MAKING PSYCHOSOCIAL SUPPORT MEANINGFUL FOR NATIONAL AND LOCAL HUMANITARIAN WORKERS

GLOW CONSULTANTS
Institute of Innovations for Gender & Humanitarian Transformations insights
HUMANITARIAN ADVISORY GROUP
Australian Aid

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Humanitarian Horizons 2021-2024

This report is part of the Power, People and Local Leadership stream of the Humanitarian Horizons 2021– 2024 research program. Humanitarian Horizons is a three-year research initiative that adds unique value to humanitarian action in the Indo-Pacific by generating evidence and creating conversations for change. It is supported by the Australian Government through the Department of Foreign Affairs and Trade.

The research program for 2021–24 builds on the achievements of the Humanitarian Horizons pilot phase (2017–18), the previous iteration of the program (2018–21) and Humanitarian Advisory Group's experience in supporting the sector for almost 10 years. The research is structured into three interlocking streams: 1) Power, People and Local Leadership, 2) Greening the System, and 3) Real-Time Analysis and Influence. It is underpinned by a fourth stream that considers governance, accountability, and monitoring, evaluation and learning processes.

About the partners

GLOW Consultants, based in Pakistan, is a leading national entity providing practice solutions and field implementation support to donors, their implementing partners and research institutions. GLOW has successfully completed more than 100 third-party monitoring and evaluation assignments.

inSights (the Institute of Innovation for Gender and Humanitarian Transformation) is a Bangladesh-based social enterprise providing insights that challenge the current ways of working in humanitarian aid and gender affairs. InSights aims to transform ideas within the humanitarian, social and businesses sectors, turning them into innovations, knowledge and strategies.

Humanitarian Advisory Group (HAG) was founded in 2012 to elevate the profile of humanitarian action in Asia and the Pacific. Set up as a social enterprise, HAG provides a unique space for thinking, research, technical advice and training that contributes to excellence in humanitarian practice.

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Contents

Abbreviations

ACF	Action contre la Faim (Action Against Hunger)
AWSD	Aid Worker Security Database
DFA	de facto authorities
EAP	employee assistance packages
HR	human resources
IASC	Inter-Agency Standing Committee
ISCG	Inter-Sector Coordination Group
IOM	International Organization for Migration
L/NNGOs	local and national NGOs
MHPSS	mental health and psychosocial support
MSF	Médecins Sans Frontières (Doctors Without Borders)
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	The Office of the High Commissioner for Human Rights
PFA	Psychological first aid
PSS	Psychosocial Support
R&R	rest and recuperation
UN	United Nations
UNAMA	United Nations Assistance Mission in Afghanistan
UNHCR	United Nations High Commissioner for Refugees

1. Introduction

Over the last 15 years, it has been well documented that humanitarian staff working in crisis-affected contexts can be exposed to risk and trauma that degrade their mental health.[1] With growing recognition of the importance of psychological wellbeing, positive steps have been taken to understand the mental health challenges of humanitarian work and provide appropriate support.[2] However, much of the research and work to date has focused on international staff; this paper draws attention to the psychosocial risks and wellbeing of national humanitarian staff and partners.[3]

The research undertaken to date suggests that national staff and partners are exposed to stressors that harm mental health. Some of these include proximity to and relationship with crisis-affected populations, the direct impacts of the crisis, and the daily stresses imposed by working in an internationally dominated humanitarian system with embedded inequalities that can undermine their agency. Moreover, increasing reliance on national and local organisations to deliver aid in insecure, high-risk contexts may expose national staff and partners to greater psychosocial risks. Adequate and appropriate support can protect the psychosocial wellbeing of national and local humanitarian workers and maintain their ability to assist crisis-affected people.[4]

What is this paper about?

The research described in this paper explored the psychosocial challenges and daily stressors experienced by national humanitarian staff and partners, and the support in place to help them navigate these challenges and operate in psychological safety. The paper is designed to contribute to a more nuanced and contextualised understanding of the psychosocial challenges experienced by national humanitarian staff and partners, through case studies of Afghanistan and Bangladesh. It describes the psychosocial support (see Box 1) currently available to national staff and partners, including examples of positive practices as well as barriers to accessing existing support. It also invites the sector to reflect on how embedded inequalities exacerbate some of the psychosocial challenges national staff and partners experience. Finally, the paper outlines opportunities for improving psychosocial support for national humanitarian staff and partners.

Box 1: Defining psychosocial support

As outlined in IASC Guidelines, the composite term *mental health and psychosocial support (MHPSS)* is used to describe *'any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder.'*[5] For the purposes of this report, psychosocial support is the common term being used and the focus of this research, rather than the mental health diagnoses and associated support provided by specialist agencies (see scope and limitations on page 9).

Who is this paper for?

This paper is intended to support the humanitarian sector, including both national and international operational and funding agencies, to understand the existing psychosocial landscape for national and local humanitarian staff, including the specific challenges to their psychosocial wellbeing and the support available. It identifies opportunities for humanitarian organisations to strengthen the psychosocial support they provide to national staff and partners, and can be used as an advocacy tool for local and national NGOs (L/NNGOs) seeking to raise awareness and motivate action. Donors and intermediaries can also use the research to identify practical ways they can promote equitable, appropriate and accessible psychosocial support for national humanitarian staff and national partner organisations.

Report structure

This paper has five sections:

- Section 1 (this section) introduces the report and provides an overview of the research approach and methodology
- Section 2 provides an overview of what we already know and why this is important. It also provides a high-level overview of humanitarian responses in the two case study contexts
- Section 3 unpacks what we learned about the stressors for national staff and partners
- Section 4 explores the currently available psychosocial support for national staff and partners, including emerging and promising practices
- Section 5 outlines opportunities for improving psychosocial support for national staff and partners.

METHODOLOGY

The research explored the psychosocial challenges experienced by national staff partners and the psychosocial support currently available. In particular, the study sought to answer the following research questions:

1. What are the psychosocial risks and needs of national staff and partners?
2. What psychosocial support is currently provided to national staff and partners?
3. How appropriate and/or accessible are current supports to national staff and partners?
4. What new approaches or adaptations to psychosocial support are required to improve appropriateness and accessibility for national staff and partners?

The research took a phased, qualitative approach, which involved a literature review and key informant interviews (see Figure 1). Data collection tools were developed in consultation with research partners for two country contexts: Afghanistan and Bangladesh.

Figure 1: Research methods

The literature review informed the direction of the research by identifying the existing knowledge on psychosocial risks and support for humanitarian workers, as well as the gaps that the primary data collection needed to fill. Research partners contributed to the literature review by identifying and analysing existing research specific to the two case study contexts. Building upon this, the research team jointly identified gaps and developed data collection tools through a collaborative workshop.

Key informant interviews took place with members of two groups of stakeholders between February and April 2024. The first set of interviews was conducted with MHPSS experts and focal points within humanitarian organisations. Recognising the wealth of work undertaken in the field of MHPSS in humanitarian crises, the research team wanted to ensure that this study built on existing knowledge and complemented what was already known, as well as capturing existing approaches to psychosocial support by key organisations in the sector. The second set of interviews was conducted in the two case study contexts (Afghanistan and Cox's Bazar, Bangladesh). Both contexts are the sites of protracted and complex humanitarian operations that pose ongoing psychosocial challenges for humanitarian staff. The case study approach allowed the team to answer the research questions in depth and in a contextualised way.

Interviews were conducted with international and national staff of international humanitarian organisations and L/NNGOs. Therefore, throughout this paper, the terms 'national and local humanitarian workers' or 'national staff and partners' are used to refer to national staff who work for international and local/national organisations.

Specialist MHPSS input and guidance into the research design and analysis was provided, as well as review of the paper, recognising the importance and value of technical expertise for this topic.

Scope and limitations

Scope: The focus of this study was psychosocial support rather than mental health. Mental health refers to a person's state of mental wellbeing; psychosocial support extends beyond the individual's mental health to factors such as family, community, working conditions, and organisational culture (see Box 1 on page 6). This research focused on psychosocial support and its operational implications for humanitarian actors rather than the mental health diagnoses and associated support provided by specialist agencies.

Representativeness: The interview sample size was intended to capture perspectives from key groups of stakeholders and enable deep exploration of particular issues. The findings are not representative all of stakeholder groups across the sector, or at the response level in Afghanistan or Cox's Bazar, Bangladesh. Stakeholders were approached based on their involvement in MHPSS in humanitarian settings and/or their interest in sharing their experiences as humanitarian workers. Where possible, we have also highlighted differences in experiences and perceptions between national staff who work for international organisations and those who work for L/NNGOs, however this is limited in scope due to sample size.

Generalisation of findings: Whilst the case study approach was useful in exploring the research questions in more depth, we acknowledges that it means some of the findings cannot be generalised. However, in Section 5, to the extent possible, we describe approaches that are likely to be relevant and appropriate across multiple contexts.

2. Setting the scene

Previous discourse on humanitarian work and its impact on psychosocial wellbeing consistently recognises the high rates of psychological distress faced by humanitarian workers.[6] Over the last decade, there has been an increase in the number of humanitarian organisations providing psychosocial support to staff, recognising that humanitarian contexts are likely to worsen mental health and that employers must protect their workers' wellbeing.[7]

However, the support provided often considers the needs of international staff but is unsuitable for, or overlooks, the needs of national staff and partners. For example, international staff are likely to be offered opportunities for rest and recuperation (R&R), compensation for working in high-risk environments, and given housing and transport support that collectively supports their psychosocial wellbeing in challenging contexts. In contrast, national staff are rarely entitled to additional leave for family or community commitments, and are usually required to manage their own housing and transport. This disparity in psychosocial support is also seen in inequalities between international and national staff in the humanitarian sector, such as those related to employment contracts, renumeration and benefits.[8]

Meaningful psychosocial support for national humanitarian staff and partners is important because psychosocial wellbeing can prevent mental health problems from developing or worsening and support good mental health. It should be part of the broader process of decolonising aid and resolving power imbalances, racism and inequities in the humanitarian system.

STRESSORS AND PSYCHOSOCIAL WELLBEING

Understanding the sources of stress and their impact on wellbeing is an important step in providing meaningful psychosocial support. To gain deeper insights into stressors, as a starting point for analysis, this study used the categories of sources of stress in humanitarian work as defined by the United Nations High Commissioner for Refugees (UNHCR).[9] These sources of stress are either external to an individual or generated internally. External sources include the external environment, organisational environment and social and interpersonal factors, and internal sources include personality factors, biological factors and psychological factors.

This study focused on external sources: the external environment, the organisational environment and social and interpersonal factors. For example, sources of stress in the external environment might include low-quality shelter, water and resources and dangerous conditions due to militarisation or crime, whilst sources of stress in the organisational environment might include hierarchy within the organisation or management style. A table in Annex 1 provides a more detailed overview and examples of the sources of stress.

We recognise there are differences in the experiences and perceptions of stressors for national staff who work for international organisations and those who work for L/NNGOs, due to aspects such as organisational context, culture and available PSS resourcing. In the subsequent discussion of findings, we have highlighted these differences in perceptions and experiences where data is available.

THE CASE STUDY CONTEXTS

This research explored psychosocial support for national and local humanitarian workers and how it can be improved through two case studies – the humanitarian response in Afghanistan and the Rohingya refugee response in Cox's Bazar, Bangladesh. Both these contexts are protracted humanitarian crises, which have also been affected by sudden onset disasters. The infographic below shows a snapshot of the humanitarian context, recent key events, and statistics about mental health within these countries to illustrate the issues affecting national and local workers.

RESPONSE OVERVIEW – AFGHANISTAN[10]

Population size **44.5 million**

People in need **23.7 million**

People targeted in HRP **17.3 million**

Funding requested (2024) **USD3.06 billion**

Timeline of key events during the humanitarian crisis (over the last 3 years)

- **AUGUST 2021** — International military forces complete withdrawal as the Taliban take control of the country, becoming the de facto authorities (DFA)
- **SEPTEMBER 2021** — DFA suspends secondary education for girls beyond grade six
- **JUNE 2022** — Major earthquake causes loss of lives and property damage in Paktika and Khost provinces
- **DECEMBER 2022** — DFA issues ban on women attending universities
- Taliban issues ban on Afghan women working in national and international NGOs (with some exemptions)
- **APRIL 2023** — DFA extends ban to Afghan women working for the UN
- **OCTOBER 2023** — Multiple earthquakes strike Herat province in western Afghanistan, causing loss of lives and property damage

Mental health in Afghanistan

- Nearly **9 million people are experiencing mental health conditions**, and of those, an estimated **8 million** have **little or no access to mental health services and psychosocial support**
- A survey of 2,112 women in March 2023 about the impact of the DFA's restrictions on their wellbeing found that **68% knew at least one woman or girl who had suffered from anxiety or depression**

RESPONSE OVERVIEW – ROHINGYA REFUGEE RESPONSE IN COX'S BAZAR, BANGLADESH[11]

People in need **1.6 million**

People targeted in JRP **1.3 million**
– including 1 million refugees and 300,000 people from host communities

Funding requested (2024) **USD872.7 million**

Timeline of key events during the crisis

- **2017** — Following escalation of violence and targeted attacks, more than 700,000 Rohingya refugees from Rakhine State, Myanmar cross the border into Cox's Bazar, Bangladesh
- **2020** — Government of Bangladesh begins relocation of Rohingya refugees to Bhasan Char Island
- **MARCH 2023** — Piloting of Repatriation Process of Rohingya Refugees begins
- **MAY 2023** — Cyclone Mocha affects 779,535, including over 536,000 Rohingya refugees

Mental health in Bangladesh

- **18.7%** of adults have a mental disorder (2018-2019 survey)
- **0.05%** of the health budget is allocated to mental health services
- A new Mental Health Act (2018) emphasises decentralisation of community-based services and support for persons living with mental illness

3. Why do national and local humanitarian workers need psychosocial support?

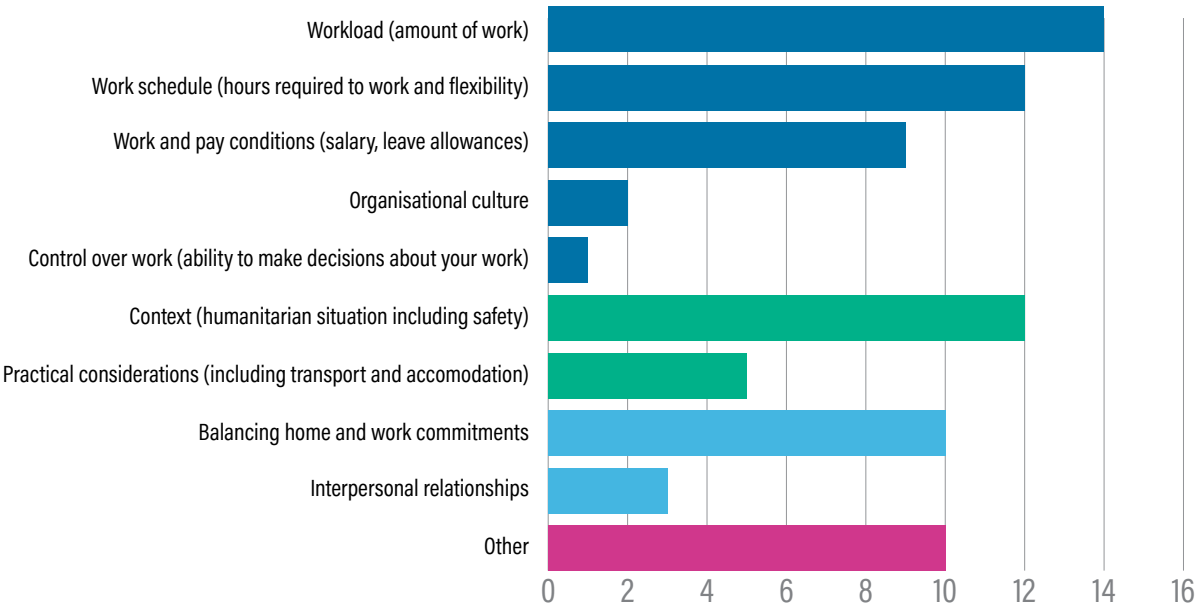
Evidence shows that national staff and international staff working in humanitarian agencies are exposed to different stressors. International staff encounter specific challenges, including unfamiliarity with the context, language barriers, and a sense of detachment from their home country.[12] While the humanitarian context itself is also a significant stressor for national humanitarian staff, a growing body of research suggests that many of the issues they face relate to the daily and cumulative stresses generated within the workplace.[13] These stresses relate to factors such as workloads and schedules, employment contracts with large differences in pay and benefits among colleagues, and power dynamics that reduce control over work and opportunities for career advancement. In turn, these factors often reflect structural inequalities in the humanitarian sector, particularly between those on international and national staff contracts, and between international organisations and L/NNGOs.[14]

National humanitarian workers are often perceived to be more familiar with the local context than their international counterparts, and thus able to better interact with and provide support to local populations. Therefore, they are often deployed in operations and assigned higher workloads with a greater degree of risk.[15] Despite this, as noted earlier, to date researchers have paid relatively little attention to the stressors facing national staff and partners. This has begun to change, with recent studies placing greater attention on stressors and access to MHPSS for national humanitarian workers.[16]

SOURCES OF STRESS FOR NATIONAL AND LOCAL HUMANITARIAN WORKERS

We asked national and local humanitarian workers about sources of stress. Figure 2 below provides a breakdown of these responses, categorised according to the UNHCR categories listed in section 2. Many of the sources of stress overlap and extend across categories (external environment, organisational environment, social and interpersonal factors). To simplify matters, the following section presents findings about sources of stress in two areas: the operational environment, and the workplace and organisational environment.

Figure 2: Sources of stress for national and local humanitarian workers (multiple selections possible)[17]



Legend:

Sources of stress (adapted from UNHCR[18]):

Dark blue = organisational environment | green = environment | light blue = social and interpersonal | pink = other

Notes: Reasons given for other causes of stress included lack of appreciation, recognition and being listened to; differences in treatment to other humanitarian staff; lack of insurance and policies to support parents, including parental leave; not being local to the area where working; bans on women's education and employment; lack of funding for local organisations; and challenges related to bureaucracy and project implementation.

FINDING 1 – The operational environment creates specific stressors for national and local humanitarian workers.

In the two case studies in this research, the humanitarian operational environment, including issues related to safety, were a key source of stress for national and local humanitarian workers (see Figure 3). Whilst the nature of the humanitarian setting is a source of stress for all humanitarian workers, national and local workers often grapple with a myriad of specific challenges rooted in security risks and disruptions to social structures. Moreover, they are often both aid providers and members of the affected community, creating a unique situation in terms of their involvement in the humanitarian response. They may live in affected locations or nearby, or come from other regions within the country and struggle to find accommodation and transport to work, lacking the relocation benefits that international staff receive.

Figure 3: Context (humanitarian situation, including safety) as a source of stress for national and local humanitarian workers[19]

Yes

> "If you're from that context, you live and work in it every day, if rolling from crisis to crisis, there's no breathing space, there's no R&R.[20]

National staff and partners are often involved directly in project implementation and working directly with affected communities, which increases safety and security risks.[21] This is supported by global statistics, with national humanitarian workers being the targets of the vast majority of attacks on aid workers.[22] Most national and local humanitarian workers lack the mobility their international counterparts have if a security situation deteriorates.[23]

> "National staff face unique stressors related to the nature of their work directly in the field, serving their communities. They grapple with the insecurity of their positions, as they are more susceptible to local conflicts and confrontations.[24]

The role of gender in the operational humanitarian context

Gender significantly influences key sources of stress in the operational environment. Interviewees noted gendered differences in physical safety, such as men being mistaken for combatants, and women facing gender-based violence and harassment.[25]

> "Gender plays a huge role – in terms of physical safety, two very different experiences. Gender-based violence, harassment and abuse increases when in a crisis-affected context, so it's very likely that any members of your staff, especially if they are female, have experienced that in their lives at some point.[26]

Furthermore, women may face gender-based discrimination – both inside and outside the workplace – and restrictions on their mobility and autonomy due to traditional gender norms and expectations (see Box 2). However, these issues can also affect men, who are expected to be breadwinners for their families, adding to stress.[27]

Box 2: The impact of restrictions on women humanitarians in Afghanistan

The Taliban takeover of Afghanistan in August 2021 significantly affected the operations of many humanitarian agencies and in particular women on their staff. Respondents noted the increased stress women experienced in navigating their workplaces and working in the field.[28] Bans on Afghan women working for international and national NGOs in December 2022, and of UN agencies in April 2023, further complicated humanitarian operations and harmed women's mental health.[29] Broader restrictions on women and girls' movement, employment and education reduced their access to humanitarian assistance and services. In April 2024, 64% of women reached in quarterly consultations by UN Women, the International Organization for Migration (IOM) and the United Nations Assistance Mission in Afghanistan (UNAMA) reported feeling 'not at all' safe leaving home by themselves (vs. 2% of men), and only 10% reported that their mental health was 'good' or 'very good' (vs. 29% of men).[30]

> "My stress level is constantly at a 5 because of the numerous constraints enforced not just in educational institutions but also in the job due to several aspects associated with being a woman. The problems we face as women in the workplace are numerous and frequently overwhelming.[31]

Finding 2 – The organisational environment is the primary stressor affecting the wellbeing of national and local humanitarian workers.

As Figure 4 shows, workload was the primary stressor cited by national and local humanitarian workers interviewed for this research. Interviewees highlighted how national staff are often expected to work longer hours without adequate compensation or recognition – especially if existing cultural or organisational norms prioritise work over personal wellbeing.[32] Several flow-on effects of high workloads were noted, including long working hours leaving little time and energy to invest in family time, rest and other social and community commitments that could reduce stress.[33]

Figure 4: Workload as a cause of stress for national and local humanitarian workers[34]

Yes

> The first year of the Rohingya crisis [...] national staff took less leave, whereas mandatory leave is there for international staff.[35]

Other common sources of stress related to organisational environment and workplace included difficult work schedules, low pay and poor conditions. These stressors are often perpetuated and exacerbated by inequalities inherent in how national staff are employed and L/NNGOs are subcontracted. Both national and international humanitarian workers, as well as psychosocial experts, highlighted how structures embedded in the sector and humanitarian organisations had led to inequalities in contracts, salaries, benefits, systems and processes for national staff.[36] National and local humanitarian workers are also often employed on a project-to-project basis, contributing to job insecurity.[37] This can create frustration and a sense of unfairness, which affects their wellbeing, teamwork and ultimately the quality of programs.[38] These findings are supported by the emerging literature and research on national staff that shows work-related stressors, such as unequal pay, employment status and job insecurity, feeling undervalued or an inability to contribute to decision-making, are prevalent among national humanitarian workers.[39]

> National staff often experience disparities in benefits compared to their international counterparts, with limited access to additional support beyond their salaries, contributing to their stress levels.[40]

Some interviewees highlighted a range of other sources of stress for national and local humanitarian workers, beyond those stemming from tangible inequities in pay and conditions. For example, the transient nature of the international humanitarian workforce and often short-term nature of international deployments can affect the stability of country offices. This has flow-on effects for national staff and partners, such as international staff not working in culturally safe ways due to lack of knowledge or familiarity, and a lack of recognition and acknowledgement of the experience and knowledge national staff bring to the workplace. It can also lead to national staff needing to continuously build new relationships with new colleagues (often in leadership or managerial roles), which contributes to a sense of *'having to prove yourself over and over, even if you're a long-term staff member who has worked [there] for a number of years'*.[41]

> “Among these stressors, the lack of appreciation and recognition for my work is the most significant source of stress.[42]

Gender can exacerbate stressors for national and local humanitarian workers in the organisational environment. Women often have to balance family commitments and care responsibilities; several respondents stated that many women have less time to relax and be social, due to caring responsibilities, whilst men have more downtime outside the office.[43] In contexts where women have less mobility and are unable to go to the office, working from home can also contribute to stress, with household responsibilities complicating balancing work and home commitments.[44] This is similar to findings during the COVID-19 pandemic that online forums and meetings could be a hindrance to the participation of representatives of women's rights organisations.[45]

> “Working from home is hard for women, there are a lot of responsibilities, the flexibility is not there all [the] time [and] it creates a lot of stress and pressures.[46]

Whilst some of the challenges inherent in working in humanitarian settings are out of the control of humanitarian actors, there are opportunities to mitigate their impact on staff. The stressors highlighted above have varying impacts when they intersect with the ability of existing psychosocial supports to alleviate them. The following section explores the existing psychosocial support available to national humanitarian workers with respect to availability, accessibility, relevance and appropriateness.

4. Existing support for national staff and partners

There are significant differences in the amount, type and accessibility of support available to international and national humanitarian workers (see Figure 5). This has real impacts on the psychosocial wellbeing of national staff and partners who are acutely aware of the differences and experience this inequality as unfair.

> “Despite playing a vital role in delivering humanitarian aid and development assistance, national staff members in Afghanistan often receive less adequate psychosocial support compared to their international counterparts. The disparity in resources, salaries, and benefits can contribute to feelings of inequality and dissatisfaction among national staff, leading to high turnover rates and decreased morale within organisations.[47]

Figure 5: Do you think that the psychosocial support provided to national staff compared to international staff is different?[48]

For example, psychosocial support for international staff often includes counselling, debriefing pre- and post-deployment, and integrated support through employee assistance packages (EAP). Contracts often include additional leave/R&R, hardship payment, health insurance, and housing and/or transportation support in-country.[49] Whilst some psychosocial support (PSS) mechanisms are available for both international and national staff – such as counselling and EAP – these benefits are limited, not appropriately tailored or not available at all due to differences in employment contracts, renumeration and benefits.

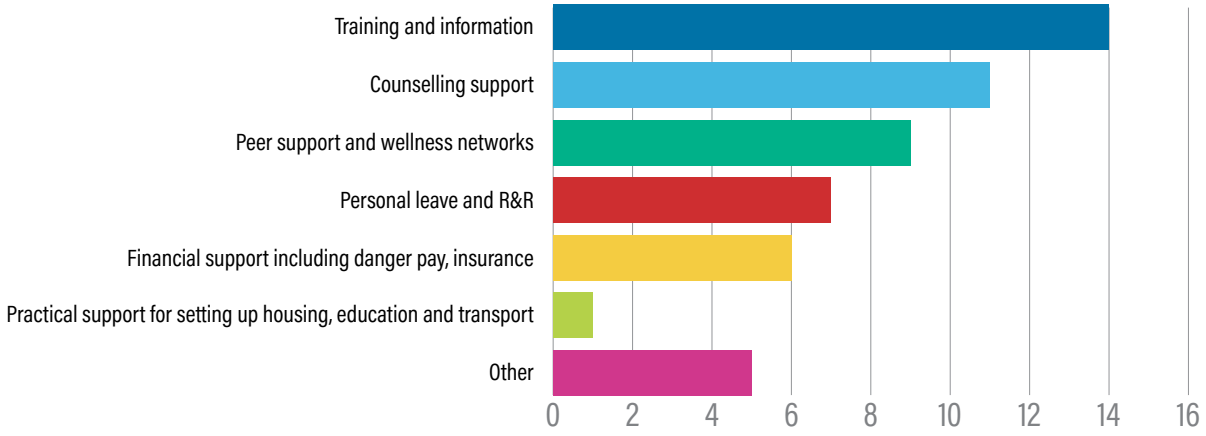
The following findings describe these differences in three key areas: 1) availability (do services and support exist for national staff/partners?); 2) accessibility (can they access them?) and 3) relevance and appropriateness (do they meet their needs?).

Throughout the research, emerging and promising practices were uncovered – but these were few, and applied inconsistently across organisations. They are highlighted throughout this section of the report and signposted with this symbol.

KEY ISSUE 1 – Availability – Humanitarian organisations provide broad psychosocial support, but national and local humanitarian workers receive relatively limited, less frequently tailored support.

Most interviewees reported that psychosocial support was available in their organisation.[50] However, this was mostly in the form of training and information (e.g. on security, self-care planning and stress management) (14 of 19) and counselling support (11 of 19). Other forms of support, such as peer support, personal leave and R&R, practical support such as housing and transportation, and financial support such as danger pay and insurance, were less common (see Figure 6 below).

Figure 6: Available PSS (multiple selections possible)[51]



Many humanitarian organisations, particularly at the global level, have an established MHPSS mechanism. Our document review of 14 sets of PSS staff guidelines found consistent emphasis on the importance of providing mental health and psychosocial support to both staff and volunteers. However, interviewees identified that improvements to MHPSS for international staff have outpaced the establishment of equitable PSS for national staff. Broad supports are widely available to national staff, but more tailored supports are less frequently offered. Furthermore, there is a lack of information about how the PSS mechanisms are applied or adapted for specific humanitarian settings, as well as how organisations are monitoring and meeting their commitments in providing PSS services to all staff – which is set out as a minimum function of human resources (HR) in the IASC Guidelines on MHPSS and also links to commitment 8.2 in the Core Humanitarian Standard.[52]

> "The psychosocial support provided to national staff compared to international staff [...] differs in various aspects such as the amount, services available, relevancy, and accessibility. This often translates into better allowances, rest and recuperation opportunities, and other benefits for international staff.[53]

Overall, the interviewees reported less availability of support tailored to the distinct needs of national staff and their specific stressors and PSS risks.[54] Interviewees reported using general types of support offered to all staff, such as training and workshops; fewer reported accessing counselling or peer support. There were very few examples of national staff accessing other tailored or specific types of support. Just one respondent mentioned the existence of risk/danger pay, and no national staff reported having access to R&R leave to support their psychosocial needs in the context of a high-pressure humanitarian working environment.

The low availability of psychosocial support is exacerbated for national and local partner organisations. Efforts by international organisations to make some of the PSS mechanisms for international staff available to national staff, such as counselling services, rarely extends to resourcing local partners to build up their own PSS mechanisms.[55] Instead, capacity building and support from intermediary partners on HR issues tends to focus on issues such as due diligence, ethical stands and accountability.[56]

Overall, interviewees indicated that there needs to be greater investment in availability of psychosocial support for national and local humanitarian workers. Suggestions included ensuring there were various options and types of support available, that these are tailored to the needs of national staff and culturally sensitive, as well as addressing the primary stressors related to the organisational working environment, such as equitable compensation and flexible work arrangements.[57] Box 3 provides two examples of organisations making psychosocial support – specifically peer support – more widely available to national staff.

Box 3: Promising/emerging practice – Peer support networks

Several respondents regarded formal and informal peer support as a promising PSS practice to support national staff.[58] As noted above, some interviewees reported drawing on peer support, either through formal networks or informal discussions with colleagues, to discuss challenges and receive advice.[59] An organisation operating in Afghanistan implemented a PSS initiative at both community and organisational levels. The program involves the formation of a volunteer team comprised of individuals who are highly respected and with whom colleagues prefer to talk, irrespective of their role or position within the organisation. These volunteers undergo relevant training to effectively support and assist people, including managing confidentiality, reporting duties, and basic psychological first aid (PFA). Notably, 70% of these volunteers are national staff members.[60]

Another international organisation established a peer support network that provides specialised training in understanding crises and stress response management. Staff in most of the countries where the organisation operates ensure that a core group of people from different cultures and languages can provide 1:1 support to individuals (not counselling or specialised support) through this network.[61]

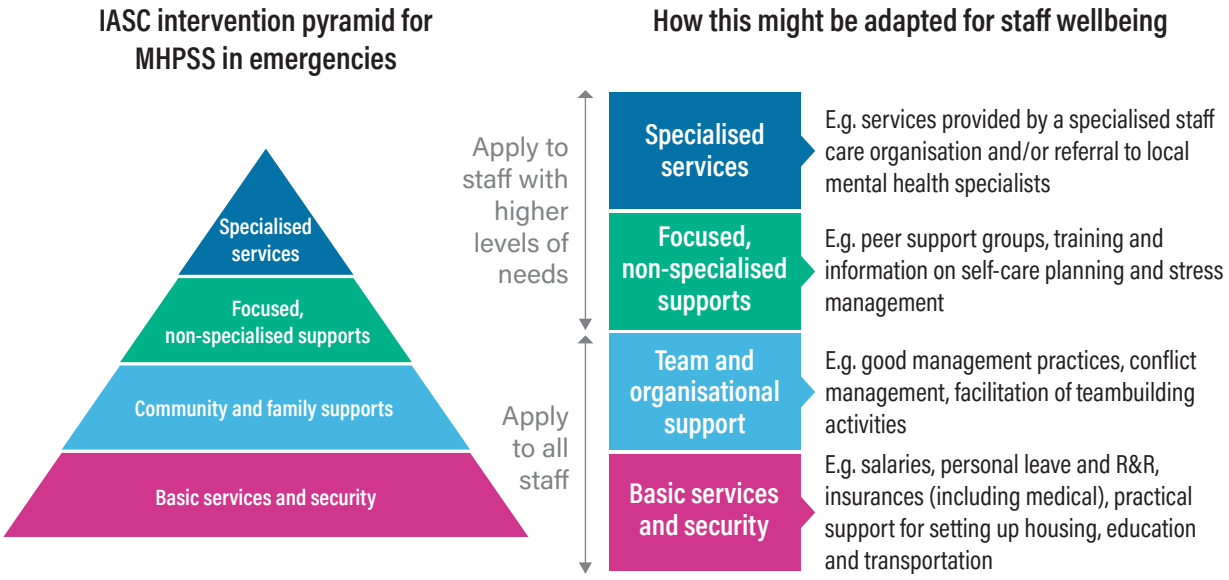
Despite limited resources, my organisation does offer support mechanisms such as peer support. This involves discussing difficult situations with colleagues who often provide valuable advice and guidance.[62]

KEY ISSUE 2 – Relevance and appropriateness – Most psychosocial support does not address the specific stressors experienced by national and local humanitarian workers and is not tailored to meet their needs.

Our research found that the psychosocial support provided by humanitarian organisations is largely inadequate, irrelevant or inappropriate in addressing the unique stressors experienced by national and local workers.

Many humanitarian organisations use the Inter-Agency Standing Committee's MHPSS intervention pyramid (see Figure 7) to provide PSS programming and intervention.[63] This framework outlines the need for a phased approach to developing the key layers of PSS programming and intervention, emphasising the need to invest first and foremost the foundational two layers: basic services & security, and team & organisational support. Prioritising assistance in these first two foundational layers can reduce sources of stress in a holistic way and minimise individuals' need to seek out more focused and specialised support and specialised services.

Figure 7: MHPSS Intervention Pyramid adapted for staff wellbeing (adapted from Jesuit Refugee Service Staff Well-being Advisory Board, 2019)



However, we found that few organisations offer support that holistically addresses the basic needs and security of national and local humanitarian workers, and their associated stressors, as outlined in the first two layers of the pyramid (through basic services and security, and team and organisational support). As outlined in Finding 2 (above), most national staff and partners identify that their key stressors relate to their organisations' cultural and working environment, such as workload and work schedule requirements, work and pay conditions (salary and leave) and decision-making and control over their work.

The current focus of psychosocial support remains predominantly on individual counselling, either through making counsellors or psychologists available in-person for a certain duration of time or remotely through telehealth or helplines.[64] Some interviewees, including those with PSS expertise, also noted that psychosocial

support is heavily informed by a Western understanding of mental health, with particular emphasis on pathological or medical aspects and medical or psychological interventions, and that this has contributed to a strong focus on providing specialised support, such as counselling.[65]

As such, there is need for greater focus on addressing organisational environmental factors to reduce these issues as key stressors and to develop more specific and diverse strategies that are relevant and appropriate for national and local humanitarian worker. Interviewees regarded overcoming broader disparities, such as unequal remuneration and leave, as important. Allowing national staff more time to engage or connect with their community were also raised as important tailored types of supports and strategies.[66] National staff and partners often struggle to managing their dual responsibilities as family and community members and professional humanitarian workers. Their responsibilities often extend beyond office hours, encompassing caretaking duties and community events and other engagements. Managing workload, ensuring work hours are reasonable, and providing adequate leave and childcare might reduce these pressures and ensure workers have time to be involved in community activities and maintain their psychosocial wellbeing. Box 4 provides an example of a promising practice (its continuity is unclear) in which national staff received additional paid leave.

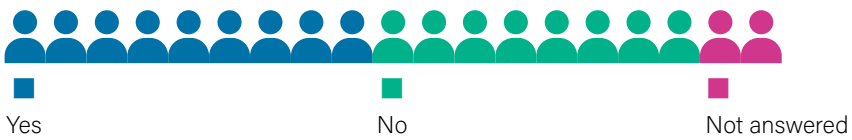
Box 4: Promising/emerging practice – Additional paid leave each month in lieu of R&R

An international humanitarian organisation operating in Cox's Bazar implemented a policy offering national staff 2.5 days of paid leave per month to compensate for the absence of R&R benefits. This policy provides an alternative form of psychosocial support, enabling staff to utilise their leave for personal purposes or activities, such as attending family gatherings or engaging in recreational pursuits.[67] Because national staff often reside within the community and extended absences may not always be feasible or preferable, this approach provides greater flexibility in utilising time off to support their wellbeing.

KEY ISSUE 3 – Accessibility – Psychosocial support provided by humanitarian organisations is not always accessible due to confidentiality concerns, stigma surrounding mental health, and practical barriers such as language.

National and local humanitarian workers reported several obstacles to access to psychosocial support even when it was available. Just over half of national staff and partner respondents reported ever having accessed psychosocial support (see Figure 8).[68] Access is often relatively poor for national staff and partners due to inequalities in the humanitarian system such as job insecurity, differences in renumeration and funding (for L/NNGOs), and the languages typically used in the support services on offer.

Figure 8: Have you ever accessed any of the available psychosocial support?[69]



Discussions with national and local humanitarian workers underscored a common fear about accessing psychosocial support –that it will harm their performance assessment and subsequent job security.[70] Many respondents raised uncertainty about confidentiality, particularly when accessing counselling services, and their lack of trust in organisational systems. In some cases, accessing psychosocial support requires the applicant to explain why the support is needed, which can also contribute to confidentiality concerns.[71] This is linked to stigma about mental illness and accessing associated services that can be heightened for local and national workers due to cultural or social factors.[72]

> **"There is still a pervasive culture of confidentiality concerns among workers who fear their needs will be viewed as complaints. Although there may be systems in place to address these issues, workers may not be aware of them.[73]**

The language of provision also deters national and local humanitarian workers from accessing psychosocial support. Many PSS services are offered in languages spoken by international staff; explaining stress or recounting a difficult situation in a secondary language might make it difficult for national staff to fully engage with or benefit from them. Another respondent highlighted inflexible timing as another barrier – for example, PSS services only being available during work hours.[74] Other barriers to PSS access included factors such as the types of providers and where they are located. One interviewee reflected that some national staff may prefer to access PSS services outside their community, particularly those who live in small communities where they may be more easily identified. Another interviewee asked *'Why do we limit national staff to local services only?',* claiming that international staff have greater choice of providers (and their employers bear the cost).[75]

Suggestions for improving access were varied. Some of the ideas put forward during this research included building awareness about mental health issues and normalising conversations about mental health to reduce stigma across organisations. Another interviewee highlighted how terms like 'staff care' or 'wellbeing' might carry less stigma than other terms (such as 'psychological safety') and make people feel more comfortable.[76]

5. Towards improved psychosocial support for national and local humanitarian workers

In this research, we set out to improve our understanding of the psychosocial challenges experienced by national and local humanitarian workers, identify emerging and promising practices, and identify opportunities for humanitarian organisations (international and national) to strengthen the psychosocial support they provide to national staff and partner organisations. We found that the primary stressors affecting the wellbeing of national staff and partners are related to their work environment – workload, work schedule, pay and conditions. The operational environment and humanitarian situation are also key factors, creating different psychosocial risks for national and local workers compared to international staff. Too often, the psychosocial support provided by humanitarian organisations has not been adapted to meet the needs of national and local humanitarian workers, and is not always accessible or appropriate.

Humanitarian organisations should improve the psychosocial support they provide to national staff and partners and ensure it is contextually relevant and appropriate for the specific stressors they experience. This needs to take place in the context of broader processes to address inequalities embedded in the humanitarian system and involve a holistic approach to psychosocial support that encompasses basic needs and security, including equitable compensation and benefits. Developing meaningful psychosocial support for national humanitarian staff and partners is important, because it can prevent mental health problems from developing or worsening and support good mental health.

KEY OPPORTUNITIES

Improving psychosocial support within humanitarian organisations requires a multifaceted approach. Outlined below are opportunities to strengthen approaches for more equitable, relevant, available and accessible PSS for national staff and partners. Through integrating these key components in PSS efforts, organisations can forge more holistic psychosocial support, embracing diversity and ensuring equitable access for all humanitarian workers.

OPPORTUNITY 1 – EQUITY – Ensure equitable compensation and benefits, opportunities for career advancement, and fair treatment in the workplace to promote national staff psychosocial wellbeing

Many of the stressors that national and local humanitarian workers face are related to meeting basic needs, such as physical security and financial security.[77] In particular, this study highlighted that workloads, work schedules, pay and conditions are key stressors. Reducing inequalities within the humanitarian system, particularly in relation to remuneration, benefits and career advancement, will also improve psychosocial wellbeing for national and local humanitarian workers. This includes:

- ✔ Remunerating national staff equitably
- ✔ Ensuring equitable access to leave policies and other benefits
- ✔ Providing opportunities for career advancement for national staff

- ✔ Ensuring employees on national and international contracts receive equal treatment in the workplace
- ✔ Implementing organisational policies that prioritise the wellbeing of staff members, including measures to reduce stressors for national staff – including managing workload, providing adequate rest periods, enforcing travel and safety protocols, and enabling contextually relevant work–life balance depending on specific needs
- ✔ Conducting regular assessments of staff wellbeing and satisfaction to identify areas for improvement and gather feedback on the effectiveness of existing PSS initiatives.

OPPORTUNITY 2 – RELEVANCE – Strengthen contextually relevant and appropriate PSS approaches to lessen the specific stressors experienced by national and local humanitarian workers.

Organisations should consult national and local humanitarian workers to learn about the stressors that reduce their wellbeing and their preferred types of support. Consultation should be used to inform a range of PSS options for both international and national staff, considering contextual factors, language, culture and sources of stress, and to identify the barriers to accessing psychosocial support and how these can be overcome.[78] This can be done by:

- ✔ Providing appropriate platforms for national staff to discuss their personal difficulties and explore ways to strengthen PSS availability and accessibility in a contextually relevant way
- ✔ Ensuring tailored psychosocial support is available to national staff and ensuring that resources such as counselling, mental health resources, and stress management tools are readily accessible to all staff members, regardless of their employment status or position within the organisation
- ✔ Establishing peer support networks or buddy systems within organisations to facilitate informal assistance and encouragement among staff members, fostering a sense of group support and solidarity
- ✔ Establishing appropriate religious, spiritual or cultural spaces or times for prayer/devotions.

OPPORTUNITY 3 – BUILD AWARENESS – Strengthen an inclusive culture of wellbeing amongst humanitarian workers by both raising awareness of mental health and psychosocial issues and destigmatising them.

The study found promoting psychosocial wellbeing requires ongoing research and advocacy to reduce the disparity in PSS provision between international staff and national staff and partners. [79] Recognising and supporting the significance of national staff wellbeing is crucial, as is highlighting the need for continuous efforts to bridge this gap and foster an inclusive culture of wellbeing for all humanitarian workers. This can be done through:

- ✔ Documenting good and emerging practices in different contexts and sharing them internally, and with human resources forums and networks across international actors
- ✔ Providing regular and ongoing training and capacity-building initiatives aimed at enhancing the skills of humanitarian managers and supervisors in recognising and meeting psychosocial needs within their teams
- ✔ Ensuring managers model self-care practices for both international and national staff members. Setting an example, such as leaving the office on time, can encourage healthy work–life balance
- ✔ Continuing to recognise and advocate to donors and intermediaries about the importance of supporting and resourcing psychosocial support for national staff and local/national partner organisations.

WORKING TOGETHER

Humanitarian organisations can start working towards improving their PSS services by exploring their existing practices. Outlined below are some questions that actors can ask to start conversations about how to create more meaningful psychosocial support for national and local humanitarian workers. These questions should be contextualised to needs, cultural settings and the local humanitarian landscape.

INTERNATIONAL ORGANISATIONS AND INTERMEDIARIES	■ How does the current workplace culture and environment affect national and international staff in different ways? E.g. are national staff working longer hours than international staff? / Do national staff have sufficient time for religious or social engagements and to care for family? ■ How does the organisation's current wellbeing program support access and uptake for international and national staff? What proportion of national staff are using PSS services? What prevents staff from accessing services? What changes can be made to increase use of PSS services? ■ How do current remuneration and HR policies affect staff wellbeing and stress? How could these policies be improved to increase wellbeing and reduce stress? Are national staff receiving appropriate and equitable compensation, leave and other benefits? ■ What opportunities exist for national staff to contribute to the design and implementation of wellbeing approaches, and how could these be improved? ■ In what ways do senior leadership and management support staff wellbeing and model good practices?
DONORS	■ Do current approaches to working with international or intermediary partners incorporate discussions about national partner and staff wellbeing? ■ Can wellbeing/psychosocial support become a component of partnership quality reviews or assessments? ■ Can current funding be extended to support national and partner staff wellbeing?
LOCAL AND NATIONAL NGOS	■ Does our organisation have policies in place that protect the psychosocial wellbeing of our staff? ■ How are wellbeing/PSS issues discussed or approached with international partners? ■ How do international partners support your organisation to ensure staff wellbeing? ■ Could international partners' support for national staff wellbeing form a standard part of partnership agreements or contracts? ■ Can international partners help set up or provide access to PSS systems? ■ In what ways can international partners most appropriately help local and national partners to resource and prioritise psychosocial support?

Annex 1: Sources of stress

Sources of stress (adapted from UNHCR)[80]

External	Internal
ENVIRONMENT: Result from various environmental conditions where the work is taking place and/or staff are living, such as difficult climatic conditions, remote or isolated locations, lack of shelter, water and resources in general, militarised settings and crime, heightened political climate, and cultural or racist attitudes towards particular groups.	**PERSONALITY FACTORS:** Some people are drawn to humanitarian work through idealism and altruism. This makes them vulnerable to stress, particularly when they must grapple with high demand for very limited resources. They may experience a sense of personal failure when they are unable to meet people's needs.
ORGANISATIONAL ENVIRONMENT: Some humanitarian organisations develop a 'house culture' and environment that can generate stress for their workers. Among the factors that shape this are strict hierarchy, unnecessary bureaucracy, misallocation of resources, poor management style and a mission that is unachievable.	**BIOLOGICAL FACTORS** that can be a source of stress include physical factors such as insufficient fitness, acute or chronic physical illness, allergy, injury, trauma and fatigue.
SOCIAL AND INTERPERSONAL FACTORS: Could include isolated postings and a lack of social and recreational choices outside work. Interpersonal stress may arise from co-worker conflicts, poor supervision, dysfunctional working relationships, family problems, and other issues regarding relationships with others.	**PSYCHOLOGICAL FACTORS:** Psychological stress can result from physical threats to safety, past or present traumatic experiences, attacks on self-esteem, lack of self-confidence, and feelings of insecurity.

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19 19 national or local humanitarian workers.

20 Interview 4

21 Interviews 2, 4, 8, 11–12, 15–16, 18 & 24

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35 Interview 24

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50 17 of 19 national or local staff (1 no, 1 not answered)

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60 Interview 7

61 Interview 25

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66 Interviews 1, 3–5, 7–8 & 24

67 Interview 23

68 17 of 19 national or local staff (1 no, 1 not answered)

69 19 national or local humanitarian workers.

70 Interview 24; Debrief

71 Interview 7

72 Interviews 7 & 8

73 Interview 34

74 Interviews 1 & 12

75 Interviews 3 & 5

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