



Psychosocial Support Forum

12 – 14 OCTOBER 2021
MAPUTO, MOZAMBIQUE

Concept Note

Innovate. Integrate. Thrive



Background

Over the last decade REPSSI has convened five regional gatherings or Psychosocial Support Forums to share experience, knowledge, issues, research on more effective ways of promoting the mental and psychosocial wellbeing of children and youth. This has proven to be an effective platform to engage and share new mental health and psychosocial support (MHPSS) trends. As new challenges arise, such as COVID-19 and climate change, and commitments such as the global Sustainable Development Goals (SDGs) and the African Union's Agenda 2063 focus our energy on the need to reach all girls, boys and youth, so we need to sharpen psychosocial support (PSS) lesson sharing and reflection to achieve effective knowledge exchange for enhanced services and programmes. Opportunities and platforms to engage and share new PSS trends with stakeholders are imperative. Since 2011, REPSSI has held five Regional Psychosocial Support Forums which have been attended by over 1,800 participants. The forums were held in South Africa (2011), Kenya (2013), Zimbabwe (2015), Tanzania (2017) and Namibia (2019). These forums created opportunities for policy makers, researchers, youth, practitioners, and media representatives to share evidence and promising practices, discuss challenges and develop new solutions, to influence policy formulation and enhance programming.

The sixth PSS forum in October 2021 on the theme of “Innovate. Integrate. Thrive” will be blended – a main physical forum in Maputo, Mozambique, with satellite forums in Angola, Botswana, Eswatini, Kenya, Lesotho, Malawi, Namibia, South Africa, Tanzania, Uganda, Zambia and Zimbabwe, and virtual for partners from around the globe.

Objectives of the Forum

The forum objectives are:

- **To create dialogue that will lead to the development of innovations and integration in programmes that promote the mental health and psychosocial wellbeing, or thriving, of girls, boys and youth in Africa.**
- **To highlight MHPSS as an integral part of the humanitarian response in emergency situations and humanitarian aid as well as development programmes.**
- **To improve the quality and increase the capacity of MHPSS practitioners in the development and humanitarian sectors.**
- **To promote learning and dissemination of knowledge in the MHPSS field.**
- **To facilitate research collaboration, learning communities and communities of practice across disciplines, sectors, and initiatives to promote resilience in girls, boys, youth, families and communities.**
- **To influence policy formulation and implementation to promote mental health and psychosocial wellbeing of children and youth.**
- **To provide a platform for children and youth to share their experiences and innovations to develop solutions which facilitate thriving.**

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Innovate. Integrate. Thrive.

Children and youth are resourceful when negotiating the demands of day to day life. They are equipped with numerous abilities and skills, which range from intellectual and emotional intelligence, creativity, social relationships, resilience and other internal factors to find appropriate ways of meeting their needs. Humanitarian and emergency situations such as COVID-19 and internal/external displacement due to conflict may present challenges so great that many children and youth find their own resources overstretched. During such situations, additional care and support may be necessary to help them to cope with the situation and regain a sense of control of their life and the ability to function as before. In emergency settings and other adverse situations, children and youth need strong and responsive care and support mechanisms to provide them with emotional and social support, protect them and promote their resilience, development, and a sense of wellbeing. It is in such circumstances that MHPSS activities are promoted through strengthening the environments that protect

children and youth, re-establishing routines based on learning and play activities, fostering a sense of normalcy and giving safe opportunities for children and youth to participate in their families. This requires the scaling-up of MHPSS through providing a continuum of care to affected children and youth; integrating MHPSS into national response systems; building resources and skills of locals to provide community-based MHPSS; and prioritizing equity to meet the MHPSS needs of people with disabilities and other excluded groups.

At the forefront of providing support to children and youth are frontline workers and social workers. COVID-19 like any other adverse situation has negative impacts on the mental health and psychosocial wellbeing of frontline responders and social workers. These situations present varied psychosocial and mental health threats. Frontline responders and social workers may also begin to question their capacities, skills, faith and hopes for the future. These emotions may drain them of the energy to



undertake their work. The Forum will give participants an opportunity to share lessons on how to: prioritize the resourcing of programmes that promote the mental health of staff and volunteers; provide capacity development and comprehensive supervision to enable the Social Service workforce to deliver quality MHPSS services; and equip staff and volunteers with the necessary skills to cope with stressful situations. This discussion will also consider advocacy for financing of immediate and long term MHPSS workforce capacity development, MHPSS programmes and also look at innovative ways of supporting staff and volunteers.

COVID-19 has further weakened the safety net for children and young women. Reports have shown an increase in violence against children and gender-based violence (GBV) during different lockdown measures. Studies show the negative long-term psychosocial and mental health impacts of abuse, violence, neglect and exploitation. Increasingly, studies also show that PSS interventions are an effective protective mechanism against child abuse and violence. There is growing advocacy for a child protection system in which policies, financial and human resources and preventive and responsive services are delivered in a coordinated way, accountable and responsive to children and their families.



Gender based violence is a fundamental violation of human rights. It occurs across age, race, culture, wealth and geography in all societies and undermines social and economic development, reinforcing intergenerational cycles of abuse, poverty and inequalities. Although there have been some boys and men reporting incidents of GBV, statistics still show high numbers of boys or men as perpetrators and girls or women as victims or survivors. There are ongoing discussions on measures that girls and young women can take when they experience or are threatened with violence. Not much has been said about what men and boys as potential perpetrators can do to curb the violence. The Forum presents a great opportunity for stakeholders to discuss innovative ways of involving boys and men to eliminate violence against women and girls. Addressing GBV also requires the integration of MHPSS into health and community services.

Lack of appropriate sexual and reproductive health and rights (SRHR) information sharing and service provision during the COVID-19 epidemic may have led to an increase in the number of adolescents that fell pregnant during the



past year. Adolescent mothers face huge challenges which may affect their mental health and psychosocial wellbeing. These challenges range from inability to adequately provide for their child, dropping out of school, lack of support from family, rejection by the father of their child, to stigma associated with having an ‘illegitimate’ child. Adolescent fathers also face some of these challenges and may experience anxiety and depression due to their inability to provide for the child and the ‘shame’ they have caused to the family. Adolescent mothers are more likely to contract HIV. All these challenges have ripple effects on the child, for example, the prevalence of HIV has been shown to increase the risk of developmental delays in the first 1000 days of life¹ in children born both HIV-infected and HIV-exposed uninfected². It is important to promote and integrate MHPSS in early childhood development programmes. Approaches that enhance mental health and psychosocial wellbeing along a continuum of care from pre-pregnancy to pregnancy, childbirth, and the post-natal period into infancy and childhood are required, suggesting the need for a stronger focus on the life cycle integration of initiatives. The integration of MHPSS ensures that children are nurtured in a supportive environment and helped to thrive and develop to their fullest potential. It also ensures that the needs of children requiring special attention (e.g. support for children with disabilities) can be more effectively addressed through

strengthening relevant structures and institutions and the development of referral networks. The Forum will further look at how practitioners can prioritize early detection and prevention of MHPSS problems in childhood to provide age-appropriate interventions; and promote MHPSS programmes that take into consideration the child’s ecosystem.

Key to addressing the issues of early and unintended pregnancy and child marriage is helping adolescents to develop psychosocial skills such as negotiation, planning and decision making with information and services for sexual and reproductive health and rights. Numerous factors reduce the possibility of positive sexual and reproductive health outcomes, such as unsafe sexual practices; early sexual debut; alcohol and drug use; peer pressure; multiple sexual partners; gender and sexual power dynamics and poverty. Cultural taboos that prevent frank communication, poor knowledge and fears that open discussion about sex will encourage sexual activity, make it difficult for parents, guardians, health personnel and teachers to provide advice on matters of sexual and reproductive health to adolescents. Understanding the psychological, physical and social aspects of adolescent sexual and reproductive health can promote positive health outcomes, and counteract the fear, shame and anxiety that can get in the way of open and respectful communication. The Forum will discuss innovative ways to provide adequate information, knowledge, as well as the skills to aid healthy decision-making and to build supportive relationships within the family and community, so that adolescents can derive the confidence and self-esteem to protect themselves and others from adverse sexual and reproductive health decisions.



The Format

The PSS Forum programme will have a range of different formats including plenary sessions, abstract-driven presentations, skills building and discussion sessions. The Forum will be hybrid event that will combine both in-person and virtual interactions.

The Children's Pre-forum

REPSSI recognises that it is critical to continuously learn from and with children and youth if we are to develop effective MHPSS programmes. The children's Pre-forum will bring together children and youth from Mozambique and other countries in the region, to share knowledge, information, skills and experiences on issues which enhance or hinder their mental health and psychosocial wellbeing.

Objectives of the Children's Pre-forum

- To allow children from different backgrounds and experiences, networks and platforms to share experience, lessons and ways of addressing challenges they face to each other
- To work with children and be able to package the information and lessons in a way that can be adapted for implementation and advocacy. This will include advocacy messages, and ways in which children and youth can contribute to their protection and development.

Forum participants

The PSS Forum adopts the approach of broad participation of partners in the region and internationally, representatives from the regional economic blocs, national governments, civil society, academia, international cooperating partners, media, local leaders, community caregivers and youth all sharing their scientific and practical experiences.

Co-hosting

REPSSI has adopted a co-hosting approach in convening the PSS Forum. Co-hosting can be in the form of sponsoring special tracks, delegates and presenters, strategic and technical support and direct funding of conferencing expenses. A full co-host package will be shared with interested institutions/organisations.

Marketing, Communication and Branding

A joint marketing, communication and branding strategy will be agreed on among co-hosting partners.

Abstract Submission

Abstracts will be submitted through an online system. A technical review panel, consisting of members from co-hosts and other leading subject matter experts, will be established to review all abstracts and select those for presentation. Abstract submission will open on June 10, 2021 and close July 9, 2021.



Registration

Registration will be open from August 1, 2021.

Key Dates

KEY DATES	OPEN	CLOSE
Call for Abstracts	June 10, 2021	July 9, 2021
Regular Registration	August 1, 2021	October 10, 2021
Notice of Abstract Acceptance	July 30, 2021	
Forum programme posted on Forum website by 30 August, 2021		

Forum documents

In the run up to the forum, the following documents will be shared with participants:

- Conference programme
- Forum abstracts
- The 2019 PSS forum report

The outcome documents will include:

- The Conference report
- Conference presentations and papers
- Photographs and video clips
- Internet blogs, tweets and updates
- Press releases

ENDNOTES

1 The Lancet Series (2016) Advancing Early Childhood Development: from Science to Scale

2 Two recent examples include: Boivin, M. et al. (2019) The Lancet HIV Neurodevelopmental effects of ante-partum and post-partum antiretroviral exposure in HIV-exposed and uninfected children versus HIV-unexposed and uninfected children in Uganda and Malawi: a prospective cohort study; and Slogrove, A & Powis, K et al. (2019) The Lancet Children Adolescent Health 2019; 3 (4): 201J203 Fetal Origins of Postnatal Growth Altering in HIV-exposed Uninfected Children

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