PSYCHOSOCIAL INTERVENTION FOR EARTHQUAKE SURVIVORS

FINAL REPORT

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Centre for Mental Health & Counselling-Nepal

PSYCHOSOCIAL INTERVENTION FOR EARTHQUAKE SURVIVORS

Duration
June 2015 to December 2016

FOREWORD AND ACKNOWLEDGEMENTS

The 2015 earthquakes caused huge losses across 14 hill districts of Nepal. CMC-Nepal subsequently provided psychosocial and mental health support to affected people with funding from more than eight partners. The Swiss Agency for Development and Cooperation (SDC) supported a major emergency mental health and psychosocial response project in Dolakha, Ramechhap and Okhaldhunga districts from June 2015 to December 2016.

I would first like to thank the project team for their hard work, dedication and many contributions. The success of the project is because of their hard work and motivation to learn. I thank the psychosocial counsellors and community psychosocial worker (CPSWs) for their dedication to serving the earthquake survivors. They developed their skills and provided psychosocial services to many distressed people. I congratulate them for successfully completing their training on psychosocial counselling (for counsellors) and psychosocial support (for CPSWs) and for their courage to provide support to their clients amidst difficult circumstances. I also thank the Project's Supervisors (Karuna Kunwar, Madhu Bilash Khanal, Jyotshna Shrestha and Sujita Baniya), and Monitoring Supervisor (Himal Gaire) for their valuable constant backstopping support to the district staff.

I thank Dorothee Janssen de Bisthoven (Expat Psychologist and Supervisor) for her help to build the capacity and maintain the morale of the project's supervisors. Dorothee made a large contribution to building the capacity of the personnel and I express my gratitude and respect for her commitment and support to CMC-N and hope we can receive her support in the future as well.

The project benefitted from strong financial support from SDC and frequent technical guidance from Barbara Weyermann (SDC). CMC-N appreciates her valuable support. SDC has played a major role in strengthening CMC's psychosocial service capacity.

I also thank Dr. Kapil Dev Upadhaya (Senior Psychiatrist and CMC-N's Chairperson) and Dr. Ritesh Thapa (Consultant Psychiatrist) for their treatment of the project's highly distressed cases. This was greatly appreciated by the clients and their families. I thank Mr. Pawan K.C. for managing clinical consultations for referred cases and Mr. Ram Lal Shrestha (CMC-N's Executive Director) for his gracious support over the entire project. He listens well and is always ready to support the teams to make our projects effective. The support and cooperation from CMC's Finance and Admin team is praiseworthy — they did stressful jobs with smiling faces and a supportive attitude.

I thank Aidan Seale-Feldman, Ph.D. student, for her support in documenting the provision of psychosocial counselling services and the supervision training. She was instrumental in making videos of counselling sessions that were very useful for learning and reflection. I also thank Stephen Keeling for structuring the information well and producing a quality final report.

Last but not least, I am very grateful for the cooperation of the beneficiaries and local stakeholders for providing information on the project's impact. I also thank the district level government and other stakeholders (DDC, DDRC, DHO, DWCO, NGOs, civil society) who greatly contributed to the effective implementation of project activities.

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EXECUTIVE SUMMARY

Psychosocial Intervention for Earthquake Survivors, June 2015 to December 2016, Nepal, Final Report

A. Background

The large earthquakes of April and May 2015 caused many deaths and injuries and extensive damage in 14 districts of Nepal. The resulting trauma and losses left many survivors suffering psychological distress. The Kathmandu-based Nepalese NGO the Centre for Mental Health and Counselling (CMC-Nepal) was supported by the Swiss Agency for Development and Cooperation (SDC) to provide psychosocial support in the three badly affected districts of Dolakha, Ramechhap and Okhaldhunga.

The 'Psychosocial Intervention for Earthquake Survivors' project was implemented from June 2015 to December 2016. Phase 1 ran from June 2015 to December 2015 in 18 VDCs while Phase 2 ran from January to December 2016 in 40 VDCs. The project ran under the district disaster relief committees (DDRCs) and their protection clusters which suggested and assigned the project's VDCs in consultation with stakeholders.

The project had the two areas of intervention of providing psychosocial support to people affected by the earthquakes (Outcome 1), and strengthening CMC-Nepal and its personnel as providers of psychosocial support during natural disasters (Outcome 2). Phase 1 concentrated on psychosocial support for survivors while Phase 2 focussed on capacity building.

The project organization (with grassroots psychosocial workers, district level counsellors and project supervisors) ensured outreach into communities and a strong supportive structure for the personnel amidst the difficult and stressful working conditions. Eighteen community psychosocial workers (CPSWs) informed local people about project activities, identified people in need of counselling and provided information about other support. Seven psychosocial counsellors counselled highly distressed earthquake-affected people. The psychosocial supervisors provided technical backstopping support to the counsellors' management of cases, managed more serious cases that were referred to Kathmandu and looked after coordination and management. An expat psychologist provided expert guidance and capacity building support.

B. Achievements

The project successfully met almost all its targets and reached almost all households in its 40 VDCs with psychoeducation, psychosocial first aid and other activities despite considerable challenges.
Over its nineteen months the project:

- helped more than 18,000 people from 40 earthquake-affected VDCs cope with the distress caused by the multiple earthquakes through psychosocial first aid and psychoeducation;
- helped 508 clients access reconstruction grants and 127 clients and family members access income generating and skills development support;
- provided in-depth psychosocial counselling to 1,195 people who suffered psychological distress and mental health problems caused by the earthquakes and other factors;
- provided advanced psychosocial and mental health treatment to 144 of the above clients; and
- built a skilled cadre of more than 30 psychosocial workers and 5 psychosocial supervisors for future disaster responses and other psychosocial support.

B.1. Psychosocial Support Achievements

The project achieved its outcome 1 of improving the well-being of earthquake affected persons through the psychological first aid and psychoeducation sessions it ran across almost all 360 wards of the project's 40 VDCs, the in-depth counselling of distressed persons, the specialised treatment of mental health cases and by linking clients to reconstruction and livelihoods support. The project reached about two-thirds of households across its 40 VDCs through the ward-level psychoeducation and psychological first aid meetings alone. The project benefited 4.5% of all households across its 40 VDCs with individual therapeutic counselling (as the provision of such counselling to individual family members benefits whole households). The demand for this service was, however, greater as the project did not have the capacity to serve the many new potential clients who came forward in the second half of 2016.

Psychological first aid and psychoeducation — The project provided more than 17,500 local people with psychological first aid and psychoeducation in almost all wards of the 18 Phase 1 VDCs and in other community meetings in the 22 new Phase 2 VDCs. Participants were guided on how to deal with their distress and to access other support. Although there was some initial scepticism about the value of these meetings local people soon saw how they helped them to cope with their fears. The psychosocial first aid reduced the levels of distress of many local people.

Reinstating the basic needs of shelter, food, water and security is an important psychosocial first aid activity in the aftermath of natural disasters. The project helped 508 clients (and family members) access reconstruction grants, linked 127 clients to income generating support and skill development opportunities and linked a further 83 clients to hardship grants, loans, and legal and other support.

Group interactions — The 1,726 clients who took part in group interactions were shown how to share and ventilate their problems, maintain good health and manage stress in children. These interactions were a response to the immediate fear reactions during the period of frequent aftershocks and had a large positive effect but were dropped in Phase 2 because of increased demand of individual counselling support and also due to lacking skills for group counselling in the counsellors.

Individual counselling — The individual counselling of persons in distress due to the earthquakes was the core project activity. The project provided individual therapeutic counselling to 1,195 needy people with each client receiving at least three counselling sessions (709 clients in Phase 1 plus 503 clients in Phase 2 less 17 carried over = 1,195).

More females than males were individually counselled reflecting the high number of female-headed households while 60 percent of clients were Dalit or Janajati (traditionally disadvantaged people). A large proportion of the 503 individually counselled clients in Phase 2 had suffered damage and injury from the earthquakes while a third of Phase 2 clients suffered anxiety as their main symptom and at least 28% of cases presented chronic mental health conditions that predated the earthquakes and were reinforced by the disaster.

Sixty-five percent of the 503 clients who received individual counselling in Phase 2 showed a fifty percent or more improvement in their psychological well-being between January and December 2016. Only five percent of cases showed no improvement while 35% showed less than 50% improvement. This was due to their some clients' late enrolment in counselling, the high number of clients per counsellor and the considerable number of difficult clients that the counsellors, who had only received short training courses and had limited experience, had to deal with.

Referrals — The project referred 144 clients that needed more specialised treatment of whom 87 received specialised counselling and medication from CMC's psychiatrist and 57 received consultations and

medication at Kathmandu Valley hospitals. Other cases were referred to district level hospitals.

Impacts of psychosocial support — Many clients said that the counselling and other project activities had helped allay their earthquake-related anxiety and enabled them to cope with the difficulties of living in temporary shelters. The project also assisted many people whose psychological problems predated the earthquakes. Many local health workers and other observers said that the project had improved the well-being of many of its clients.

There was widespread appreciation for the project's work from direct beneficiaries and community and district stakeholders. Many VDC secretaries, politicians, teachers and other local stakeholders believe that the psychosocial support had enabled local people to better cope with the many aftershocks, that their children felt safer and that village people felt emotionally more stable.

Another major project achievement was that it raised awareness about the value of mental health and psychosocial support among local communities and officials. The project's awareness raising activities and counselling services led to local people being more open to sharing their problems and seeking support. This increased awareness was evident in the increased flow of clients who sought psychosocial services at Tama Koshi Hospital, Ramechhap, after the project began. Many of these clients were referred by CMC for the mental health medication that the project's district counsellors were not qualified to prescribe.

The project thus achieved the first and second outcome indicators and almost achieved the third:

1. 95% of the 503 clients who received individual counselling in Phase 2 had reduced symptoms including less headaches, less worry and fewer sleep problems.
2. The condition of all 144 cases treated with mental health medication as well as counselling was stabilised.
3. 91% (461) of the 503 Phase 2 cases were closed by December 2016 as the counsellors, clients and their families recognised sufficient improvements so that counselling was no longer needed and these clients were able to function to rebuild their lives, homes and livelihoods. And even though 35% of Phase 2 cases made a less than 50% improvement, most of these cases were certainly better able to function after counselling (also noting that this is a somewhat tricky area to collect data on).

As mentioned above, the limited progress of about a third of counselling clients was due the late enrolment of some clients, the high number of clients per counsellor and the considerable number of severely distressed clients that the counsellors had to support when the counsellors had only received short training courses and had limited experience.

B.2. Capacity building achievements

The project's capacity building activities and the in-depth experiences of providing psychosocial support and mental health treatment strengthened the capacity of the project's personnel and CMC to support and treat natural disaster survivors and other needy people. The project thus achieved its second outcome of building the capacity of CMC to provide psychosocial services, with all three outcome 2 indicators achieved:

1. the psychosocial supervisors gained a good level of skills and learning on supervising psychosocial counselling;
2. 44 counselling cases were documented by project personnel, which increased understanding in CMC of psychosocial issues of disaster-affected people and appropriate interventions; and
3. all project supervisors were orientated on CMC's psychosocial supervision protocol and used it to guide counsellors' activities; and the expat psychologist was involved in reviewing and strengthening CMC's supervision and counselling protocols.

All the project's outcome 2 output indicators were achieved as:

- the supervisors' four supervision and three post-training reports in Phase 2 document the major earthquake-related psychosocial issues that the project addressed;
- appropriate psychosocial intervention techniques were frequently discussed by project personnel including at the supervision workshops;
- the expat psychologist and the supervisors reviewed the psychosocial counselling and CPSWs' training curricula and the revised training versions were followed;
- a training curriculum was developed for psychosocial workers and the project's seven skill training activities taught the project's CPSWs and counsellors about the provision of psychosocial support to natural disaster survivors;
- a video of counselling sessions was produced and used to improve counselling techniques;
- frequent and regular supervisory support was provided to counsellors and CPSWs through four field level backstopping events and regular distance coaching and supervision; and
- the eight supervision workshops also strengthened staff capacity to provide counselling and other psychosocial support and improved the supervisory skills of supervisors.

The project gave considerable attention to maintaining the well-being of staff in the midst of the continuing aftershocks, their large workloads and the large demand for services. Self-care activities were a part of most skill training events and workshops. The regular 'intervision' meetings among supervisors helped keep project activities on track and maintain the well-being of supervisors.

Overall capacity building achievements — The project thus successfully built a cadre of trained psychosocial human resources who can provide psychosocial and mental health support. The knowledge and skills they gained has equipped them to provide psychosocial support to survivors of most kinds of traumatic events and in other settings:

- Most of the project's CPSWs became recognized as local change agents for their contributions to allaying people's fears and directing them to sources of support. The CPSWs' self-assessments at the end of the project say that almost all of them had built up their public speaking, group management, coordination, psychoeducation and stress management skills.
- All the projects' counsellors had become average competent counsellors by the end of the project in spite of none having had substantial prior experience. They improved their capabilities by between 45% and 97% during their Phase 2 training course.
- The self-care workshops, debriefings and intervision meetings successfully provided supervisors with a support network and the opportunity to share strengths, difficulties and new experiences. In their final self-evaluations the CPSWs and counsellors greatly appreciated the supportive supervision they had received throughout the project.

CMC's systems strengthened — A number of improvements were also made to CMC's systems that will be applied in future other projects including the revised standard formats, the institutionalisation of intervision meetings, the developed training inputs and protocols, the communication protocol and a strategy to share project-related information with all staff and a strategy to strengthen coordination with local stakeholders. Substantial progress was also made on staff welfare provisions.

C. Coordination

The main coordination activities with VDC stakeholders were the VDC level orientation meetings at the start of Phase 1 and 2 as they promoted understanding of the project and the value of its interventions. Thereafter VDC level coordination happened mostly through the day-to-day contacts of the project's CPSWs with local stakeholders. Coordination with district stakeholders was somewhat of a challenge in

Phase 1. However, the project worked in coordination with the three DDRC protection and health clusters and the district health offices, district development committees and district women and children offices. The project's results and plans were shared at monthly cluster meetings. These meetings led the project to provide services outside its working areas such as for an incident of mass hysteria in a Dolakha school. One area of contact with the district health offices (DHOs) was supporting the long term mental health medication needs of project clients. District level coordination improved in Phase 2 with the appointment of the monitoring and coordination supervisor.

A particularly successful part of the project was how it planned and implemented a phasing-out strategy. This included ensuring the continuous provision of mental health medication for project clients and holding two series of workshops with district level stakeholders to inform them about project successes and to encourage concerned stakeholders (the district health system and district women and child offices) to continue support to those in need of mental health and psychosocial support.

D. Lessons

The project faced many challenges amidst the emergency and the growing demand for its services. The mostly successful responses to the challenges provide important lessons for future psychosocial support projects.

1. All project staff must be selected according to clear criteria and following a transparent process. Such a procedure may seem long and complicated under emergency conditions, but will contribute to the quality and cohesion of teams.
2. All staff at all level need to understand the project's strategy, targets and structure to avoid internal conflicts and confusion in communicating with stakeholders.
3. Local persons are well suited to work as psychosocial workers and as counsellors because of their local knowledge.
4. For large scale projects that deal with many clients and cover large geographic areas, a full time district staff member should be assigned to coordinate with district level stakeholders.
5. The most important lesson relates to how staff were prepared and supported throughout the project. It is highly important that staff at all levels are supported with supervision and self-care activities. To ensure this, supervisors should be available full-time for field staff and a psychosocial expert should be available several times per year to support the supervisors.
6. Clients should be understood as parts of families and communities and thus it is often important to include family members in the psychosocial support of affected persons.
7. Counselling is more accessible when provided in clients' own communities; although home-based counselling is not appropriate in certain cases.
8. Privacy should be ensured when selecting counselling spaces, although this is often difficult under emergency conditions.
9. While the project was designed to respond to the disaster and the effects of the disaster on the mental health of local people, it became clear that many people had mental health issues that predated the disaster. The project was able to respond to these clients. However, a more long-term intervention should be designed to address the high demand for psychosocial support and mental health services in rural areas.
10. The phase out of projects should be planned carefully to ensure that all stakeholders understand such strategies and to ensure that clients who still need treatment are properly referred and taken care of.

CONTENTS

ACRONYMS

CDO	chief district officer
CMC	Centre for Mental Health and Counselling Nepal
CPSW	community psychosocial worker
DDC	district development committee
DDRC	district disaster relief committee
DHO	district health office
EQ-PSS	Psychosocial Intervention for Earthquake Survivors project
Ktm	Kathmandu
MHPSS	mental health and psychosocial support
Na	not applicable or not available
NGO	non-government organisation
NPR	Nepalese rupees
PDNA	Post-Disaster Needs Assessment (2015)
PFA	psychological first aid
PHCC	primary health care centre
PSC	psychosocial counsellor
PSS	psychosocial support
SDC	Swiss Agency for Development and Cooperation
UNICEF	United Nations Children's Fund
VDC	village development committee
WCDO	women and child development office

1 INTRODUCTION

1 The 2015 Earthquakes

The 7.8 magnitude Gorkha Earthquake struck just before midday on Saturday 25 April 2015 with its epicentre in Gorkha district, central Nepal. Numerous aftershocks followed with 472 recorded to October 2016.[1] Major aftershocks struck half an hour later (centred in Gorkha — 6.6 magnitude), the next day, centred in Dolakha (6.9 magnitude) and on 12 May also centred in Dolakha (6.8 magnitude). This document thus talks about 'the earthquakes'. These earthquakes caused extensive damage in 14 districts with the government's Post-Disaster Needs Assessment (PDNA) reporting over 8,790 resulting deaths and 22,300 injuries.[2] The number of casualties would have been much greater if the initial quake had struck during school hours or at a time when most people were indoors. There was also extensive damage to houses, infrastructure and livelihoods. The PDNA classified the project's districts (the subjects of this report) as either 'severely hit' (Dolakha and Ramechhap) or 'crisis hit' (Okhaldhunga). The PDNA calculated that people in Dolakha suffered the largest per capita losses (NPR 255,860 per person) and the people of this district were the most exposed to aftershocks.

The trauma and losses caused by the very large initial quake and the multiple aftershocks left many survivors suffering mild to severe psychological distress. Many people felt high levels of fear and worry, loss of confidence, increased nervousness and feelings of loneliness, helplessness and hopelessness. People with existing psychological problems, children, women and older people were most affected and many of them were in a very vulnerable condition.

1.2 CMC-Nepal's Support for Earthquake Survivors

The immediate aftermath of the Gorkha Earthquake saw a large need for psychological support to ease the distress and trauma of survivors. The Kathmandu-based Nepalese NGO the Centre for Mental Health and Counselling (CMC-Nepal)[3] mobilised resources and was supported by nine donors to provide psychosocial support to communities, individuals and schools in 11 of the worst-affected districts (see Annex 1).

This report documents the achievements of the project supported by the Swiss Agency for Development and Cooperation (SDC) to provide psychosocial support in Dolakha, Ramechhap and Okhaldhunga districts.

Group photo after Certification

1. *NSC (2016). Recent Earthquakes. http://seismonepal.gov.np (accessed 26 October 2016). Kathmandu: National Seismological Centre, Department of Mines and Geology.*
2. *NPC (2015). Nepal Earthquake 2015: Post Disaster Needs Assessment. Vol. A: Key Findings. Kathmandu: National Planning Commission.*
3. *CMC-Nepal has been providing mental health and psychosocial services and training mental health practitioners since 2003 across many parts of Nepal. See http://cmcnepal.org.np for more information on CMC-Nepal.*

2 THE PSYCHOSOCIAL SUPPORT PROJECT

2.1 Working Period and Areas

The 'Psychosocial Intervention for Earthquake Survivors' project (EQ-PSS project) began in June 2015 in the immediate aftermath of the earthquakes. It ran to December 2016 in the three badly affected districts of Dolakha, Ramechhap and Okhaldhunga in eastern Nepal. The 19 month-long project was implemented by CMC-Nepal with support from SDC over two phases.

CMC and SDC had worked together previously and so the two agreed to undertake an earthquake response project towards meeting the huge need of earthquake survivors for psychosocial support. The agreement for the first phase of the project was signed by CMC-Nepal and SDC on 27 May 2015.

Phase 1 of the project began on 1 June 2015 and ended in December 2015 in six VDCs in each of the three districts (Table 2.1). This phase was the emergency response phase of the project. Phase 2 ran from January to December 2016 carrying on activities in the Phase 1 VDCs and in an additional 22 VDCs. Phase 2 thus ran in 12 VDCs in Ramechhap, 12 VDCs in Okhaldhunga and 16 VDCs in Dolakha. A larger area of Dolakha was covered because of the greater need for psychosocial support there given the greater devastation caused by the earthquakes and the fewer organisations providing psychosocial support there.

Table 2.1: EQ-PSS project VDCs

District	Phase 1 VDCs	Additional Phase 2 VDCs
Dolakha	Bulung, Chankhu, Orang, Khare, Marbu, Lambagar (6)	Bhirkot, Bhusafeda, Jhule, Jhyaku, Kabhre, Lapilang, Magapauwa, Namdu, Sundrawti, Sunkhani (10)
Ramechhap	Rakathum, Bhirpani, Pakarbas, Okhreni, Himganga, Sanghutar (6)	Deurali, Gothgaun, Khaniyapani, Makadum, Majuwa, Rampur (6)
Okhaldhunga	Singhadevi, Narmedeswor, Yasam, Gamnangtar, Pokali, Khiji Phalate (6)	Kalikadevi, Khijichandeshwori, Fulbari, Ragani, Raniban, Tarkerabari (6)

The project's working area was home to 51,405 people in 10,702 households across the 18 Phase 1 VDCs and to 120,438 people in 26,542 households across the 40 Phase 2 VDCs (Table 2.2).

Table 2.2: Population of the project's working VDCs (2011 data)

Districts	Phase 1			Phase 2		
	Working area	Population	Households	Working area	Population	Households
Dolakha	6 VDCs	11,781	2,644	12 VDCs	48,314	11,658
Ramechhap	6 VDCs	23,839	4,748	12 VDCs	41,867	8,543
Okhaldunga	6 VDCs	15,785	3,310	16 VDCs	30,257	6,341
Total	**18 VDCs**	**51,405**	**10,702**	**40 VDCs**	**120,438**	**26,542**

Source: CBS (2012). National Population and Housing Census 2011: Village Development Committee/ Municipality. Volume 02, NPHC 2011. Kathmandu: Central Bureau of Statistics.

The project was implemented under the official district level mechanisms for coordinating disaster relief — the district disaster relief committees (DDRCs) and their protection (and health) clusters. The clusters were (and are) responsible for coordinating the district level responses to support women, children and health care. In June 2015, the DDRC endorsed the project and gave the go ahead for it to begin.

The project's working VDCs were suggested and assigned by the protection clusters according to need in consultation with stakeholders and (to an extent) considering the working areas of other psychosocial support agencies. Note that CMC was also working with support from UNICEF and Himal Partner in Dolakha district, and the Dolakha VDCs under all three donors' support were assigned at the same time. As a result, in Phase 1 CMC covered 16 of Dolakha's 52 VDCs (SDC 6, Unicef 6, Himal Partner 4). This report only covers the activities run in the SDC funded project VDCs.

In terms of geography:

- the six Phase 1 VDCs in Dolakha lie in the remote north of the district while the ten Phase 2 VDCs are in the west and centre of the district;
- the twelve Ramechhap VDCs lie in the southeast and southwest of the district; and
- the twelve Okhaldhunga VDCs lie in the west of the district bordering Ramechhap and far from Okhaldhunga district centre (see maps at Annex 2).

2.2 Budget and Expenditure

The project was supported by SDC with NPR 7.2 million of funding in Phase 1 and NPR 18.9 million in Phase 2. Only NPR 6.4 million of the Phase 1 budget was spent (90%), mainly because the fuel shortages meant that some field activities had to be curtailed for lack of transport. The same proportion 92.66% of the Phase 2 budget was spent.

2.3 Project Approach

The project had two main areas of intervention. The first was providing psychosocial support to needy people affected by the earthquakes, with the focus on children, women and disadvantaged people who were suffering from psychological and mental health problems. This support was provided by raising awareness of post-disaster problems, counselling persons in distress and helping affected people access relief and rehabilitation.

The second area of intervention was to strengthen CMC-Nepal and its personnel as providers of psychosocial support during natural disasters and at other times. Large numbers of Nepalis are regularly affected by floods, landslides, earthquakes and other types of natural disasters. The psychological well-being of tens of thousands of Nepalis is also regularly undermined by poverty, conflict, gender-based violence, family separation and other causes. There is thus a large and growing need for psychosocial support in Nepal especially now that psychological health problems are more often recognised and diagnosed alongside physical ailments.

While Phases 1 and 2 worked across both outcome areas, Phase 1, as the immediate emergency response, concentrated on providing psychosocial support for survivors, while Phase 2 focussed more on building the capacity of the project's psychosocial workers (CPSWs, psychosocial counsellors and supervisors).

The logical framework of Phase 2 of the project has the two outcomes and five outputs shown in Table 2.3. Note that the need to rapidly start work on the emergency response meant that no logframe was produced for Phase 1, and instead a set of 12 targets was agreed on (see Annex 3) covering project setup and coordination, the training and supervision of psychosocial workers, and service delivery to distressed persons. The intended outcomes and outputs of Phase 2 (that also apply to Phase 1) are listed in Table 2.3 with the complete logical framework given in Annex 4.

Table 2.3: EQ-PSS project Phase 2 outputs and outcomes

Outcome 1	Improved the well-being of earthquake affected persons in need of psychosocial support in the programme area
Output 1.1	Individual and group counselling provided to persons in distress in the programme area
Output 1.2	People in need of material support linked to available resources
Outcome 2	CMC-Nepal has the institutional capacity to provide effective psychosocial services to persons affected by natural disasters
Output 2.1	CMC gains understanding of key psychosocial issues in natural disasters and develops methods and techniques to address them
Output 2.2	CMC's training system for psychologists, counsellors and community psychosocial workers is improved
Output 2.3	Staff trained

Note that raising awareness on dealing with the distress caused by the earthquakes was not included as a separate output in the logframe although it was an important project activity. Also, it was decided at the start of Phase 2 to focus on individual counselling and not to carry out the group counselling under Output 1.1 as the serious cases targeted by the project needed individual counselling and it was challenging for the relatively inexperienced district counsellors to manage group counselling.

2.4 Phase 1 Setup

District project offices were established in June and July 2015 in Manthali in Ramechhap, Charikot in Dolakha and Raniban and Gamnangthar in Okhaldhunga. Two offices were established in Okhaldhunga as the working VDCs were spread over a large area of the western part of the district far away from the district HQ.

The project recruited 18 community psychosocial workers (CPSWs), 6 psychosocial counsellors and 6 psychosocial supervisors to identify and counsel distressed people and provide adequate supportive supervision for the project's staff. This supportive supervision was especially important as the project personnel were carrying out very challenging work amidst difficult circumstances.

Community psychosocial workers — In May and June 2015 CMC-Nepal's psychosocial team visited all 18 project VDCs and provided psychological first aid and psychoeducation sessions to local people. These meetings were also held to facilitate the selection of active and motivated CPSWs as the project's grassroots personnel. The CPSWs were selected according to fixed criteria with the participation of local people, VDC secretaries, school teachers, health facility staff and female community health volunteers. A key selection criterion was that the CPSWs were local people with good local knowledge to enable the carrying out of project activities and the identification of people in distress. Other criteria were a sympathetic attitude to emotionally distressed people, experience of community-level work, had

attained their school leaving certificates (SLC), and were willing to travel to all parts of their VDCs to work. The 18 CPSWs were appointed in June 2015 and trained in the first week of July 2015 on basic psychosocial support work and identifying psychosocially distressed persons.

The CPSWs began work in July 2015:

- informing local people about project activities and available support individually, at informal gatherings and at local community meetings such as mothers' group meetings;
- assisting the psychosocial counsellors to provide psychosocial education to local people;
- identifying local people in need of psychosocial counselling and mental health treatment;
- convincing such cases to accept support and arranging for this to happen in coordination with district counsellors and CMC; and
- providing information to local people about available relief materials, income generating opportunities and rebuilding grants and enabling their access to this support.

Psychosocial counsellors — Six psychosocial counsellors with relevant experience or qualifications (or both) were hired in June 2015 from the project's three districts (two per district). They were straightaway provided with a two-day orientation on psychosocial counselling for earthquake survivors and then, in July, they received five-days of basic training on providing psychosocial support during emergencies. They began work soon after, counselling the project's main target group of highly distressed earthquake-affected people. The counsellors also supported CPSWs to conduct awareness raising activities and identify distressed local people in need of counselling or mental health support.

Psychosocial supervisors — The central team of four psychosocial supervisors was based at the CMC-Nepal office in Kathmandu and were responsible for project management assisted by CMC-Nepal's finance and administration section. Their specific responsibilities were as follows:

- Three supervisors provided technical backstopping support to the district counsellors during field visits and over the phone.
- One supervisor was responsible for managing cases referred to Kathmandu for treatment.
- The assistant psychosocial supervisor of

Phase 1 and the coordination and monitoring supervisor of Phase 2 were responsible for facilitating coordination with the district level authorities, for project monitoring and for assisting the team leader with report writing. (This position and the referral supervisor position were full-time while the other positions were part-time.)

Team leader — The project team leader was responsible for overall project implementation including coordinating the supervisors, drafting training content for the counsellors and CPSWs, and coordination with the expat psychologist, funding partner and other stakeholders.

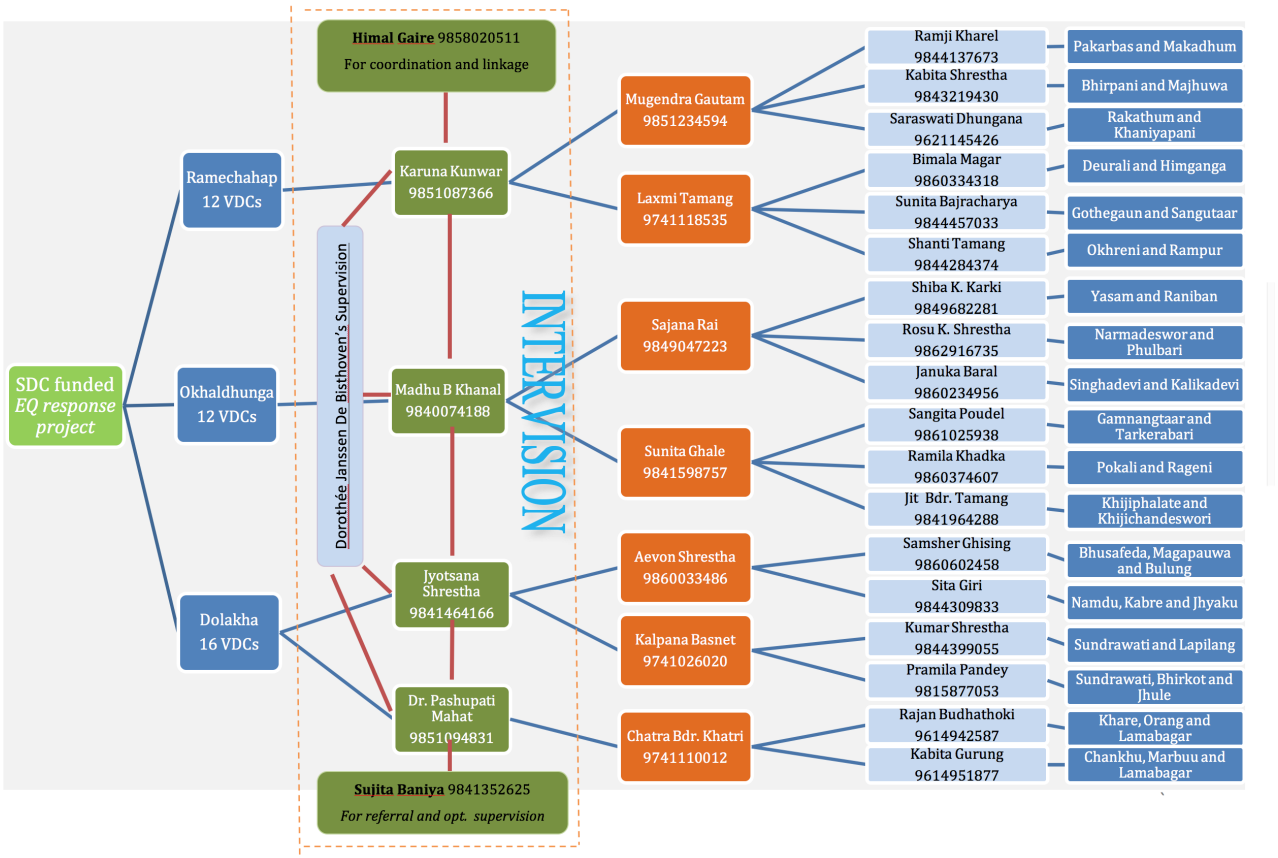
Psychiatrist — A consultant psychiatrist advised clients referred to Kathmandu on their mental health medication needs.

Expat psychologist — German psychologist Dorothee Janssens de Bisthovan provided one week of support in Phase 1 and three weeks of advisory and supervisory support to Phase 2. She supported and advised the supervisors in their work and provided valuable capacity building support for project personnel at the regular supervision workshops and other events.

Other support — Aidan Seale-Feldman, a doctoral anthropology student at the University College of Los Angeles (UCLA), worked with the project from January to May 2016. She provided detailed feedback, video material and descriptions of interventions by counsellors and contributed to a better understanding of aspects that needed to be addressed through training and feedback. German psychiatrist Martina Bungert provided voluntary support to the project in November 2015 with field level observation and backstopping supervision to district counsellors and health workers.

See the Phase 2 project organogram at Figure 2.1 and a list of personnel at Annex 5.

Figure 2.1: EQ-PSS project organogram (Phase 2) — supervision and communication paths



2.5 Phase 2 Setup

Phase 2 continued the Phase 1 activities in the initial 18 VDCs and an additional 22 VDCs (Table 2.1). Note that the 10 new Dolakha VDCs were those that CMC had worked in during Phase 1 with funding from UNICEF and Himal Partner meaning that awareness in the new Dolakha VDCs was similar to that of the Phase 1 SDC funded VDCs.

After some delay, the Phase 2 project agreement was signed with the three district development committees and DDRCs in February 2016, followed by a project orientation meeting for supervisors and district counsellors in Kathmandu.

The existing Phase 1 Ramechhap and Okhaldhunga CPSWs were given responsibilities for a further VDC each while the Dolakha CPSWs were assigned a further one-a-half VDCs each. The four Phase 1 district counsellors were supplemented by two extra counsellors to cover the larger number of project VDCs. The other personnel-related changes were that the assistant supervisor was replaced with a coordination and monitoring supervisor.

The project fortunately had minimal staff turnover at a time of high demand for psychosocial expertise in the aftermath of the earthquakes. The staff were loyal to the organization and the project throughout its 1.5 years as they received regular training and supervision and thus felt well supported and secure. There was good communication within the project and all the project's staff had someone to talk to in times of need.

The only major changes happened in Phase 2. In February 2016 the assistant psychosocial supervisor left and was replaced by a monitoring supervisor who was also responsible for project coordination with district authorities. The departure of two psychosocial counsellors (to a new CMC project in October 2016) was managed by handing over case responsibilities to other staff for the remaining three months of the project.

2.6 Documentation of Project Achievements

A detailed account of the project's achievements is presented in the following chapters based on information from project progress reports, internal CMC records and internal CMC documents, including cases studies produced by the project's district counsellors and psychosocial supervisors, training documentation of expat psychologist, field level observation report of documentation consultant and a supervision report of a visiting German psychiatrist. The report concludes with pertinent lessons for future post-disaster psychosocial support interventions and a list of recommendations.

3 ACHIEVEMENT OF OUTCOMES

This chapter explains how the large volume of activities run by the project (Table 3.1) enabled it to meet almost all its targets despite the considerable challenges it faced (see Chapter 8). The only target not achieved was outcome indicator 1.3, which was somewhat ambitious and was almost achieved.

The project reached about two-thirds of households across its 40 VDCs through the ward-level psychoeducation and psychosocial first aid meetings alone (assuming that one member per household attended the meetings with 17,872 people attending from the 26,542 households in the projects 40 VDCs = 67% of households). Further households were reached with other activities.

Table 3.1: Project activities for improving the well-being of earthquake affected people and other people with psychological and mental health problems

S.N.	Details	Phase 1 (Jun-Dec 2015)	Phase 2 Jan-Dec 2016	Total
1	VDC level project and psychosocial orientation meetings	18	22	40
2	Number of people who received psychoeducation and psychosocial first aid at ward-level meetings	8,372	9,500	17,872
3	Psychosocial group counselling	1,724	-	1,724
4	Individually counselled clients	709	503	1,195
5	Clients received advanced psychological and psychiatric treatment	57	87	144
6	Clients supported to access reconstruction grants	-	508	508
7	Clients supported to access livelihood support (cash support for income generation) and skills development	-	127	127
8	Clients linked to other sources of support (hardship grants, loans, clothes, medication, social security process support)	-	83	83

3.1 Achievements of Outcome 1 — Improved well-being of earthquake-affected persons

The project achieved its outcome 1 of improving the well-being of earthquake affected persons through the psychological first aid and psychoeducation sessions it ran across almost all 360 wards of the project's 40 VDCs, the in-depth counselling of distressed persons, the specialised treatment of mental health cases and by linking many clients to reconstruction and livelihoods support. These achievements are listed in Table 3.1 with the details of related project activities and achievements provided in Chapters 4 and 5.

Table 3.1: Achievement of output 1.1 targets — counselling and linking to resources

Phase 1 targets	Phase 1 results (Jun-Dec 2015)	Phase 2 target	Phase 2 results (Jan-Dec 2016)
Output 1.1: Individual and group counselling provided to persons in distress in the programme area			
1800 (600/district) affected people receive psychosocial support (psychological first aid and psychoeducation awareness)	8,246 earthquake affected people provided with psychological first aid and psychoeducation	Group sessions for psychosocial support provided to 6,480 persons	9,500 earthquake affected people provided with psychological first aid and psychoeducation
1500 affected people (500 per district) receive psychosocial support in group interactions (group counselling)	1,726 clients received psychosocial support in group interactions (group counselling)	*Group counselling sessions were dropped at the start of Phase 2*	Na
600 earthquake distressed people receive individual counselling support	709 distressed persons received counselling support	Individual counselling provided to 500 most affected persons	503 most-affected persons received multiple individual counselling sessions
30 highly distressed clients referred to higher service centre (CMC MHPSS clinic) or other hospitals in Kathmandu	57 clients referred to and received higher level treatment at CMC and Kathmandu hospitals	60 persons referred to specialized organizations for advanced counselling or mental health treatment	87 clients received higher level treatment from CMC or Kathmandu and Dhulikhel hospitals
Output 1.2: People in need of material support linked to available resources			
Na	Na	Counsellors and CPSWs had updated information about available services and resources	The large number of clients linked to resources (see below) shows that CMCs personnel had updated information about these services
Na	Na	150 persons supported to access resources	508 clients supported to access reconstruction grants and 201 clients linked to other resources

Note: Green highlighting denotes targets achieved

The successful running of the activities under outputs 1.1 and 1.2 meant that by October 2016, almost all individually counselled clients had reduced psychosocial complaints including headaches, excessive worry about their futures, sleep problems and low mood; the condition of all mental health treatment cases was stable and almost all cases (95%) were able to function better to rebuild their lives, homes and livelihoods (Table 3.2).

Table 3.2: Achievement of outcome 1 targets

Phase 2 targets	Results
Outcome 1: Improved well-being of earthquake affected persons in need of psychosocial support in programme area	
90% of persons who underwent individual counselling have reduced symptoms	94% of the 503 clients who received individual counselling in Phase 2 had reduced symptoms
80% of persons diagnosed with mental health disorders became free of symptoms	The condition of all 144 cases treated with mental health medication as well as counselling is stable
70% of persons who underwent individual counselling are able to deal with their losses and take steps to rebuild their lives	91% (461) of the 503 Phase 2 were closed by mid-December 2016 as the counsellors, clients and their families recognised sufficient improvements so that counselling was no longer needed.

Note: No outcome targets were set for Phase 1 of the project

A number of places in this report document the widespread appreciation for the project's work from direct beneficiaries and community and district level stakeholders. One representative example happened at a November 2015 meeting of local stakeholders from three Okhaldhunga VDCs. The assembled VDC secretaries, health facility management committee members, local politicians and teachers told a CMC project monitoring mission that the project's psychosocial support had enabled local people to better cope with the many continuing aftershocks and that their children felt safer. They also said that the counselling services had helped many village people to feel emotionally more stable.

Other notable praise for the overall impact of the project came from SDC liaison officer, Talak Hayu:

> *"During the post-disaster relief period, CMC's psychosocial intervention was a milestone package to help [local people] overcome trauma, grief, fear and other psychosocial problems. CMC-Nepal's entire team was able to achieve the project targets and proved themselves a pioneer team that contributed to the real needs of earthquake survivors. During the early days I was not so convinced that counselling would help to overcome problems and improve wellbeing; but I have drastically changed my perception and now believe that such interventions should be replicated across all types of development work. And, CMC worked in remote difficult circumstances and in very needy areas to serve the earthquake survivors. I'm really impressed with the work performed by the team."*
>
> (December 28, 2016)

3.2 Achievements of Outcome 2 — Capacity built on serving natural disaster survivors

The strengthening of CMC's training system for psychosocial workers (output 2.2), the training of the project's psychosocial workers (output 2.3), and CMC's improved understanding of key psychosocial issues in natural disasters and its development of methods and techniques to address them (output 2.1) led to the achievement of project outcome 2 of strengthening CMC's capacity to provide effective psychosocial services to persons affected by natural disasters. The achievements against the projects' outcome 2 are presented in Tables 3.4 and 3.5 and are covered in detail in Chapter 6.

The project's capacity building activities under outcome 2 and the in-depth experiences of providing psychosocial support and mental health treatment under outcome 1 built and strengthened the capacity of the project's personnel and CMC to support and treat natural disaster survivors and other needy people. The project's trained staff are now capable of providing psychosocial support in most settings including under other CMC projects and for other organisations.

Table 3.4: Achievements of outcome 2 targets — CMC system strengthening

Phase 2 targets	Phase 2 results (Jan-Dec 2016)
Outcome 2: CMC-Nepal has the institutional capacity to provide effective psychosocial services to persons affected by natural disasters	
Professional progress of key staff members (psychologists and counsellors) attested by expat psychologist	In September 2016, the expat psychologist reported that five of the psychosocial supervisors had gained a good level of skills and learning on supervising psychosocial counselling and that the monitoring supervisor had satisfactory knowledge on psychosocial work during disasters
Documentation of 10 cases per supervisor shows their understanding of key issues and appropriate methodologies	44 counselling cases were documented by project personnel, which increased understanding in CMC of psychosocial issues of disaster-affected people and appropriate psychosocial interventions
Documentation of supervision to counsellors approved by expat psychologist	All project supervisors were orientated on CMC's psychosocial supervision protocol and then used it to guide counsellors' activities. The counsellors said they mostly received good supervision and there were good trusting relations with supervisors. At the March and September 2016 supervision workshops, and at other times remotely, the expat psychologist was involved in reviewing and strengthening CMC's supervision and counselling protocols
Output 2.1: CMC gains understanding of key psychosocial issues in natural disasters and develops methods and techniques to address them	
Key psychosocial issues documented	The supervisors' four supervision and four post-training reports (Phase 2) document the major earthquake-related psychosocial issues that the project addressed
List of adequate methods and techniques approved by expat psychologist	Appropriate psychosocial intervention techniques were frequently discussed by project personnel including at the November 2015 and March and September 2016 supervision workshops, which were led by the expat psychologist based on supervisors' experiences
Output 2.2: CMC's training system for psychologists, counsellors and community psychosocial workers is improved	
Concept paper for training system available	The training system (curriculum) for psychosocial workers was developed at the March 2016 supervision workshop
Observations of interventions by staff available and discussed in team	Video footage of counselling sessions was shot in Jan–Feb 2016 and a video produced in March 2016. The video provided a very useful medium for discussions by supervisors and expat psychologist at supervision workshops and intervision sessions

Phase 2 targets	Phase 2 results (Jan-Dec 2016)
All training curricula/session plans reviewed	At the March 2016 supervision workshop, the expat psychologist and the supervisors reviewed the 6 month-long psychosocial counselling training course and 10 day CPSW training course. The resulting revised training curricula were followed by the current and CMC's other response projects that are listed in Annex 1.
Regular supervision provided to counsellors and CPSWs	The reports of the psychosocial supervisors document the frequent and regular supervisory support provided to counsellors and CPSWs. Supervision was provided through four field level backstopping events and regular distance coaching and supervision.

Note: No related targets were set for outcome 2 and outputs 2.1 and 2.2 in Phase 1

Table 3.5: Achievement of outputs 2.3 — Staff training

Phase 1 targets	Phase 1 results (Jun-Dec 2015)	Phase 2 targets	Phase 2 results Jan-Dec 2016)
Output 2.3: Staff trained			
Na	Na	10 psychologists (supervisors) trained	11 psychologists/supervisors were trained (8 psychologists, 2 senior counsellors/supervisors and 1 supervisor for social mobilizers) — 6 from SDC project and 5 from other CMC projects)
4 field level supervision events run for counsellors by CMC psychosocial experts	Four rounds of supervision coaching provided to district counsellors (2 in VDCs with cases and 2 in district HQs)	10 psychologists (supervisors) conduct monthly case discussions	Cases discussed at 10 intervision meetings and 2 supervision workshops run by expat psychologist
Two training events for psychosocial counsellors (5 days and 3 days long)	All project counsellors attended 5 day training on psychosocial counselling in emergencies in July 2015 and 3 day refresher training in November 2015	12 counsellors attend training and receive regular supervision and distance coaching	11 counsellors received 36 days theory training, more than 24 days field level backstopping supervision, 20-24 days distance coaching (telephone and internet). They all received training completion certificate in December 2016.
Five days training on psychosocial support in earthquake emergencies for all 18 CPSWs	Five days basic psychosocial support in emergencies training provided to all 18 CPSWs in June 2015	18 CPSWs attend training and receive regular supervision and distance coaching	All 18 CPSWs participated in 7 day training (April) and two supervision workshops (March and August) and received regular distance coaching by phone

Phase 1 targets	Phase 1 results (Jun-Dec 2015)	Phase 2 targets	Phase 2 results Jan-Dec 2016)
Self-care/ supervision workshops by expat psychologist	Workshops run in August and November for all technical staff on psychosocial intervention skills	*No target set*	Two supervision workshops (19 days) and 2 days case story feedback provided by international expat
7 rounds of debriefing of supervisors	7 supervisor debriefing events held	*No target set*	8 debriefing events (4 events each training event and 4 events supervision workshop conducted by supervisors

3.3 Another Outcome Level Achievement

The project also had the outcome level achievement of raising awareness in local communities and among local officials about the value of mental health and psychosocial support. Although this was not in the project's logframe, a brief writeup is given here in recognition of the significance of this achievement:

The project's awareness raising activities and counselling services have led to local people being more open about sharing their problems and seeking counselling and psychosocial support, as reported in the project's Phase 1 progress report (January 2016):

> *"People who went through counselling sessions said that even without medication they could recover from problems (e.g. sleep problems, somatisation, fear and shaking sensation). This created a general belief in the villages that psychosocial support could play an important role in the post-disaster situation to manage the stresses of daily life and disaster aftermath."*

> *[The project] raised awareness in people who did not come for services earlier by them observing the better recovery in persons who had received psychosocial service from CMC's psychosocial counsellor."*

The increased awareness is evident in the increased flow of clients seeking psychosocial services at Tama Kosi Hospital, Ramechhap, since the beginning of the project. The hospital's medical doctor said that much of this increased flow was due to the awareness of the value of psychosocial support generated by the project (Note: the following statement is affirmed by hospital director):

> *"At least 40–50 MHPSS clients come to receive services from this hospital when before only 5 or 6 were coming each month. Now we can say that the project's psychoeducation and orientation session are working (effective) at the community level."*
>
> *(September 25, 2016)*

4 PSYCHOSOCIAL FIRST AID AND PSYCHOEDUCATION

4.1 VDC-level Orientation Meetings

Project activities got underway in late May 2015 when the project's supervisors ran meetings in all 18 project VDC centres to introduce the project, to begin to provide psychosocial support and to select the project's grassroots workers. The meetings were attended by VDC secretaries, local officials and other local stakeholders. The same meetings were run for the additional 22 Phase 2 VDCs in early 2016. About 20 persons attended each of these meetings meaning that about 800 VDC level stakeholders were reached at these meetings.

The following activities were run at all 40 VDC orientation meetings:

- Participants were provided with psychological first aid by informing them about the normal reactions to events such as major earthquakes, stressing that it was normal to feel anxious and psychologically unbalanced after such events. It was also explained that certain people were more vulnerable to psychological difficulties including people with pre-existing mental problems, pregnant and lactating women, children and old people.
- Participants were also provided with psychoeducation that informed them about the kinds of support available from the project and other agencies.

A key purpose of the Phase 1 VDC meetings was to identify motivated and able local people to serve as community psychosocial worker (CPSWs). They were identified by using fixed criteria to avoid disputes and to encourage the selection of motivated, able and locally acceptable candidates. The project successfully selected committed and capable CPSWs in spite of considerable pressure to take other candidates (see lessons chapter, Section 9.1 for more on this). In Phase 2, the 18 CPSWs' working areas were extended to cover the additional 22 VDCs.

4.2 Psychological First Aid and Psychoeducation Meetings

The project's CPSWs and psychosocial counsellors were appointed in June 2015 and received their initial training in July 2015. The CPSWs (in some cases assisted by the project's counsellors) then began conducting meetings across all the village areas (wards) of the project. These meetings provided psychological first aid and psychoeducation and information about the support available from the project and how to deal with distress. These psychological first aid and psychoeducation meetings were run in almost all 162 wards of the 18 Phase 1 VDCs. A total of 8,372 local people were reached with these activities in Phase 1 with about 50 local people attending each meeting.

In Phase 2 the CPSWs mostly used other local meetings, such as mothers group and savings and credit cooperative meetings and open defecation free and immunisation campaign meetings, to inform local people about the project and deliver psychological first aid and psychoeducation. It did this across almost all 198 wards of the 22 VDCs with about 9,500 people attended the Phase 2 meetings. Note that these meetings brought forward so many potential counselling cases that in mid-2016 the project reduced its awareness raising activities as it could not cater to all these cases (see discussion on this in lessons chapter).

Throughout Phases 1 and 2, the CPSWs used these meetings to identify local people most in need of individual counselling and mental health treatment. It is important to note that this also included identifying people with mental illnesses dating from before the earthquakes.

In November 2015 a visiting German psychiatrist reported how one of these meetings proceeded:

> *"The meeting was attended by about 30 adults and 15 children with more joining throughout the meeting. The counsellor and CPSW asked people about their feelings after the earthquake trying to focus mainly on the reactions of children. But the participants talked more about their own reactions — anxiety, headaches, dizziness and sleep problems. They said that children shouted out "ayo, ayo" (it came, it came) in the night, refused to sleep inside, and had less appetite. The counsellors normalized these problems as understandable fears." (Okhaldhunga)*

At first some local people did not see the benefit of these sessions and other project activities. In November 2015 supervision report noted that in the beginning local people complained that the project was only about 'talking' and was not providing 'real support'. This soon changed as people saw the value of helping people live with and cope with their fears. The psychosocial first aid helped to reduce the levels of distress as meeting participants recognised the value of sharing and discussing their feelings after each of the many aftershocks and at other times. Many participants subsequently contacted the CPSWs for counselling support and were linked with the project's counsellors.

Many people who attended these meetings thanked the CPSWs for helping them deal with their anxiety. The following are a few typical responses:

- Participants from Gamnangtar VDC, Okhaldhunga said that the knowledge that their fears were normal reactions to the earthquakes made them feel safer and better able to restart their normal lives.
- Participants from Okhreni VDC, Ramechhap thanked their CPSW for telling them that their reactions were normal and for guiding them how to cope with the ongoing aftershocks and disturbance to everyday life and how to support their children.
- A male participant from Marbu, Dolakha appreciated being told how to cope with his fear and greatly appreciated the referral of his wife for counselling.

4.3 Group Counselling

In Phase 1, 1,724 local people received psychosocial support in group counselling sessions. These meetings were held in the project's villages for people in need of counselling support who were not receiving individual counselling. The CPSWs, sometimes assisted by counsellors, ran three sessions of up to two hours long in each of the project's wards with around ten participants in each session (mostly the same people attended all three sessions).

The first sessions focused on sharing and ventilating problems and feelings, the second on maintaining good physical and mental health after the earthquakes and the third on managing stress in children. Participants were also guided on managing stress using breathing exercises and were told how most of their reactions to the many aftershocks, including psychological disturbances, were a normal response. This process of normalisation is important to reduce survivor's fear of being severely ill:

> *"The information that our reactions to the earthquakes were normal helped us feel safer and reduced our worry and distress a lot. Knowing this I was able to better support my children and parents in-law. I am encouraging others to attend such meetings." — Participant of PFA group counselling session in Okhaldhunga, August 2015.*

Note that although these interactions helped participants reduce their levels of stress, it was decided at the beginning of Phase 2, and agreed by SDC in March 2016, that group counselling was less of a priority than providing individual counselling. The reasons were that people were still suffering from serious symptoms more than six months after the major earthquakes and these serious cases required in-depth individual attention. And

individual counselling was better suited to the skills of the not-yet highly experienced counsellors than group counselling.

4.4 Other Psychosocial Support for Affected People

Many of the clients suffered because they were unable to meet their basic needs. Hence, facilitating access to shelter, food, water and security is an important psychosocial activity in the aftermath of the earthquakes. The project helped its clients (and in some cases their family members and other community people) access reconstruction grants, income generating support, skill development opportunities and other support (Table 4.1). One reason for providing this support is that psychosocially disturbed persons are often less able to complete processes and push to receive these kinds of support.

Table 4.1: Number of counselled clients and family members linked to other support (Jan-Oct 2016)

	Type of support	No.
1	Supported access to reconstruction grants	508
2	Linked to income generating support (cash support)	52
3	Linked to skills development support	75
4	Linked to other sources of support (hardship grants, loans, clothes, medication, social security process support)	83

Note: Some clients received more than one type of support

Access to reconstruction grants

The National Reconstruction Authority is providing reconstruction grants to people whose homes were destroyed or damaged in the earthquakes. These grants amount to NPR 300,000 per household of which most eligible households have already received the first instalment of NPR 50,000. The first instalments were distributed in the project area in March 2016 in Singati, Dolakha.

Initially, several VDC secretaries requested the project's involvement in helping its clients access these grants. The project then took this on as psychosocial support to its clients and their families. The CPSWs and counsellors engaged with VDC secretaries and the grant distribution process to ensure that clients received the grants. In all 508 clients were assisted to access these grants by the project issuing recommendation letters to the VDCs and assisting clients to complete the application process and ensuring that entitled clients' names appeared on the lists of eligible persons. This work was greatly appreciated by VDC secretaries although in some cases CPSWs found it difficult to meet with them. The secretaries encouraged the CPSWs to stay in close contact with the grant distribution process to facilitate their clients' access to the second and third instalments. This support also helped 30 Dolakha clients access support from the INGO CARITAS.

Linking to livelihoods and other support

From April 2016 the project adopted a standard letter to recommend clients in need of support. This official letter was intended to encourage local government and other agencies to prioritise the project's clients for support. Through the issuing of these letters and personal interventions, the CPSWs and counsellors referred or linked:

- 52 clients to income generating support in the shape of cash support for small-scale income generation from the NGOs ACTED, HEARD International and others;
- 75 clients and family members to skills training on masonry and tailoring (see example at Box 4.1);
- 83 clients and family member to access social security payments, loans, clothes and legal support for gender-based violence cases; and
- many clients to nearby health facilities for the treatment of their physical symptoms.

Box 4.1: Linked to income generation training

Four clients linked to masonry training all thanked their CPSW for helping them recover their livelihoods as they all subsequently began earning good money rebuilding people's houses.

Amongst them, a 42 year old man from Ramechhap was struggling to meet his household's expenses and was saddled with a loan he had taken to work abroad. He had a bad experience there away from his family and had not earned much. The issue haunted him and he felt very stressed. He then met a project CPSW who advised him to take part in an income generation training. Within a week the CPSW had linked him up with the organization CDS which provided him with a one month stone masonry training and a follow-up two week-long training.

There is a great demand for stone masons in the aftermath of the earthquakes and the man is now busy building houses and water tanks. He is earning about NPR 1000 a day and can easily meet his household expenses. He says that he will not go abroad again as it caused him much hardship and he greatly missed his family. He thanks the CPSW for linking him up with the training opportunity: "I am happy that I can earn as much as I earned in the foreign country, staying in my own home town".

Role play during capacity building training of PS Counsellor

5 PSYCHOSOCIAL AND MENTAL HEALTH TREATMENT

A counsellor accompanied by a CPSW asking a client's relative about the client's progress using a measuring stick. Ramechhap, 2016

5.1 Activity 1 — Individual Counselling

The process

The individual counselling of persons in distress due to the earthquakes was the core project activity. The CPSWs were responsible for identifying the local people most in need of counselling. They used the psychological first aid and psychoeducation meetings, their local knowledge and informal consultations to identify needy people. They visited all parts of their areas to identify clients, while later mothers groups, female community health volunteers, teachers and other local people helped identify clients. In Phase 2

In Phase 2, 770 persons were identified as in need of counselling at the psychosocial first aid meetings and in other ways. In line with the project's capacity, only the 65% more severe cases were provided with counselling (Table 5.1)

Table 5.1: Number of potential cases identified in communities by CPSWs who received counselling (Phase 2 only)

District	Identified potential clients	Counselled clients	% counselled
Dolakha	376	218	58%
Ramechhap	138	134	97%
Okhaldunga	256	151	59%
Total	770	503	65%

A large demand emerged for these counselling services, and so an important and somewhat difficult task for the CPSWs was prioritising clients as only a limited number of counselling sessions could be provided by the six/seven counsellors across the large working area. See Box 8.1 for a discussion on the total demand for psychosocial and mental health services.

The CPSWs presented information on the symptoms and situation of potential clients to the psychosocial counsellors. The counsellors, in consultation with the CPSWs, then decided who would receive counselling. These decisions entailed the commitment to provide regular counselling as multiple sessions are needed to bring about lasting improvements. The CPSWs then referred the clients for counselling at the next visit of the project's psychosocial counsellor.

The counselling mostly took place in clients' homes or nearby. It was however sometimes difficult to find a suitable private place for counselling as many clients were living in temporary shelters as many of their homes had been damaged or destroyed (see Figure 5.4). About 95% of individual counselling sessions took place either in clients' houses, shelters, or nearby, while 5% took place at government health facilities (primary health care centres [PHCCs]), or in the counselling rooms at the project's district offices for nearby clients.

After the initial longer sessions, subsequent counselling sessions took about 45 minutes. The counsellors followed CMC's protocol and their knowledge gained from training. They followed the good counselling practices of building rapport, accepting clients as they are, being non-judgemental, listening actively and enabling clients to identify solutions to their problems, whilst at all times maintaining confidentiality. Counselling was mostly provided to individuals, but some sessions counselled husbands and wives or other family members together.

Each client was given a unique client number (code number) and the counsellors used standard CMC formats for making session notes and maintaining case records. They also kept a spreadsheet of all their clients and sessions to help them manage their time. During their supervision visits the project's supervisors checked that all counsellors were practising proper record keeping.

The record keeping involved documenting clients' progress according to counsellors' observations, client self-rating on a score of 0 to 10, and assessments by family members such as the one demonstrated in the photo at the top of this chapter. The counsellors took all of these into account to rate the percentage improvements of clients.

The counselling process thus followed the steps in Box 5.1 with the last step being the referral of more serious mental health cases for specialised treatment (Section 5.2).

Box 5.1: The process for supporting individual counselling clients

1) CPSWs identify potential needy counselling cases with help from local people.
2) CPSWs inform psychosocial counsellors about symptoms and situation of cases and link them with counsellors
3) Counsellors determine which cases can get individual counselling and start counselling
4) Individual counselling goes ahead with sessions also held with family members as per need
5) The monitoring of clients' progress
6) Serious cases referred to district health facilities, CMC or tertiary hospitals for specialised treatment.

Number of clients counselled

Across the two phases the project provided individual therapeutic counselling to 1,195 needy people (Table 5.2) meaning that 4.5% of the projects 26,542 households benefitted from this service across the project's 40 VDCs. The presence of a severely distressed family member will disrupt the whole household.

A total of 709 clients were counselled in Phase 1 of which 17 of the more serious cases were deemed to need further counselling and so were carried over to Phase 2 for counselling alongside the 486 new clients. Individual clients received at least three counselling sessions and a maximum of 14 sessions each. The larger project area (16 VDCs) and the relatively greater damage caused by the earthquakes in Dolakha is reflected in 43% of Phase 2 clients being in that district.

Table 5.2: Number of clients who received individual counselling from the EQ-PSS project (2015–2016)

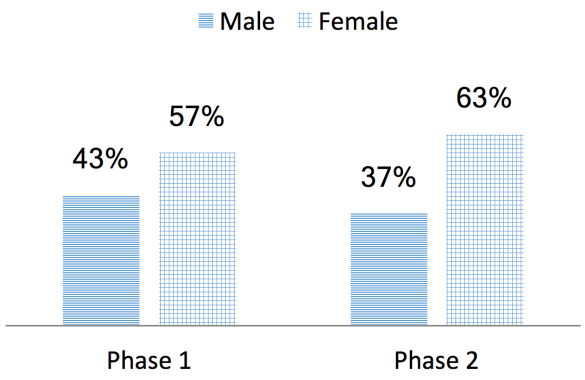
District	Phase 1	Phase 2
Dolakha	209	218
Ramechhap	277	134
Okhaldhunga	223	151
Total	**709**	**503**

Note: 1,195 unique clients were individually counselled (709+503–17 = 1,195)

Client characteristics

More females than males were provided with individual counselling with the proportion of female clients increasing from 57% in Phase 1 to 63% in Phase 2 (Figure 5.1). The higher proportion of females reflects the high number of female-headed households in the project's working areas as many of their menfolk work away from home in foreign countries. Such women tend to be more vulnerable to stress as they lack the support of their spouses and are acting outside traditional gender roles with more responsibilities.

Figure 5.1: The gender of individually counselled clients in the EQ-PSS project (2015–2016)



Sixty percent of the individually counselled clients were Dalits (ex-untouchables) or Janajatis (ethnic group people) who are traditionally disadvantaged groups (Figure 5.2). Although not all Janajati groups are disadvantaged, most of the Janajatis in the project area (mostly Tamangs) are.

By age group, only 18% of individually counselled clients were under 18 years of age (Figure 5.3). The reason for the relatively low number of child counselling clients is probably that children tend to be relatively more resilient to the disturbances caused by the earthquakes probably because they have fewer responsibilities and because most of them had the opportunity to ventilate their feelings at school with other students.

In Nepal, many psychological disturbances and mental health problems have traditionally gone untreated for the lack of awareness about these problems and the very limited access to mental health care in Nepal's rural areas. At least 28% of the individually counselled cases (140 out of 503) presented chronic mental health conditions that predated the earthquakes.

A large proportion of the 503 individually counselled clients in Phase 2 had suffered damage and injury from the earthquakes with many

Figure 5.2: Ethnicity of individually counselled clients, Phase 2 (2016)

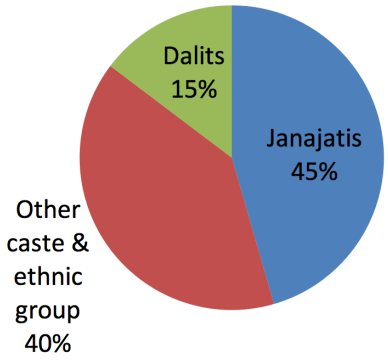
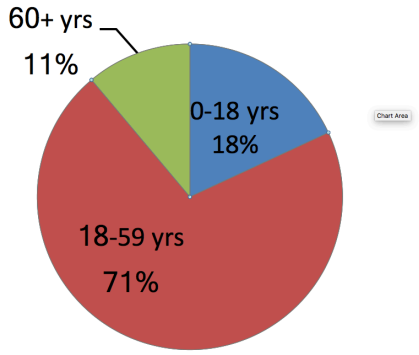
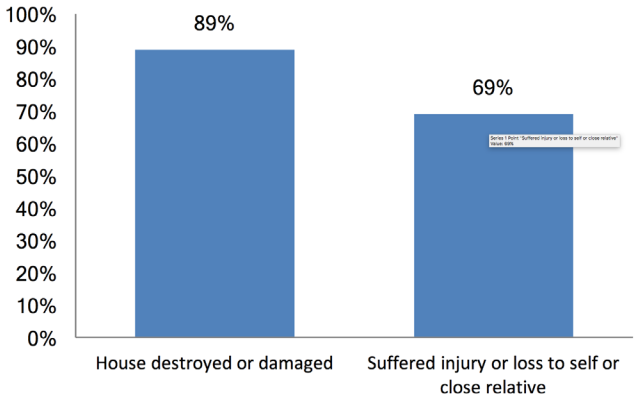


Figure 5.3: The age of individually counselled clients, Phase 2 (2016)



suffering both (Figure 5.4). These losses put them at more risk of psychological disturbance and more in need of psychosocial support.

Figure 5.4: Proportion of Phase 2 individually counselled clients who suffered damage or injury from the earthquakes (2016)

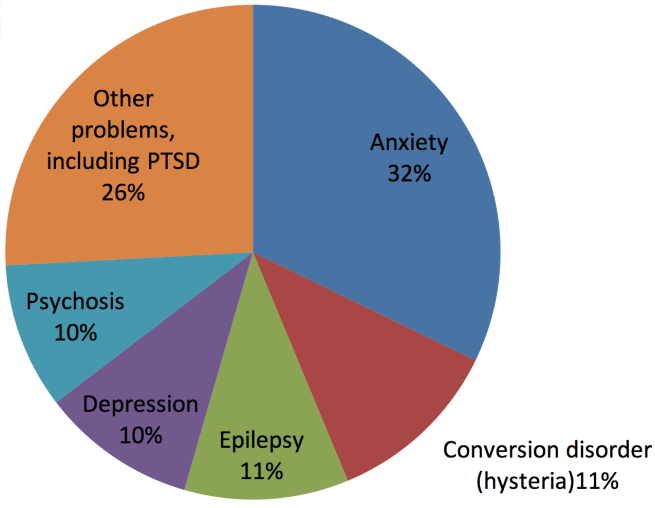


A third of the Phase 2 individually counselled clients were suffering from anxiety as their main symptom while more than a third were suffering from more serious problems such as psychosis, depression, epilepsy and post-traumatic stress disorder (Figure 5.5). Documentation consultant (the anthropologist) observed while accompanying counsellors at their counselling work in the village areas that they had:

"met many women who had either tried to commit suicide or had thought of doing so. Often diagnosed with depression and given medicine. All in precarious and abusive family situations. Symptoms also include body pain with burning sensations in head, hands, legs and stomach."

The diagnosis of clients' conditions was derived from the supervisors' analysis of each case analysis form. The supervisors compared the symptoms against standard defined checklists including (i) the PTSD symptom checklist of Suraj Thapa (2002 based on civilian version of British army veterans' support checklist), (ii) depression and anxiety diagnosis checklist based on the WHO checklist.

Figure 5.5: Main psychological problem of individually counselled clients, Phase 2 (2016)



5.2 Activity 2 — Referrals for Higher Level Treatment

The project's counsellors were only able to provide counselling. A number of cases, including depression, suicide, chronic anxiety, and epilepsy cases, needed more specialised treatment including medication. Note that all these clients received individual therapeutic counselling either before their specialised treatment, or afterwards for more serious cases where medication was needed to make clients amenable to counselling.

The project referred 144 clients for specialised treatment in Kathmandu of whom 87 received specialised counselling and medication from CMC's psychiatrist and 57 attended tertiary level hospitals for consultations and medication (Table 5.3).

Table 5.3: Number of cases referred for and received specialised treatment (mostly medication)

	Phase 1	Phase 2	Total
District level hospitals	26+	102	128+
CMC-Nepal (Kathmandu office)	25 for medicine		
11 for counselling)	51	87	
Dhulikhel, Teaching and other Kathmandu hospitals	21	36	57

Some other cases were referred to district level hospitals (Tama Kosi Cooperative Hospital, Okhaldhunga Mission hospital and Charikot PHCC) for specialised MHPSS treatment (mental health medication). The CPSWs and counsellors encouraged and helped more than 128 clients establish relations with district level health facilities for treating their physical and mental health problems.

5.3 Achievements

Needy clients reached

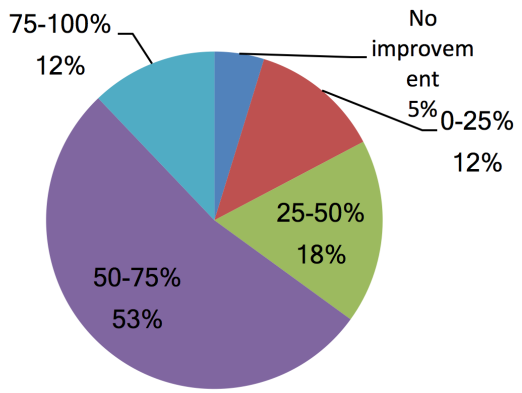
Many people were in need of psychosocial support after the earthquakes and amidst the continuing aftershocks. The project 's selection of those most in need for counselling happened through the hard work of the CPSWs and the awareness raised by the psychoeducation and psychosocial first aid meetings. Sixty percent of the individually counselled clients were from the traditionally disadvantaged groups (Figure 5.2) who tend to be poor and have fewer resources to see them through crises.

Once counselling began the CPSWs did a good job following up with clients to monitor their situation and to ensure that concerned clients continued to take their medication and practice stress relief exercises. The CPSWs recorded this information and kept in regular contact with the counsellors to inform them about the well-being of clients.

Improved client well-being

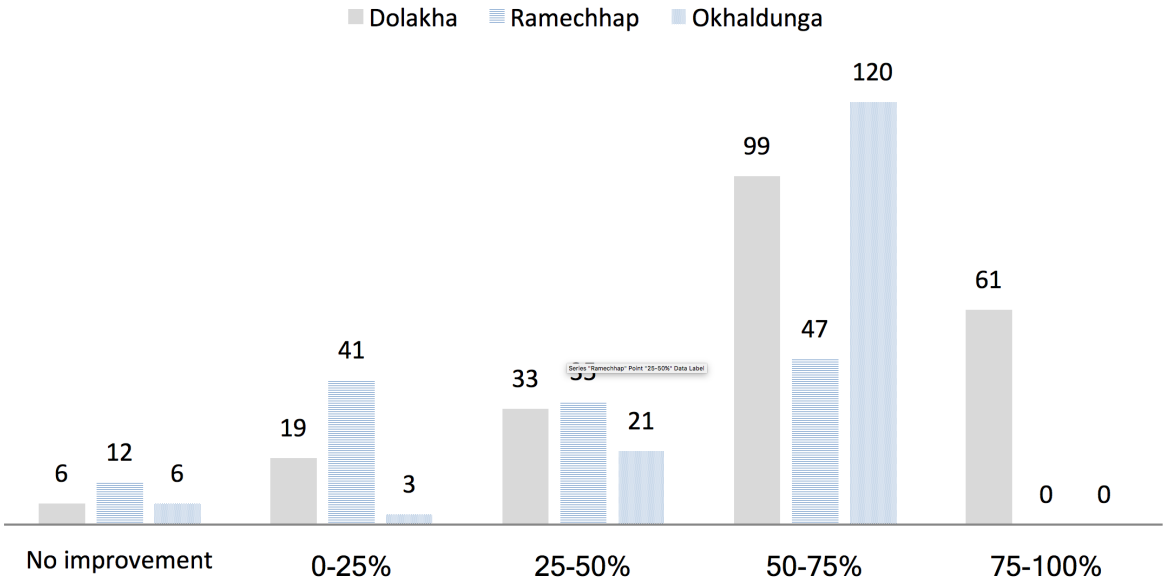
Data on the improvement of individually counselled clients is only available for Phase 2 for reasons explained in Section 9.1. Sixty-five percent of the 503 clients who received individual counselling in Phase 2 had a fifty percent or more improvement in their psychological well-being between January and October 2016 (Figure 5.6). And 461 (91%) of the 503 cases had been closed by mid-December 2016 as the counsellors, clients and their families recognised sufficient improvements such that counselling was no longer needed. These are very significant improvements given that it takes time to address psychosocial issues and to reduce psychological disturbances.

Figure 5.6: Improvements in individually counselled clients in Phase 2 of EQ-PSS project (Jan-Nov 2016)



The clients in Dolakha and Okhaldhunga scored higher levels of improvement, with 89% and 90% respectively showing a fifty percent or more improvement, compared to only 47% in Ramechhap (Figure 5.7). One reason for the difference could be that a higher proportion of clients in Ramechhap were psychotic cases, which are much more difficult to achieve improvements with. Also, the project's CPSWs and counsellors observed that many clients had pre-existing conditions unrelated to the earthquakes and had previously had no access to care.

Figure 5.7: Relative improvements in individually counselled clients in Phase 2 in the EQ-PSS project districts (Jan-Nov 2016)



Clients' feedback on the benefits of counselling

Many individual clients were satisfied with the psychosocial support provided by the project (see examples in Box 5.1). Many said that the counselling and other project activities had helped allay their earthquake-related anxiety and had enabled them to better cope with the difficulties of living in temporary shelters, especially during the rainy (monsoon) and cold seasons.

"I am very grateful as the counselling has provided me with great relief and has enabled me to accept the damage to my house caused by the earthquake and to look forwards to restoring my livelihood and rebuilding my house." — Counselling client, Yasam VDC, Okhaldhunga (June, 2016)

"A counsellor came to me, listened to my distress, and accepted my tears and worries. She asked about my feelings and gave me ways of coping in my most fearful moments. This enabled me to sleep better and feel at ease. Breathing exercises and remembering happy times from the past have helped me cope with the current difficulties and create hope for my future. I am very thankful to her."

— Woman client in Dolakha, 2015.

The project also assisted many people whose psychological problems predated the earthquakes.

"Psychosocial counselling really worked in my case. I defeated my (alcohol) drinking habit and stopped quarrelling with my family. It is better than the treatment from the medical doctors. I've even been able to get married and have good relations with my family members. I would like to thank this organization."

— Ramechhap case of alcohol abuse (September 12, 2016)

Box 5.1: Two counselling success stories from Dolakha

1. A young woman regains her confidence — A 16 year old woman lived with her father and younger sister and studied in Grade 9. Her mother and brother had died four years before. The 25 April earthquake destroyed her house and killed her father. The young woman and her sister went to live with their married sister. Soon after the young woman developed a persistent headache, lost her appetite, found it difficult to sleep, became lethargic and often felt angry. She stopped going to school.

   Her sister and brother-in-law took her to a health facility, but this did not help and so took her to a traditional healer, which again did no good. They were very concerned about her behaviour and were wondering what to do when they met a project CPSW. The CPSW linked her with a counsellor who provided supportive counselling at the young woman's residence and regularly followed up. The counsellor built a good rapport with the woman who openly expressed her feelings. This helped the counsellor identify the young woman's problems and to cope with her main issue — the loss of her father. The young woman recovered and restarted school. She is happy and helps her sister with household chores

2. Burden lifted from a women under great stress — A 34 year old Dolakha housewife had two sons and a daughter. Her younger son suffered an intellectual disability. Three years previously, her husband had left her for another woman. But she managed the household and earned a living from the family farm.

   The 2015 earthquakes destroyed her home. She became very worried about her family's future and started to suffer many symptoms. She could not sleep well, had constant headaches and lost her appetite. She felt weak and sometimes like she was losing consciousness. She also had a thyroid problem and her in-laws and sister-in-law quarrelled with her. She had a lot of work to do on the family farm. Her daily life became very difficult.

   She then met a project CPSW who linked her up for counselling. She had multiple sessions and felt great relief from sharing her difficulties. She was motivated by the positive feedback and the exercises the counsellor encouraged her to do. She practiced deep breathing, took physical exercise and drank plenty of water. Her headaches disappeared and she became calmer and could sleep well. She began having positive thoughts again and started planning for her future doing vegetable and livestock farming and improving her family's economic condition.

6 BUILDING A CADRE OF TRAINED PSYCHOSOCIAL WORKERS

CPSWs undertaking a role playing exercise on informing counselling clients about how the project will end service provision by December 2016 and how they can access services thereafter. Ramechhap, 2016

Outcome 2 of the project was that "CMC-Nepal has the institutional capacity to provide effective psychosocial services to persons affected by natural disasters." To an extent CMC-Nepal already had this capacity as since its formation in 2003 it has provided psychosocial support to many victims of trauma including children affected by armed conflict, people living with HIV, brick kiln workers, children deprived of parental care, people with mental health issues and flood survivors. This project's outcome was therefore more about strengthening the capacity of CMC and building a cadre of psychosocial workers with expertise on supporting natural disaster survivors.

The activities under outcome 2 took place alongside the outcome 1 activities of providing psychosocial support to people traumatised by the earthquakes and other needy people. The psychosocial workers thus learned and strengthened their skills on-the-job.

6.1 Overview of Capacity Building Activities

Over its two phases the project ran two orientation workshops, seven skill training events and nine supervision workshops (Table 6.1) alongside the regular supervisory visits, distance and field level supervision and activities to maintain staff well-being.

Table 6.1: EQ-PSS training events and supervisory workshops

	Date	Event
Orientation workshops		
1	8-11 Jun-15	Phase 1 basic orientation of psychosocial counsellors on psychosocial counselling (Kathmandu)
2	Jan-16	Phase 2 project orientation for supervisors and district counsellors (Kathmandu)
Skills training (mostly conducted by psychosocial supervisors)		
1	8-12 Jul-15	Basic training for CPSWs on psychosocial support in emergencies (PSCs also took part) (Charikot)
2	15-19 Jul-15	Basic training for counsellors on counselling and psychosocial support in emergencies (Ktm)
3	14-16 Dec-15	Refresher training for psychosocial counsellors (Kathmandu)
4	Apr-16	Field level practice-based training for CPSWs on community psychosocial support (Manthali)
5	5-12 Feb-16	Module 1 training for psychosocial counsellors (Kathmandu)
6	6-14 Jun-16	Module 2 training for psychosocial counsellors (Kathmandu)
7	21-30 Aug-16	Module 3 training for psychosocial counsellors (Kathmandu)
Supervision workshops		
1	10-17 Aug-15	Self-care and supervision workshop for CPSWs and psychosocial counsellors (by project supervisors in Manthali)
2	15-21 Nov-15	Refresher and self-care workshop for psychosocial counsellors and supervisors (by expat psychologist in Kathmandu)
3	18-24 Mar-16	First Phase 2 supervision workshop for supervisors on effective psychosocial support for disaster-affected people (by expat psychologist in Kathmandu)
4	26-31 Mar-16	First supervision workshop for counsellors (Manthali)
5	10-12 Aug-16	Second supervision (and self-care) workshop for CPSWs (Manthali)
6	19-23 Sep-16	Second supervision workshop for psychosocial supervisors (by expat psychologist in Ktm)
7	21-24 Oct-16	Supervision workshop for psychosocial counsellors (Kathmandu)
8	29-30 Dec-16	Supervision and project closure workshop with supervisors and counsellors (Kathmandu)

6.2 Skill Training

The project's seven skill training activities taught the project's CPSWs and counsellors about the provision of psychosocial support to natural disaster survivors. These courses were mostly delivered by the project's supervisors. The CPSWs were provided with basic training at the start and a more advanced training on providing and facilitating psychosocial support during times of emergency at the beginning of Phase 2. These courses focused on identifying persons in need of psychosocial support in line with CPSW's job descriptions.

The psychosocial counsellors received five days training on counselling persons traumatised by natural disasters at the start of Phase 1 and a refresher training in December 2015 that built on their experiences of handling cases. The same personnel received short training courses in Phase 2 on basic counselling and case documentation, more advanced counselling techniques and dealing

with difficult cases. The focus of this training was on how to do 'pre-talk' (talking with clients about psychosocial support in their cultural context to prepare them for counselling talk) to make clients curious and to build rapport, how to create a good atmosphere, techniques to help client to feel less stress (relaxation techniques). In addition, the staff also learned how to document cases.

The planned fourth module was replaced with the October and December supervision workshops to focus on the need to bring the counselling of cases to a satisfactory end.

6.3 Supervision Workshops

The project ran eight supervision workshops. Supervision and self-care workshops were run for CPSWs and counsellors in August 2015 and for counsellors and supervisors in November 2015 by the expat psychologist. The focus of the November workshop was on strengthening the psychosocial intervention capacity of the project's supervisors, especially on the use of post-disaster psychological trauma intervention techniques.

In Phase 2, the March and August 2016 workshops for CPSWs and the March and October 2016 workshops for counsellors provided the opportunities and space to share work updates and plan future work and receive self-care, mostly through counselling.

The March and September 2016 supervisors' workshops were run by the expat psychologist and covered case supervision on supervising the handling of different kinds of cases from simple anxiety through to serious mental illness cases. These workshops also revised the standard protocol for recording psychosocial counselling work. Supervisors from other CMC projects also participated in these workshops.

The final project workshop at the end of December 2016 recognized the work of the project's counsellors and CPSWs.

6.4 Maintaining Staff Well-Being

The project gave considerable attention to maintaining the well-being of its staff in the midst of the continuing earthquakes, their large workloads and the large demand for the project's services. A German psychiatrist who visited the project's working areas in November 2015 noted:

> *"Everybody too busy, not enough time for reflection of feelings and supporting each other, which is necessary especially after involvement in the districts. CMC called in the district-counsellors for a workshop for caring for themselves; but still the staff don't have enough space to care themselves. The staff have been working day and night for 7 months including weekends … CMC-staff need to think how to get breaks and how to install support-systems/supervision/sharing — otherwise I see a threat of burn-out."*

CMC realized this danger and responded as follows:

> *"District based counsellors had to go with insecurity, confusion and frustration while working in desperate conditions. This was overcome with close support and mentoring by supervisors and the senior Clinical Psychologist visiting them on site and in district headquarters and through constant telephone contact. This built their confidence and capability in providing intensive psychosocial support and counselling at individual, family and group levels." (EQ-PSS Phase 1 progress report)*

Alongside the regular visits and phone contacts, self-care activities were an important part of most skill training events and supervision workshops. Self-care was mostly delivered through the group and individual counselling of counsellors and CPSWs:

"I got counselling support from CMC-N for my family and myself. I am really thankful to the CMC supervisor team for caring for my distress and also considering recovery time for my physical injury." Dolakha psychosocial counsellor at final supervision workshop

(December 30, 2016)

The regular 'intervision' meetings among supervisors were an innovative activity carried out to keep project activities on track and maintain the well-being of supervisors. The supervisors shared experiences, discussed the handling of particular cases and carried out self-care exercises at these monthly meetings. They found the reflections on their feelings and experiences very helpful. Documentation consultant (the anthropologist) noted in 2016 that:

"the team regularly meet to reflect on their experiences and to discuss the practice of counselling skills at the intervision meetings."

The benefits of the project's support, supervision and self-care were evident in the good relations between project staff with one supervisor saying at the final debriefing meeting how they had received many appreciative statements from field staff and that there were good relations between different levels of staff that had facilitated the project's success:

"Field level staff said that in previous jobs they had been afraid of their supervisors and had tried to win their support by treating them to good food and lodging. But in this project this perception was totally different as we feel they are our guardians who come to assist and guide us and to mentor and coach us in dealing with difficult cases."

The expat psychologist recommended this activity to maintain the quality of work of supervisors and counsellors and later in Phase 1 observed that "CMC has developed a support system to field level staff through its central team of psychosocial supervisors."

6.5 Supervision of Field and District-based Staff

The project's supervisory activities served the dual purpose of building the capacity of the psychosocial workers and ensuring that project activities were implemented properly. The project established a regular routine of supervisory visits and contacts:

- The CPSWs and their psychosocial counsellors met each month to share progress, issues and problems and to plan the next month's activities.
- The supervisors, who were all based in Kathmandu, made regular visits to the project areas to check the work of the counsellors and CPSWs, discuss issues arising and provide advice. Four visits were made in Phase 1 and four more in Phase 2. Because of the fuel shortages in Phase 1 the June and September/ October 2015 supervision visits were changed to supervision workshops in the district HQs that focussed on how to deal with particular cases. The August and November visits went ahead as planned with supervisors observing clients' status and supporting counsellors and CPSWs in the project VDCs.
- The supervisors held debriefing meetings after all their supervisory visits to share their findings and discuss project strategy and budgeting issues.

As well as this the counsellors and supervisors were in regular contact over the phone and Skype to discuss particular cases The supervisors provided about one hour of distance coaching support per week to each of their counsellors (and if needed at other times) to advise how to handle particular cases.

6.6 Achievements

More capable psychosocial workers

The project successfully built a cadre of trained psychosocial human resources who can provide psychosocial and mental health support. The knowledge and skills they gained on the project has equipped them to provide psychosocial support to survivors of most kinds of traumatic events and in other settings. Indeed, in November 2016, one of the project's supervisors and two psychosocial counsellors began work on a psychosocial support project for survivors of gender-based violence.

The main difference in this project was the importance of the psychosocial workers attending to self-care amidst the continuing aftershocks and the demanding nature of the work. All project personnel experienced the benefits of the self-care exercises and are thus aware of the need to practice it amidst challenging implementation conditions.

CPSW competencies — The project's 18 CPSWs were largely inexperienced as only three had previous experience of social mobilisation activities while none had worked on psychosocial support. The project's recruitment process recognised their potential while the support and capacity building activities enabled them to make great strides in building up their skills.

The recognition of the strength of the CPSW's work is an important indicator of their abilities. Most of the project's CPSWs were recognized by local people as local change agents for their contributions to allaying people's fears and directing them to sources of support. Most of them carried out their responsibilities very conscientiously and as already indicated most of them put in long hours of work. Their commitment is reflected in the fact that only one of the 18 CPSWs left the project (and that for personal reasons) at the time of high demand by many organizations for psychosocial workers.

The statement in Box 6.1 shows the commitment of one project CPSW.

The self-assessments carried out by CPSWs at the end of the project report that almost all of them had built up their public speaking, group management, coordination, psychoeducation and stress management skills. Almost all reported increased self-confidence. Many also appreciated that the knowledge they had gained on the project had helped them better cope with their own anxiety amidst the ongoing aftershocks and a few said that it had taught them how to work in difficult circumstances.

Counsellors' capabilities — All seven of the projects' counsellors had become competent counsellors by the end of the project in spite of none of them having substantial prior experience of counselling. Multiple choice subject tests taken at the end and beginning of the three module course in Phase 2 showed an improvement in their knowledge of between 45% and 97% Phase 2. At the final project debriefing meeting on 30 December 2016 and in the final self-assessments the counsellors said that they had learned many things from the project including counselling, coordination, reporting and case documentation skills. They also all said they had improved their public speaking, self-management and stress management skills and how to work in difficult situations.

Supervisors — The self-care workshops, debriefings and intervision meetings for supervisors successfully provided them with a support network and the opportunity to share strengths, difficulties and new experiences among themselves. This enabled them to manage complex cases independently and increased their confidence in coaching and supervising the counsellors in the field. In their feedback on the training programmes, the supervisors said that they had received valuable instruction on how to implement the supervision guidelines, had reviewed the counselling training contents and learned how to contextualise psychosocial support in a disaster situation. They also praised the use of videos as a teaching medium (showing CMC staff counselling clients) and the guidance they received on the value of pre-talks with clients and supervisees. This resulted in the project's supervisors becoming more confident

Box 6.1: The appreciation of a project CPSW

"I, Samsher Ghising of Bhusafeda-2, Feda, Dolakha district have worked as a CPSW for CMC-Nepal since June 2015. I'm grateful to CMC-Nepal because during the initial days of my working period most project workers were in need of psychosocial counselling because of the continuous aftershocks. We were initially trained on providing psychosocial first aid which helped me to deal with the stress resulting from the frequent aftershocks. The training motivated me to serve highly distressed survivors. My role in the project was to identify vulnerable cases for counselling support. I was also responsible for coordinating with local VDCs, health facilities and political parties to inform them about our activities, for raising awareness in community groups about psychosocial issues and informing local people about available services. I was also a focal point to inform our clients about the reconstruction grants and skills training and income generating opportunities. I think myself lucky because I was able to support many vulnerable people in my community and surrounding areas.

My project work was not only a job but also a social service at a time of crisis. Now people recognize me and respect me. I've gained knowledge on coordination, speaking, listening and interpersonal skills, am more confident and better able to manage my personal and others' stress and have become more confident and have higher self-esteem!

(December 24, 2016)

in supervising the provision of psychosocial interventions for earthquake affected people.

The expat psychologist praised the project's supervisors for their progress at the end of the September 2016 training workshop:

> *"I found the CMC team to have made a great shift in its motivation and courage to practice counselling skills with clients and supervision skills with district counsellors. I was impressed with your courage to make case stories and to continue the intervision. This has all helped produce quality changes in their understanding of psychosocial work using systemic approaches and techniques. You now have revised counselling session structure, case story structure and the supervision protocol which you have practiced with clients and district counsellors. I could see a kind of learning attitude and interest to cooperate among each other in the team."— September 2016 training feedback from expat psychologist.*

Overall — At their final debriefing meeting on 30 December 2016, the supervisors said that the project had successfully improved the capacity of all its staff, and:

> *"My counsellors have done good preparation before counselling sessions and practiced questioning and listening skills beautifully."*

> *"Implementing theories and then getting feedback from the supervisor (expat psychologist) helped us sharpen our skills."*

> *"Now I deal with cases totally differently, I observe them differently and practice differently and have improved professionally."*

In their final self-evaluations the CPSWs and counsellors greatly appreciated the mostly very supportive supervision they had received throughout the project.

CMC's systems strengthened

The main improvements to CMC's systems that took place during the project and that will inform future projects were as follows:

- The revision of the standard format for case-wise analysis, session notes and case stories plus the updating of the supervision protocol, all of which happened at the March 2016 supervisor's workshop.
- The institutionalisation of regular intervision sessions among psychosocial supervisor, which gave them opportunity to reflect on their work experiences and to provide mutual support on managing more difficult cases.
- The development of training inputs and discussion based training protocol at the first supervision workshop. The psychosocial supervision training protocol was developed by the expat psychologist and subsequently followed by the project's supervisors. This is now an important CMC document for future reference for building the capacity of supervisors.
- The development of a project communication protocol that provides a template for future CMC projects.
- The development and implementation of a strategy to share project-related information including on the budget and roles and responsibilities of project staff, with all staff including field staff.
- The development of a strategy to strengthen coordination with local stakeholders — mainly including DDCs, chief district officers, women and children offices and district health offices, to facilitate project implementation.

Substantial progress was also made on caring for the welfare of psychosocial workers. This was particularly necessary given the difficult and stressful working conditions, especially in Phase 1. This was highlighted when one psychosocial counsellor experienced a miscarriage during the project period. CMC immediately provided emergency health care and counselling support to the counsellor. This resulted in CMC revising its staff policy by to provide more generous maternity leave including for miscarriage cases and including for project staff including staff on short term emergency projects.

Certification of CPSW at Charikot, Dolakha

7 COORDINATION

CPSW during the campaign of NRA/Pakarbaas VDC of Ramechhap district

7.1 Coordination with VDC Stakeholders

The project began with a series of orientation meetings in the 18 Phase 1 VDCs to introduce the project and initiate the selection of the project's CPSWs. These meetings were very important as local people were understandably prioritising access to the basic needs of shelter and food and needed convincing of the value of psychosocial support. The same meetings were also carried out in 2016 in the additional 22 Phase 2 VDCs to promote understanding of the project and the value of its interventions.

The CPSWs kept in regular contact with the VDC secretaries and other local stakeholders for organising the ward level psychoeducation and psychosocial first aid meetings and identifying counselling clients. One area of close coordination happened in Phase 2 when the VDC secretaries requested the project's involvement in assisting its clients to access the reconstruction grants. The project duly helped the 95% of clients whose houses had been destroyed or damaged to access these grants (see Section 4.4).

VDC level stakeholders also facilitated project implementation by providing counselling spaces, encouraging local social mobilisers to support the project, and by helping clients access reconstruction grants. Among other praise for the project several VDC secretaries and VDC officials praised the project's contributions in their regular reports.

7.2 Coordination with District Stakeholders

The project worked in close coordination with the three DDRC protection and health clusters during project setup and implementation. The clusters identified and assigned the project's VDCs and project representatives took part in most monthly DDRC protection and health cluster meetings. The project's results and plans were shared at these meetings and coordination issues discussed.

CMC's activities and services were appreciated at a number of these meetings for being directly geared to beneficiaries. This was especially so in Dolakha where CMC's counsellors worked in some of the most badly affected areas. Cluster members often requested services and support from CMC, which were however, mostly beyond CMC's capacity to provide including requests to counsel development workers (see more on this in lessons chapter).

The cluster and other meetings provided a platform for the project to consult and coordinate with the district health offices and women and children development offices. One direct implication of this was that CMC-Nepal was asked to assist with an incident of mass hysteria in Dolakha outside the project's working area. The successful intervention enhanced CMC's reputation. These meetings also provided the opportunity for the project to coordinate with other psychosocial projects in the districts to avoid the duplication of services. This reduced such duplication in Phase 2.

One particular area of contact with the district health offices (DHOs) was supporting the long term mental health medication needs of a number of project clients, with provision assured through the DHOs.

Improved coordination in Phase 2 — One lesson learned in Phase 1 was the need to improve coordination with district level stakeholders. Insufficient attention had been given to this amidst the emergency situation in Phase 1. The project thus appointed a coordination and monitoring supervisor in Phase 2 with the dual responsibility of coordinating with stakeholders and monitoring project achievements. He made regular visits to all three districts and had regular meetings with district level authorities. He maintained regular contact and shared project updates with the DDRC, DDCs, VDCs, women's development office and the district health offices.

The appointment of the coordination officer ramped up district level coordination activities:

- In March and April 2016, the coordination and monitoring supervisor organised multi-stakeholder meeting in all three project districts with DDC members the women's development officer, the district health officer and other stakeholders. These meetings explained the project's achievements, informed about the services being provided by the project and sought cooperation.
- Project representatives took part in the annual DDC and review planning meetings in2016 in Dolakha in August, and in Okhaldhunga and Ramechhap in September by sharing project achievements and explaining about the project's ongoing activities.

Towards the end of the project attention was given to phasing out the project to sustain impacts and avoid the cutting off of treatment from needy clients. In September 2016 the project's closure strategy was shared with all three DDCs and project closure workshops were held in late December to thank project staff and supporters and to look at the future provision of psychosocial support in the districts. Ninety-nine district level officials and politicians, including local development officers, women and children officers and district health officers attended the closing workshops in the three districts. Many participants praised the project's work including the following officials:

> *"We appreciate CMC for improving the wellbeing of earthquake survivors" — (programme officer, Dolakha DDC)*
> *(December 23, 2016)*

> *"I observed in Singhadevi VDC that CMC-Nepal worked well at the field level. CMC worked in difficult (remote) areas but still had good representation at the district headquarter in regular meetings." (Local Development Officer, Okhaldhunga)*
> *(December 28, 2016)*

8 CHALLENGES AND LESSONS

The project faced many challenges amidst the emergency situation and the growing demand for its services throughout its 18 months. The project's successful response to most of these challenges provide important lessons for future psychosocial support projects.

Lesson 1: The benefits for project implementation of providing the project's psychosocial workers with robust support and supervision and self-care activities:

Challenges/issues: The project's psychosocial workers faced difficult working conditions due to the continuous aftershocks, the damaged infrastructure and the large demand for project services. Especially during Phase 1, most people in the affected areas, including project personnel, suffered anxiety from the continued aftershocks and other disturbances. The project's CPSWs and counsellors were also severely challenged by the complexity of many of the cases set against their limited skills and experiences.

Response: To enable the project's staff to cope to cope and not be overwhelmed and as a result frustrated and burnt out, the project put considerable resources into providing supportive supervision and self-care activities.

The project's staffing structure, with four levels of responsibility (see Figure 2.1), provided a robust structure for delivering psychosocial services and providing the psychological and technical support that staff needed to effectively carry out their work. The structure was designed so that all levels of staff were supported and supervised and had easy access to support. This structure meant that all personnel had someone to turn to discuss issues and seek advice. This increased staff productivity and reduced staff turnover. Very few staff left the project at the time of a high demand for psychosocial workers.

Also, a major theme of project workshops and supervisory activities was the importance of the project's CPSWs and counsellors maintaining their own well-being by practising self-care. The welfare of the counsellors was further safeguarded by providing them with tents to sleep in as many hotels had been destroyed or rendered unsafe by the earthquakes.

Note that the need for robust support and supervision and self-care applies not only for psychosocial workers but to all emergency responders including rescuers and relief providers.

Recommendation: It is very important that all levels of staff are supported with supervision and self-care activities. To ensure this, supervisors should be available full-time for field staff and a psychosocial expert should be available several times per year to support supervisors.

Lesson 2: The project covered too large an area and ran too many activities:

Challenge: The project covered a very large geographic area meaning that the counsellors had to spend many hours travelling to reach clients. This was especially significant during the 2015 monsoon and the many post-earthquake landslides and the less available transport during the 2015/16 blockade. This meant that the project's 71 clients per counsellor was a too high client–counsellor ratio.

Recommendation: Consider a more realistic client–staff ratio when designing projects. Assess

the ratio against the number of staff required and the travel time needed to reach clients considering geographic conditions and transport availability. Forty clients per counsellor per year would probably be a more suitable ratio.

Lesson 3: The needs of clients change over time

Challenge: It is a challenge for psychosocial support projects to provide the most appropriate interventions at the right time to meet the needs of earthquake survivors. The main need in the first months after the major earthquakes and the continuing aftershocks was to give affected people the chance to ventilate their feelings and worries (i.e. by providing listening counselling). For about four months after the 25 April earthquake, most people needed someone to listen to their fears. Only a few cases needed referring to higher level mental health and psychosocial services. However, the need of mental health and psychosocial expert support increased from September 2015 and continued to the end of December 2015.

Recommendation: In the first few months, group work, i.e. psychoeducation and relaxation techniques are adequate. After about six months, individual counselling becomes more relevant as the cases become more complex with many mental health issues emerging that predate the disaster. Those who are deeply traumatized have by then not recovered and addressing their issues is more difficult and complex.

Lesson 4: The importance of objectively selecting project staff:

Challenge: Especially as the salary provided to the project's CPSWs was quite high, there was considerable pressure from local politicians to select favoured (usually unqualified) persons as CPSWs.

Response: The project anticipated this problem and designed and stuck to objective criteria for selecting its CPSWs. It also involved VDC representatives, health facility staff and other local stakeholders in selecting the CPSWs. Most communities also facilitated selection once they understood the responsibilities of these positions. As a result the project selected competent and committed CPSWs who performed well. The involvement of local communities in selection also helped resist political pressure.

Recommendation: Ensure that objective criteria are followed to select project staff and avoid pressure to select less qualified people.

Lesson 5: It is best to have full-time supervisory staff:

Challenge: Four of the six Phase 2 psychosocial supervisors were part-time. This limited their availability and meant they were not always available when needed to support the counsellors and for reflection and debriefing. One consequence of this was that the debriefing and reflection among supervisors and other team members did not take place regularly enough.

Recommendation: It is preferable to have full-time supervisors on psychosocial support projects to provide full-time support for field staff. In addition, there is a shortage of psychologists/experts who are experienced enough to be supervisors. Donors need to invest more in long-term capacity building.

Lesson 6: The need for more in-depth communication of the project's strategy, targets and structure, especially to CPSWs:

Challenge: The emergency situation limited the time available for orientating the CPSWs about the project's strategy, targets and structure. This led in a few cases to information being interpreted differently by different levels of staff.

Recommendation: The in-depth orientation of all project staff is needed to make them understand about the project's activities, targets, structure, personnel performance monitoring and lines of communication. Note that the project developed a communication protocol for this purpose in Phase 2.

Lesson 7: Monitoring and data collection are difficult at the height of an emergency:

Issue: There are a number of data gaps on the Phase 1 achievements; for example, there is only limited information on the characteristics of Phase 1 counselling clients and no data is available on their relative progress. This can be explained by Phase 1 being the emergency phase with huge demands on the CPSWs and counsellors who were themselves suffering from stress due to the multiple aftershocks. In the emergency situation the demanding task of consistently and accurately collecting data was a lesser priority.

Recommendation: Data should be collected during supervision meetings. Instead of asking frontline staff to prepare case documentation, supervisors should dedicate time at review meetings with field staff to analyse key trends and issues.

Lesson 8: The importance of strategically phasing out the project:

Challenge: At the end of any psychosocial project, not all clients will have improved sufficiently and some will continue to need specialized care.

Response: CMC-Nepal recognized the importance of the strategic phasing out of project activities to sustain its impact and prevent the relapse of cases. Thus in August 2016, it developed and shared a project phasing out strategy with the DDRCs, DDCs, VDC secretaries and other local stakeholders. A key strategy was to stop registering new counselling clients from 1 September 2016. Such cases were directed to other providers including Charikot Primary Health Care Centre in Dolakha, Tamakoshi Cooperative Hospital in Ramechhap and health facilities in Okhaldhunga where CMC's ongoing mental health project has developed the capacity of health workers. The strategy also involved identifying clients in need of further counselling and medical services, the holding of district level closing workshops and the recognition and certification of the achievements of project staff.

Recommendation: The phase out of projects should be planned carefully to ensure that all stakeholders understand such strategies and to ensure that clients who still need treatment are properly referred and taken care of.

Lesson 9: On larger scale projects, such as the EQ-PSS project, a district-based staff member is needed to coordinate district project activities and to continuously engage with district level stakeholders and explain the value of psychosocial support:

Challenge 1: In the aftermath of the earthquakes the district authorities and the DDRCs often called meetings of emergency response agencies at short notice. However, in Phase 1 the project had no staff member responsible for district level coordination and so it was difficult to adequately coordinate with other district level stakeholders. The lack of a district-based staff member responsible for coordination also meant that the project was less visible to district stakeholders.

Response: In March 2016 the project appointed a monitoring and coordination supervisor, with a major responsibility being coordination with district and VDC level stakeholders and other agencies working in the project's area.

Challenge 2: A coordination-related challenge was the frequent transfer of officials with decision-making power. It was problematic to regularize the sharing of project progress and deal with reduced willingness and capacity of officials to take ownership of mental health treatment for project clients.

Response: The frequent transfers were addressed by rebuilding relationships with the new office holders and putting them in the picture about the value of the project's work.

Challenge 3: In the December 2015 to January 2016 period the three district development committees were reluctant to sign the project's work permission letter for Phase 2 and assign VDCs. This happened as the DDCs initially demanded only material support, which they thought was most needed to improve the situation of earthquake-affected people.

Response: Regular interactions and the sharing of the Phase I achievements led to the three DDCs providing permission letters to work in the districts and the DDRC protection clusters assigning the project's working VDCs. All Phase 2 agreements were in place by February 2016. Another strategy to promote the visibility of the project's achievements was encouraging local newspapers to write features about the project's work.

Overall recommendation: For large scale projects that deal with many clients and cover large geographic areas, a full time district staff member should be assigned to coordinate with district level stakeholders.

Lesson 10: The need for a more effective multi-stakeholder response and the improved coordination of actors for responding to future major natural disasters:

Challenge: The earthquake-affected areas of Nepal received large amounts of psychosocial support in the aftermath of the 2015 earthquakes with some duplication and inadequate coordination between different providers. More than 20 psychosocial support agencies were working in Dolakha in Phase 1.

Recommendation: Be better prepared to provide large-scale psychosocial support in the aftermath of future major disasters by building up the capacity of the government health service to manage the provision of psychosocial support from the different providing agencies and to ensure that the most needy people and areas are reached. A better allocation of working areas to the different intervening organizations would be helpful.

Lesson 11: The importance of clearly communicating the project's objectives to potential beneficiaries:

Challenge: The situation of local people in Phase 1 meant that they frequently demanded relief materials and support to rebuild their houses from psychosocial workers when this was not an area of project support.

Responses: CPSWs and counsellors provided these people with information about agencies providing other types of relief and support. The requests for physical support happened less once local people understood the role of and the support that the project's CPSWs and counsellors could provide. And facilitating access to other support was a major focus of Phase 2 to help local people access reconstruction grants and other support (see Chapter 4).

Recommendation: Clearly communicate project objectives to potential beneficiaries.

Lesson 12: The benefits of appointing local people as psychosocial workers and counsellors:

Challenge: The project addressed the challenge of getting local people to accept the project's interventions by appointing suitable people from its VDCs as CPSWs and from the three districts as psychosocial counsellors. Their appointment facilitated the project's work as their local knowledge and familiarity with the cultural context put many counselling clients at ease and made local people keen to engage in project activities.

However, using local people may have discouraged some potential clients from coming forward for fear that other local people would hear about their problems. At least one relative of a CPSW asked a project supervisor about an alternative source of counselling as he did not want his relative to find out about his problems. The project's protocol and supervisors stressed confidentiality when dealing with cases.

Recommendation: It is generally good practice to appoint local persons as psychosocial workers and counsellors because of their local knowledge.

Lesson 13: Counselling is more accessible when provided in clients' own communities; although home-based counselling is not appropriate for certain types of cases:

Issue: The project addressed the issue of selecting the most appropriate location for providing counselling in by providing most counselling support to people in their local communities. This made it easier for them to access counselling. However, i) the traditional largely prevailing taboos against mental illness in Nepalese society may have meant that some people were reluctant to enter counselling for fear that local people would get to know about their anxiety and mental problems; and ii) for domestic violence, relationship difficulties and some other types of cases it is best to counsel clients in other locations such as health facilities.

Recommendation: Endeavour to provide counselling in the most appropriate location for the comfort of clients.

Lesson 14: The importance of identifying private counselling spaces even in an emergency situation:

Challenge: As many clients' houses had been destroyed or rendered unsafe, it was often difficult to find private and safe counselling spaces. Many families were living in small temporary shelters.

Recommendation: In emergency situations try and find private and safe places to counsel clients including the corners of shelters, open spaces with no people around and tents.

Lesson 15: The importance of managing project activities in line with the project's budget:

Challenge: The CPSWs informed many severely affected clients that they would be provided with mental health treatment in Kathmandu. However, Phase 2 of the project had a limited budget of NPR 8,000 per client for 60 clients to be referred to Kathmandu for treatment. Many severely affected clients seen by the project's psychiatrist in Kathmandu needed expensive investigations such as advanced brain imaging function assessment tests (EEGs, CT scans, MRIs). Such tests can cost NPR 10,000, which combined with the costs of medication and consultations, led to a per client cost of more than NPR 15,000 for one round of treatment.

Responses:

- From July 2016, the project established a system whereby clients could only be told they would receive mental health treatment in Kathmandu after agreement by the counsellor's supervisor. Fifty-one clients received psychiatric consultation and medication treatment in Kathmandu in Phase 2.
- The large demand was also addressed by linking clients with a new service where psychiatrists from the Mental Hospital (Lagankhel) provided psychiatric services in all 3 project districts once a month.

Lesson 16: The project was unable to meet the large demand for counselling:

Challenge: The successful provision of psychosocial services fuelled an increased demand for such services within and outside the project's working area. High expectations and the high number of mental illness cases that presented themselves was more than the project's budget and personnel could accommodate. It was difficult for the counsellors to handle the large number of clients referred to them by the CPSWs.

Responses:

- The project's limited number of counsellors meant that services had to be restricted to the project's VDCs although the project did depute its counsellors to counsel students suffering mass hysteria in a school in a non-project Dolakha VDC.
- In spite of the CPSWs and counsellors explaining about the project's limited resources and its prioritisation of the most needy cases, a number of local people were disappointed at not receiving counselling and some reacted somewhat aggressively. This was quite difficult for CPSWs to deal with.

Lesson 17: There is a large and increasing demand for psychosocial and mental health services in rural areas:

Challenge: As demonstrated by the above point, there is a large unmet demand for psychosocial and mental health services in Nepal's rural areas. Few psychosocial and mental health services are available in Nepal's rural areas. In Ramechhap and Dolakha districts, prior to the project, these services were only available at Charikot Primary Health Care Centre and Tamakoshi Cooperative Hospital.

The new availability of psychosocial services under the project unearthed a large demand for such services once clients had met their initial needs for shelter and food and recognised the value of psychosocial support. Especially in Phase 2 the project's awareness raising activities brought forward counselling cases in numbers it was unable to service. The project therefore cut back on awareness raising. However, the extent of this demand is unknown (see Box 8.1).

This demand was to address both earthquake and non-earthquake-related psychological symptoms. There was a large demand for mental health care to treat pre-existing mental health cases that were exacerbated by the earthquakes. Twenty eight percent of Phase 2 cases were such chronic mental health cases that needed regular access to mental health drugs.

Recommendation: The large emerging demand for mental health care in Nepal's rural areas calls for extending access to it at peripheral government health facilities. Another recommendation is that a survey be carried out to identify the extent of the demand from secondary and primary data. Variables to cover would include the demands for i) individual therapeutic counselling and ii) mental health treatment in rural and urban areas, the Midhills and Tarai, and emergency and non-emergency situations

Note: several initiatives have already happened or are underway to train government health workers on mental health and psychosocial support. CMC has and is training health workers from Okhaldhunga (from the mission hospital since 2004 under its Mental Health Programme and from 2016 under its Community Mental Health Programme) and at Tama Koshi Cooperative Hospital in 2014. Other organisations have trained health workers since mid-2015 as part of the response to the earthquakes.

Box 8.1: The extent of the demand for psychosocial support in rural Nepal

The project provided psychosocial counselling to 4.5% of households in its area. It is, however, difficult to know the proportion of the population who actually needed psychosocial counselling in the aftermath of the earthquakes. But certainly more people were in need as in Phase 2 many people approached the project for counselling that the project did not have the capacity to serve. A related question would be to know the proportion of the population in need of this service at non-emergency times.

Lesson 18: The need to provide continued access to mental health medicines to project clients on long-term regimes:

Issue: Many of the 125 clients prescribed mental health medicines under the project need to take these medicines beyond the life of the project. However, most of these medicines are unavailable in rural areas and it is costly for rural people to travel to the district HQs or Kathmandu to buy them.

Response: In December 2016 the project identified 52 clients who it would assist to access medication after the project ended including 20 psychosis, 16 epilepsy, 10 depression and 5 anxiety cases. CMC secured funding from SDC for this which is being channelled through the district health offices (NPR 50,000 per district) to provide the medicines. These offices have pledged to continue supporting the cases once the SDC money runs out.

The project convinced some VDC-level pharmacies to stock these medicines after informing them that they would have a guaranteed market where a client needs to take such medicines continuously.

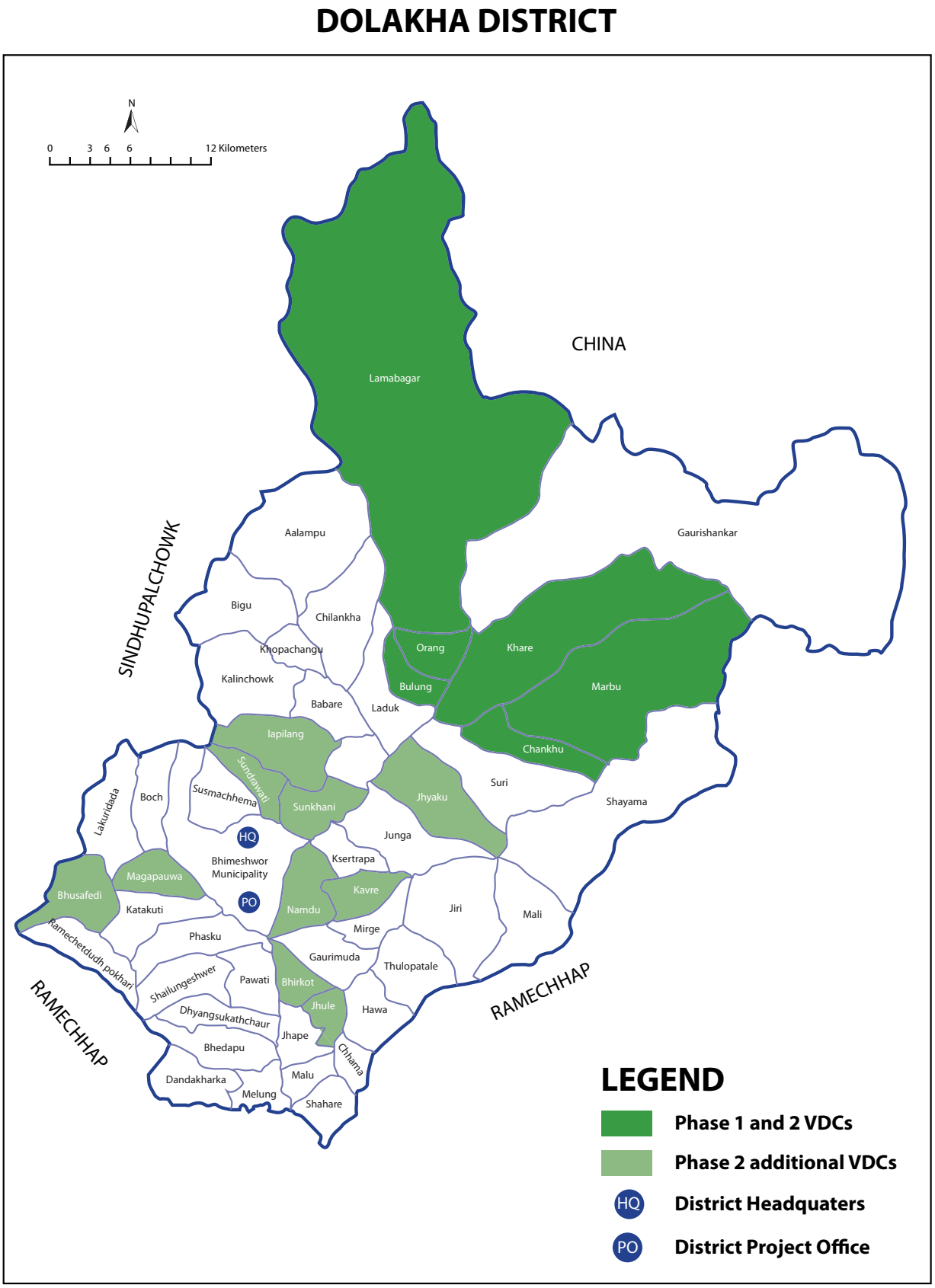
Recommendation: Provide continued access to mental health medicines to project clients on long-term regimes.

Annex 1: CMC-Nepal's Post-earthquakes Psychosocial Support Projects

Financial support	Working area	Period	Main achievements
Asian Health Institute (Japan)	Nuwakot (2 VDCs)	June–December 2015	2,295 people benefited from psychosocial support
Finn Church Aid (Phase 1)	Kathmandu (16 schools of 1 municipality) Southern Lalitpur (16 schools of 6 VDCs) Bhaktapur (13 schools of 2 Municipalities)	September 2015-March 2016	244 earthquake-affected students received psychosocial support in 45 schools. 3,786 students benefited from classroom-based psychosocial interventions
Finn Church Aid (Phase 2)	Gorkha (15 schools) Sindhuli (15 schools) Makwanpur (15 schools) Kathmandu, Lalitpur and Bhaktapur (16 schools)	June 2016–March 2017	Project not completed
Finnish Evangelical Lutheran Mission	Dhading (1 VDC) Dolakha (1 VDC, 14 schools) Gorkha (7 VDCs) Kavre (20 schools)	May 2015–June 2016	1,157 earthquake-affected people received psychological first aid. 334 affected students received individual psychosocial support from trained teachers
Geneva Global (USA)	Lalitpur (2 municipality), Bhaktapur (1 municipality)	May–December 2015	586 adults and 578 children received psychological first aid. 45 severely affected people received individual psychosocial counselling
Himal Partner (Norway) (Phase 1)	Dolakha (4 VDCs)	June–December 2015	1,475 people received psychosocial support and 237 people received psychosocial support and counselling at individual level
Himal Partner (Norway) (Phase 2)	Gorkha (8 VDCs)	February–December 2016	Figures not available
Swiss Agency for Development and Cooperation (SDC) (Phase 1)	Dolakha (6 VDCs), Ramechhap (6 VDCs), Okhaldhunga (6 VDCs)	Phase 1: June–December 2015	8,372 people received psychological first aid, 1,724 received group counselling and 709 received individual psychosocial counselling
Swiss Agency for Development and Cooperation (SDC) (Phase 2)	Dolakha (12 VDCs), Ramechhap (12 VDCs), Okhaldhunga (16 VDCs)	January–December 2016	9,500 people received psychological first aid and 503 received individual psychosocial counselling
TEAR Australia (Phase 1)	Nuwakot (5 VDCs)	May–December 2015	5,160 people received group psychosocial support. 47 people received individual psychosocial support and counselling
TEAR Australia (Phase 2)	Nuwakot (7 VDCs)	February–September 2016	4,519 people received group psychosocial support and 67 received individual counselling
UNICEF	Dhading (8 VDCs), Dolakha(6 VDCs), Gorkha (11 VDCs), Rasuwa (6 VDCs), Kathmandu (2 municipalities)	May 2015–January 2016	Provided 14,171 people with psychosocial first aid and 8,907 people with psychosocial support and counselling individually and in groups
World Renew (North America)	Nuwakot (1 VDC)	July-December 2015	562 people benefited from psychosocial support

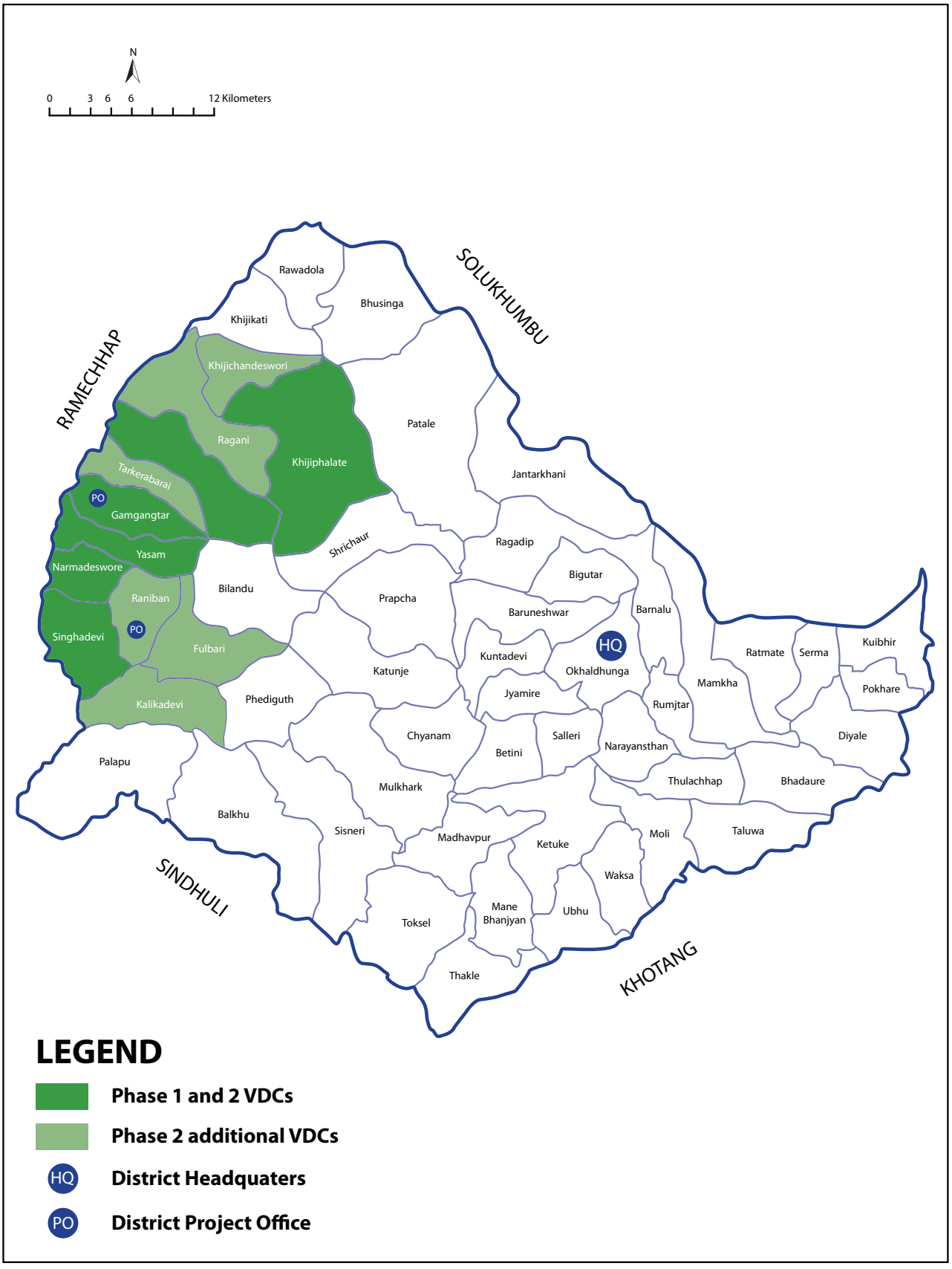
Annex 2: Maps of EQ-PSS Project Working Areas

Annex 2.1: EQ-PSS working areas in Dolakha district



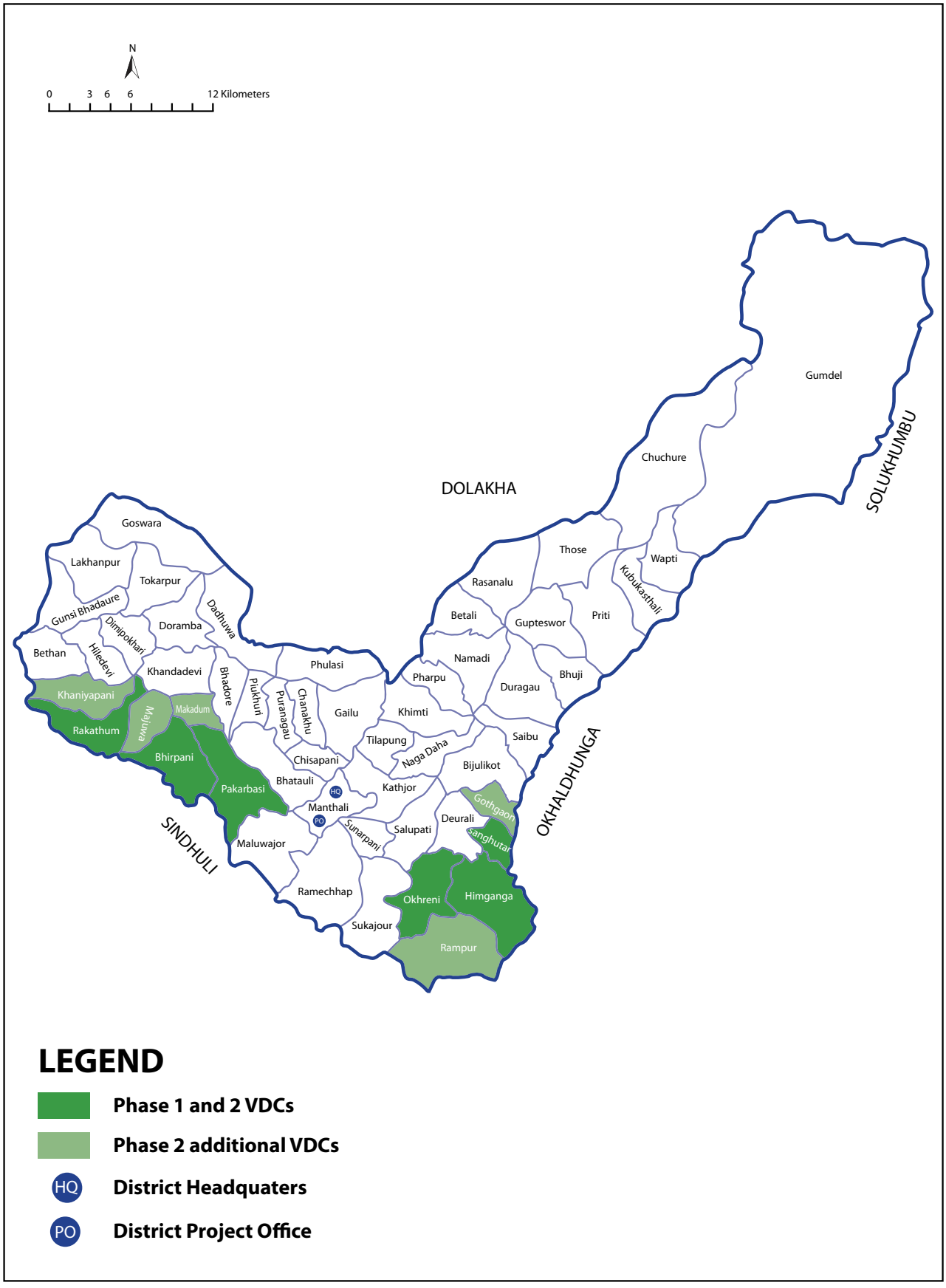
Annex 2.2: EQ-PSS working areas in Okhaldhunga district

OKHALDHUNGA DISTRICT



Annex 2.3: EQ-PSS working areas in Ramechhap district

RAMECHHAP DISTRICT



LEGEND

- **Phase 1 and 2 VDCs**
- **Phase 2 additional VDCs**
- **HQ — District Headquaters**
- **PO — District Project Office**

Annex 3: EQ-PSS Project Targets and Achievements (Phase 1)

	Activities	Targets	Phase 1 results
Project setup and coordination			
1	Coordination with DDRC protection cluster	Attend protection cluster meeting of each district as per plan	Project results and observations regularly shared in cluster meetings in three districts.
2	Recruitment and orientation of psychosocial counsellors	6 psychosocial counsellors recruited (two per district)	6 psychosocial counsellors (2 per district) recruited in June 2015.
3	Recruitment of community based psychosocial workers (CPSWs)	18 CPSWs recruited (6 per district)	18 CPSWs from the 18 VDCs recruited in June. They started working in their VDCs at beginning July 2015.
Training and supervision of psychosocial workers			
4	Orientation of district supervisors	6 psychosocial counsellors orientated on project approach	2 day orientation workshop conducted in June for all 6 psychosocial counsellors on psychosocial counselling of earthquake survivors
5	Training of CPSWs on psychosocial support in earthquake emergencies	5 days training delivered to all 18 CPSWs (one event)	Conducted 5 days basic psychosocial support in emergencies training in June 2015 for all 18 CPWs. This provided opportunity for CPSWs to share own feelings about the earthquakes.
6	Training of psychosocial counsellors	2 events (first five days and second 3 days)	Conducted five days training on content based psychosocial counselling in emergency for 6 counsellors in July, and refresher training for 3 days in November 2015
7	Supervision and mentoring support to psychosocial counsellors and CPSWs from psychosocial expert team	4 event field level supervision support provided to counsellors by team of psychosocial experts from CMC.	Four round of field level supervision coaching to district level counsellors. The first and third supervision visit focused on discussion of cases in district HQ counselling rooms. Counsellors form Okhaldhunga joined Ramechhap team in Manthali. Psychosocial expert visited in the villages and observes client status and supported counsellor at first and fourth supervision visits
8	Self -care workshop by expat psychologist	Two events of supervision workshop from international psychologist in August and November	First workshop conducted on 10-17 August and second event on 15-21 November for all technical staff on strengthening psychosocial intervention skills
9	Debriefing of psychosocial supervisors	7 rounds debriefing (3 training debriefing for both counsellors and CPSW and 4 round supervision debriefing)	7 debriefing events held to prepare training for counsellors and CPSWs and to share impressions of trainings. Recommendations from psychosocial team adjusted in forthcoming field level supervision in the districts. Debriefing meetings held after all 4 field supervision visits.

	Activities	Targets	Phase 1 results
Service delivery			
10	Psychosocial first aid and psychoeducation by CPSWs in project working VDCs	1800 (600 per district) affected people receive psychosocial support (PFA and psychoeducation awareness)	CPSWs provided PFA and psychoeducation to 8,246 earthquake affected people (Dolakha 2,423, Ramechhap 1,421, Okhaldhunga 4,528).
11	6 counsellors provide psychosocial counselling to highly affected people in working VDCs	1500 affected people (500 in each district) receive psychosocial support in group interactions (group counselling) 600 earthquake distressed people receive individual counselling support.	1,726 clients received psychosocial support in group interactions (group counselling) with 6 counsellors and 18 CPSWs (Dolakha 576, Ramechhap 568 and Okhaldhunga 580) to end December 2015. 709 people received individual counselling (Dolakha 209, Ramechhap 277, Okhaldhunga 223)
12	Referral of difficult cases	30 highly distressed clients referred to higher service centre (CMC MHPSS clinic) or other hospital in Kathmandu. 300 clients (100 from each district) referred by CPSWs to counsellors	46 clients were referred and received mental health and psychosocial counselling in CMC (14 children). These cases were afterwards referred back to the care of district counsellors and encouragement from CPSWs to practice and take regular medicines. A further 21 cases were referred for mental health treatment to Dhulikhel, Teaching and other Kathmandu hospitals. CPSWs further referred 709 clients (Dolakha 209, Ramechhap 277, Okhaldhunga 223) to counsellors for individual counselling.

Annex 4: EQ-PSS Project Logical Framework (Phase 2)

Outcomes and outputs	Indicators	Means of verification and notes
Outcome 1		
Outcome 1: Improved well-being of earthquake affected persons in need of psychosocial support in the programme area	90% of persons who undergo individual counselling have reduced symptoms 80% of persons diagnosed with mental health disorders become free of symptoms 70% of persons who undergo individual counselling are able to deal with their losses and take steps to rebuild their lives	Case documentation Reports from psychosocial supervisors Treatment documents
Output 1.1: Individual and group counselling provided to persons in distress in the programme area	Group sessions provided to 6,480 affected persons (Note: early in Phase 2 this activity was dropped and resources shifted to awareness raising and more individual counselling) Individual counselling provided to 500 most affected persons 60 persons referred to specialized organizations for advanced counselling or mental health treatment	Project documentation.
Output 1.2: People in need of material support linked to available resources	Counsellors and CPSWS have updated information about available services and resources 150 persons supported to access resources	Observations by supervisors and SDC liaison officers Project documentation
Outcome 2		
Outcome 2: CMC-Nepal has the institutional capacity to provide effective psychosocial services to persons affected by natural disasters	The professional progress of key staff members (psychologists and counsellors)is attested by expat psychologist Documentation of 10 cases per supervisor shows understanding of key issues and appropriate methodologies Documentation of supervision to counsellors approved by expat psychologist	Report from expat psychologist
Output 2.1: CMC gains understanding of key psychosocial issues in natural disasters and develops methods and techniques to address them	Key psychosocial issues documented List of adequate methods and techniques approved by expat psychologist	Documentation Curriculum and protocols
Output 2.2: CMC's training system for psychologists, counsellors and community psychosocial workers is improved	Concept paper for training system available Observations of interventions by staff available and discussed in team All training curricula/session plans reviewed Regular supervision provided to counsellors and CPSWs	Documents Videos and written observations Training plans
Output 2.3: Staff trained	10 psychologists trained 10 psychologists conduct monthly case discussions 12 counsellors attend training and receive regular supervision/distance coaching 18 CPSWs attend training and receive regular supervision and distance coaching	Training reports

Annex 5: EQ-PSS Project Personnel (Phase 2)

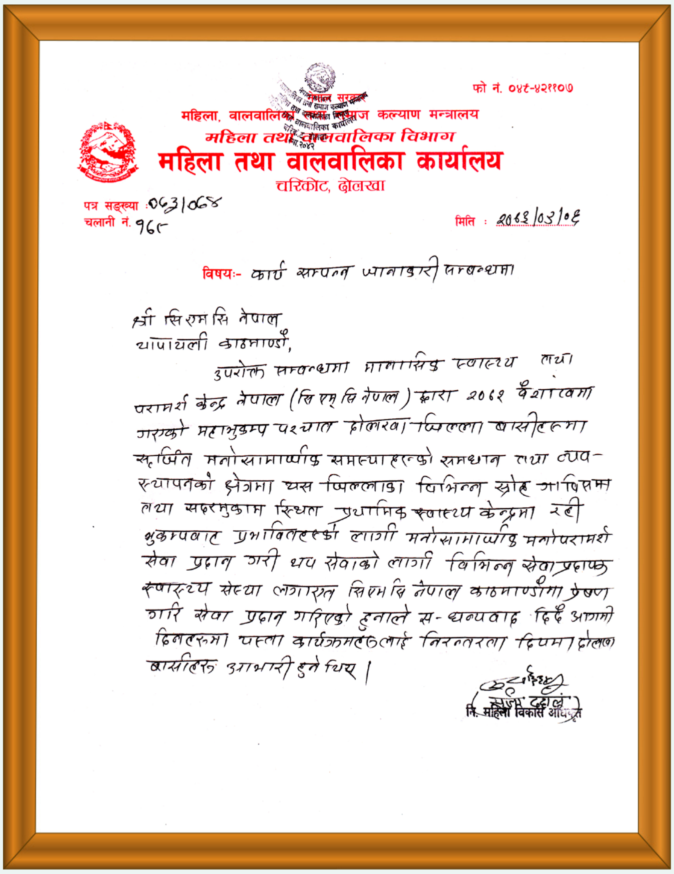
International psychologist: Dorothee Janssenn (part-time)
Consultant psychiatrists: Dr Kapil Dev Upadhyaya and Dr Ritesh Thapa (both part-time)

Psychosocial supervisors (6 based at CMC-Nepal, Kathmandu)			
1.	Pashupati Mahat	Team leader	Part-time
2.	Himal Gaire	Coordination and monitoring supervisor	Phase 2 only. Full time
3.	Sujita Baniya	Referrals and alternative supervisor	Phase 2 only. Full time
4.	Karuna Kunwar	Ramechhap supervisor	Part-time
5.	Madhu Khanal	Okhaldhunga supervisor	Part-time
6.	Jyotsana Shrestha	Dolakha supervisor	Part-time

Counsellors (7)	CPSWs (18)	VDCs (40)
Dolakha		
Aevon Shrestha	Samsher Ghising	Namdu
		Kabhre
	Sita Giri	Bhusafeda
		Magapauwa
		Bulung
Chhatra Khatri	Rajan Budhathoki	Lamabagar
		Orang
		Khare
	Kabita Gurung	Marbu
		Chankhu
		Jhyaku
Kalpana Basnet	Kumar Shrestha	Sunkhani
		Sundrawati
	Pramila Pandey	Lapilang
		Bhirkot
		Jhule
Okhaldhunga		
Sajana Rai	Shiva K Karki	Yasam
		Raniban
	Rosu K Shrestha	Narmedeshwor
		Phulbari
	Januka Baral	Singhadevi
		Kalikadevi
Sunita Ghale	Sangita Poudel	Gamnangtar
		Tarkerabari
	Ramila Khadka	Pokali
		Ragani
	Jit Bdr Tamang	Khijiphalate
		Khijichandeshwori

Counsellors (7)	CPSWs (18)	VDCs (40)
Ramechhap		
Mugendra Gautam	Ram ji Kharel	Pakarbas
		Makadum
	Kavita Shrestha	Bhirpani
		Majhuwa
	Saraswoti Dhungana	Rakathum
		Khaniyapani
Laxmi Tamang	Bimala Magar	Deurali
		Himganga
	Sunita Bajracharya	Sanghutar
		Gothgaun
	Shanti Tamang	Okhreni
		Rampur

Annex 6: Letter of Recommendation



फो नं. ०४९-४२११०७

महिला, बालबालिका तथा समाज कल्याण मन्त्रालय

महिला तथा बालबालिका विभाग

महिला तथा बालबालिका कार्यालय

चरिकोट, दोलखा

पत्र सङ्ख्या : 073/074

चलानी नं. 968

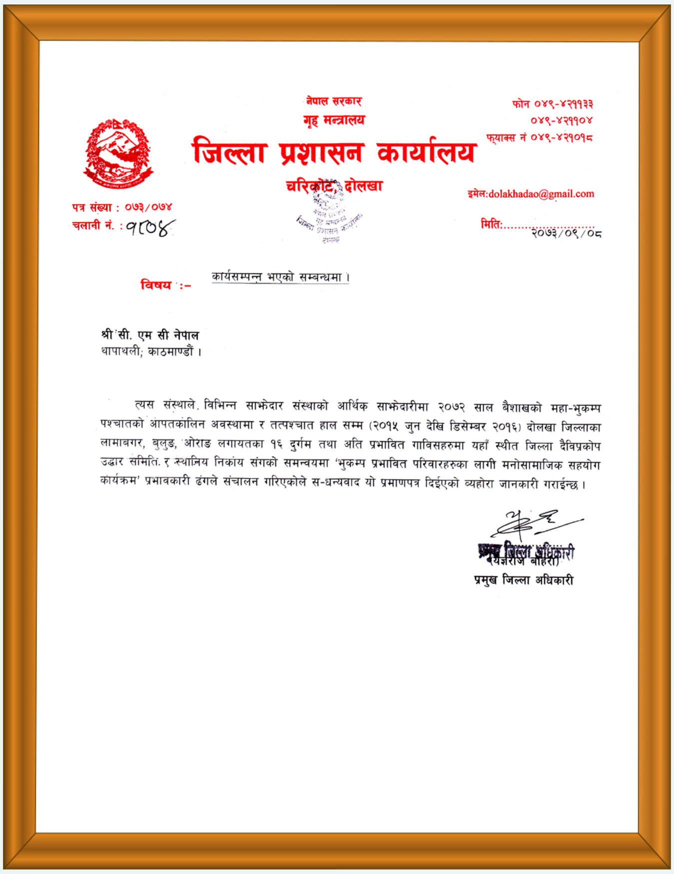
मिति : 2073/03/06

विषयः- कार्य सम्पन्न जानकारी सम्बन्धमा

श्री सिएमसि नेपाल
थापाथली काठमाण्डौं,

उपरोक्त सम्बन्धमा मानसिक स्वास्थ्य तथा परामर्श केन्द्र नेपाल (सिएमसि नेपाल) द्वारा २०७२ बैशाखमा गएको महाभुकम्प पश्चात दोलखा जिल्ला बासीहरुमा सृजित मनोसामाजिक समस्याहरुको समाधान तथा व्यवस्थापनको क्षेत्रमा यस जिल्लाका विभिन्न स्रोत गाविसमा तथा सदरमुकाम स्थित प्राथमिक स्वास्थ्य केन्द्रमा रही भुकम्पबाट प्रभावितहरुको लागी मनोसामाजिक मनोपरामर्श सेवा प्रदान गरी थप सेवाको लागी विभिन्न सेवाप्रदायक स्वास्थ्य संस्था लगायत सिएमसि नेपाल काठमाण्डौंमा प्रेषण गरि सेवा प्रदान गरिएको हुनाले स-धन्यवाद दिँदै आगामी दिनहरुमा यस्ता कार्यक्रमहरुलाई निरन्तरता दिएमा दोलखा बासीहरु आभारी हुने थिए।

नि. महिला विकास अधिकृत



नेपाल सरकार
गृह मन्त्रालय

जिल्ला प्रशासन कार्यालय

चरिकोट, दोलखा

फोन ०४९-४२११३३
०४९-४२११०४
फ्याक्स नं ०४९-४२१०१८
इमेल:dolakhadao@gmail.com

पत्र संख्या : ०७३/०७४
चलानी नं. : 9104

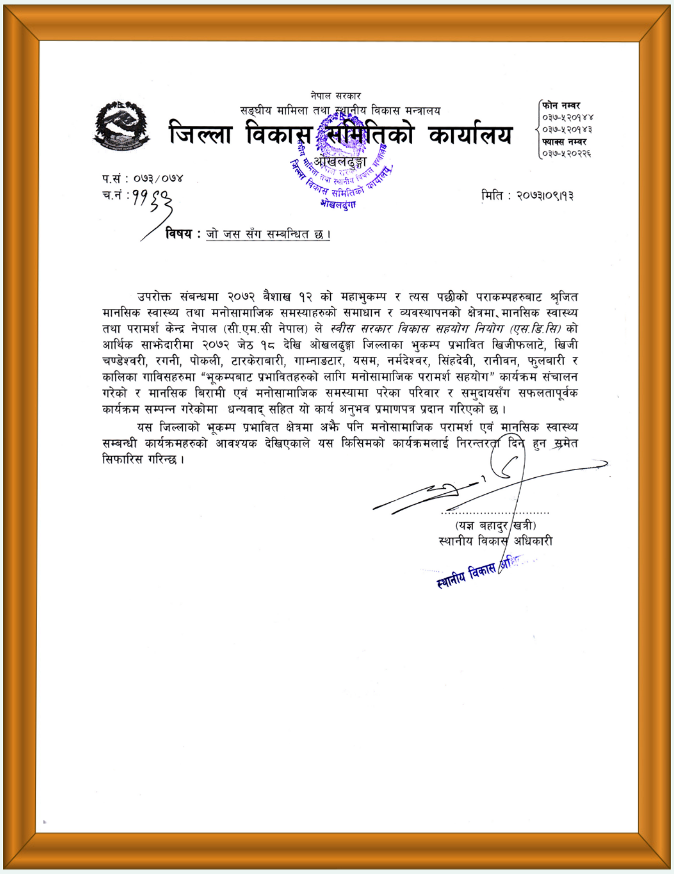
मिति: २०७३/०९/०८

विषय :- कार्यसम्पन्न भएको सम्बन्धमा ।

श्री सी. एम सी नेपाल
थापाथली; काठमाण्डौं ।

त्यस संस्थाले. विभिन्न साझेदार संस्थाको आर्थिक साझेदारीमा २०७२ साल बैशाखको महा-भुकम्प पश्चातको आपतकालिन अवस्थामा र तत्पश्चात हाल सम्म (२०१५ जुन देखि डिसेम्बर २०१६) दोलखा जिल्लाका लामाबगर, बुलुङ, ओराङ लगायतका १६ दुर्गम तथा अति प्रभावित गाविसहरुमा यहाँ स्थीत जिल्ला दैविप्रकोप उद्धार समिति. र स्थानिय निकांय संगको समन्वयमा 'भुकम्प प्रभावित परिवारहरुका लागी मनोसामाजिक सहयोग कार्यक्रम' प्रभावकारी ढंगले संचालन गरिएकोले स-धन्यवाद यो प्रमाणपत्र दिईएको व्यहोरा जानकारी गराईन्छ ।

(यज्ञराज बोहरा)
प्रमुख जिल्ला अधिकारी



नेपाल सरकार
सङ्घीय मामिला तथा स्थानीय विकास मन्त्रालय

जिल्ला विकास समितिको कार्यालय

ओखलढुङ्गा

फोन नम्बर
०३७-५२०१४४
०३७-५२०१४३
फ्याक्स नम्बर
०३७-५२०२२६

प.सं : ०७३/०७४
च.नं : 1153

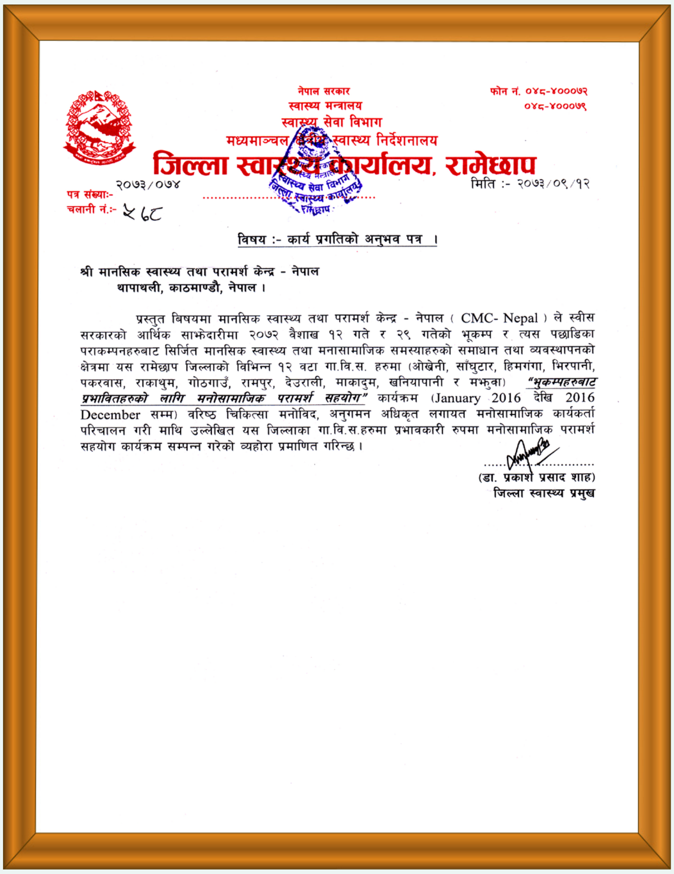
मिति : २०७३।०९।१३

विषय : जो जस सँग सम्बन्धित छ ।

उपरोक्त संबन्धमा २०७२ बैशाख १२ को महाभुकम्प र त्यस पछीको पराकम्पहरुबाट श्रृजित मानसिक स्वास्थ्य तथा मनोसामाजिक समस्याहरुको समाधान र व्यवस्थापनको क्षेत्रमा, मानसिक स्वास्थ्य तथा परामर्श केन्द्र नेपाल (सी.एम.सी नेपाल) ले *स्वीस सरकार विकास सहयोग नियोग (एस.डि.सि)* को आर्थिक साझेदारीमा २०७२ जेठ १८ देखि ओखलढुङ्गा जिल्लाका भुकम्प प्रभावित खिजीफलाटे, खिजी चण्डेश्वरी, रगनी, पोकली, टारकेराबारी, गाम्नाङटार, यसम, नर्मदेश्वर, सिंहदेवी, रानीवन, फुलबारी र कालिका गाविसहरुमा "भूकम्पबाट प्रभावितहरुको लागि मनोसामाजिक परामर्श सहयोग" कार्यक्रम संचालन गरेको र मानसिक बिरामी एवं मनोसामाजिक समस्यामा परेका परिवार र समुदायसँग सफलतापूर्वक कार्यक्रम सम्पन्न गरेकोमा धन्यवाद् सहित यो कार्य अनुभव प्रमाणपत्र प्रदान गरिएको छ ।

यस जिल्लाको भूकम्प प्रभावित क्षेत्रमा अझै पनि मनोसामाजिक परामर्श एवं मानसिक स्वास्थ्य सम्बन्धी कार्यक्रमहरुको आवश्यक देखिएकाले यस किसिमको कार्यक्रमलाई निरन्तरता दिने हुन समेत सिफारिस गरिन्छ ।

(यज्ञ बहादुर खत्री)
स्थानीय विकास अधिकारी



नेपाल सरकार
स्वास्थ्य मन्त्रालय
स्वास्थ्य सेवा विभाग
मध्यमाञ्चल क्षेत्रीय स्वास्थ्य निर्देशनालय

जिल्ला स्वास्थ्य कार्यालय, रामेछाप

फोन नं. ०४८-४०००७२
०४८-४०००७९

पत्र संख्याः- २०७३/०७४
चलानी नं.:- 468

मिति :- २०७३/०९/१२

विषय :- कार्य प्रगतिको अनुभव पत्र ।

श्री मानसिक स्वास्थ्य तथा परामर्श केन्द्र - नेपाल
थापाथली, काठमाण्डौ, नेपाल ।

प्रस्तुत बिषयमा मानसिक स्वास्थ्य तथा परामर्श केन्द्र - नेपाल (CMC- Nepal) ले स्वीस सरकारको आर्थिक साझेदारीमा २०७२ वैशाख १२ गते र २९ गतेको भूकम्प र त्यस पछाडिका पराकम्पनहरुबाट सिर्जित मानसिक स्वास्थ्य तथा मनासामाजिक समस्याहरुको समाधान तथा व्यवस्थापनको क्षेत्रमा यस रामेछाप जिल्लाको विभिन्न १२ वटा गा.वि.स. हरुमा (ओखेनी, साँघुटार, हिमगंगा, भिरपानी, पकरवास, राकाथुम, गोठगाउँ, रामपुर, देउराली, माकादुम, खनियापानी र मझुवा) ***"भुकम्पहरुबाट प्रभावितहरुको लागि मनोसामाजिक परामर्श सहयोग"*** कार्यक्रम (January 2016 देखि 2016 December सम्म) वरिष्ठ चिकित्सा मनोविद, अनुगमन अधिकृत लगायत मनोसामाजिक कार्यकर्ता परिचालन गरी माथि उल्लेखित यस जिल्लाका गा.वि.स.हरुमा प्रभावकारी रुपमा मनोसामाजिक परामर्श सहयोग कार्यक्रम सम्पन्न गरेको व्यहोरा प्रमाणित गरिन्छ ।

(डा. प्रकाश प्रसाद शाह)
जिल्ला स्वास्थ्य प्रमुख

Centre for Mental Health and Counselling – Nepal (CMC - Nepal)
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