

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

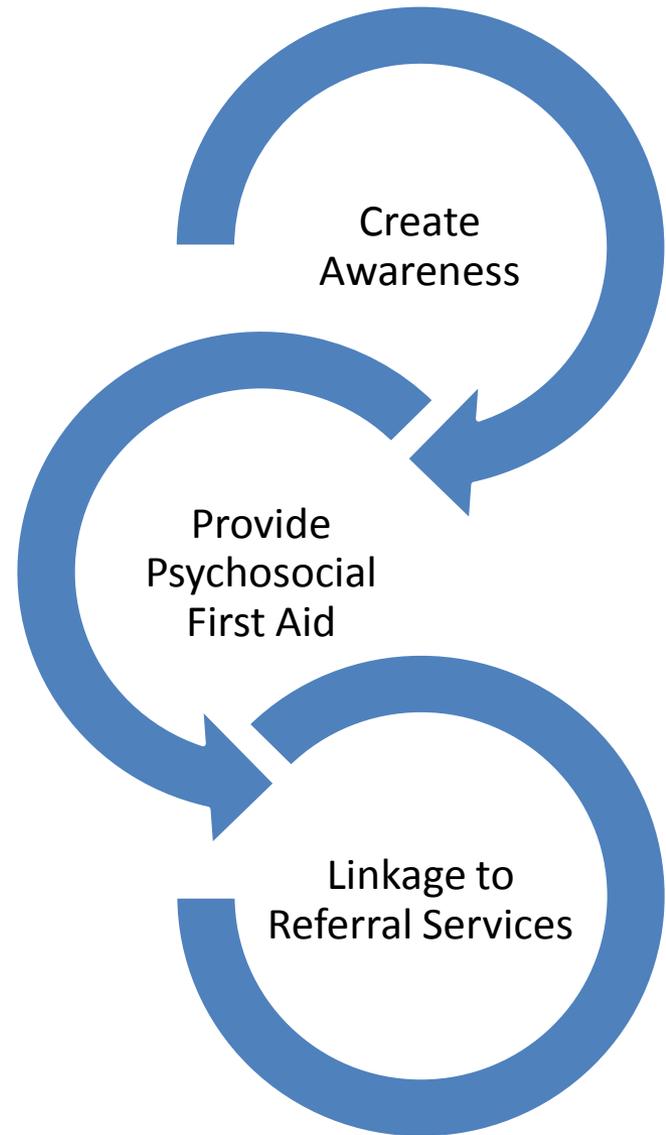
Objectives:

- 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



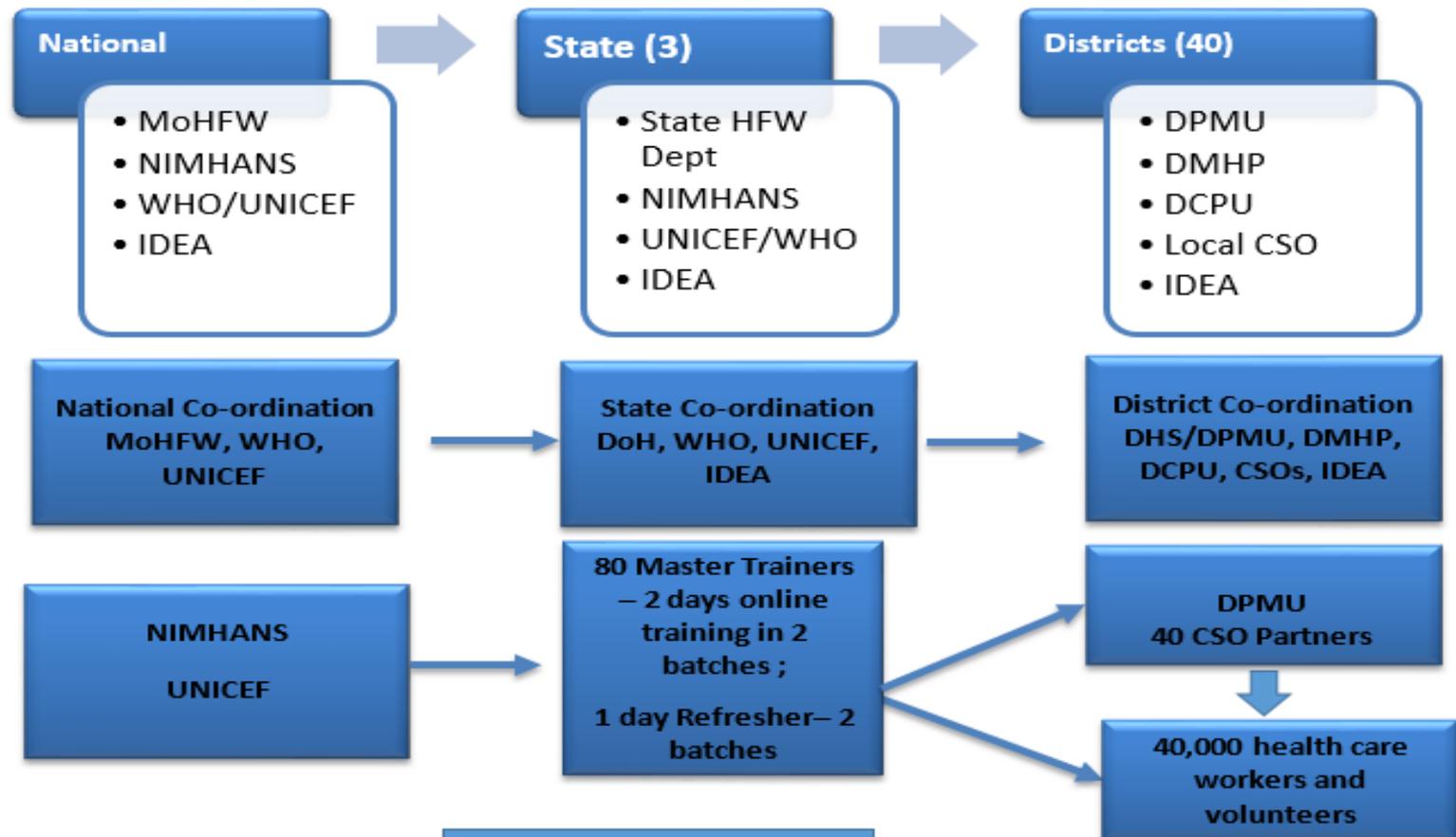
Implementation plan

- 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



District Outreach sessions (1 every month per district)
Support women and children survivors with PFA, referral at PHC/CHC/district hospital
Disseminate messages on parenting, violence prevention, MHPSS

Online monitoring and knowledge sharing platform

Role of MoHFW

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

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

To nominate focal staff from the Ministry/Department

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

Role of MoHFW

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

To share approval for the Training Materials development

To nominate focal staff from the Ministry/Department

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

Role of UNICEF

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

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

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

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

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

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

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

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

Role of WHO

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

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

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

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

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

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

Role of NIMHANS

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

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

To participate along with UNICEF and IDEA in conducting the trainings

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

Role of IDEA

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

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

To assure the necessary logistics and operation requirement

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

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 27th-May 17th 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 20th-August 21st 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 10th, 2020 – January 8th, 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



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