



# Supporting Mental Health and Psychosocial Support

NURTURING CARE FOR CHILDREN IS SERIOUSLY UNDERMINED IN ZIMBABWE, LARGELY DUE TO MULTIPLE, AND OVERLAPPING EMERGENCIES

## The situation

Climate-induced natural disasters and other humanitarian crises including man-made disasters have very much weakened the protective environment in Zimbabwe - most worryingly, the child protection system.

COVID-19, natural disasters and drought-induced food shortages, a resurgence of inflation and economic challenges due to internal and global factors all contribute to a very challenging and stressful environment for many in Zimbabwe. Families and communities' capacity to provide nurturing care to children during these situations are continually undermined by these overlapping emergencies. In addition to these climate and economic shocks, families are also affected by 'idiosyncratic shocks', meaning health issues or the deaths of family breadwinners. Finally, rural households are often the poorest and with proportionally more challenges.

In sum, around 2,500,000 million people across Zimbabwe are food insecure, with numbers expected to reach around 3,820,000 by March 2023.

Such socio-economic challenges and rising poverty increase vulnerability of children and families, meaning more school dropouts, higher levels of violence against children, emotional stress, gender-based violence, intimate partner violence and child labour. Currently, 28% of children aged 5-17 years-of-age are working. These numbers are expected to increase as food insecurity increases, and in turn, negatively affects mental health.

It is this cycle of distress which leads to increased violence - with 64% of children experiencing some form of violent 'disciplining' in everyday life and more than one third of girls experience sexual violence before their 18th birthday. When compared to other countries, the number is almost double in Zimbabwe for sexual violence from partners or boyfriends, at 78%. Intimate-partner violence is therefore a priority protection issue, as this level of violence can have life-altering consequences for children and families.

It is imperative for concerted efforts to invest in mitigation measures, including mental health support.



## UNICEF Response

Due to different levels of resilience amongst people, despite the pervasiveness of mental ill-health and distress, not everyone requires mental-health support. UNICEF, therefore, sees mental health and psychosocial support as resilience-building through the promotion of protective factors at an individual, family and community level, including school-based interventions.

Mental health and psychosocial well-being for Zimbabweans are the end goals for all programming in this area. Anxiety and depression are addressed as part UNICEF's support. Indeed, programming in

mental health and psychosocial support is treated holistically and as a life-course matter, relevant to every sector of development, with Sustainable Development Goals as determinants of mental health and psychological wellbeing.

The expected, optimal results would be: improved child and adolescent mental health and wellbeing through psychosocial support; improved parents', caregivers' and teachers' wellbeing; improved community capacity at the district level for availing mental health and psychosocial support services which is non-stigmatizing, accessible and of quality standards.

In other words, UNICEF shifts the narrative on mental health from an individual issue to a society's issue as a whole. The response incorporates prevention, wellbeing promotion and treatment of mental-health issues across primary-health care, welfare, protection programming and education - taking into account risks factors across a person's life. Key programmes from education to health, and water, sanitation and hygiene (WASH), and adolescent programming have mental health and psychosocial support cross-cutting them, and interventions target individuals, families, and communities. The biggest vulnerability triggers such as food shortages and economic hardships are also considered – as are a child's age, gender and whether they have a disability.

### **UNICEF's response will support integration of mental health and psychosocial support into:**

- The National case management system for the protection and welfare of children - capacity development for the social service workforce, strengthening mental health assessments and referrals
- Training multi-sector programmers on identifying cases requiring more in-depth support
- Roll-out National psychosocial guidelines and strengthen the capacity of social workers, health workers, community childcare workers and teachers at district and community levels to provide services such as detection and referral for those needing support

- Roll-out of validated interventions for both in- and out-of-school children with validated models
- Roll-out of community-based parenting interventions which include coaching on interpersonal communication between children and parents/caregivers
- Provision of specialist clinical mental health and psychosocial support services, including children with disabilities, and adolescents with anxiety and/or depression
- Implement group-based support interventions, e.g., peer-to-peer support groups, champions of child protection, disability ambassadors

## Target beneficiaries

1,000 multi-sector programmers

100,000 in- and out-of-school children

50,000 children, adolescents and young mothers to receive mental health and psychosocial support

20,000 parents and caregivers taught skills and information on positive parenting

5,000 social workers, teachers and health workers trained in mental health and psychosocial support

## 4 YEAR BUDGET \$4,2m

Train 1,000 multi-sector programmers on wellbeing integration, and on identifying cases requiring more in-depth support **\$200k**

Host interventions with validated models for 100,000 in- and out-of-school children **\$2,5m**

Conduct parenting sessions for 50,000 parents **\$1m**

Support to specialist mental-health services for critical cases, requiring medication **\$500k**

### CONTACTS

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