Early, Forced Marriages and Unions Incentive Fund (CEFMU)	\$2,000,000
DRG’s Counter-Trafficking in Persons team (C-TIP) (Global) <sup>3</sup>	\$32,500,000

**Department of State Support of MHPSS Programming**

Bureau of Population, Refugees and Migration (PRM), Department of State

Children in conflict settings are exposed to toxic levels of stress that can impact all levels of their development, contribute to depression, anxiety, and post-traumatic stress disorder, and lead to lifelong health and mental health consequences. In this context the Department of State’s humanitarian bureau, Population, Refugees, and Migration (PRM), built upon the 2022 independent evaluation of Bureau-supported MHPSS initiatives as well as established best practices for MHPSS in emergency settings<sup>4</sup> and developed a strategic framework to strengthen its support for MHPSS programming in humanitarian settings. PRM’s framework acknowledges that mental health distress is an inextricable element of the experiences of forcibly displaced and stateless persons and affirms that PRM will advocate for and implement MHPSS programming grounded in best practices drawn from localized models and evidence-based strategies. The multifaceted MHPSS framework is designed to reach a wide range of individuals by implementing MHPSS services across settings and sectors, including education, health, child protection, and gender-based violence (GBV), and traversing societal spheres, from individual to family to community. It sets out four key objectives:

1. Grounding PRM-funded MHPSS programming in best practices that integrate localized MHPSS knowledge with evidence-based information;

<sup>1</sup> These funds are fully dedicated to mental health programming

<sup>2</sup> COP22 OVC directive for USAID is \$381,719,053 and this includes funding for children under 18 and families that includes prevention and case management and additional integrated MH services for children, caregivers and adolescents.

<sup>3</sup> While C-TIP activities contribute to mental health and wellbeing, this funding amount includes all C-TIP funding while only some C-TIP activities specifically incorporate MHPSS

<sup>4</sup> [IASC Guidelines on MHPSS in Emergency Settings, 2007](#)

2. Fortifying PRM’s capacity to support best practices in MHPSS programming through trainings, written guidance, and support;
3. Establishing collaborative partnerships with relevant USG and international partners, and;
4. Elevating MHPSS in global humanitarian programming and policy through targeted MHPSS messaging.

Engagement to implement this new framework is occurring on multiple levels, via PRM’s support to humanitarian international organizations (IOs) such as the UN Refugee Agency (UNHCR), UNICEF, and the International Organization for Migration (IOM) as well as direct funding to non-governmental organizations (NGOs). PRM actively solicits and awards NGO programs for funding that reflect the Bureau’s commitment to MHPSS, and PRM staff receive instruction on how to monitor MHPSS programming in the field. Bureau engagements with IO partners also reflect attention to MHPSS; PRM-funded IO partners have demonstrated their own increasing commitment to MHPSS through incorporation of MHPSS principles through policy and strategy documents, such as in UNHCR’s 2022 Executive Committee statement on MHPSS<sup>5</sup> and UNICEF’s inclusion of MHPSS as an institutional priority.<sup>6</sup>

UNHCR/UNICEF’s “Blue Dot” program in the Ukraine refugee response is an example of how humanitarian agencies with support from PRM implement MHPSS programming at the local level. UNHCR and UNICEF jointly established Blue Dot Hubs near the Ukrainian border and in major urban areas in refugee-hosting countries to support refugee movement in response to Russia’s full-scale invasion of Ukraine. In collaboration with local governments and NGOs, and with an emphasis on supporting children, women, and other vulnerable populations, these hubs offer a multitude of integrated services including mental health counseling, psychosocial support, and GBV assessment and counseling. They were often co-located with other humanitarian services, such as emergency cash assistance registration points, to provide an easy entry point for refugees seeking assistance and to facilitate referrals to other services, including MHPSS.

Other examples of PRM funded MHPSS programming through NGOs include RET International’s psychosocial resilience programming for Malian refugee adolescents and youth in Mauritania. This program includes individual psychosocial support, specialized counseling, group therapy, and art therapy for children with disabilities in the Mbera Camp and host communities. RET is the only organization that has a qualified psychosocial specialist in Mbera Camp.

Another PRM NGO partner, Jesuit Relief Services (JRS), offers similar programming in India where they provide MHPSS services to Burmese children who are refugees living in remote settlements. These MHPSS activities are integrated into JRS’ education programming and assist refugee children with learning communication skills, increasing confidence, and enhancing

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<sup>5</sup> [UNHCR Executive Committee Conclusion on MHPSS](#)

<sup>6</sup> [MHPSS | Humanitarian UNICEF](#)



social skills. JRS is one of the few humanitarian actors able to provide assistance in northeast India, a sensitive area where the Indian government restricts access.

### **State/PRM MHPSS Funding**

In FY 2022, PRM provided more than \$25 million in awards to support NGOs' MHPSS activities worldwide. This is in addition to PRM's multi-sectoral contributions to international organization partners such as UNHCR, ICRC, UNICEF, and IOM, including their efforts to provide MHPSS programming for IDPs, conflict victims, refugees, and migrants in vulnerable situations.

### **Office of the U.S. Global AIDS Coordinator (SGAC), Department of State**

PEPFAR recognizes there is a complex, bidirectional relationship between mental health disorders and HIV disease. Mental health disorders and psychiatric illness can be a risk factor for HIV exposure that complicates the disease course and treatment. These disorders have been associated with decreased testing for HIV, reduced likelihood of initiating ART and continuing in treatment, poor ART use, and lower likelihood of virological suppression. In addition, psychosocial factors that commonly co-occur with both mental disorders and HIV, such as violence, trauma, stigma, and other social determinants, may further impact HIV treatment outcomes. PEPFAR provides countries, through foreign assistance implemented by U.S. government agencies, with operational guidance and support that encourages integration of mental health, psychosocial support, and substance abuse programming at all levels to support vulnerable children and their families.

PEPFAR has integrated psychosocial support throughout prevention, care and treatment portfolios and approaches, tailored to participants' needs across life-stages, including children, caregivers, adolescents, and adults. Interventions are implemented by a range of healthcare and peer support workers through various modalities including, clinic visits, home visits, support groups (including peer support and groups that link psychosocial support with ART delivery such as teen clubs), social media, digital support, and telephone contact. Evidence-informed psychosocial practices underpin PEPFAR's approach to prioritize child-centered, family-focused care to improve the outcomes for children. PEPFAR OVC programs have consistently offered psychosocial support interventions to children, adolescents and families affected by HIV to mitigate challenging household environments and build resilience in children, adolescents, and families. Family-based psychosocial interventions may be provided through OVC and DREAMS programs, including, for example, evidenced-based parenting programs for parents of 10-14-year-olds. PEPFAR supports psychosocial support interventions for PBFW, through structures such as Mentor Mothers and young mother support groups, that have been linked to improved maternal and child health outcomes as well as positive HIV clinical outcomes, including treatment continuity for mother and baby and reduced vertical transmission.

For key populations (men who have sex with men, sex workers, people who inject drugs, people in prisons, and transgender people) robust case management and navigation systems link key populations social services, provide psychosocial counseling and help address personal factors, such as violence and substance use, which may hinder care-seeking behavior. Integrating these components can help key populations initiate and adhere to treatment, improve transmission

and treatment literacy, and achieve undetectable viral loads. Many key populations receive HIV services at drop in centers, which are designed to ensure continuity in prevention, treatment, and care services in a safe and friendly space through an integrated approach for psychosocial support and counseling, among other services such as outreach, biomedical prevention, HIV testing, STI control, treatment initiation, viral load services, cervical cancer prevention, family planning, GBV services, legal services, and connections to other socioeconomic interventions.

### **State/S/GAC MHPSS Funding**

In FY 2022, PEPFAR allocated more than \$22 million to activities designed to improve psychosocial well-being to mitigate or prevent HIV; PEPFAR may also finance additional activities to improve psychosocial well-being which are not coded as such in financial systems. For example, mental health screenings that take place in a clinical setting for the purpose of improving treatment outcomes are classified under Care and Treatment: Clinical Services and would not be included in the \$22 million.