



## Report to Congress on Children’s Mental Health and Psychosocial Support Programming

### **Introduction**

USAID and the Department of State jointly submit this report pursuant to Section 7019(e) of the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2024 (Div. F, P.L. 118-47) and Senate Report 118-71, which states:

“Orphans and Vulnerable Children.--Not later than 180 days after the date of enactment of the act, the USAID Administrator and the Secretary of State shall update the report required under this heading in the explanatory statement accompanying division K of Public Law 117–328 on mental health and psychosocial support programming in the prior fiscal year.”

This report covers progress and results by USAID and the Department of State from October 1, 2022, to September 30, 2023, and other key achievements to date.

Mental Health and Psychosocial Support (MHPSS) activities play a crucial role in achieving the development and humanitarian assistance goals of USAID and the Department of State, delivering life-saving assistance and improving everyday lives. Mental health affects physical health; child health and development; education outcomes; economic security; crime and citizen security; and workforce participation, among other areas.<sup>1</sup> Poor 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 and other infectious diseases; increased incidence of non-communicable diseases, including heart disease and diabetes; poor nutrition; and poor maternal, newborn, and child health. Mental health symptoms and conditions also impact United States Government (USG) personnel, their partners, the service providers, and program implementers that we rely on and work with to drive development and humanitarian progress.

Over a lifetime and across all ages and genders, people live with mental health disorders longer than most physical illnesses, and mental and substance use disorders among children carry the highest burden.<sup>2</sup> Evidence also shows that mental health conditions are higher among populations exposed to environmental stressors such as extreme poverty; war and conflict; food insecurity; high-levels of community violence and gender-based violence; and stigma and

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<sup>1</sup> USAID Mental Health Position Paper (May 2024) <https://www.usaid.gov/document/usaid-mental-health-position-paper>

<sup>2</sup> Institute for Health Metrics and Evaluation (IHME). GBD Compare. Seattle, WA: IHME, University of Washington, 2015. Available from <http://vizhub.healthdata.org/gbd-compare>. (Accessed August 7, 2024)

discrimination.<sup>3,4,5</sup> Mental health is important to individual well-being as well as to social and economic progress.<sup>6</sup> Failure to address mental health is often a hidden barrier to achieving development and humanitarian goals.<sup>7</sup> Moreover, addressing mental health needs can accelerate progress, due to the connective and multi-directional nature of the relationship between mental health and development goals.<sup>8</sup>

Recognizing the significance of children’s mental health to long-term well-being across the lifespan, USAID and the Department of State place particular importance on addressing the mental health needs of children and their caregivers. According to the World Health Organization (WHO), nearly 50 percent of mental health issues begin prior to age 14. Tragically, WHO reported in 2023 that suicide ranked as the fourth leading cause of death for young people aged 15 to 29, as well as a significant cause of mortality among those under 15. Suicide is one of the priority conditions in the WHO Mental Health Gap Action Program, and through the WHO Mental Health Action Plan 2013–2030, member states have committed to reducing the suicide rate by one-third by 2030. Extensive research demonstrates that MHPSS interventions aimed at youth yield positive outcomes in terms of mental health and psychosocial well-being.

A growing body of evidence supports the effectiveness, including cost-effectiveness, of both mental health and psychosocial support interventions across the lifespan. WHO estimates that investing in the treatment of anxiety and depression alone results in a fourfold return. In adolescents, the return from preventing and treating mental health disorders and suicide among adolescents is even greater, yielding \$24 for every \$1 invested. Moreover, the benefits of mental health programming are not limited to health. As demonstrated in a study evaluating poverty reduction interventions, those that included psychosocial support not only improved economic outcomes but were also the most cost effective<sup>9</sup>. Additionally, Innovations for Poverty Action recently cited cognitive behavioral therapy and couples counseling as two of their “best bets” on emerging opportunities for reducing crime and intimate partner violence at scale.

This year’s report illustrates the immense progress USAID and the Department of State have made in not only responding to the growing need for MHPSS activities in foreign assistance, but also an elevation of Mental Health across the agencies to expand and better coordinate programming efforts within and between the agencies.

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<sup>3</sup> Tara Powell and Benjamin Lough, “Proposed Theory of Change for Global Mental Health,” USAID (September 2023).

<sup>4</sup> “World Mental Health Report: Transforming Mental Health for All,” World Health Organization (WHO) (June 2022).

<sup>5</sup> Ali Pourmotabbed et al., “Food Insecurity and Mental Health: A Systematic Review and Meta-analysis,” *Public Health Nutrition* 23, no. 10 (July 2020): 1778–1790.

<sup>6</sup> “World Mental Health Report,” WHO.

<sup>7</sup> Grace Ryan et al., “Mental Health and the 2030 Sustainable Development Agenda: Global Inaction on Mental Health is Putting the Brakes on Development,” *Mental Health Innovation Network* (September 2018).

<sup>8</sup> Takashi Izutsu et al., “Mental Health and Wellbeing in the Sustainable Development Goals,” *The Lancet Psychiatry* 2, no. 12 (December 2015): 1052–1054.

<sup>9</sup> Bossuroy T, Goldstein M, Karimou B, Karlan D, Kazianga H, Parienté W, Premand P, Thomas CC, Udry C, Vaillant J, Wright KA. Tackling psychosocial and capital constraints to alleviate poverty. *Nature*. 2022 May;605(7909):291-297. doi: 10.1038/s41586-022-04647-8. Epub 2022 Apr 27. PMID: 35477764; PMCID: PMC9095470.

## **USAID Support of MHPSS Programming**

In growing recognition that mental health is intricately tied to USAID's ability to meet its development objectives across sectors and should be seen as an intersectional priority for the Agency, the Inclusive Development (ID) Hub in the Bureau for Inclusive Growth, Partnerships, and Innovation (IPI) embarked on a multi-year and multi-stakeholder process to formally articulate USAID's approach to mental health programming. This effort spanned two years, 39 countries and included consultations with over 200 stakeholders. Based on this, USAID finalized and launched the Agency's first Mental Health Position Paper in May 2024. The Position Paper was operationalized through leadership of an Agency Mental Health team, established in the first half of fiscal year (FY) 2024. Key objectives for the Agency Mental Health team are to elevate and promote mental health education and programming throughout all levels of the Agency with a special emphasis on increasing cross-Bureau collaboration and coordination; specialized technical assistance for Missions; collaboration with other USG providing mental health in foreign assistance; and elevation of USAID's stature regarding mental health in international fora.

For FY 2023, USAID again reports on a robust portfolio of MHPSS work coordinated by multiple Bureaus and operating units throughout the Agency. Because the Mental Health Key Issue was not renewed in 2023, detailed information on mental health programming from Mission's budget plans and annual results reporting is not available. Recently reinstated, Mission-level key issue reporting will be available for reporting for FY 2024.

## **Bureau for Inclusive Growth, Partnerships, and Innovation**

### **Inclusive Development Hub**

In FY 2023, the ID Hub continued to advance integration of mental health considerations in programming, including through providing funds for mental health integration into primary healthcare in Indonesia and the Philippines in partnership with the Global Health Bureau and the Missions. The ID Hub launched the Inclusive Development and Mission Support (IDAMS) Activity, and many of the initial tasks taking place under this activity included the development of tools to support mental health integration across the Agency, including a mental health integration guidance document for Missions and implementing partners, a mental health framework which aims to demonstrate the relationship between culture, context, and human rights when developing mental health interventions, and a mental health screening tool. The drafting of a toolkit specifically for MHPSS for marginalized and underrepresented groups was also launched during FY 2023 and is now publicly available. The Interagency USG Community of Practice was launched in May 2023, bringing together leadership from across USG agencies to strengthen efforts in promoting mental health in foreign assistance programming.

To advance strategic, coordinated, and effective programming for children in adversity, IPI aligns policy, programs, staff, and budget resources to better fulfill the legislative mandate of Public Law 109-95, the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005, as well as the Global Child Thrive Act. The ID Hub's Children in Adversity team acts as the Secretariat for implementation of these Congressional mandates and manages the

Vulnerable Children directive from Congress. This account supports programming to address the three objectives of the U.S. Government Strategy on Advancing Protection and Care for Children in Adversity, an interagency commitment that guides U.S. government programming and support for policy development for extremely vulnerable children. The strategy's three strategic objectives are to: (1) build strong beginnings, (2) support families to thrive, and (3) protect children from violence. ID also houses the U.S. Government Special Advisor on Children in Adversity, who oversees strategy implementation. The Children in Adversity 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 for the mental health and well-being of parents and other family caregivers; and addressing issues such as conflict in relationships and intimate-partner violence. With FY 2023 Vulnerable Children account funds, the Children in Adversity team supported programming in the following countries: Brazil, Cambodia, Ethiopia, Ghana, Guatemala, Kenya, Moldova, Mozambique, Rwanda, and Uganda. For example in Uganda, the Mama Ambassador Program improved the health and early childhood development of babies and the physical, emotional, and psychological health and well-being of their adolescent mothers.

The Torture Victims Relief Act of 1998 directed USAID to provide assistance to individuals and families around the world who have experienced physical and psychological effects of torture. The effects of torture are complex, resulting in psychological or physical trauma that affects survivors' physical and mental health and their ability to perform tasks important for caring for themselves, their families, and their communities. Recovery from the effects of torture and trauma often requires evidence-informed, holistic psychological and medical support. USAID's Victims of Torture (VOT) office promotes mental health programming to support the healing of survivors, their families, and communities in countries where USAID operates. This involves supporting direct service delivery, strengthening the systems through which mental health responses are delivered, and improving the quality of and access to care.

VOT's scope includes enhancing mental health systems and strengthening government mental health initiatives, with a particular focus on addressing the needs of victims of torture and trauma. This includes ensuring the quality of mental health support tailored to their unique experiences, integrating such specialized care across sectors, strengthening the professionalization and sustainability of mental health workforces, and conducting global mental health research that supports evidence-informed practices reflective of the cultural context in diverse communities. In FY 2023, VOT contributed, in collaboration with Missions, implementing partners, governments, systems, and global committees, to further advance mental health for communities impacted by torture. VOT's primary objective remains focused on providing essential mental health care services to victims of torture who are marginalized or

in vulnerable situations and ensuring a responsive approach that addresses their unique circumstances and needs.

### 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 the Democratic Republic of Congo, USAID's We're Reading and Let's Learn Together activities are supporting children in marginalized and underserved areas to develop social emotional learning skills through training teachers on related effective instruction methods and inclusive school environments. In Ethiopia, our Child Development Activity is supporting pre-primary children in communities affected by conflict and crisis to develop social emotional learning skills through play-based learning. Using learning through play approaches to teaching and learning helps improve overall well-being and supports strong beginnings for young children in crisis-affected communities. Social and emotional learning activities are often integrated, layered, or sequenced with other types of basic education and cross-sectoral programming. In FY 2023, USAID basic education programs reached 40.1 million children and youth in 55 countries, including 29 countries affected by conflict or crisis.<sup>10</sup>

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

USAID's GenDev focuses on 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 Policy strengthens the Agency's 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 2023, GenDev continued to work with the Government of the United Kingdom'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 for prevention, mitigation, and response to child, early and forced marriages and unions (CEFMU), reflecting Congress' prioritization of this critical issue. CEFMU incentive funds have allowed USAID Missions to focus more attention on youth and children; the prevention of child marriage and unions; 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 2023, USAID supported programs addressing CEFMU in the following countries: Bangladesh, Dominican Republic, Egypt, Ethiopia, Ghana, Guatemala, Iraq, Malawi, Mauritania, Nepal, Somalia, and South Sudan. There is emerging evidence that points to higher levels of mental health needs among already married girls, and GenDev is adapting its programming to support this vulnerable population.

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<sup>10</sup> A full list of basic education programs by country can be found on <https://www.edu-links.org/about/strategy/usg-support-basic-education-map>

## **Bureau for Democracy, Rights and Governance (DRG)**

DRG's Counter-Trafficking in Persons (C-TIP) team supports the implementation of USAID's C-TIP Policy, which encourages the use of trauma-informed approaches in C-TIP programs. USAID supported C-TIP activities across 32 countries<sup>11</sup> in total, including Africa (seven countries); Asia (16 countries); Europe and Eurasia (five countries); Latin America and the Caribbean (six countries); as well as through one global award. These interventions have served to prevent, protect, prosecute, and enhance partnerships to combat human trafficking globally during FY 2023. For example, in Guatemala, a USAID-funded activity is providing trauma-informed, age-appropriate and gender- and culturally-sensitive services to TIP victims, in particular girl survivors of trafficking. This activity is also building the capacity of the Government of Guatemala to prevent TIP, strengthen standards, and expand use of comprehensive protection models. In Burundi, USAID supported the UN Children's Emergency Fund (UNICEF) and Burundian partner organizations to strengthen monitoring and reporting of child rights violations and trafficking and delivery of protection services, including specialized psychosocial assistance and medical and psychosocial support to trafficking victims and vulnerable children such as unaccompanied children and children on the move. In Ukraine, USAID offered holistic care to survivors, including women, boys, girls and men who faced the additional trauma of the ongoing war.

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

The Bureau's MHPSS Technical Working Group continued its work to strengthen coordination, identify linkages, and provide evidence-based technical assistance and resources across the Bureau. The working group includes representation from each of the GH technical offices, and its overarching purpose is to facilitate the integration of evidence-based MHPSS within USAID's health programming and health systems worldwide. This includes efforts in challenging contexts, such as Ukraine, where USAID supported First Lady Olena Zelenska's All Ukrainian Mental Health communication campaign that reached more than 10 million people in FY 2023.

GH accelerated the integration of mental health into all GH programming by creating a new Senior MHPSS Advisor position that began in March 2024; this position is also a member of the Agency Mental Health Team. GH mental health activities are provided below by the Bureau's divisions.

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

MCHN is working to advance perinatal mental health (PMH) for women globally. PMH, covering the period of pregnancy through two years postpartum, is a pervasive issue that has far reaching negative impacts for women, their children and families, and society. Caused by myriad interacting biological, sociopolitical, economic, and systems factors, PMH challenges are highly prevalent in low-and-middle-income countries (LMIC) where about one in five women experiences PMH challenges such as depression and anxiety. In the year following birth, suicide is the leading cause of death; up to 20 percent of maternal deaths globally are due to suicide.

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<sup>11</sup> Burundi, Ghana, Guinea, Nigeria, Senegal, Mali, Malawi, Bangladesh, Burma, Cambodia, Laos, Nepal, Sri Lanka, Thailand, Kazakhstan, Kyrgyzstan, Turkmenistan, Uzbekistan, Fiji, Papua New Guinea, Philippines, Marshall Islands, Vietnam, Asia Regional, Belarus, Azerbaijan, Ukraine, Bosnia and Herzegovina, Armenia, Guatemala, Haiti, Honduras, El Salvador, Colombia, Peru

PMH is also associated with increased rates of newborn deaths, hospitalizations, growth delays, and broad neurodevelopment challenges that have far-reaching implications for children as they grow. MCHN supports a PMH Community of Practice to share information, recent research, and best practices and foster collaboration across the globe. In India, USAID supports operational research that makes PMH services widely available in communities and in primary healthcare. USAID/Burma also supports community-based psychoeducation for perinatal women that is working to promote PMH among women affected by conflict.

In addition, MCHN supports family-centered nurturing and developmentally-supportive care for newborns — especially for small and sick newborns — that enhances growth and neurodevelopment, which is essential for good mental health throughout the life course. This care includes family engagement as caregivers; preventing and treating illness; providing optimal nutrition through exclusive breastfeeding or breast milk feeding; providing a healing sensory environment that includes a safe, quiet, and warm setting; pain management; and understanding and responding appropriately to the newborn’s cues. In FY 2023, MCHN supported Missions and host country governments to respond to the global call to action for small and sick newborn care and is currently engaging with countries that have committed to advancing this work.

#### Office of Population and Reproductive Health (PRH)

PRH’s youth programming focuses on the health and well-being of 10-29 year olds through developmentally- and age-appropriate approaches and recognizes their changing needs throughout these two decades of life, including the fact that roughly 50 percent of mental health challenges begin by age 14. Lack of access to family planning and reproductive health (FP/RH) services can lead to unintended pregnancies, which may result in stress, anxiety, and depression, especially for adolescents. Youth FP/RH interventions focus on providing young parents support to space their pregnancies to achieve the healthiest outcomes for both parents and their children, including postpartum family planning counseling with mental health screening/support, which is crucial for adolescents who are up to three times more susceptible to poor perinatal mental health outcomes.

Due to the diverse needs of young people at different ages, PRH promotes programming that is intentionally designed to meet the needs of youth aged 10-14, 15-19, and 20-24 with targeted approaches. Programming for 10-14 year olds focuses on gender equity and information that increases bodily autonomy and reproductive empowerment needed for healthy decision making, all of which has been linked to better mental health outcomes. Programming for ages 15-19 and 20-24 builds on adolescents’ need for information to increase their agency to make FP/RH decisions, which is linked to mental well-being. In addition, programming for adolescent and young adult parents in these age groups may extend to couples’ communication and parenting skills, interventions that have proven to increase making family planning decisions together and to reduce intimate partner violence. Since witnessing domestic violence is considered an adverse childhood experience that can have detrimental health impacts later in life, reducing children’s exposure to intimate partner violence has a direct impact on both their mental and physical well-being.

In 2023, PRH supported a study to quantitatively examine the immediate and longer-term impact of participation in a cognitive behavioral therapy intervention on symptoms of depression and anxiety, use of a modern family planning method, and behaviors and enablers related to family planning among postpartum women aged 16-24 in Ethiopia. In comparison to control groups who received standard of care, significantly greater reductions in symptoms for both depression and anxiety along with significantly increased modern contraceptive use were found in intervention clusters from baseline to follow-up. In addition, significantly increased reproductive agency and communication with a partner were observed in the intervention clusters as compared to the control clusters from baseline to endline. Notably, these changes were not sustained to follow-up, indicating a need for ongoing psychosocial support.

#### The Office of Infectious Diseases (OID) (Tuberculosis (TB) Division)

Integrating mental health into care for infectious diseases is crucial for improving quality of care and health outcomes, including for people living with TB. According to WHO, at least 45 percent of people affected by TB will experience depression. Moreover, due to treatment side effects, people with multi-drug resistant tuberculosis are at higher risk for depression, anxiety, and psychosis. These mental health conditions can then impact TB treatment adherence and effectiveness, creating a downward health spiral. Although there is substantial evidence that good mental health supports stronger immune systems and improves medication adherence, more research is needed to substantiate how this applies to the treatment of TB and other infectious diseases. To help build that evidence base, in FY 2023, the TB Division continued supporting a regional project in Asia that explores different collaborative care models that integrate MH services and TB services in Indonesia, Cambodia, and the Philippines. This will inform the design of a comprehensive framework for integrating mental health and TB services. In addition, in other countries with TB programs, OID also continued embracing a holistic, patient-centered approach that examines and addresses both physical and mental health needs and facilitated access to the continuum of mental health care. For example, TB programs in Ukraine provide counseling and psychosocial support to children with TB where social workers have adapted approaches to continue supporting TB patients during the war in Ukraine. Awareness raising to combat mental health stigma was also a strong component of TB programming.

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

USAID's office of HIV/AIDS supports the integration of mental health programming into global HIV prevention, testing, care, and treatment services utilizing PEPFAR resources. OHA works in coordination across its divisions through the OHA Mental Health Technical Working Group. OHA provides USAID Missions with targeted guidance and technical assistance; facilitates opportunities for learning and sharing; and encourages integration of mental health, including psychosocial support, alcohol, and substance abuse disorders into HIV programming at all levels of the healthcare system. The Working Group also promotes capacity building and self-protection for community staff who work with the populations served by USAID supported programs.



In FY 2023, USAID implemented Orphans and Vulnerable Children (OVC) and Adolescent Girls and Young Women (AGYW) programs that provide prevention and case management services — including psychosocial support and some mental health support — to children under 18 and their families. Programming reached 3.3 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. DREAMS incorporates MHPSS as part of a comprehensive, multi-sectoral package of core interventions that address key factors that make adolescent girls and young women particularly vulnerable to HIV.

As an approach to providing comprehensive HIV care and treatment services, USAID supported the integration of mental health screening into routine HIV testing, care, and treatment services with referrals to appropriate mental health services as needed, to help mitigate some of the barriers to improve overall client well-being and HIV outcomes, including sustained engagement with HIV health services. OHA also expanded access to mental health services through an integrated approach to primary health care. Current PEPFAR 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 for Humanitarian Assistance (BHA)**

BHA supports integrated, holistic, evidence-based, contextualized MHPSS programming through the health and protection sectors. BHA 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 the WHO's Mental Health Gap Action Program 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 psychosocial support 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. For several years, BHA has also supported the global MHPSS Reference Group to develop guidelines, materials, and tools as well as provide direct support in acute emergencies.

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 2023, BHA provided support for child protection in emergencies, through 148 field-level child protection

responses and five global child protection research, policy, and capacity-building awards. Collectively, these interventions supported approximately 2.2 million people in 20 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 psychosocial support for adolescents; reintegration support for children formerly associated with armed forces and armed groups; psychosocial support for parents and caregivers of young children; and psychosocial support services for child survivors of GBV, including referral to specialized mental health support when needed.

The USAID/BHA Ukraine response supports the International Organization for Migration (IOM), the United Nations Population Fund (UNFPA), UNICEF, UN Women—supported through USAID’s partnership with the UN Development Program—and WHO, as well as 11 international non-governmental organizations (NGOs) and three Ukrainian NGOs to provide protection services for conflict-affected populations in Ukraine. USAID/BHA partners work in Ukraine to provide MHPSS support to children, persons with disabilities, and older people; operate mobile protection teams to reach remote communities with GBV prevention and response activities; and conduct other critical protection activities.

### **USAID MHPSS Funding**

With FY 2023 funds, USAID programming and earmark funding through USAID Bureaus that directly or indirectly supported child and mental health well-being was \$537,082,708 (Table 1). 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. The removal of the MHPSS Key Issue for FY 2023 budget reporting has limited our ability to report on funding across the Agency; however, the Key Issue has been reinstated for FY 2024.

**Table 1: Illustrative USAID programming that impacts children’s psychosocial support and well-being:**

USAID programming and congressional earmarks in the table below show funding from headquarters that impacts children’s psychosocial support and well-being directly or indirectly.

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|---|--------------------------------|
| IPI/ID Victims of Torture (VOT) Fund  | \$12,000,000                   |
| IPI/ID Mental Health Programming Investment into Primary Impact initiatives               | \$850,000                      |
| IPI/ID Children in Adversity  | \$25,500,000 <sup>12</sup>     |
| IPI/GenDev Child, Early and Forced Marriages and Unions Incentive Fund                    | \$2,500,000                    |
| Global Health/Maternal Child Health and Nutrition   | \$863,873                      |
| Global Health/Office of Population and Reproductive Health                                | \$901,689                      |
| Global Health/Infectious Disease TB   | \$500,000                      |
| Global Health/Office of HIV AIDS, including Orphans and Vulnerable Children <sup>13</sup> | \$381,719,053 for OVC and AGYW |
| BHA   | \$114,748,093                  |
| <b>Total FY 2023</b>  | <b>\$539,582,708</b>           |

### **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, in March 2023 the Department of State’s Bureau of Population, Refugees, and Migration (PRM) built upon the 2022 independent evaluation of PRM-supported MHPSS initiatives, as well as established best practices for MHPSS in emergency settings,<sup>14</sup> and adopted 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 funding partners to implement MHPSS services across settings and sectors, including education, health, livelihoods, child protection, and prevention of and response to GBV, and traversing societal spheres, from individual to family to community. The framework also aims to establish collaborative partnerships with relevant USG and international partners and elevate MHPSS in global humanitarian programming and policy through targeted MHPSS messaging.

<sup>12</sup> In FY 2023, the Vulnerable Children account totaled \$30m and was managed by IPI/ID. \$4.5m supported child blindness efforts, and \$25.5m was programmed by the Children in Adversity team.

<sup>13</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 mental health services for children, caregivers, and adolescents.

<sup>14</sup> [IASC Guidelines on MHPSS in Emergency Settings, 2007](#)

Engagement to implement this new framework continues on multiple levels, via PRM’s support to humanitarian international organizations such as the UN Refugee Agency (UNHCR), UNICEF, and the IOM as well as direct funding to 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 based on industry best practice guidance such as the 2022 Inter-Agency Standing Committee (IASC) Minimum Service Package for Mental Health and Psychosocial Support.

PRM’s engagements with international organization partners also reflect attention to MHPSS: PRM-funded IO partners have demonstrated their own increasing commitment to MHPSS through incorporation of MHPSS principles into policy and strategy documents, such as in UNHCR’s 2022 Executive Committee concluding statement on MHPSS<sup>15</sup> and UNICEF’s inclusion of MHPSS as an institutional priority.<sup>16</sup>

PRM also participates in formal and informal learning sessions and dialogues on MHPSS best practices in cross-sectoral and integrated interventions. One setting for this is the thematic group on Cash, Livelihoods and MHPSS, organized through the IASC MHPSS reference group. This group includes IO and NGO partners and aims to increase understanding of evidence-based approaches to the integration of cash assistance, livelihoods, and MHPSS services in humanitarian settings. This included the July 2024 dissemination of the results of a study of the feasibility and effectiveness of integrating MHPSS interventions into economic inclusion and social protection programming to benefit refugee and migrant families in Ecuador.

UNHCR/UNICEF’s “Spilno Hubs” in the Ukraine refugee response in Poland are one example of how humanitarian agencies with support from PRM implement MHPSS programming at the local level. *Spilno* translates as *together* in Ukrainian. UNHCR and UNICEF jointly established 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. The Spilno Hubs provide comprehensive and longer-term support for integration, mental health, legal assistance, protection, and education and social activities for the most vulnerable refugee children and families impacted by Russia’s war on Ukraine. They also provide a safe space to connect with the local community. The hubs grew out of an initiative that provided more immediate emergency assistance in the earliest days of the crisis and brought together a variety of humanitarian services, such as emergency cash assistance registration points, in a single entry point for refugees seeking assistance. The hub model also serves to facilitate referrals to other specialized services, including MHPSS.

Other examples of PRM-funded MHPSS programming through NGOs include support to Afghan refugees in northwest Pakistan, where community-led MHPSS and behavior change interventions are integrated with economic empowerment programming and services to

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<sup>15</sup> [UNHCR Executive Committee Conclusion on MHPSS](#)

<sup>16</sup> [MHPSS | Humanitarian UNICEF](#)

prevent and respond to gender-based violence. MHPSS services are also integrated into existing primary health care settings. Strong cultural traditions limit women's participation in decision-making, mobility, and Afghan women's ability to contribute toward the household's earnings. This program engages community members on core concepts of gender-based violence and how to prevent it. These efforts are paired with vocational skills training and business management courses offered to women and girls in particularly vulnerable households. In addition to the engagement of women, the program engages male household members through economic and social empowerment discussion series. Household earning power receives a boost, relationships within the family see improvement and greater mutual understanding, and women become more empowered as they gain new skills that can support their ability to generate income. Indeed, the engagement of participants in vocational trainings through this program's integrated approach reinforces positive psychosocial outcomes as women managing heavy burdens are given an opportunity for active participation, collaboration with new friends and community members, and a broadened perspective for the future.

In Kenya, PRM partners implement community-based mental health programs that train community members to recognize acute emotional distress in children and adults and how to respond with empathy and respect. A team of psychologists, social workers, and community outreach workers collaborates with refugees to implement culturally appropriate interventions, activities, and community-based support systems. The program provides multi-layered psychosocial services to support individuals and communities and enhance resilience and capacity to cope, and also facilitates trainings in psychological first aid.

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

In FY 2023, PRM provided nearly \$32 million to support MHPSS activities worldwide. This is in addition to PRM's multi-sectoral contributions to international organization partners such as UNHCR, International Committee of the Red Cross (ICRC), UNICEF, and IOM, including their efforts to provide MHPSS programming for refugees, IDPs, conflict victims, stateless persons, and migrants in vulnerable situations.

### **Bureau of Global Health Security and Diplomacy, 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 complicate 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 (such as 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's Comprehensive and Prevention OVC and DREAMS programs offer 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 to 14-year-old children. PEPFAR supports psychosocial support interventions for pregnant and breastfeeding women (PBFW) through structures such as Mentor Mothers and young mother support groups, that demonstrably improve 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 GHSD/PEPFAR MHPSS Funding**

In FY 2023, PEPFAR allocated more than \$19 million to activities that improve psychosocial well-being to mitigate or prevent HIV; PEPFAR also finances additional activities that improve psychosocial well-being but are not coded as such in financial systems. For example, mental health screenings that take place in a clinical setting to improve treatment outcomes are classified under Care and Treatment. Clinical Services are not included in the \$19 million.