EXECUTIVE SUMMARY

Introduction

The Mental Health Program of United Mission to Nepal was set up in 1984. The program aims to increase awareness of mental health needs throughout Nepal at all levels, to integrate mental health care into existing health structures and to support the Government of Nepal and NGO's in their mental health related work.
In the course of 1999 it was decided that an external evaluation of the program should be done. Terms of Reference for the evaluation were drawn up in September 1999. According to these Terms of Reference, the evaluation should assess the achievements of the program (especially in the last three years), assess the appropriateness of the aims and goals of the program in relation to Nepal and UMN and formulate recommendations for the future of the program. Deepa Braganza and Tjerk Nap carried out the evaluation during a three-week period in December 1999. Deepa Braganza is a consultant psychiatrist working in Vellore in India, Tjerk Nap is a community medicine doctor currently working in the Netherlands who worked with UMN in Nepal in various capacities from 1981 till 1993.
Information gathering for the evaluation was basically done in three ways. Open interviews were held with staff of the program and many people with whom the program directly or indirectly co-operates. Program related documents were studied. Field-observations of program activities were made.

Findings

The Terms of Reference give twelve specific questions to be answered. The findings are reported in relation to these questions.

The aims and goals of the MHP as defined in its long term planning documents and annual reports fit in well with the mission and vision of UMN as defined in the May 1996 document.

The aims and goals of the MHP fit in well with the national mental health policy of Nepal, which was accepted in 1997. The program actually has been catalytic in formulating this national policy and is still involved in lobbying for the implementation of it.

Key people in the Institute of Medicine, under the Ministry of Health, in various NGO's and in UMN projects all agreed that the MHP has made a significant impact on mental health care in Nepal. As objective evidence of this impact the following items were mentioned. Establishment of community mental health programs in various districts, inclusion of mental health teaching in the curriculum of all medical and paramedical training courses in Nepal and establishment of postgraduate training in psychiatry and clinical psychology. Apart from training and service delivery mention was made of acceptance by the government of a national mental health policy in 1997, establishment of a working group to prepare mental health legislation and raised awareness about mental health at different levels. It appeared that the MHP team has effectively invested in personal relationships and networking with many important players in the field of mental health in Nepal.

The program has improved its financial reporting from 97-98 onwards. Some other improvements in reporting could be made. A total of 20,667,884 Nepali rupees were spent in the three year period from 1996 till 1999 (US$ 302,162). Roughly 20% of this amount was spent on a building program to house the postgraduate training programs in psychiatry and clinical psychology.

The relationship between the MHP and the Psychiatry Department of the Institute of Medicine exists since 1986. This relationship has grown and currently the two co-operate in the Western Region Community Mental Health Program and the Human Resource Development Unit.
The WRCMHP delivers mental health services in four districts in the Western Region of Nepal, through the existing health care infrastructure of the government. The training component of the program runs very well. The service delivery component is in danger of deteriorating for a variety of reasons not all of which are under control of the program.
The HRDU currently runs two postgraduate programs of good quality, one in psychiatry and one in clinical psychology. The staffing situation (faculty) is still vulnerable, but the long-term prospect of sustainability is good. Some issues of concern are noted in the report, such as the lack of training in teaching methods and the minimal training in psychological interventions for psychiatrists.

The MHP co-operates with various UMN programs and projects. The evaluation has looked at the involvement in Patan hospital and Tansen hospital, the community health programs in Lalitpur and Palpa and the efforts in the context of the Tri-Agency Partnership.

Psychiatric services are integrated in the overall work of the hospitals. The MHP is actively involved in supporting these services and in particular in helping the hospitals with teaching their staff about mental health. The input into the UMN community health programs is confined to training input (apart from a small amount of money for psychotropic drugs in Lalitpur). The Tri-Agency involvement is in the context of disaster mitigation and has been in trauma counselling at community level.

Three NGO's were supported in the past three years. Aasha Deep, a therapeutic community for the chronic mentally ill, received input from the occupational therapist one day a week. The Ryder Cheshire home for the physically handicapped also received one day a week from the occupational therapist although this didn't clearly fit in with the aims of the MHP. The Drug Education Program in Pokhara has received increasing staff input also for the management of the program.
NGO support is pursued in a rather ad hoc manner and is not reported in sufficient detail in the annual reports of the MHP.

Lists are given in the report of research activities completed and publications produced by the program.

There are no obvious failures reported, but some weaknesses were found. The managerial capacity of the program could be improved, personnel shortage is an ongoing problem, and annual reporting could be better. The community mental health work in the Mid Western Region (Banke) has not been implemented as planned, because of staff shortage.

With regards to sustainability the evaluators have distinguished between the WRCMHP, the HRDU and the Central component of the MHP.
The WRCMHP could become sustainable only under the Ministry of Health and has no prospect of sustainability under the current organisational structure. The current program should therefor not be expanded into other districts but maintained as a model until the MOH is ready to integrate mental health care delivery into its basic health services.
The HRDU has good prospects of becoming sustainable under the IOM in the long run. Some specific temporary support by UMN is recommended.
The central component of the MHP by its very nature will not be sustainable without UMN personnel, finances and organisational support. It does not strive for sustainability of its own organisation but aims to support other organisations and initiatives, which have the potential of sustainability.

Conclusions
In this paragraph of the report we have related our findings to the aims and goals of the MHP. We have looked at the achievements of the program in relation to the 1997-2000 goals and we have looked at the appropriateness of the 2000-2004 goals.
A lot of what was planned has been achieved, despite chronic staff shortage. Goals that were not achieved include community mental health work in Banke district, a pilot Urban Mental Health Program and services to mentally ill in jails. Regular reporting and monitoring of the program could be improved.
Not all nine goals included in the 2000-2004 plan seem equally appropriate. Most importantly this applies to the planned expansion of the WRCMHP into other geographical areas. Some goals need to be made more specific, e.g. the goal to work through UMN and NGO's. The combination of the nine goals is over-ambitious in relation to staff numbers and prioritisation is needed.

Recommendations
Seven general recommendations are made, including a recommendation to continue a mental health program but under a different name.
Nine recommendations are made in relation to the WRCMHP, including a recommendation not to expand the geographical area of this program as well as a recommendation to maintain and improve the current program as a model of community mental health.
Five recommendations are made in relation to the HRDU, including a recommendation regarding the level of staffing of the clinical psychology program and recommendations regarding training in teaching methods and practical psychological interventions.
Three recommendations are made in relation to working through UMN and NGO's, including the recommendation to make more use of existing UMN projects as a channel for basic training in mental health issues and basic counselling skills.
Two recommendations are made regarding the National Mental Health Policy and Legislation, including the recommendation to continue lobbying for mental health legislation.