REPÚBLICA DE MOCAMBIQUE
Ministério do Género, Criança e Acção Social

Innovate. Integrate. Thrive.

2021

Psychosocial Support Forum

Forum 2021 Report
6th Regional Psychosocial Support Forum
13 – 15 October 2021

Innovate. Integrate. Thrive.
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acronyms:</td>
<td>1</td>
</tr>
<tr>
<td>Introduction:</td>
<td>2</td>
</tr>
<tr>
<td>Children and Youth Pre-Forum</td>
<td>2</td>
</tr>
<tr>
<td>1. About Gender-Based Violence</td>
<td>4</td>
</tr>
<tr>
<td>2. About sexual reproductive health and rights</td>
<td>4</td>
</tr>
<tr>
<td>3. About violence against children</td>
<td>4</td>
</tr>
<tr>
<td>4. About mental health</td>
<td>5</td>
</tr>
<tr>
<td>5. About alcohol and drug abuse</td>
<td>5</td>
</tr>
<tr>
<td>6. About education, health and safety during COVID-19</td>
<td>5</td>
</tr>
<tr>
<td>MAIN FORUM</td>
<td>6</td>
</tr>
<tr>
<td>Day 1: Opening Ceremony</td>
<td>7</td>
</tr>
<tr>
<td>Opening plenary – The MHPSS implications of African and Global Emergencies</td>
<td>8</td>
</tr>
<tr>
<td>Virtual Breakaway: MHPSS in African Emergencies, Strengthening Public Mental Health as a response to COVID-19</td>
<td>9</td>
</tr>
<tr>
<td>Virtual Breakaway: Mental Health and Psychosocial Support in Cabo Delgado (Mozambique) – Challenges, Opportunities and Recommendations</td>
<td>9</td>
</tr>
<tr>
<td>Day 2: Plenary session: MHPSS to Improve Outcomes in Early Childhood Development and Adolescent Sexual and Reproductive Health</td>
<td>10</td>
</tr>
<tr>
<td>Day 3 Plenary: MHPSS to Improve Protection and Sustainable Livelihoods</td>
<td>14</td>
</tr>
<tr>
<td>Virtual Breakaway: The role of the MHPSS and social service workforce during the pandemic – adaptations, innovations and lasting changes in practice, convened with the Global Social Services Workforce Alliance (GSSWA)</td>
<td>15</td>
</tr>
<tr>
<td>COUNTRY PARALLEL SESSION HIGHLIGHTS</td>
<td>15</td>
</tr>
<tr>
<td>MEDIA</td>
<td>23</td>
</tr>
<tr>
<td>Closing Ceremony</td>
<td>26</td>
</tr>
<tr>
<td>2021 PSYCHOSOCIAL SUPPORT FORUM COMMUNIQUÉ.</td>
<td>27</td>
</tr>
</tbody>
</table>
Acronyms:

AFECN AFR AU CATS CBM CCABA CCF COVID-19 CRS CSE DSWO EAC ECD ECED EGPAF GBV GSSWA HIV HSRC IASC IOM IPV MH MHPSS PATA PPE PrEP PSS READY RIATT ESA SADC SRHR TEVETA UN UNICEF ESARO UNYPA WEI WHO

Introduction:
The 2021 Psychosocial Support (PSS) forum, themed Innovate, Integrate, Thrive, was co-hosted by the Government of Mozambique from 13 to 15 October, 2021. The forum took a hybrid form with daily plenary sessions hosted from Maputo, connected virtually to country parallel sessions in all other 12 countries of REPSSI operation, some high-level virtual breakaway sessions arranged with different co-hosts and physical breakaway sessions in all countries that were also available virtually. This was the sixth biennial PSS Forum, held despite deep uncertainty over the viability of convening the 2021 forum due to the many restrictions on gatherings and movement as a result of COVID-19. The forum was attended by senior government officials, children and youth, media, researchers and academics, as well as civil society practitioners. A summary of participation in the different sessions is provided in the table below:

<table>
<thead>
<tr>
<th>Country</th>
<th>Children and Youth Preforum</th>
<th>Main Forum – Physical</th>
<th>Main Forum – Virtual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>Males</td>
<td>Total</td>
<td>Age Range</td>
</tr>
<tr>
<td>Angola</td>
<td>19</td>
<td>15</td>
<td>34</td>
</tr>
<tr>
<td>Botswana</td>
<td>34</td>
<td>23</td>
<td>57</td>
</tr>
<tr>
<td>Eswatini</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Kenya</td>
<td>23</td>
<td>17</td>
<td>40</td>
</tr>
<tr>
<td>Lesotho</td>
<td>6</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Malawi</td>
<td>7</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>Mozambique</td>
<td>28</td>
<td>24</td>
<td>52</td>
</tr>
<tr>
<td>Namibia</td>
<td>18</td>
<td>12</td>
<td>30</td>
</tr>
<tr>
<td>South Africa</td>
<td>49</td>
<td>29</td>
<td>78</td>
</tr>
<tr>
<td>Tanzania</td>
<td>11</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>Uganda</td>
<td>53</td>
<td>31</td>
<td>84</td>
</tr>
<tr>
<td>Zambia</td>
<td>18</td>
<td>12</td>
<td>30</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>20</td>
<td>24</td>
<td>44</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>291</td>
<td>209</td>
<td>500</td>
</tr>
</tbody>
</table>

The impressive participation levels in both the Children and Youth (500) as well as the Main Forums (727 physical and 582 virtual or a total of 1,309) was made possible by generous support of a range of regional and country-level co-hosts. Both the Botswana and Uganda country forums were live streamed through various media, with Botswana reaching over 180,000 people.

Children and Youth Pre-Forum
The hybrid format of the 2021 forum allowed for deeper and wider consultation with larger numbers, as well as younger children and youth across all countries of REPSSI operation. As shown in the table on participation, the overall age range was between 10 and 24, with several countries having only children younger than 18. Some highlights of this expanded consultation are:

Botswana – the main country forum in Kasane was preceded by zonal forums in Mahalapye and Ghanzi, both of which included consultation with children.

Eswatini – Three consultative meetings were facilitated with groups that REPSSI is working with in the Say no to GBV programme to select the 11 children, aged 15 to 18, to represent Eswatini in the regional pre-forum. They were joined by a RIATT ESA young ambassador and three young chaperones, all aged 22 to 24. None of the children were able to participate in the main forum as they were in school.

Eswatini children at the pre-forum
Kenya – with support from the Department of Children’s Services, a virtual consultation was arranged with 40 children in four counties (including five in a refugee camp in Garissa county) during the week prior to the children’s pre-forum.

Mozambique – the pre-forum included virtual participation of children in Maputo, Inhambane (Gaza province), Beira (Sofala province) and Pemba (Cabo Delgado province). The children and young people were selected by partners such as WEI/Bantwana, Save the Children, EGPAF, Y+, ADECC and the Children’s Parliament from their programmes. Some of the children and young people also participated in the main forum.

South Africa – consultation was held with children from the REPSSI-supported programme in Diepsloot, then those in Soweto and finally these children combined at the Hector Pieterson Memorial museum in Soweto, courtesy of the City of Johannesburg. Being in the museum was very motivational for the children, who met Hector Pieterson’s sister (the boy who is being carried in the iconic photograph from June 16, 1976). The children agreed on priorities across their sites and selected the 10 children that represented South Africa to the regional pre-forum, who participated from the Nelson Mandela Children’s Fund office.

This culminated in the pre-forum, which was a virtual exchange between at least 10 representatives from each country on Saturday, 9th October. Issues that were raised in the exchange focused on serious challenges that resulted from the COVID-19 crisis, including loss of livelihoods, death of caregivers, inability to access online education, gender based violence (GBV). There was also discussion on the consequences of these, including increased levels of adolescent pregnancy, unsafe abortions and dumping of babies; increased child labour; suicide, abuse of alcohol and other substances as well as child trafficking. The children highlighted the need to provide disability-friendly services.

The recommendations that were agreed from this exchange and presented to the main forum opening ceremony were:

We the children participating in the 6th Regional Children’s Forum, from 12 countries – Mozambique, Angola, Botswana, Eswatini, Kenya, Lesotho, Malawi, Namibia, South Africa, Tanzania, Zambia and Zimbabwe1 – which took place on 9th October 2021, with the objective of allowing children to share their experiences, lessons and ways of dealing with the challenges they face, appeal to our Governments and Civil Society to:

1 Uganda children met on the 8th as the 9th was Uganda Independence day and a holiday.
1. **About Gender-Based Violence**
   a) Create and/or disseminate existing laws and their application on GBV, such as laws on early marriages/unions;
   b) Develop or expand and disseminate education and information materials in child-friendly language on existing laws and provisions to enable greater understanding by children, adolescents and youth;
   c) Conduct community dialogues in rural areas to eradicate early unions (child marriages) and raise awareness among community leaders and influential people;
   d) Carry out sensitization campaigns in schools to make children aware of issues related to GBV so that they have confidence to report cases;
   e) Make schools safe spaces for children; and
   f) Raise awareness through dissemination of pamphlets and leaflets to prevent and combat violence.

2. **About sexual reproductive health and rights**
   a) Raise awareness among parents about the importance of having dialogue with their children about SRHR;
   b) Promote more community awareness campaigns about SRHR;
   c) Raise awareness in schools (with teachers) about the importance of holding sessions with their students to address SRHR issues and provide comprehensive sexuality education through schools;
   d) Expand provision of HIV and pregnancy prevention materials, health posts and adolescent-friendly health services, to more remote areas including through schools;
   e) Use sign language when talking about SRHR, as a means of inclusion for children with disabilities;
   f) Promote PSS mainstreaming in health facilities especially in adolescent services, counselling stations and other places of adolescent care;
   g) Promote voluntary HIV testing in schools for better prevention and timely access of treatment.

3. **About violence against children**
   a) Promote community dialogues in urban and rural areas to eradicate the trafficking and exploitation of children and other types of violence;
b) Create more centres that accommodate street children, ensuring their education and development of livelihood skills, such as courses in carpentry, cutting and sewing, among others;

c) Punish all offenders who commit crimes such as child exploitation, kidnapping and other types of violence;

d) Carry out sensitization campaigns in schools to make children aware of the issues related to GBV so that they are confident and able to report cases;

e) Make schools safe spaces for children;

f) Raise awareness through pamphlets and leaflets about laws to prevent and combat violence.

4. About mental health

a) Train teachers in mental health and psychosocial support so that they can integrate it across the board when interacting with children;

b) Make resources and tools available in schools for the provision of psychosocial support and mental health promotion;

c) Build capacity of parents, caregivers, and community on parenting practices to improve the family psychosocial environment; and

d) Ensure that more children can access mental health care and psychosocial support through school clubs, community clubs, or in health facilities through community mobilization.

5. About alcohol and drug abuse

a) Remove all commercial outlets selling alcoholic beverages around schools;

b) Make parents, caregivers, and community members aware that they should not allow children to have access to alcohol and drugs;

c) Ensure that sellers of alcoholic beverages do not allow children to have access; and

d) Conduct awareness campaigns about the consequences of alcohol and drug consumption in schools.

6. About education, health and safety during COVID-19

a) Disseminate COVID-19 prevention guidelines and conduct frequent supervision of schools; and

b) Ensure that all schools are adequately sanitized.

Finally, ensure greater access to education especially for the most vulnerable children, because we are aware that education is the key to the future.

Representatives of children and young people participated in the main forum and a number, such as READY CATS (Community Adolescent Treatment Supporters) in Eswatini and Tanzania, were interviewed by the media.

CATS Ibrahim Kalimbaga in an interview with the media in Tanzania
MAIN FORUM

The programme consisted of:

Opening and Closing ceremonies in Maputo, Mozambique, that all country parallel sessions connected to virtually.

Daily plenaries on each of the three days (also connected virtually to all country parallel sessions) on:

- Mental Health and Psychosocial Support (MHPSS) in Humanitarian Emergencies;
- Early Childhood Development (ECD) and SRHR; and
- Protection and Livelihoods

Virtual panel discussions coordinated by different co-hosts:

a) WHO Africa region — MHPSS in African Emergencies – Strengthening Public Mental Health as a Response to COVID-19;

b) MHPSS.net – Mental Health and Psychosocial Support in Cabo Delgado (Mozambique) – Challenges, Opportunities and Recommendations;

c) RIATT ESA – Youth Blitz Creative Session: Mental Health Matters, Early and Unintended Pregnancy;

d) EGP AF – Sparking Conversations to Thrive and Lead the Way – AIDSFree Gen Z;

e) Global Social Services Workforce Alliance (GSSWA) – The role of the MHPSS and social service workforce during the pandemic – adaptations, innovations and lasting changes in practice.

Country breakaway sessions joined some of the virtual breakaways and also had physical presentations.

The number of presentations in the countries was:

- Angola: 8
- Botswana: 18
- Kenya: 16
- Eswatini: 13
- Lesotho: 9
- Malawi: 11
- Mozambique: 12
- Namibia: 15
- South Africa: 13
- Tanzania: 16
- Uganda: 20
- Zambia: 23
- Zimbabwe: 23
- Uganda: 20
Day 1: Opening Ceremony

The opening ceremony was addressed by the Assistant Minister of Local Government and Rural Development, Hon Mabuse M Pule, from the Botswana session, who emphasized that though COVID-19 had reversed many gains, there was still opportunity to realise the strengths of children and young people through, for instance, more focus on protection, with children being active agents in the process.

The opening address by Honourable Fortunato de Oliveira, Permanent Secretary in the Ministry of Gender, Children and Social Action, Mozambique, on behalf of the Minister, emphasized the progress that has been achieved for children, including laws to combat trafficking in children and women; psychosocial assistance based on the best interests of the child; the adoption of the Protocol on the Elimination of the Worst Forms of Child Labour, as well as challenges which included provision of psychosocial support. Larisse Mabote presented the children’s resolutions on behalf of all the children and young people.

The Chief Executive Officer of REPSSI, Mr Patrick Onyango Mangen, UNICEF Representative, Ms. Katarina Johansson, and IOM’s Head of Mission in Mozambique, Dr. Laura Tomm-Bonde – focused on the impact of COVID-19 as well as recurring climate shocks and the crisis situation in Cabo Delgado, northern Mozambique, which was delved into in more depth in a virtual parallel session.
Opening plenary – The MHPSS implications of African and Global Emergencies

Dr Florence Baingana, Regional Advisor, Mental Health and Substance Abuse, WHO Africa Region, discussed some of the crises affecting Africa’s young people. These include high suicide rates and alcohol abuse (see tables below).

<table>
<thead>
<tr>
<th>Leading 10 countries –both sexes</th>
<th>Age-std. rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesotho</td>
<td>87.5</td>
</tr>
<tr>
<td>Guyana</td>
<td>40.9</td>
</tr>
<tr>
<td>Eswatini</td>
<td>40.5</td>
</tr>
<tr>
<td>Kiribati</td>
<td>30.6</td>
</tr>
<tr>
<td>Micronesia</td>
<td>29.0</td>
</tr>
<tr>
<td>Suriname</td>
<td>25.9</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>23.6</td>
</tr>
<tr>
<td>South Africa</td>
<td>23.5</td>
</tr>
<tr>
<td>Mozambique</td>
<td>23.2</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>23.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Zambia</td>
<td>42.3%</td>
</tr>
<tr>
<td>2. Benin</td>
<td>39.3%</td>
</tr>
<tr>
<td>3. Namibia</td>
<td>23.5%</td>
</tr>
<tr>
<td>4. Botswana</td>
<td>20.6%</td>
</tr>
<tr>
<td>5. Kenya</td>
<td>14.6%</td>
</tr>
<tr>
<td>6. Liberia</td>
<td>14.5%</td>
</tr>
<tr>
<td>7. Uganda</td>
<td>12.8%</td>
</tr>
<tr>
<td>8. Sierra Leone</td>
<td>10.0%</td>
</tr>
<tr>
<td>9. Mozambique</td>
<td>9.6%</td>
</tr>
<tr>
<td>10. U.R Tanzania</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

Global suicide rates

Consumption of alcohol by 13 – 15 year olds (in Africa)

Dr Florence Baingana also highlighted the low levels of human resources for mental health.

Angel Yinkore, of War Child Holland, shared outcomes of the Global Mental Health Summit held in Paris the week before the Forum. The Summit emphasized the critical importance of participation by children and youth in responding to the challenges of poor mental health.
Ndeye Marie Diop, Child Protection Specialist (Emergencies), UNICEF ESARO, spoke more specifically on the MHPSS implications for children and youth, such as the impact of protracted conflict situations. This is illustrated in the graphic below.

Children in ESAR face multiple risk and deprivations

- Protraction of contemporary conflicts
- Nearly 170 million people including 95 million children need humanitarian support in ESAR (respectively 130 PIN and 55 CIN in 2021)
- 1 in 4 children is leaving in conflict
- 6 out of 10 worst conflicts in the world are in Africa (Afghanistan, Central African Republic, Democratic Republic of the Congo, Iraq, Mali, Nigeria, Somalia, South Sudan, Syria, Yemen)


The breakaway session, organized with WHO Africa region, emphasized how critical advocacy is for more increasing focus on MHPSS. The session recommended that MHPSS should be embedded into all disaster preparedness and responses including:

- Capacity development and enhancement in MHPSS for all frontline workers;
- Equipping community health practitioners with MHPSS skills to promote task sharing;
- Strengthening public mental health, particularly at subnational and community levels, with strong referral systems and pathways from community level.

Virtual Breakaway: Mental Health and Psychosocial Support in Cabo Delgado (Mozambique) – Challenges, Opportunities and Recommendations.

This session, arranged with MHPSS.net and livestreamed from Cabo Delgado, included children as panellists. The session focused on the MHPSS situation of children in the most northern province of Mozambique which has endured armed attacks and several natural disasters over the last four years. The province subsequently had one of the highest rates of COVID-19 infection in Mozambique. Some children have been abducted to become child soldiers while many children and their families have been displaced. Children have been observed to show fear, uncertainty, stress and anxiety, and many have reduced social support due to the circumstances. There are insufficient services – whether government or non-governmental – for children. Some of the challenges that have been identified in relation to children’s mental health are:

- Low priority accorded to mental health
- Low levels of leadership for or allocation of budget to mental health
- Weak mental health system with insufficient human resources.

The session recommended that more attention should be focused on the mental health situation, with creation of opportunities for sharing knowledge and lessons. MHPSS should be integrated into the emergency response and into routine health care.
Day 2: Plenary session: MHPSS to Improve Outcomes in Early Childhood Development and Adolescent Sexual and Reproductive Health

Caroline Dusabe, Senior Education Advisor for Save the Children and Co-Convenor of the Quality ECED Working Group, AU ECED Cluster, Quality, spoke on behalf of the African Early Childhood Development Network (AfECN). She spoke on the impact of COVID on ECD in Africa and made an urgent call to action for multisectoral collaboration to prevent long term negative implications for children as a result. She called for:

- Targeting the most deprived and vulnerable with additional services including nutrition, social protection and mental health services;
- Building the capacity of parents and families to provide a stimulating home learning environment to help buffer children from learning loss caused by disruption to formal learning;
- Setting up blended face to face and remote learning options as part of building the resilience of education systems to shocks and disruptions;
- Strengthening collaboration between schools, homes and communities for continuity of learning;
- Generating and using evidence to guide post-COVID19 programme adaptation and interventions; and
- Strengthening multi-sectoral and multi-stakeholder collaboration including with the media.

Marguerite Marlow of the Institute for Lifecourse Health Research, University of Stellenbosch, presented on the Sharing Stories intervention. This tested the feasibility and effectiveness of a six-week WhatsApp-based programme to promote playful caregiving and caregiver mental health in Zambia, Tanzania, and Uganda.
The programme shared short books (depicted above) with parents to engage their young children (average age of parents was 31–32 years and of children was 20–23 months), and had specific interventions to improve the mental health of caregivers. The results showed meaningful impacts on responsive caregiving behaviours and caregiver mental health such as: higher rates of responsive caregiving; spending more time reading or looking at picture books and telling their child stories; and significantly lower rates of depression and anxiety. However, there were no significant changes in child indicators, which may be due to the relatively short duration of the programme.

Yvonne Tagwireyi, of MiET Africa and the Human Sciences Research Council (HSRC) presented the results of an exploratory study to assess the Impact of COVID-19 on adolescents and young people in the Southern African Development Community (SADC) Region. The table below shows how long schools were closed in 2020.

<table>
<thead>
<tr>
<th>Duration of Closure</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 10 weeks</td>
<td>Mauritius and Seychelles</td>
</tr>
<tr>
<td>11 – 20 weeks</td>
<td>Botswana, South Africa, Madagascar, Tanzania, Zambia</td>
</tr>
<tr>
<td>21 – 30 weeks</td>
<td>DRC, Malawi, Namibia, Zimbabwe</td>
</tr>
<tr>
<td>31 – 40 weeks</td>
<td>Comoros, Lesotho, Eswatini, Mozambique,</td>
</tr>
<tr>
<td>&gt; 41 weeks</td>
<td>Angola</td>
</tr>
</tbody>
</table>

Though governments tried to institute alternative approaches to education, only 15% of female and 12% of male respondents to an online survey reported that they were able to learn without any problems using the alternative approaches. Further impacts of extended school closures include:

- The projected drop-outs could wipe out gains in reducing out of school youth by 25% since 2012.
- Support services available through schools (nutrition, PSS, and SRHR education) were disrupted.
- 92% of young respondents reported their access to general and routine healthcare was affected.
- Mental Health/Psychological wellbeing are concerns – 74% of youth reported loneliness and suicide attempts due to loss of income, limited employment prospects and months of confinement.
- SRHR supply chains were disrupted; stock-outs of Antiretroviral therapy (for HIV), condoms and contraceptives will increase the risks of HIV infections and unintended pregnancies.
- Child protection concerns were high – increased calls to child helplines, increase in reported GBV and cyber bullying; increase in child marriages and other forms of exploitation.
- An estimated one million girls across sub-Saharan Africa may be blocked from returning to school due to pregnancy during COVID-19 school closures.
- Most teenage pregnancies during the COVID-19 pandemic were unintended and linked to de-prioritisation of SRHR services, poverty, sexual violence, limited school-based comprehensive sexuality education and PSS.

A lost education is catastrophic to young mothers, their children, and their communities. The SADC region is increasingly and uniquely confronted by how to address and facilitate the continued learning of pregnant teens and young mothers in school post-COVID-19.

Miriam Hasasha, Young Mother’s advocate with UNYPA and the Coalition on Children affected by AIDS, is 20 and had a son at the age of 15. Miriam shared how critical her grandmother’s support and love was when her family was very angry with her. She now has a small income as an advocate, has been able to complete her high school and hopes to enter University. She is also supporting her three younger siblings. She has stopped living in the past and is focused on the future.

*Miriam Hasasha*
Monica Bandeira, head of Monitoring, Evaluation and Learning at REPSSI, presented the results of REPSSI Baseline surveys conducted with 4,168 adolescents and young parents that REPSSI is working with in 11 countries (see table below). The survey was on supporting adolescent mental health and resilience for improved SRHR outcomes. Some of the demographic details of the sample were: 27% of respondents went to sleep hungry at least one night in the previous week; 65% were cared for by their mothers, with 42% cared for by their fathers; 57% had electricity; 39% had running water and 41% lived in a house constructed of brick; 26% had lost one parent; 56% helped to look after an ill person, with 72% caring for younger children.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Resilience</th>
<th>Self-esteem</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older age</td>
<td>↓</td>
<td></td>
<td>↑</td>
</tr>
<tr>
<td>Being in school</td>
<td>↑</td>
<td>↑</td>
<td>↓</td>
</tr>
<tr>
<td>Being female</td>
<td>↓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More days hungry</td>
<td>↓</td>
<td>↓</td>
<td>↑</td>
</tr>
<tr>
<td>Have a tap at home</td>
<td>↑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have electricity at home</td>
<td>↑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care for younger children</td>
<td>↑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Look after sick people</td>
<td>↑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single orphanhood</td>
<td>↓</td>
<td>↓</td>
<td>↑</td>
</tr>
<tr>
<td>Feel safer at home</td>
<td>↑</td>
<td></td>
<td>↓</td>
</tr>
<tr>
<td>Feel safer in community</td>
<td>↑</td>
<td>↑</td>
<td>↓</td>
</tr>
<tr>
<td>Feel safer in school</td>
<td>↑</td>
<td></td>
<td>↓</td>
</tr>
</tbody>
</table>

*overall, personal, caregiver

The following two virtual panels featured adolescent and youth advocates.

**Youth Blitz: Mental Health Matters, Early and Unintended Pregnancy**, coordinated with RIATT ESA

RIATT ESA youth ambassadors spoke powerfully about the mental health implications of early and unintended pregnancy – including rejection, isolation and depression, limited opportunities (especially when the girl drops out of school), with low levels of support. This was building on desk research commissioned by RIATT-ESA that found that declines in adolescent pregnancies were inconsistent in ESA, with continuing high adolescent fertility rates (AFR) in: Angola (151), Mozambique (149), Malawi (133), Democratic Republic of Congo/DRC (124), and Uganda (119). Some of the consequences of child marriages and early and unintended pregnancy are:

- Stigma and discrimination from peers, communities/parents, teachers and even health personnel;
- Emotional stress which is exacerbated when young men deny responsibility and girls raise the child alone;
- Further stress is closely linked to the high levels of intimate partner violence (IPV) that child brides experience, including sexual, physical, psychological and emotional violence,

Suggested solutions include engaging religious and other community leaders and families to become change agents in addressing the SRHR knowledge gaps, the socio-economic issues and cultural norms which promote early and unintended pregnancy and child marriage, and to value girls as much as boys.
Call to Action: Adolescents and youth can and should shape their communities and futures to achieve an AIDS free Generation Z

Educate yourselves – and other young people – about HIV, how to prevent it, available treatments, and the importance of accessing HIV, sexual and reproductive health, and other health services.

Talk to other young people – openly, honestly, and without judgment – about HIV, sex and the challenges you are facing in your lives. Provide and seek peer support, and become involved as a peer worker. Actively work to fight stigma and misinformation about HIV.

Take responsibility for your health and wellbeing. Know your HIV status! If you are HIV positive, stay engaged in HIV treatment services and take your medications as prescribed. If you are HIV negative, actively seek out the prevention services you need, including pre-exposure prophylaxis (PrEP). If you are struggling to take the actions needed to protect your health, seek the support of other young people.

Speak up if services and the providers who deliver them are not meeting your needs. Actively work in your local clinic and community to ensure that services are youth friendly and that young people are actively involved in the planning, delivery and monitoring of services.

Network with other young people living with or affected by HIV. Seek out groups of young people living with or affected by HIV in your own community, your country or across the globe.

Join with others to advocate for things you are passionate about which could include the elimination of age of consent laws, effective actions to end child marriage, expansion of educational and economic opportunities for youth and universal access to CSE and SRHR.

Be an advocate for the change your community needs to make an AIDS free generation Z a reality.

Screenshot of the GenZ presenters
Day 3 Plenary: MHPSS to Improve Protection and Sustainable Livelihoods

Dr Lucy Steinitz, Senior Technical Advisor for Protection, Catholic Relief Services (CRS), shared how CRS and other organizations are using the Tree of Life methodology in peacebuilding, youth centred and humanitarian programmes. The Tree of Life helps participants to reflect on what gives them strength, including the people in their lives, enabling them to promote peace building.

Speaking on “Towards building inclusive responses for persons with psychosocial disabilities”, Michael Njenga, Regional Mental Health Advisor, Africa, CBM Global, reflected on the need to ensure that no person with a psychosocial disability is left behind in recovery efforts. These need to be cognisant of how the social determinants of health such as education and an adequate standard of living interact with psychosocial disabilities. He stressed the need for community-based psychosocial services to enable those with psychosocial disabilities to live independently in their communities.

Dr Dalal Naeem of the University of Zambia presented on why MHPSS is critical in the promotion of child protection from experience in Zambia of collaborating with UNICEF to build the capacity of District Social Welfare officers (DSWO) and community helpers in MHPSS to address the human resource gaps. The process includes:

- Virtual monthly MHPSS Sessions for DSWOs and Managers of Child Care Facilities (CCF) are held.
- District SWOs and CCF managers have been trained on MHPSS for children and adults affected by COVID 19.
- Sessions have also been provided to CCF managers on what to do when the children under their care have mental health problems.
- Training of Master trainer of trainers on MHPSS and Psychological First Aid has been conducted.

Virtual Breakaway: The role of the MHPSS and social service workforce during the pandemic – adaptations, innovations and lasting changes in practice, convened with the Global Social Services Workforce Alliance (GSSWA).

This consisted of four presentations which considered the increased demand for MHPSS during COVID-19 and how the social services workforce responded, with little prior knowledge and, often, insufficient recognition or support. Social service professionals were seldom categorized as essential and were not provided with even basic personal protective equipment (PPE), and their own psychosocial needs were often not attended to. Presentations included: findings of a GSSWA report on the State of the Social Service Workforce, 2020 (available at www.socialserviceworkforce.org); sharing of PEPFAR’s appreciation of the critical importance of good mental health for children and adolescents to access and adhere to HIV testing and treatment, as well as field experience of a PEPFAR programme and UNICEF’s expansion of MHPSS training for volunteers. The session called for recognition of the importance of the social service workforce in all emergencies with adequate support for this workforce to make a meaningful contribution.

COUNTRY PARALLEL SESSION HIGHLIGHTS

All REPSSI Country programmes had physical parallel sessions, made possible by collaboration with and support from a range of partners. The parallel sessions joined the opening, closing and plenary sessions from Maputo through Zoom and then had their own breakaway sessions. In all countries these were an opportunity for those involved in mental health and PSS provision, including government partners, to meet and share what they were doing, with a focus on challenges resulting from COVID-19 and responses. There was participation of at least some children or young people in the breakaway sessions and excellent media coverage in several countries. REPSSI country programmes shared lessons from several programmes, especially the results of baseline studies conducted for the “Improving adolescent SRHR outcomes” programme, supporting caregivers to provide nurturing care to their young children and READY+. One presentation that was made in a few countries was by READY+ partner, PATA, on support for frontline health workers in six East and Southern Africa countries during COVID-19. Health providers reported experiencing:

- Increased workload due to COVID-19
- Increased stigma attached to working at COVID-19 facilities
- Fear, anxiety and stress of contracting COVID-19
- Feelings of powerlessness, hopelessness and apathy.

Lessons learnt included:

- With limited vaccinations available and inadequate PPE, health systems and providers are under immense pressure in dealing with COVID-19;
- Though health providers experienced shared continuous trauma with their clients, there is limited documentation about the effects of COVID-19 on health providers’ mental health and psychosocial wellbeing.

Country breakaway sessions also highlighted new resources available from REPSSI / APSSI including Psychosocial Skills for Adolescents; Mental Neurological and Substance Abuse conditions; Flocking and the Healthy Hopeful & Happy Toolkit, which consists of guides for teachers, parents and an activity guide. Upcoming resources include: Assessing and improving the psychosocial environments of schools and of health care facilities, as well as a training manual for facilitators of child and youth clubs.
Angola:
The parallel session was held in Huila province, where the COVID restrictions were less strict than in Luanda, in the government subsidized Biblioteka. Angola joined many of the virtual parallel sessions and also had presentations, including by the Vice Governor of Huila who focused on the need for improved multi-sectoral collaboration, with the promotion of justice to ensure child protection. The children appealed for the government to reduce inequalities and provide quality education for all as they are not happy that children in the street have no education while others have poor conditions in public schools; for PSS services and law enforcement against perpetrators of sexual abuse.

Botswana:
With support from the Department of Social Protection, Ministry of Local Government and Rural Development, REPSSI was able to facilitate two zonal pre-forums (in Mahalapye and Ghanzi) prior to the main forum held in Kasane, coinciding with and linking to the regional forum. Botswana joined the main plenaries and had a full programme of national presentations. The three forums enabled wide physical and virtual participation, with streaming of proceedings across the country. Presentations were made from many practitioners on their experience as well as from academics, leaders of the National Children’s Council and policy makers. The forums were followed in early 2022 by an Indaba in which senior social workers from all regions considered the recommendations of both the children’s pre-forum as well as the main forum and developed a detailed and costed one year action plan to address these.

Angola Co-hosts: SOS Children’s Villages Angola • UNICEF

Botswana Co-hosts: Department of Social Protection • Ministry of Local Government and Rural Development • Marang Child Care Network • Mahalapye Sub District (Northern Zone) • Ghanzi District (Southern Zone) • Chobe district • Global Communities
Eswatini:

Though the parallel session was convened against a backdrop of widespread civil unrest, it served as a learning and sharing platform for partners and stakeholders with a full programme of presentations on policy and interventions to enhance MHPSS in Eswatini. This included a presentation by three youth facilitators on the REPSSI Say No to GBV programme. Some key points from the different presentations were: appreciation of the proposed Bachelor of Arts Degree in Psychosocial Support from UNESWA; case studies illustrating how teachers who had taken a foundation course in Psychosocial Support at William Pitcher College were creating a positive psychosocial environment in their schools; the value of social connectedness; and of practical solutions to improve the mental and psychosocial wellbeing of children who had suicidal thoughts. The outcomes of the sessions will inform the growth and development of the MHPSS agenda in Eswatini.

Eswatini Co-hosts: Frontline AIDS • National Children Services Department (NCSD) • Coordinating Assembly of Non-Governmental Organisations (CANGO)

Kenya:

The programme included presentations from the Department of Children’s Services highlighting the long collaboration between the Department and REPSSI, as well as from several partners. CRS presented on the Changing the Way we Care programme, a global programme in Kenya, Guatemala and Moldova, which promotes safe, nurturing, family care for children reunifying from institutions or at risk of separation. The programme envisions a world where all children thrive in safe and nurturing families, and demonstrates how to enable children to stay in or return to families who are able to provide for their care with support of governments, and influences national, regional and global bodies, donors and faith-based actors to support family care.

Maureen Wesonga, a youth SRHR advocate who participated in the forum, said that she had learnt from the forum that children and youth have many rights which need to be respected and that we need to work to improve their mental health as well. She plans to take this learning back to her community.

Kenya Co-hosts: Save the Children • Kenya Department of Children Services • Hope Worldwide Kenya • CRS Kenya
Lesotho:
The session was attended physically by partners from local and regional organisations who participated actively for the three days. The Director for Children from the Ministry of Social Development gave the official opening speech in which she acknowledged the importance of PSS. Several partners shared about PSS in their programmes, including Baylor Children’s hospital and Lesotho Red Cross Society.

Lesotho Co-hosts: Baylor College of Medicine Children’s Foundation, Lesotho

Malawi:
The session brought together key national players in MHPSS and was opened by the Director of Social Welfare in the Ministry of Gender, Community Development and Social Welfare and the Chairperson of the REPSSI Malawi Country Advisory Board. Presentations were made by several partners including EGPAF, Save the Children, YONECO, MGCDSW and World Vision. Some of the issues raised in discussion were the importance of coordination in the provision of MHPSS, the need to integrate MHPSS into as many programmes as possible, rather than providing stand-alone MHPSS interventions and a recommendation to incorporate livelihood components in as many programmes as possible.

Malawi Group Photo

Malawi Co-hosts: Ministry of Gender Children, Disability and Social Welfare • UNICEF • World Vision Malawi • Save the Children International • SOS Children’s Villages Malawi • EGPAF • YONECO

Participants Main Forum, Kenya.
Mozambique:
The country hosted the main forum, including all plenaries from Maputo, and held gatherings in Beira from the offices of our partner WEI/Bantwana, which connected to Maputo virtually and Pemba, Cabo Delgado, from the IOM offices. These were opportunities for partners working in MHPSS to meet locally and get to know one another, while also participating in the forum. The parallel sessions included presentations from several partners such as WEI/Bantwana UNICEF; Y+; MGCAS (Ministry of Gender Children & Social Action), and Save the Children on programmes in Mozambique as well as the Ministry of Education on the impact of cyclones, COVID-19 and conflict on access to education.

One of the REPSSI presentations which attracted attention was on a baseline study of the situation of adolescent and young mothers of young children who are being supported through a programme that REPSSI is implementing to provide nurturing care to the children. Partners were struck by the issues of mothers raising children on their own, the stigma and discrimination that they are subjected to, family rejection and abandonment by the father of the children, particularly in Gaza.

Mozambique Co-hosts: MGCAS (Ministério do Género, Criança e Acção Social) • Frontline AIDS • Bantwana World Education Initiative • IOM • UNICEF

Namibia:
The session was an opportunity for a range of in depth discussions including on the ESA Commitment on comprehensive sexuality education and its implementation in the country, with comment from young people present; and the Violence against Children study, by UNICEF, that was recently accepted by Cabinet. REPSSI presented on the programme to address Early and Unintended Pregnancy in Kunene region. Some civil society partners, such as LifeLine/ChildLine presented on their programmes of child protection, while NAMCOL presented on accredited PSS programmes that are offered in Namibia. They emphasized the need for impact studies with CBWCY certificate graduates to evaluate this intervention over the years. IOM presented on the status of human trafficking in the region and nationally, with an emphasis on PSS for victims of trafficking, prevention interventions and how REPSSI can get involved.

Namibia Co-hosts: NAMCOL • Namibia Media Holdings NMH • IOM • SASSCALL • Lifeline Childline • SOS Children’s Villages Namibia • HERE4HER Girls Project • UNAM Northern Campus • Ministry of Education, Arts and Culture • Ministry of Gender, Poverty Eradication and Child Welfare
The session was opened by the retired REPSSI board chair, Dr Connie Kganakga, and the Nelson Mandela Children’s Fund CEO, Ms Konehali Gugushe, and included a range of presentations by researchers, partners and other PSS practitioners. Some of the highlights were: Jelly Beanz and CINDI presentations on support for children who have experienced trauma; Save the Children on Children on the Move; addressing inappropriate sexual behaviour; and using boxing to instil discipline. A presentation on research on adolescent mothers from the Hey Baby project showed that maternal mental health disorder and HIV infection had a negative impact on the child’s cognitive development, fathers of the babies were generally also young, not very engaged in the lives of their babies while maternal mental health was impacted by a relationship with the father, knowing the father’s HIV status, arguments about finances and violence.

Dr Kganakga

Afrika Tikkun shared results of research on the impact of COVID-19 conducted with young urban women. This showed a heavy economic toll, with mothers being the most likely family member to have lost a job, and increased levels of GBV, only 26% able to study remotely and reduced access to services such as contraceptives. Afrika Tikkun initiated 16 Young Men’s clubs in inner city Johannesburg using the REPSSI Peace is a Decision tool on positive masculinity.

The National Prosecuting Authority made a participatory and interactive presentation on how they support young victims of rape to prepare for court cases.
Tanzania:
The parallel session, which was opened by the chair of the REPSSI Tanzania Country Advisory Board, Mrs Jeanne Ndyetabura, had a rich programme of presentations on PSS interventions in Tanzania. These included MHPSS in refugee camps by representatives from the IFRC and Save the Children; working with adolescents living with HIV and the results of research with adolescent girls living with HIV; the experience of COVID-19 in an HIV treatment centre and training for district PSS committees on responding to the psychosocial needs arising from COVID-19. The programme also included the research conducted using the WhatsApp platform for parents of young children specifically in Tanzania as well as discussion of the Basic Technician Certificate in Community Work with Children and Youth that is offered by the Institute of Social Work.

Girl Effect presentation Tanzania

Tanzania Co-hosts: Frontline AIDS • Ministry of Health Community Development Gender Elderly and Children

Uganda:
The parallel session covered a range of issues, including a presentation from the children (who had not participated in the regional children’s meeting). The children recommended that all eligible Ugandan citizens should be vaccinated against COVID-19 so that schools can be reopened and children can go back to school; that all girls who got pregnant should go back to school; that child labour for boys and girls should be addressed and there should be safe spaces for children and youth to ensure that they continue learning. The programme included a number of presentations on different approaches to providing MHPSS for refugee populations (from War Child Holland, AVSI, HEARD, TPO, REPSSI) which included structured play and movement, good schools to prevent violence, working with parents and supporting frontline caregivers. Some of the recommendations are to put more emphasis on livelihood solutions, as well as functional networks and referral systems. Another issue coming from the forum was the alarming increase in rates of teenage pregnancy (one presentation cited 4,816 girls under 15 years were impregnated since March 2020, in one district in SW Uganda alone), while not neglecting boys who have also been sexually abused and involved in exploitative child labour.

Uganda Co-hosts: TPO Uganda • Cornerstone Development • Watoto Uganda • National Association of Social Workers of Uganda • Ministry of Health • Ministry of Gender, Labour & Social Development
Zambia:
The parallel session included 51 participants from the Ministry of General Education and 31 from the Zambia Correctional Service as well as nine traditional leaders. Opening remarks were given by the Country Director, UNESCO representative and Chieftainess Kawaza, with the official opening by the representative of the Permanent Secretary from the Ministry of General Education. Presentations held in three parallel breakaway sessions allowed for in depth discussion of issues, with an emphasis on MHPSS in correctional facilities for inmates, including juveniles in conflict with the law, and also for Correctional Service Officers, and the enhancement of adolescent sexual and reproductive health outcomes through effective delivery of CSE in schools. There were also discussions led by traditional leaders on the role that they are playing in ending child marriage, reducing early and unintended pregnancy, ending cattle herding by school aged boys and supporting adolescent mothers to return to school. Zambian children also presented on their issues which included the need to integrate more differently abled children and to educate parents on the negative impact that their abuse of alcohol and substances has for their children.

Royal Highness Chieftainess Kawaza and Chief Sandwe in Zambia

An indication of the impact of COVID-19 on child protection and GBV is that the number of calls to ChildLine/Lifeline’s two help lines increased from an average of 12,000 calls per month pre pandemic to 40,000. REPSSI presented on MHPSS for caregivers of young children and the TEVETA-accredited academic programmes that REPSSI is offering that include: Diploma in Community Based Work with Children and Youth, Diploma in Child and Adolescent Mental Health and a Diploma in Psychosocial Support for Early Childhood Development.

A Zambian presenter

Zambia Co-hosts: Ministry of Education • UNESCO • Childfund Zambia • Lifeline Childline Zambia • Media Network on Child Rights and Development (MNCRD) • SOS CV

Zimbabwe:
The parallel session was officially opened by a representative from the Ministry of Public Service, Labour and Social Welfare, with remarks from the REPSSI Country Advisory Board Chair and Country Director. The session had a varied programme of sessions from REPSSI implementation across the country (with five sessions presented by REPSSI staff) as well as partners, including UNESCO on disability inclusive CSE; the READY+ programme; ChildLine on the impact of COVID on child protection; ZiCHIRe on access to SRH for adolescents in poor peri-urban areas during COVID-19 and delivery of the certificate programme to a cohort of students in Zimbabwe.

REPSSI Zimbabwe Country Director

There was a strong emphasis on support for adolescent mothers as well as encouraging positive masculinity for adolescent boys and young men.

Zimbabwe Co-hosts: Frontline AIDS • Save the Children
MEDIA

The forum was officially launched in a virtual media briefing on August 18 that was addressed by the REPSSI CEO and EGPAF youth ambassador with a question and answer session.

The launch resulted in extensive media coverage of the forum as well as the issues of MHPSS in a world that was still reeling from the impact of COVID-19. The forum received coverage in print media, social media, radio and television in all the countries that REPSSI operates in. The dispersed nature of the forum resulted in much greater national interaction with the media around the forum and wider coverage in all media formats than has been previously achieved. Some examples of the media coverage are included below:

Media clip Malawi

Coverage in Tanzania print media
Stakeholders discuss new ways to promote children mental health

STAKEHOLDERS from various countries in Africa and across the globe are today concluding a three-day virtual forum aimed to discuss new robust measures that will help promote mental health and psychosocial wellbeing of children and youth in the continent.

Themed “Innovate, Integrate, Thrive”, the 6th Psychosocial Support Forum is blended by a main physical forum in Maputo, Mozambique, with satellite forums in Angola, Botswana, Eswatini, Kenya, Lesotho, Malawi, Namibia, South Africa, Tanzania, Uganda, Zambia, Zimbabwe, and virtual for partners around the globe.
Botswana National MHPSS forum joins Maputo hosted regional forum

The National Mental Health and Psychosocial Support Services (MHPS) forum in Botswana was held in Kasane concurrent with the regional event in Maputo, Mozambique. Many countries experienced mental health crises in various forms like suicides, which prevail in many lives across the region and globe causing death and despair and psychological trauma especially for children.

The forum sought to bring together stakeholders from different sectors to contribute and share experiences, best practices and lessons learned on how to address and prevent mental health and psychosocial illnesses. The forum provided an opportunity to discuss the best ways to address mental health and psychosocial issues in the region and to share experiences, challenges, and solutions. The forum was attended by representatives from governments, civil society organizations, international organizations, and other stakeholders. The discussions focused on mental health and psychosocial support services, mental health policies and strategies, and mental health research and development.

Online coverage in Zambia

Online coverage of the Zambia Children’s Forum

Part of a four page pull out in Mmegi, Botswana about the forum and two zonal forums
Closing Ceremony

Closing remarks noted the innovation in regards to the Forum format, thanked all co-hosts and others that supported this forum and drew attention to:

- ensuring MHPSS services exist, are accessible and sensitive to the needs of individuals, families and communities.
- greater collaboration, greater investment and greater coordination for holistic systems that provide treatment and care for persons living with mental health conditions, and that are multi-sectoral – equipped to promote and protect mental health and wellbeing of whole societies at all times, not only times of crisis or hardship.
- mental health is an asset which is dynamic, influenced by internal factors (such as self-esteem, confidence, ability to cope with stress, adversity and crisis and our biology) and external factors (including peer, family and community support; social systems, policies, laws and safety nets).
- an unequal world is not an acceptable justification for inequalities and inequities for mental health and wellbeing for all.
- actions and interventions at individual and household level must be linked to the community and societal level.

To achieve human rights, community cohesion and the Sustainable Development Goals 2030, we must:

- lean on one another because no one of us can drive this change alone;
- continue to advocate for and demand increased long-term, flexible funding for MHPSS;
- mainstream, integrate and coordinate inclusive and accessible MHPSS services across sectors;
- act early and across the life course;
- increase access to evidence-based and community-grounded MHPSS services in all contexts;
- invest in workforce mental health capacity and wellbeing;
- end stigma and break the silence around mental health and psychosocial problems and conditions to ensure children, young people, and adults receive the support they need.
The Forum concluded with adoption of the following communique and recommendations:

**2021 PSYCHOSOCIAL SUPPORT FORUM COMMUNIQUÉ**

**WE, THE DELEGATES** to the 2021 PSS Forum representing 62 countries, comprising of children and youth, experts from Government Ministries and Departments responsible for Children and Youth, Health, Education and Skills Development from East Africa Community Partner States and Southern Africa Development Community Member States; traditional leaders, International cooperating partners; civil society; academic partners; journalists committed to ethical reporting on child mental health and psychosocial wellbeing; representatives of UN agencies; national and global humanitarian emergency experts; practitioners; and community caregivers, engaging physically in Maputo, 12 other countries and virtually across the globe on 13 – 15 October, 2021, under the theme “Innovate. Integrate. Thrive.”.

**ACKNOWLEDGING** guidance on children’s rights in The United Nations Convention on the Rights of the Child and The African Charter on the Rights and Welfare of the Child; commitments to Mental Health and Psychosocial Support (MHPSS) for children and youth as articulated in instruments such as Agenda 2040 - Fostering an Africa Fit for Children; The IASC MHPSS Guidelines; messages from The Paris 2021 Global Summit of Mental Health; and the 2021 World Mental Health Global Awareness Campaign under the theme “Mental Health in an Unequal World”; The Maputo Plan of Action on the Continental Policy Framework on Sexual and Reproductive Health and Rights (SRHR); The SADC Minimum Package of Services for Orphans and Vulnerable Children and Youth; The SADC Psychosocial Support Conceptual Framework; The EAC Children's Policy; The EAC Regional Minimum Standards for Comprehensive Services; The Sustainable Development Goals; The Africa We Want 2063 Agenda; WHO COVID-19 Strategic Preparedness and Response Plan for The African Region 1 February 2021 – 31 January 2022 (Pillar 9); and the UN Office of the Special Representative of the Secretary General’s “Keeping the Promise: Ending Violence Against Children by 2030”;

**RECOGNIZING** that the psychosocial and mental wellbeing of African girls, boys, adolescents, youth, parents, caregivers and the essential services workforce is affected by COVID-19 and other health emergencies, HIV, neglect, poverty, conflict, disability, stigma and discrimination; limited access to services; child marriages; adolescent parenting; child exploitation, violence, abuse and neglect;

**UNDERSTANDING** the benefit of MHPSS interventions for girls, boys, youth, and those who care for them and provide services to them, where PSS is a continuum of love, care and protection that enhances the holistic development (cognitive, social, emotional, spiritual and physical) of a person and strengthens their social and cultural connectedness and resilience. Therefore, emphasize that girls, boys, youth, parents, caregivers and affected communities must actively and meaningfully participate in making decisions on issues that affect them. Noting that the holistic nature of psychosocial and mental wellbeing requires that psychosocial support is appropriately, adequately and consistently provided through home, family, friends, community, local and national services including for education and health;

**ACKNOWLEDGING** ongoing, and encouraging continued, prioritization by Governments, Regional Economic Communities, UN organizations, Development Partners and Civil Society Organizations to support and improve MHPSS and strengthen the wellbeing of girls, boys, youth, their families, caregivers and communities;

**CONVINCED** that collective efforts to innovate and collaborate across the humanitarian, development and peace nexus by Governments, Regional Economic Communities, Development Partners, Civil Society, Religious Organizations, Traditional Leaders, the Private Sector and communities can bring about comprehensive psychosocial and mental wellbeing, or thriving, of girls, boys, youth, their families, caregivers and communities;
The 6th Regional PSS Forum therefore issues the following recommendations

We call upon decision and policy makers to:

- Develop and implement an Africa Mental Health and Psychosocial Support (MHPSS) Strategic Framework;
- Adopt a multi-sectoral, multi-stakeholder approach to promote wellbeing and thriving and prevent child, youth, caregiver and community mental health and psychosocial disorders;
- Strengthen MHPSS services quality management, monitoring and learning by:
  - Implementing a common MHPSS evaluation framework across the continent;
  - Developing and implementing mandatory MHPSS reporting guidelines to be used and adhered to by all in the COVID-19 and other responses;
- Facilitate and accelerate development and dissemination of standardized MHPSS definitions and delivery of accredited MHPSS in all countries, actively engaging leaders, practitioners, caregivers, service users and essential services workforce;
- Increase MHPSS budget allocations within health budgets; specifically, for strengthening MHPSS workforce capacity and competence, with focus on community level competence to provide MHPSS services, such as screening for MHPSS issues in children;
- Combine innovative efforts, across member states and regional economic blocks, to mitigate and combat the many social ills that Africa’s children, youth, families and communities’ face to promote thriving;
- Collaborate to strengthen preparedness to maintain and improve access to services during anticipated climate-related emergencies and possible future health emergencies;
- Actively and meaningfully involve children, youth, affected communities and those with lived experience in developing and implementing response plans and programmes, recognizing that they are agents of change with skills, creativity and the abilities to find solutions;
- Leverage increased awareness of the importance of MHPSS in the current COVID-19 context to build better MHPSS systems and destigmatize MH.
- Embed MHPSS into disaster preparedness and response plans at national, continental and global level, specifically including MHPSS capacity development and enhancement for all essential service workers across African countries, with leveraging of task sharing;
- Ensure that sexual and reproductive health education and psychosocial support are prioritized in all forms of education;
- Prioritise and fund support, regular supervision and ongoing training and professional development for all levels of the social service and MHPSS workforce, in governmental and non-governmental roles, and ensure adequate remuneration, improved working conditions and equipment, and access to safe transport for community outreach.
We call upon practitioners, academics and civil society to:

- Strengthen advocacy for incorporation of MHPSS within key sector responses, including ECD; caring for caregivers of children, especially adolescent and young mothers; promoting positive male involvement, encouraging fathers to engage in the social, emotional and material/financial support of their children; with mobilization of public and donor financing for these;
- Continue the agenda to destigmatize mental health;
- Develop programmes to engage children and youth to innovate and promote mental and psychosocial wellbeing. Psychosocial skills and resilience should be prioritised within SRHR practice;
- Ensure regular interaction with traditional and cultural leaders to increase SRHR knowledge and to address difficult issues including unsafe abortions;
- Expand innovative programmes to expand youth and adolescent friendly health services; with focus on enhancing adolescents’ access to holistic care for prevention and treatment of HIV;
- Deliver effective MHPSS services to Children on the Move;
- Intensify efforts to protect the girl child and reverse increasing vulnerability and threats to education because of the COVID-19 emergency, including re-entry to school for girls who have been pregnant and boys who have entered child labour;
- Integrate MHPSS in programmes that address prevention of sexual and gender-based violence and ensure coverage to the most vulnerable groups including girls, Persons with Disabilities, women and the LGBTQI community;
- Partner with youth to deliver youth-friendly programmes and services;
- Strengthen multi-sectoral and multi-stakeholder collaboration, including the media, to strengthen MHPSS referral systems and pathways at community level;
- Innovate to effectively manage and reduce staff and caregiver stress and strengthen family MHPSS;
- Strengthen collaboration between schools, families and communities to improve safety and reduce all forms of violence against girls, boys and youth; reduce access to drugs and alcohol, guarantee access to education and acquisition of livelihood skills for the most vulnerable children, including those living on the streets;
- Generate and use evidence contributing to national data systems.

We will work towards realization of these recommendations in the next two years and report on progress at the 7th PSS Forum in 2023.