## Monitoring format for Implementation of Mental Health and Psychosocial support training.

Name of the District:

Reporting Period/Month:

1. Number of DCPU programme staff (out of total in place) trained on MHPSS

|  |  |  |
| --- | --- | --- |
| Position  | Women | Men |
|  |  |  |
|  |  |  |
|  |  |  |

2. Number of CCI staff (out of total in place) trained on MHPSS

|  |  |  |
| --- | --- | --- |
| Position  | Women | Men |
|  |  |  |
|  |  |  |
|  |  |  |

3. Number of One Stop Centre (OSC) staff (Out of total in Place) trained on MHPSS

|  |  |  |
| --- | --- | --- |
| Position  | Women | Men |
|  |  |  |
|  |  |  |
|  |  |  |

4. Number of CHILDLINE staff trained (Men/Women)

|  |  |  |
| --- | --- | --- |
| Position  | Women | Men |
|  |  |  |
|  |  |  |
|  |  |  |

5. Number of other NGO volunteers/community volunteers trained (Men/Women)

|  |  |  |
| --- | --- | --- |
| Total Participants  | Women | Men |
|  |  |  |

6. Number of children in CCI provided MHPSS using the manual:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the CCI | Children 6-10 year | Children 11-18 years. | Total children  | Activities/sessions covered (listing of activities covered ) |
| Girls | Boys | Total | Girls | Boys | Total | Boys | Girls | Total  | 6-10 years | 11-18 years & above. |
|   |   |   |   |   |   |   |   |   |   | 1. 2.3.4.5.… | 1. 2.3.4.5.… |
|   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |

7. Number of children who were referred for specialized mental health services:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the CCI | Girls  | Boys  | Referral Facility  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

8. Number of parents/caregiver children at community level provided MHPSS:

|  |  |  |  |
| --- | --- | --- | --- |
| MHPSS provided by | Location (village/municipality) | Total no. of Children Covered | Total no, of Parents/care givers/community members covered  |
|  |  | Girls  | Boys | Women | Men |
| CHILDLINE  |  |  |  |  |  |
| NGO |  |  |  |  |  |
| Community volunteer |  |  |  |  |  |

9. Share your overall observation / experience of children while conducting the Activities.

10. Describe the most liked activities and activities which are not liked by children.

11. Comments/ Observations, if any (Optional)

Submitted By: Date:

Designation: