

# Promoting children and adolescents' well being and safety



# Strengthening Mental Health and Psychosocial Support services and GBV prevention for children and adolescents through Health System

## Why?

- Primary health care workers are usually among the “first responders” and trusted
- Investment in prevention of violence, abuse and integrating psycho-social support in health services are likely to give better health outcomes including maternal and child health

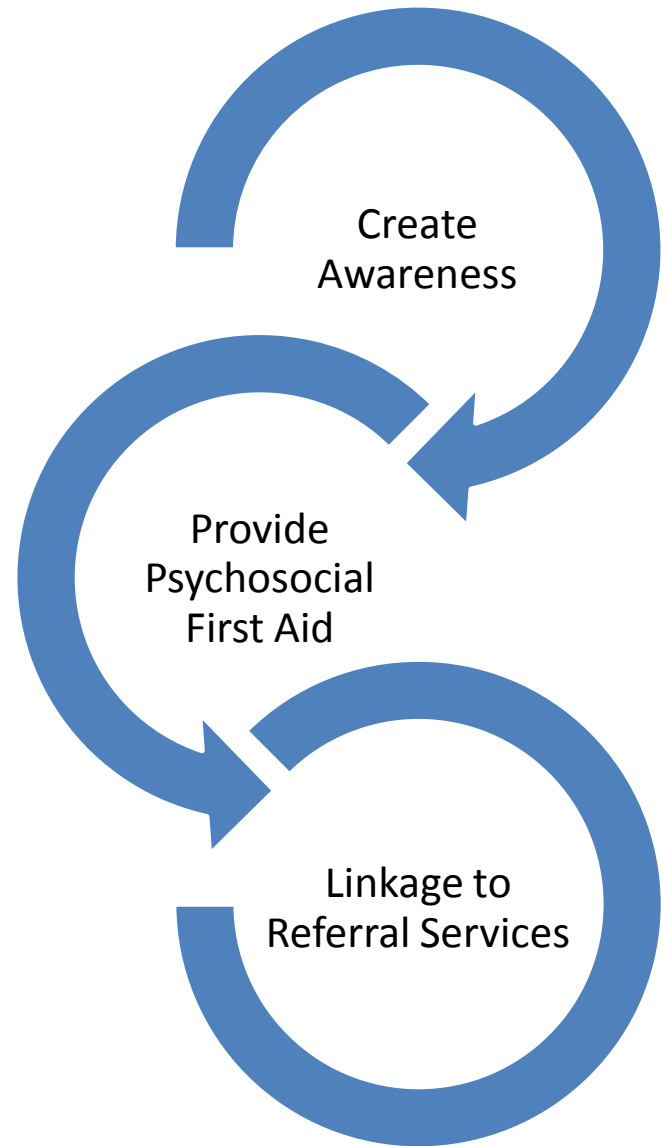
## Objectives:

- Strengthen mental health and psychosocial services through integration into primary healthcare and community health services
- Psycho-educate community members, parents and care givers to support women, children and adolescents, promote mental health well-being, preventing violence, abuse and exploitation

## What we want to achieve?

- **600,000 women, children and adolescents** have access to community based mental health and psychosocial support services
- **16,000 health care workers and community volunteers** have the knowledge and skills to provide psychosocial first aid (PFA) to children ,adolescents and parents/givers
- **700,000 children, adolescents and community members reached** with targeted messages and information on prevention to gender-based violence, violence against children, child labour, child marriage, COVID-19 and understanding psychological needs of children and adolescents

# Strategies and Activities



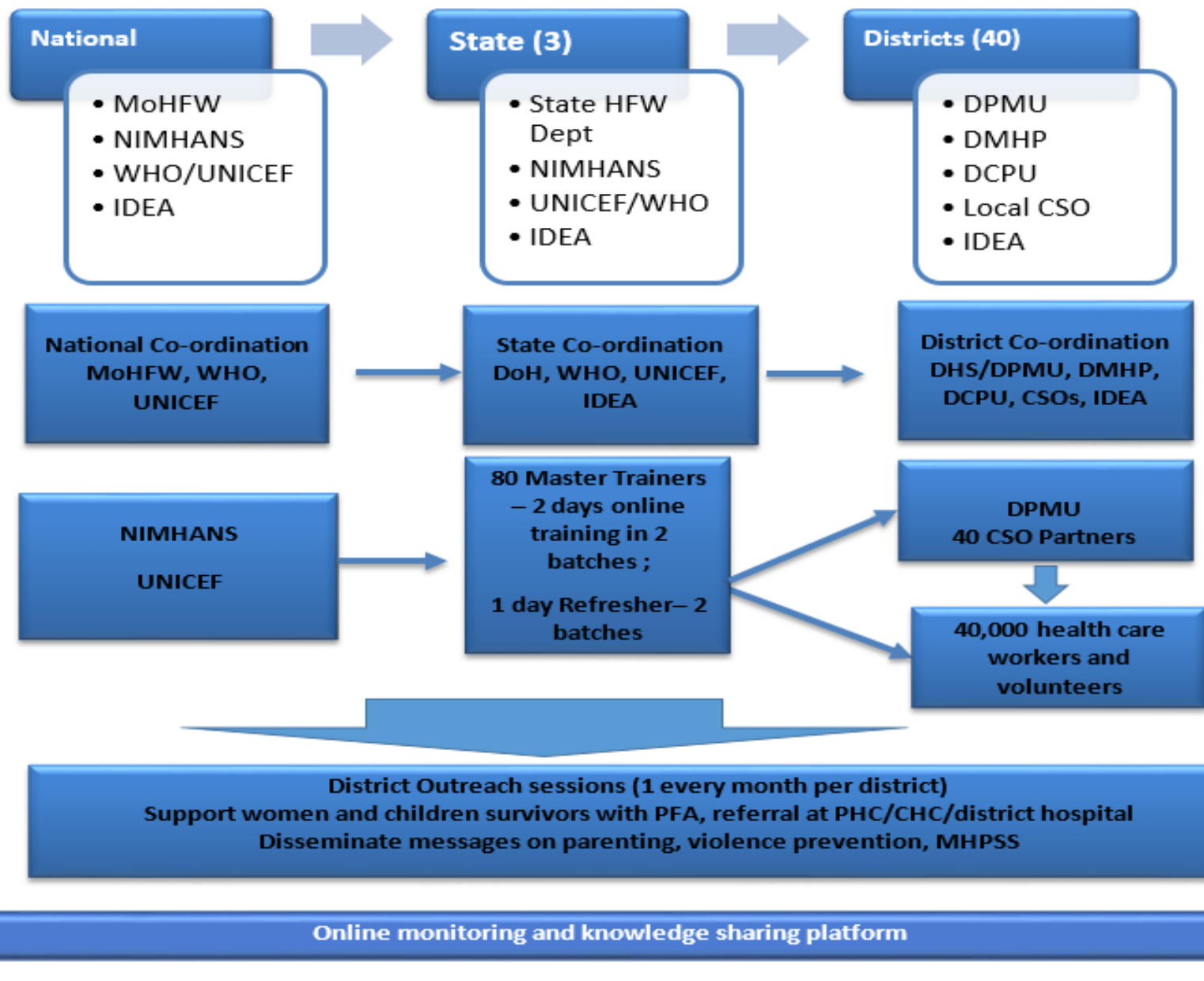
## **Implementation plan**

- Training of Master Trainers (NIMHANS)
- Training of FLWs and CSO Volunteers at District Level (DPMU and CSOs)
- Mapping of referral Services
- CSO coalition (20 CSOs)
- Create a local network of “Mental Health Champions” including Youth Volunteers
- Roll out social media and community awareness
- Online monitoring and knowledge sharing platform

# Implementation plan....

- **Convergence at district level**
  - Regular meetings with DPMU/DCPU facilitated by UNICEf/IDEA partners
  - Map and track children and adolescent affected by COVID-19 (infected, have parents/family members infected, lost one or both parents) and support them with access to social protection, MHPSS and health services
  - Link at-risk and victim children, adolescents, pregnant women with appropriate referral services for child protection, , health care, counselling, social protection, compensation, legal assistance and others

# Implementation Plan



# Role of MoHFW

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To share approval for the partnership and to extend necessary support for rolling out

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To ensure convergence with DCPU, CWC, JJB, One-Stop Centres

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To nominate focal staff from the Ministry/Department

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To share approval for interactive meetings between experts and staff and approve mentorship visits as and when feasible

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# Role of MoHFW

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To share approval for the partnership and to extend necessary support for rolling out the

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To share approval for the Training Materials development

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To nominate focal staff from the Ministry/Department

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To share approval for interactive meetings between experts and staff and approve mentorship visits as and when feasible

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# Role of UNICEF

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To coordinate with MHFW and Department of Health and other relevant health authorities in state and district level

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To co-develop the training materials in partnership with WHO and NIMHANS; UNICEF to lead

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To administer the training materials development and roll out in partnership with MHWF and health department

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To lead the development of the gender sensitization and child centric approach in GBV prevention and response

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To engage an appropriate resource person/agency to transact the gender sensitization/child centric approach

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To administer the pre and post training evaluation for participants and to develop report of the training results documenting change in knowledge and skills of participants

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To coordinate with the health authorities for ensuring staff nomination for the training and to share information about training schedules and mentorship meetings with experts

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To collaborate with WHO for empaneling a team of experts who may be engaged as mentors

# Role of WHO

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To support the relationship with the MHFW and health department and assure the health perspective in the development and roll-out of the training materials

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To share technical support and existing training materials for health professionals on GBV with UNICEF so that UNICEF can further build in the gender and child centric lens

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To engage and recommend appropriate resource persons/agency in the health domain for the support of the initiatives

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To support in the design of the pre and post training evaluation

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To co-develop with UNICEF a report on the training, documenting the change in knowledge and skills of participants based on the pre and post evaluation test results

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To collaborate with UNICEF for empaneling a team of experts who may be engaged as mentors

# Role of NIMHANS

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To ensure the role as technical expert through providing support in quality assurance and technical advice to the training materials and roll-out

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To be an active member along with WHO, UNICEF, IDEA and representatives of the Health department in assuring the quality of the trainings

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To participate along with UNICEF and IDEA in conducting the trainings

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To assure the role as mentor providing coaching for trainers of IDEA and participants

# Role of IDEA

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To assure the critical role as implementing partner of UNICEF in rolling out this initiative

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To assure the coordinating and secretariat role for any meetings held in support of the initiative

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To assure the necessary logistics and operation requirement

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To work in close collaboration with local authorities, UNICEF and WHO

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To assure the role of mobilizing community-based organizations, NGOs in order to create the network of MHPSS service providers across states/districts



## About IDEA

- ❖ IDEA is an organization of subject matter experts in the field of Disaster & Emergency Management, Information technology and Public Health pillars.
- ❖ The IDEA research group has expertise in research, monitoring and evaluation and supported both national and international interventions with much needed evidence and tools.
- ❖ We provide innovative solutions that can help the community become equipped with disaster management techniques and create resilience in all the spheres.

## Our Core areas of expertise

- ❖ Health Emergencies
- ❖ Health system strengthening
- ❖ Hospital Safety
- ❖ Disaster Risk Management
- ❖ Industrial Safety
- ❖ Road safety
- ❖ School Safety
- ❖ Preparedness and Planning
- ❖ Sustainable Development Goals (SDGs) in Climate Change related activities
- ❖ IT, Innovations and Simulation

## Works done in partnership with WHO, India Office



### URBAN SLUM PERCEPTION PILOT SURVEY (April 27<sup>th</sup>-May 17<sup>th</sup> 2020)

Total cities: 12, Total Reach: 7624, Key Stakeholders: Urban Slum Population, Deliverables: PPT, Preliminary/Interim/Final Report, Voices from the field (Case Study), Domestic violence Report



### FRONTLINE HEALTH WORKERS SURVEY (June 20<sup>th</sup>-August 21<sup>st</sup> 2020)

Total states: 14, Total Reach: 7719, Key Stakeholders: ASHAs, AWWs & ANMs, Deliverables: Final report, Voices from the Field Case Study, PPT, Videos of FLWs



### BEHAVIOURAL AND ADAPTATION ASPECTS OF YOUTH DURING COVID -19 (September 10<sup>th</sup>, 2020 – January 8<sup>th</sup>, 2021)

PAN India, Total Reach: 404, Key Stakeholders: Youth, Deliverables: Final report, Voices from the Field Case Study, PPT



### COVID-19 PERCEPTION SURVEY FOR NEEDS ASSESSMENT OF NURSES / PARAMEDICS / EMTS— (February 1, 2021-February 12, 2021)

PAN India, Total Reach: 501, Key stakeholders: Nurses, Paramedics and EMTs, Deliverables: Final report & PPT

Continued.....

## **Fake News and Rumour Management**

**20** Weekly bulletins submitted from July to November, 2020

**300+ Fake News and Rumors captured, Over trending highlighted and addressed**

**Three Monthly Vaccine Rumors Bulletin**

## **Other RCCE Initiatives**

Partner Network Mapping for RCCE Activities completed for 20 states



## Our previous work with Uttar Pradesh



- a) School Safety Program on Disaster management with Uttar Pradesh State Disaster Management Authority.
- b) Training on Chemical Disaster Management.
- c) Skill Development Programme on Jute Training in collaboration with **NIPPCD**.
- d) Perception surveys.

State Project Coordinator: Ms Amrita Pandey, 7860339747, [pandey.amrita999@gmail.com](mailto:pandey.amrita999@gmail.com)



## Our Previous work with the state of Assam



## Worked with the State Health Ministry in Assam

**Trained 200 emergency physicians in:**

- a) Free Hospital Care
- b) Hospital Disaster Management Planning
- c) Hospital Operational Preparedness for Emergencies (HOPE)



## Training of doctors

Trained doctors in about 21 districts at Assam State Administrative College



## Disaster Management

- a) Liaised with the Assam State Disaster Management Authority (ASDMA) to strengthen Community Resilience through Community Outreach Programme (COP).
- b) Proposed to initiate training on Advance Training on Life Skill (ATLS)

## Work done till date in Uttar Pradesh, Assam and Bihar

### ➤ Contacted NGO/ CBOs in targeted districts

- ☐ Uttar Pradesh – 59 CBOs

- ☐ Assam – 10 CBOs

- ☐ Bihar – 8 CBOs

We are in advance talks with them for CBO Alliance/ have to educate them on management accounting and PESA

Have contacted District Health Societies/ District Mental Health Cells/ District level and state level NHM contacts / Child Psychologists in targeted districts/ DDMA - for selection of Master Trainers

Created the community surveillance link for Bihar state to undertake needs assessment for COVID-19 affected children/ families affected with COVID-19.

Shared documents on related to UNICEF intervention on mental health with CBOs/ NGOs shared by Nirmala

Staff has undertaken online PESA course



THANK YOU