

**"COMMITMENT FOR THE PROMOTION OF
MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN NEPAL"**

ANNUAL REPORT 2021



**CENTRE FOR MENTAL HEALTH &
COUNSELLING-NEPAL (CMC-NEPAL)**

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WHO ARE WE ?

Centre for Mental Health and Counselling-Nepal (CMC-Nepal), is a national Non-Governmental Organization (NGO) established in May, 2003 and is dedicated to enhance and provide quality and affordable mental health and psychosocial counselling service. It works on prevention, promotion, curative and community rehabilitation aspect of mental health through various programs and activities in collaboration with the Government, I/NGOs and CBOs. CMC-Nepal is registered in Kathmandu District Administration Office (838-059/060) and affiliated to the Social Welfare Council (14822) of the Government of Nepal. CMC-Nepal enhances the capacity of health professionals, teachers and development workers and further creates awareness through improved public understanding of mental health and psychosocial issues. Moreover, CMC-Nepal works to increase better understanding of mental health and psychosocial issues and its needs, and thereby promotes mental health awareness at national, provincial and local levels through networking, capacity building and awareness campaigns. It closely works in line with the government's policy, strategy and plan of action related to mental health and disability and contributes in achieving objectives set by Government of Nepal and Nepal's SDG's goal.

From its inception, CMC-Nepal has been extensively working to develop human resources in mental health and psychosocial counselling services. Furthermore, CMC-Nepal has also worked with people affected by the internal conflict, disasters (earthquake, flood, landslide, storm and COVID 19 pandemic), GBV survivors, migrant workers, brick kiln workers, Verified Minors Late Recruited (VMLR) and bonded labors. It has also contributed in empowerment of the poor and marginalized people through integrating psychosocial approaches in development projects and addressing the mental health and psychosocial needs in all tiers of government. It has not only worked with Government agencies for enhancing these services but also with International Non-Government Organizations in addressing psychosocial issues, especially focused on children, women, people with HIV/AIDS, GBV survivors and persons with disability.

OUR VISION

Persons with mental health and psychosocial problems live a dignified life and equally enjoy their rights as other people

OUR MISSION

Promotion of mental health and psychosocial wellbeing by working in collaboration with government, non-government and community-based organizations

OUR GOAL

To develop CMC – Nepal as the centre of excellence in training, research and service provision of mental health and psychosocial support & counselling in Nepal by;

- Working with community-based organisations for community empowerment in promotion, prevention, treatment, reintegration and rehabilitation of persons with mental health and psychosocial problems
- Developing mental health and psychosocial support skills and knowledge among health professionals, psychosocial workers and teachers
- Advocacy and policy input for mainstreaming mental health and psychosocial services in primary health care and a mandatory provision of school counselling
- Raising awareness in mental health and psychosocial wellbeing and reducing social stigma
- Inclusion of disabilities in programme design and implementation
- Evidence-based research in the areas of mental health and psychosocial services

MESSAGE FROM THE CHAIRPERSON

Dear friends,

I am pleased to present you with this annual report on the progress we have made in the area of mental health and psychosocial counselling in the year 2021. Despite the COVID-19 global pandemic, we have been able to continue the implementation of our core programs through which our team has been able to provide direct care to more than 11,000 people and their families in 192 (rural) municipalities of 53 districts across Nepal. While the 2nd and 3rd waves of COVID made the program delivery difficult, we ensured uninterrupted services through our existing programs and added two new programs this year.

Our services have been continued through our Community Mental Health and Psychosocial Support Program, School Mental Health Program, Gender Based Violence (GBV) Prevention and Response, Psychosocial Service in Safer Migration (SaMi), Inclusive Community Mental Health and Psychosocial Counselling for Community Integration to Conflict Victim. In addition to these ongoing programs, we have added -- Promotion of Child Mental Health and Psychosocial Wellbeing, and Child and Adolescent Mental Health Research Project, this year.

For over 24 years, CMC-Nepal has been serving people with mental health and psychosocial conditions. Working closely with their families, communities, schoolteachers, local level CBOs, health service providers and other relevant stakeholders, CMC-Nepal has been combating social taboos related to mental illness by raising mental health awareness, working on mental health promotion and prevention of mental illness, and providing direct care to the affected population. Increasing access to mental health and psychosocial services in remote parts of the country is one of the major goals of this organization. So far, we have implemented 10 different mental health-related projects, along with the covid response activities in 53 districts.

As you know, CMC-Nepal, works in partnership with the government of Nepal. Following the restructuring of the country, with the formation of the municipalities

and provinces, CMC Nepal has been working closely with all three tiers of the government – the federal, the provincial, and the municipal. The constitution of Nepal has envisioned dignified life and established health as the fundamental right of the people. Mental health, as an integral part of health, is included as part of basic health services in the national health sector strategy 2015-2020 and the public health act 2018. The Mental Health Strategy and Action Plan 2020 has aimed to ensure basic mental health services for all needy people of Nepal by integrating them into the public health service system. We partner with the different tiers of the government to ensure the same.

In its program implementation, CMC-Nepal has been following internationally practiced promotional, preventive, curative, and community-based rehabilitation approach. This contributes to respect, protection, and ensuring the rights of people living with mental health conditions, including those of vulnerable and marginalized communities. For this, even during the 2nd and 3rd wave of the COVID, CMC – Nepal continued its advocacy at federal, provincial, and local government for increasing investment, and building a joint approach for the promotion and improving access and quality of mental health and psychosocial services.

As the Chairperson of CMC - Nepal, I extend my heartfelt thanks and congratulation to all staff members, advisors, and board members for their dedication and professional services in mental health and psychosocial support. On behalf of CMC – Nepal, I also thank our funding partners; FELM, Tearfund Australia, SaMi/Helvetas, Swiss Agency for Development and Cooperation, CBM Global, European Union, United Nations Population Fund, Ipas, and the World Bank for their generous and continued financial support. We look forward to receiving continued support from all the partners for further strengthening of mental health and psychosocial services across the country.

Dr. SP Kalaunee
Chairperson, CMC – Nepal

EXECUTIVE SUMMARY

Annual Report 2021 comprehensively covers the programs / projects activities and achievements in line with the strategic goal of CMC-Nepal. It also provides an overview of our project interventions carried out in partnership collaboration with all three layers of the government and I/NGOs.

In 2021, CMC - Nepal directly worked and provided mental health and psychosocial counselling services to more than 11000 people and their families in 192 (rural) municipalities of 53 districts across the country. It implemented its regular programs and emerging projects. They are;

1. Community Mental Health and Psychosocial Support Programme in 4 districts and cater mental health and psychosocial services to 3095 people.
2. School Mental Health Programme in 3 districts and has provided school counselling service to 1071 students and contributed in improving their behavioral and emotional problems with ultimate impact on the academic progress. It has also provided training to 350 teachers on psychosocial promotional activities at schools and among them 140 were trained on student counselling.
3. Psychosocial Support in Safer Migration Project in SaMi project districts and provided individual counselling services to 2029 persons and 10805 wife, mothers and fathers of migrant workers from 457 groups. This project has developed local resources in psychosocial support by making them able to identify and provide basic psychosocial services at the community level
4. Gender Based Violence Prevention and Response Project-2nd phase, a UNFPA supported project in 19 (rural) municipalities of 8 districts. It has facilitated OCMC and local communities in identification and in providing mental health and psychosocial services. A total of 673 GBVs survivors received multi-sectoral response from OCMC and community level.
5. GBV Response in COVID context, supported by EU/ UNFPA implemented in 7 (rural) municipalities of Dhanusa, Surkhet, Dailekh and Jumla. 3183 GBV survivors received multi-sectoral response from the OCMCs.

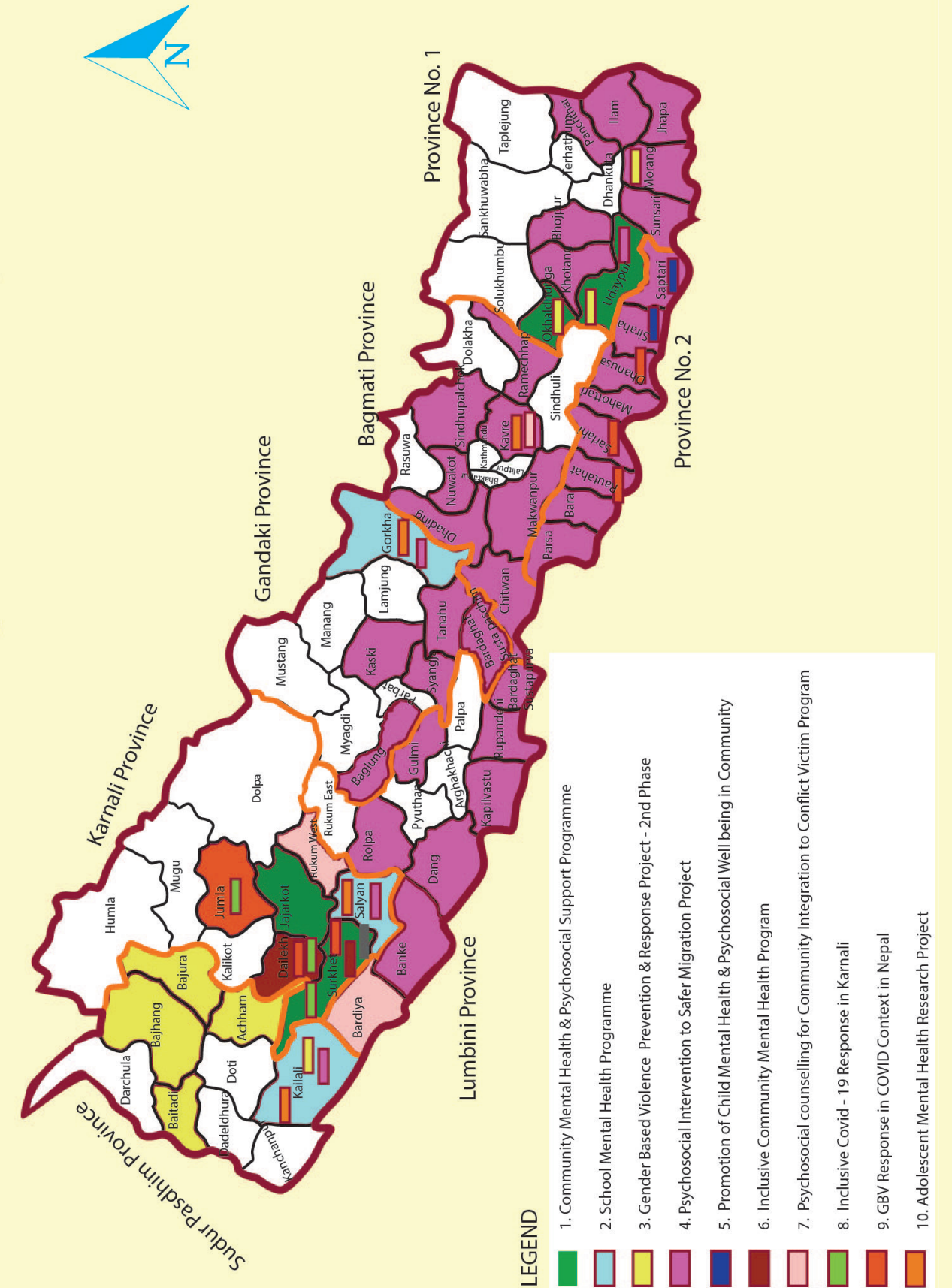
6. Inclusive Community Mental Program have been implemented in 5 municipality of 2 districts of Karnali Province. This project built the mental health and psychosocial counselling service in 10 health facilities. 826 people with mental health conditions received mental health service.
7. Promotion of Child Mental Health and Psychosocial Wellbeing in Community, implemented in Siraha and Dhanusa district to improve mental health psychosocial well-being of most marginalized and vulnerable children, girls and children with disabilities.
8. Psychosocial Counselling for Community Integration to Conflict Victim Project, implemented in Kavre, Bardiya, Surkhet, West Rukum and Jajarkot to provide psychosocial counselling and mental health service to the conflict affected people and their families. 259 people received psychosocial counselling service and 69 received specialized mental health service.
9. Inclusive COVID-19 Response in Karnali; a collaborative effort to address immediate food and MHPSS needs of vulnerable individual, implemented in Jumla through a consortium of CBM, CMC-Nepal, INF and NFDN. This project was able to directly reach 3768 individuals and built capacity of 63 local frontline health workers, teachers and representatives from Organizations with Persons with Disability.
10. Child and Adolescent Mental Health Research Project implemented in Kailali, Kavre and Surkhet districts and provided psychosocial counselling to 787 children and education nudges to 798 children.

CMC – Nepal continued its focused interventions to create awareness in mental health and psychosocial problems and increase access to quality mental health and psychosocial services. It has also continued policy advocacy and lobby to mainstream mental health service into the existing health and education system. As the result the provincial and local governments has come up with allocating budget and program in mental health and psychosocial services which has impact on the ownership and continuing mental health and psychosocial services.

HIGHLIGHTS AND FACTS OF 2021

PROGRESS OF ALL PROJECTS INCLUDING HRDU	2019	2020	2021	CUMULATIVE (19 years)
MENTAL HEALTH SERVICE DELIVERY	3467	4419	4949	66568
PSYCHOSOCIAL COUNSELLING	2659	4117	7463	28516
SCHOOL COUNSELLING	1138	113	1071	6232
CAPACITY BUILDING • MEDICAL OFFICERS • PARAMEDICS • ANM/NURSES • TEACHERS • SOCIAL WORKERS/ NGO STAFF	23 36 34 459 17	8 63 66 752 134	6 34 8 480 150	330 1272 358 3492 (including 710 in school counselling) 1095 (including 411 in 6-months psychosocial counselling training)
AWARENESS RAISING	38920+	30100+	64300+	291,300+
SELF HELP GROUPS	9	6	11	95 (1201 members, 4 district level mental health network)
LIVELIHOOD	144 families	59 families	53 families	305 families
HUMANITARIAN AID -	35800	-	-	35800 (Earthquake survivors of 2015) 521 (Flood survivors of Banke and Bardiya) 14 families (Fire-outbreak of Salyan) windstorm (Bara & Parsa) where 564 people benefited with PFA & 55 people affected by the windstorm benefited with PS Counselling services
COVID RESPONSE	-	-	22469 individuals	63801 individuals

Working Areas of CMC-Nepal



COMMUNITY MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT PROGRAMME (CMHPSP)

This was the final year of sixth phase (2019-2021) of the project, which was implemented in 16 government health facilities of 15 municipalities of 4 districts; Udaypur, Okhaldhunga, Surkhet & Jajarkot (see map). The programme was financially supported by Tearfund Australia. CMC – Nepal maintained the collaboration with the Ministry of Health and Population (MoHP) and Department of Health Services (DoHS) and its divisions mainly Epidemiology and Disease Control Division (EDCD) and National Health Training Centre (NHTC) at central level and with the Ministry of Social Development at provincial level and with all fifteen (rural) municipalities to implement the project in this reporting year.

This project aims to protect the rights of mental health and psychosocial wellbeing of the people of the project locations through increasing access of mental health services and promoting mental health wellbeing closely working with the people with mental health problems and their families, communities, disabled people organisations, service providers and the governments.

PROVINCE NO 1:
Udayapur: Chaudandigadhi, Belaka, Triyuga, Katari Municipality and Rautamai Rural Municipality

Okhaldhunga: Molung, Manebhanjyang, Chisankhugadhi Rural Municipality and Siddhicharan Municipality

KARNALI PROVINCE:
Surkhet: Gurwakot, Lekbesi, Panchapuri Municipality and Chingad Rural Municipality

Jajarkot: Bheri and Nalgad Municipality



Family Counselling

“PADMAKALA SAVED 6 PEOPLE FROM SUICIDE & ALSO SAVED HERSELF”

30 years old Padmakala, a resident of Gurbhakot Municipality-8, Surkhet is a mother of 2 daughters. Since last 5 years, her husband and father-in-law used to torture her daily. She was facing excessive mental stresses from her husband, who was migrant workers and used to tell her to leave the house and also was not sending the money. Because of all this, she had been facing problems like crying, feelings of meaningless life, feeling of burden to family, sleepless nights, didn't feel like talking to anyone and also attempted suicide. Padamkala participated in one of the orientation programs that was organized for members of the mothers. She shared her feeling, difficulties and suicidal thought. CMC-Nepal's mental health social worker immediately referred to Padamkala in Mayalkuna hospital and trained medical doctor started medicine. There were gradual improvements in her health from frequent home & hospital visits. Gurbhakot Mental Health Self Help Group was established where all the people within the municipality who

has undergone mental & psychosocial problems. Paadamkala also joined in the group. After the improvement in her health, she saved the lives of 6 female of the village by asking them to take help of medication. She made them understand that sharing the feelings can minimize their problems. Currently, she has started tailoring business with the financial support of Rs. 10,000 from CMC-Nepal in the SHG which generates income of Rs. 1400-1500 per month. She shares “ I used to cry a lot inside house, fear while talking with others, but now, I am happy and no fear while talking with others, and have been doing my own small business as well. Now, my husband also talks with me in phone and also sends money. My daughters are also happy and go to school regularly. I wouldn't have been cured if I hadn't had received the information regarding my illness. And, I wouldn't have been alive till now. My 6 other friends also used to think about attempting suicide and now because I am alive, they are alive.”



PREVIOUS SITUATION



CURRENT SITUATION

FACTS AND FIGURES:

MENTAL HEALTH

3095 (1993 Female and 1102 Male) persons with mental health problems received mental health service from **23** trained health professionals, including 6 medical doctors

PSYCHOSOCIAL COUNSELLING SERVICE

366 (279 Female and 87 Male) persons with psychosocial problems received psychosocial support and counselling service from **21** trained Auxiliary Nurse Midwives (ANMs) and nurses.

CAPACITY BUILDING

• Duty bearer

- 4** medical doctors and **9** paramedics received mhGAP training
- 3** medical doctors and **10** paramedics received mhGAP refresher training
- 10** medical doctors and **6** paramedics of Mehelkuna hospital of Surkhet received half-day Continued Medical Education
- 19** nurses and ANMs received refresher training in psychosocial counselling
- 3** trained medical doctors and **20** paramedics received **5** events of clinical mentoring and supervision (including two events virtual supervision) from the psychiatrists
- 20** Nurses & Auxiliary Nurse Midwife (ANM) received **4** events of psychosocial supervision

AWARENESS RAISING

1300 students and community members of Surkhet, Jajarkot and Okhaldhunga received orientation on suicide prevention, care and support.

Over **4000** community of Surkhet and Jajarkot people received the suicide prevention and mental health promotion message through drama and flex board through mobilizing peer support groups of students of 14 schools

COVID RESPONSE ACTIVITIES

1225 covid infected and **775** non-covid infected people received psychosocial support in through face to face and tele-phone counselling.

162 health workers including armed police force and 107 local level elected representatives/government officials received PFA and stress management

LIVELIHOOD

83 people with mental health problems and their families received livelihood support and involved in income generating activities

ADVOCACY AND LOBBY

Organized review meetings at central level with MoHP and Department of Health Services presented progress & way forward at the project

CMC – Nepal tangibly contributed in the development of training package on 6-months psychosocial counselling training, to be developed by NHTC, MoHP

All municipalities included mental health program in this running 2020-2021 annual planning. 15 municipalities allocated budget in mental health in a range of **NPR 15,000-12,00,000**

Bheri, Nalgadh, Chingadh & Rautamai Municipalities prepared mental health action plan in year 2020-2021

Joint meeting with Organizations of the People with Disabilities (OPD) were organized for joint actions in psychosocial disability, where **112** representatives participated in the meeting.

Organized advocacy meeting with the local government, where **163** local level representatives, officials and persons with psychosocial disability attended

RIGHT BASED APPROACH IN MENTAL HEALTH, WORKING WITH SELF HELP GROUPS AND OTHER CONCERNED STAKEHOLDERS

15 community level SHG received regular mentoring and support from CMC-Nepal on right-based approach in mental health.

1 district Mental Health SHG network registered in district administration office in Udayapur and **1** in Surkhet is in process for the registration.

Mental health network of Udayapur was introduced and enlisted in five local level of Udayapur district.



Psychotropic medicine is made available by the local and provincial as well as federal government in all 16 health facilities which covered 80% of total demand and remaining 20% was covered by CMC-Nepal's supply system.

CMC-Nepal came and they are the one who asked with us how are you in this COVID-19 pandemic situation. They provided opportunity to share our own feeling and difficulties while working in covid-19. The stress management tips and exercise provided by CMC-Nepal supported us to manage our own stresses during the difficult time of the covid. We realized that there is someone to take care of our health and difficulties.

SCHOOL MENTAL HEALTH PROGRAMME (SMHP)

This year was the second year of the fifth phase (2020 to 2021) of the programme being implemented in 70 schools and 11 health facilities of 12 (rural) municipalities as per the Memorandum of Understanding (MoU) signed with the Centre for Education and Human Resource Development (CEHRD) at central level and with all (rural) municipalities at local level. SMHP is financially supported by the Felm, Finland. The main aim of the project is to promote psychosocial wellbeing of school going children and adolescents for quality learning by creating safer and respectful learning environment in the school and providing individual psychosocial support to the children having emotional and behavioral problems and learning difficulties.



Monitoring visit by FELM



GANDAKI PROVINCE:

Gorkha: Siranchowk Rural Municipality

KARNALI PROVINCE:

Salyan: Baghchaur, Bangad Kupinde and Sarada Municipality, Kalimati Rampur, Chatreswori and Siddakumakh Rural Municipality.

SUDHUR PACHHIM PROVINCE:

Kailali: Bhajani, Gauriganga and Godawari Municipality, Kailari, Joshipur Rural Municipality

School attendance rate is improved by 12.25% (baseline-75.05% in 2020) and learning achievement is improved by 5.4% (baseline 50.08%). Dropout rate is reduced by 4.44% (baseline 8.46%). Emotional and behavioral problems is reduced by 91.2% (baseline-12.5%).

Student psychosocial counselling service provided by trained psychosocial teachers found effective in the management of suicide of the children and adolescent and preventing suicidal thought of the children.

Psychosocial counselling provided to the drop out children in Gauriganga Municipality contributed to return back 15 students at schools and they are continuing their study with gaining better performance.

PSYCHOSOCIAL COUNSELLING SUPPORTED TO CONTINUE SCHOOL

12 years of girl, who is a student of one of the schools of Siranchowk Rural Municipality, Gorkha. Her father is a farmer, and her mother left the family a few years ago. She did not get proper care and attention from her father, and she had to face sexual harassment from the community people. After that, she was found physically and mentally unwell. She stopped going to school after the regular social stigma and harassment she faced from the community people.

The class teacher referred the girl to the focal teachers for detailed psychological assessment and intervention. The school select psychosocial focal teacher and CMC-Nepal provides training and supervision to the focal teachers in classroom based psychosocial activities, parental psycho-education and school counselling. The focal teacher listens students feeling and difficulties, and support to them through providing classroom based psychosocial intervention, individual and group counselling services. They are the one, who is closer to the students having emotional and behavioral problems and learning difficulties and provides school based psychosocial counselling service. The focal teacher went to the girl's house and started listening her troubles and painful feelings. In the beginning, the girl was reluctant to share her problems, feelings and emotion to share with the focal teacher. The focal teacher-built rapport with the girl and she shared the reason why she did not want to go to school. In the counselling session, the focal teacher listened to her feelings using techniques of personal safety, shared information on what to do in this kind of difficult situation: with whom and where to seek support. The focal teacher provided stress management techniques to the girl and that supported to reduce her stresses. The focal teacher visited 4 times in her home and provided psychosocial counselling sessions. The counselling sessions provided opportunity to her to ventilate her feelings, select the best option to go ahead, seek support from focal teacher and close friends in such difficult situation, knowledge about the personal safety. After 4 sessions, she started feeling slowly better and again back to school.



Interaction with SHG members, Gauriganga Municipali, Kailali



PFA by Focal Teacher



PFA Support at Home Isolation

SCHOOL MENTAL HEALTH PROGRAMME 2021

MENTAL HEALTH SERVICE DELIVERY

1096 students (539 girls and 557 boys) having emotional and behavioral problems benefitted with individual psychosocial from the trained psychosocial focal teachers.

57 schools managed separate student psychosocial counselling room

55 schools included student counselling in teachers' daily routine

63 schools practiced student complaints listening

PSYCHOSOCIAL COUNSELLING

37 (29 female, 3 male and 4 girls and 1 boy) received psychosocial counselling service from trained health workers of the **11** health facilities of Salyan and Kailali

AWARENESS RAISING

3219 parents (1825 F and 1394 M) participated in parenting education sessions and school activities

Orientation on child safeguarding, promoting life skills, preventing early marriage and suicide provided to **70** child clubs

3473 adolescents (1403 boys and 2070 girls) received orientation on adolescents' girls' health awareness, preventing early marriage and psychosocial health.

382 community people (248 F and 134 M) received orientation in mental health issues and reducing social stigma

LOBBY AND ADVOCACY

Meeting/interaction were conducted with School Management Committee, Parents Teachers Association, local government & other stakeholders to promote psychosocial support in schools

Review meetings with head teachers, psychosocial focal teachers, trained health workers & officials/authorities of local level

Lobbying & meetings with local governments were conducted in all **11** (rural) municipalities where mental health service is continued

66 schools included school mental health in their school improvement plan

Centre for Education and Human Resource Development (CEHRD) approved **5** days customized training on student psychosocial counselling under Teachers' Professional Development (TPD) training package.

Sudurpaschim Province included School Mental Health intervention activities in their **10**-year periodic planning of education.

CEHRD mainstreamed **5** days customized teacher training on student psychosocial counselling and allocated **6.2** million NPR for ToT training in all **7** provinces and central level.

29 provincial level roster trainers trained on mass conversion management and suicide prevention from Sudurpaschim and Karnali Province.

Roster teachers replicated school based psychosocial promotional activities in **37** non-project schools

CMC-Nepal developed a short video named 'NIMESH' about student psychosocial counselling and circulated to project schools, education cluster, mental health and psychosocial sub-cluster and other networks of CMC-Nepal

Siranchok Rural Municipality, Gorkha utilized **400,000** NPR, Siddhakumakh Rural Municipality utilized **460,000** NPR and Gauriganga Municipality utilized **540,000** NPR budget as part of matching to the project activities.

STUDENT PSYCHOSOCIAL COUNSELLING SERVICE

11 health facilities continued providing mental health and psychosocial service.

741 people (girls 62, boys 30, female 480 & male 169) with mental health problems received mental health service from trained health workers

55 complex cases were referred to health facilities from school

CAPACITY BUILDING • DUTY BEARERS

350 teachers' capacity enhanced on school based psychosocial intervention

140 psychosocial focal teachers received **5** days third module training, **3** days refresher training and on-going supervision on school based psychosocial intervention and student psychosocial counselling

3 paramedics received basic training on mhGAP and further backstopped trained medical doctors and paramedics through clinical supervisions

6 ANMs received refresher training in psychosocial counselling and regular backstopping supervision

RIGHT BASED APPROACH IN MENTAL HEALTH, WORKING WITH SELF HELP GROUPS AND OTHER CONCERNED STAKEHOLDERS

One community level and one district level network of SHG formed

21 lobbying meeting conducted by **12** SHGs where **444** members attended.

Continued support to the provincial level (Karnali and Sudharpachhim) network of SHG through organizing capacity building events, follow-up for advocacy at local and provincial level in budget planning process

COVID RESPONSE ACTIVITIES

Reference materials on psychosocial support to the children in the context of disaster/pandemic developed jointly with CEHRD

3 short videos on psychosocial support during COVID-19 pandemic situation was developed and disseminated

3445 children (1810 girls & 1635 boys) and **3307** (1620 F and 1687M) adults (teachers, parents and other community people) received Psychological First Aid (PFA) and psychosocial support and enabled to return into their normal life livings.

1196 people having mental health problems received psychotropic medicine during COVID 19 context that prevented relapse.

PSYCHOSOCIAL INTERVENTION TO SAFER MIGRATION PROJECT

The Safer Migration Project (SaMi), a bilateral initiative of Government of Nepal (GoN) and Switzerland is being implemented through the partnership between the Ministry of Labour, Employment and Social Security, HELVETAS Swiss Intercooperation Nepal as a technical assistance provider, the Foreign Employment Promotion Board (FEPB) and selected municipalities. The three phases of the project (2011-2022) implementation was focused on developing access to relevant information, to justice for and protection of migrants' rights. The overall goal of the project is "Migrants (Male/Female/marginalized groups) and their families are better protected by the government institutions in Nepal and benefit from decent work conditions abroad. The project facilitates support to potential Nepali migrant workers, both women and men by providing them with accurate and relevant information on foreign employment for appropriate decision whether to go for labour migration or not.

SaMi/HELVETAS entered into the partnership

with CMC – Nepal since November 2013 for catering psychosocial expertise in the project and to address the social cost of labour migration. The second phase for providing psychosocial component in SaMi was implemented in six districts; Nawalparasi (Bardaghat Susta) east and west, Ramechhap, Dhanusha, Sarlahi, Khotang, Nuwakot, Dhading and Sindhupalchowk. The third phase of this phase is implemented from 18th September 2019 in 152 (rural) municipalities of 38 districts, across all 7 provinces.

The project addressed the social costs of migration by dealing with the negative social and psychological consequences of migration on the migrants and their families, i.e. spouse, children and parents. In the process the migrants and their families were supported with psychosocial counselling support to families suffering with psychosocial problems. CMC-Nepal also addressed the psychosocial needs of the migrant people living in the quarantine and home and also of their families, in covid pandemic situation.



Group sessions with the wives and mothers of migrant workers

PSYCHOSOCIAL INTERVENTION TO SAFER MIGRATION PROJECT 2021

CAPACITY BUILDING • PROJECT STAFF

ToT of six month psychosocial counselling package to **3** project staffs.

122 PS Counselors completed all three modules of **6** months PS Counselling services. Similarly, **19** counselors completed first module of six month PS counselling services

EMERGENCY AID –

2 persons (1M & 1 F) were supported with emergency fund for medical support for mental and physical illness

6 (3 M, 3 F) cases were referred for psychiatry consultation and PS counselling services at CMC-Nepal

PSYCHOSOCIAL COUNSELLING SERVICE

2029 persons (1854 F & 175 M) benefitted from psychosocial counselling service who were suffering with psychosocial problems like depression, anxiety, suicide attempt

10805 wife, mothers and fathers of migrant workers (10634 F and 171 M) of 457 groups were benefitted by group counselling service

ADVOCACY AND LOBBY

Case referral to OCMCs of different project districts.

Addressed request of additional activities from local government. mhGAP training and supervision in Hatuwagadhi RM

10 days basic counselling skills training to CPSWs of Tulsipur Dang

PSYCHOSOCIAL SUPPORT IN HOTEL QUARANTINE AND TELE COUNSELLING

1880 persons (Male-1595, Female-285) received group psychosocial support in isolation/quarantine, mainly from **21** different hotel of Kathmandu

4225 persons (Male: 1879, Female: 2346) received tele counselling services.

“My husband used to beat me after drinking alcohol. But when I enrolled into group counselling, I got courage and determination to speak against it. Now my husband has stopped drinking and beating me since I started speaking out against beatings. ”

--"Participant in group counselling, Janakpur sub-metropolitan municipality

“A 50-year-old single woman, whose elder son has not been in contact for the past 4 years, was very worried and not able to do anything due to loneliness. When the counselor visited her for the fourth time, she shared, "I had not been able to distinguish between the sun and the moon. Now I don't feel like I'm alone. After meeting you, I feel like I'm in a place where there are many people. ”

NANDA LEARNED TO SMILE EVEN

Nanda (name change) is 50 years old, but she appears to be over 60 years old. Her family now consists of five members: two sons and one daughter. Her husband has been in Malaysia for 15 years on a foreign employment. Nanda and her husband have been married for 26 years. Nanda became depressed after her marriage when her husband began to visit her at all hours of the day and night after drinking alcohol and even assaulting her. She couldn't even sense her husband's affection and love for her. She couldn't get any help from her family while raising her four children on her own. Her husband, on the other hand, used to gamble by selling goats and other livestock.

Nanda, who had received no support from her husband, accepted his decision to seek employment abroad in the hopes that he would remember her and understand her love once he was gone. In the year 2064 B.S., her husband traveled to Malaysia for 15 years. He used to argue with her even in their brief conversations, accusing her of having an affair with another man while he was away. Nanda, who had been surviving on her husband's accusations, was struck by another thunderbolt when she lost her middle son in the 2072 earthquake and was unconsciously buried in the quake. "She has another husband in the village. He takes care of her. Why does she need me?" he said when she called him to come to Nepal. "I didn't have a house to live in, I had to lose my grown-up son." In addition, I was feeling frazzled. "I am the unfortunate one who should die," Nanda said, tears welling up in her eyes as she said, "many foreigners came and took care of me at that time, but my husband didn't call me." "With struggle, I helped get my son and daughter married," she says, wiping away tears with her shawl. Now it's up to the youngest son to get married, and he lives in a monastery. My oldest son currently resides in Kathmandu. He

is in charge of the entire household budget. In my entire life, I have never been happy. I still have nightmares about my lost son, and I can't sleep because of it."

In the month of July, 2077 BS, Nanda, who had never known happiness in her life, met with a counselor for the first time. She was unable to express herself at the time and was extremely nervous when speaking. Nanda, who was in tears, felt relieved when the counselor said she was ready to listen to all of her problems. Nanda's eyes welled up with tears as she learned about the safer migration project. "Today, I am overjoyed to be able to speak with you, despite God's inability to leave me alive". Nanda's feelings and experiences were empathetically listened to during the home visit through questions that were simple to express. Following that, home visits focused on personal hygiene, stress-relieving breathing exercises, and praise and encouragement for self-reliance. At the same time, Nanda was asked to feel the smells, sounds, and objects she could see right now in order to bring her thoughts and behavior up to date. "I am happy to talk to you," she says after talking to her seven times during the home visit. Others will still love me even if my husband does not. There is nothing to be concerned about now; you must work and eat as long as you can. Worrying will only harm you in the long run."

Nanda is now getting enough sleep and has begun to pay attention to her health, food, and hygiene. Nanda is convinced that remembering the past is not a bad thing. She has also obtained self-employment from the ward. "I am happy to do handicrafts and fetch water," she says. Now that I've strengthened my mind, I've begun to look after myself. Don't be too concerned about me. Please pay me a visit whenever you have the opportunity, and continue to love me."

GENDER BASED VIOLENCE PREVENTION AND RESPONSE-II PHASE

The project is being implemented through umbrella of consortium partner and Ips taking the lead of response component. The phase was started from August 2021 with the aim strengthening multi-sectoral response to the survivors of Gender Based Violence (GBV) through enhancing the capacity of Community Psychosocial Workers and Case Managers in order to provide psychosocial support and counselling to the GBV survivors. It is jointly funded by the Swiss Agency for Development Cooperation (SDC), Norwegian Embassy and UNFPA.

The main goal of the GBVPR Phase II project is to reduce all form of gender-based violence and discrimination against women and girls of Province 1 and Sudurpaschim province. CMC – Nepal has an important role in the response part of the project by building and enhancing the capacity of human resources at local and district level. Additionally, this project aims to reach out to the unreached women suffering from GBV in consultation and collaboration with all the three tiers of governments (local, provincial & federal).



PROVINCE NO. 1

Morang	1. Biratnagar Metropolitan City
Okhaldhunga	1. Siddhicharan Municipality 2. Manebhanjyang Rural Municipality 3. Molung Rural Municipality 4. Chaudandigadhi Rural Municipality
Udaypur	1. Katari Municipality 2. Triyuga Municipality 3. Chaudandigadhi Municipality 4. Belaka Municipality

SUDUR PASCHIM PROVINCE

Kailali	1. Dhangadhi Sub Metropolitan City
Achham	1. Mangalsen Municipality 2. Kamalbazaar Municipality 3. Sanphebagar Municipality
Baitadi	1. Patan Municipality 2. Dasarathchand Municipality
Bajhang	1. Jaya Prithwi Municipality 2. Bittadchir Rural Municipality
Bajura	1. Badhimatika Municipality 2. Budhiganga Municipality

GBV PREVENTION AND RESPONSE AUGUST -DECEMBER 2021



MULTI-SECTORAL RESPONSE

423 GBV survivors (404 Female & 19 Male) received multi-sectoral response from OCMC, including psychosocial counselling service from the case managers and psychosocial counsellors in OCMC

186 GBV survivors were actively followed by the case managers and psychosocial counsellors in OCMC and during community outreach sessions



PSYCHOSOCIAL SUPPORT

CPSWs identified **604** GBV survivors (525 Female & 79 Male)

Majority of the identified GBV survivors were referred to health facility (103) followed by OCMC (93), Ward office (88)

Among total identified GBV survivor, **459** were provided psychosocial first aid

GBV PREVENTION AND RESPONSE AUGUST -DECEMBER 2021

CAPACITY BUILDING

Mobilization of **118** CPSWs, 19 CPSW Coordinators, 14 Case managers and 8 Psychosocial counselors in GBV prevention and response

26 CPSWs trained in basic listening, communication skills and referral

Monthly supervision of CPSW, CPSW coordinators and Case managers by Sr. psychologist and psychosocial supervisor

Monthly supervision of CPSW, CPSW coordinators and Case managers by Sr. psychologist and psychosocial supervisor



PSYCHOSOCIAL SUPPORT

CPSWs provided psycho-education to **6798** persons (5407 Female & 1391 Male)

emotional support to **428** family members

16 days campaign against GBV was marked by organizing various activities such as rallies, campaigns, mass advocacy, song competition, street drama, Dip prajwalan, Information stall



COURAGEOUS SABINA

Sabina got married to her uncle at the age of 17 when her aunt committed suicide. Her husband left in search of job when their son was only a year old now, it has already been 8 years. He got remarried and was living together with his children from first marriage at Kathmandu. Sabina's has been frequently threatened by her husband and his new family. She was also going through hard times taking care of herself and her son.

After she got a job as a municipality police, she met psychosocial counsellor with whom she shared her problem. She shared her fear of taking care of her husband and his necessities when he gets old and can no longer earn while

living a life at Kathmandu when he is able to work. The counsellor informed Sabina about women right and referred her to OCMC. After receiving psychosocial counselling and legal consultation at OCMC she decided to get divorced.

Now, in coordination with municipality legal advisor, Sabina divorce has proceeded with an alimony. Likewise, she had stopped receiving any threatening calls from her husband or his family. During follow up she said that she learned she was being abused and stated "we would be even more abuse if we tolerate it and do nothing". Now, she is courage enough to take legal action and move ahead in life



Orientation to Mothers' Group

GENDER BASED VIOLENCE RESPONSE IN COVID CONTEXT IN NEPAL

The project implemented its activities as planned in Dhanusha, Surkhet, Dailekh and Jumla districts. The project is being implemented since September 2020 with the financial support from the UNFPA/ EU, to mainly respond to the GBV issues in the Covid 19 crisis in Nepal. CMC-Nepal, as an expert organization, offered psychosocial support and care to the GBV survivors in need.

Basically, the project aims to ensure the availability of essential prevention and response services for GBV survivors during and after the COVID-19 lockdown, and to address both the demand side challenges of GBV response, i.e., demand from women as well as the supply, i.e., provision of good quality, multi-sectoral services. CMC – Nepal has a vital role in the project to develop support mechanism in prevention as well as response activities to GBV survivors by capacitating the health and psychosocial care providers based at the OCMCs and health centers.

MADHESH PROVINCE

Dhanusha: Janakpurdham Sub-metropolitan City, Mithiladham Municipality

KARNALI PROVINCE:

Surkhet: Birendranagar Municipality, Bheriganga Municipality

Dailekh: Narayan Municipality, Dullu Municipality

Jumla: Chandannath Municipality

“Engagement of project staffs were quite impressive during this pandemic. Cases were referred to OCMC even during this difficult period which indicates that PSWs are more active dedicated for their assignment despite travel restrictions”.

Mayor, Dullu Municipality

“I realized after the 10-days training I was one of the GBV survivors. I started to talk with my family members about GBV and legal provision for those who involved in GBV. After that the GBV with me has stopped from my family members. The change has been occurred with me, but moreover the confidence has been developed with me that I can work in this field.”

One of the Community Psychosocial Worker (CPSW)

GENDER BASED VIOLENCE RESPONSE IN COVID CONTEXT IN NEPAL 2021

MULTI-SECTORAL RESPONSE

3183 GBV survivors (Male: 131 and Female: 3052) received multi-sectoral response from OCMC, including psychosocial counselling service from the case managers and psychosocial counsellors in OCMC and through community outreach services.

90% of the cases received support and care from the OCMCs expressed to have satisfied and very satisfied.

MENTAL HEALTH SERVICE DELIVERY

103 GBV survivors (Male: 27 and Female: 76) with mental health problems received specialized mental health service from the OCMC district hospital and Primary Health Centre. The PS counselors made follow-ups on all the cases.

LOBBY AND ADVOCACY

A total of **826** coordination meetings were conducted (both in Karnali and Madhesh Provinces) with the concerned municipality-level stakeholders

An experience sharing and learning workshop as part of the “EU-UNFPA GBV response to COVID-19 Project” was organized on 3rd October 2021 in Birendranagar, Surkhet, Karnali Province.

GBV PREVENTION ACTIVITIES WITH A FOCUS ON THE COVID 19 SITUATION

39,649 community people received awareness sessions on mental health and psychosocial support and referral mechanism, gender and social norms, stakeholders and availability of the services, Covid-19 and its response etc.

Rallies, campaigns, mass advocacy, etc. were organized on the occasion of International Women’s Day

World Suicide Prevention and Mental Health Days were marked in all the project districts—Dhanusha, Surkhet, Dailekh, and Jumla districts.

GBV case management guidelines was prepared and submitted for a final dissemination in Madhesh Province and the same is in progress in Karnali Province.

CAPACITY BUILDING • DUTY BEARER

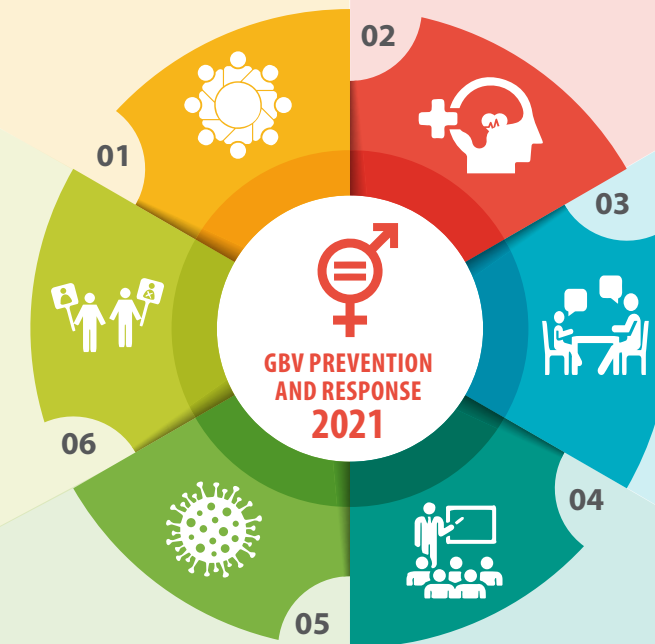
278 (Male: 24 and Female: 254) government and non-government GBV service providers were capacitated and equipped to provide COVID-19-friendly, survivor-centered GBV services as per the revised guidelines/protocols.

Mobilized of **28** CPSWs & 7 CPSW Coordinators in GBV prevention and response, 8 case managers, and 8 counselors.

14 government health care providers received ToT training on the blended learning under the NHTC provision.

28 CPSWs and 7 CPSW coordinators were provided with the 10 days training based on the NHTC 1st module course.

8 Case Managers and 3 PS counsellors and received 8 supervision sessions (In-person: 2 and Virtual: 6) that focused on case management, counselling techniques, social & gender norms.



CASE STORY

Rita (Pseudo name), a female residing in Narayan Municipality, Dailekh, 32 years old female was taken to the district hospital with the help of her neighbors and then to the One-stop Crisis Management Center (OCMC). She got married to a man who was 5 years younger than her age. Few years after her marriage, Rita's husband started to drink alcohol on a daily basis and beat her up and even doubted her. Every day was the same story for Rita in that house and she did not get any support from her in-laws while she was being beaten by her drunken husband. One day Rita's husband attacked her with a sharp knife and a stick which caused a deep injury in her head. Rita was in a very poor condition when she was taken to the hospital and she appeared older than her actual age because of the beating of her husband. However, she was taken good care by the OCMC staff members. So, Rita agreed to take an individual counselling session and the incidents that she faced were further discussed in the sessions. During the counselling session, Rita discussed about how

she was physically assaulted by her husband everyday just because she could not bear a child. She took four counselling sessions in total and after doing a thorough follow-up session through telephone she was confident that she could face her problems.

After Rita's recovery and completion of her counselling sessions, she decided to get a divorce with her husband. She did not want to live with the same torture and physical assault every day.

Rita was then referred to the court for the divorce process. With the help of Police department and Ministry of Women, Children and Senior Citizens (Nepal) the case was taken ahead. However, Rita did not get a divorce after the family members convinced her to stay together with her husband. Currently, the client has been receiving moral support from the family members as well and has moved on with her life. She expressed that the counselling session helped her in many aspects of her life. She has now become aware about where to take her problems, authority figure as well as her rights.

INCLUSIVE COMMUNITY MENTAL HEALTH PROGRAM (ICMHP)

CMC-Nepal is implementing Inclusive Community Mental Health Program in technical and financial support of CBM with overall objective to improve quality of life of persons living with mental health condition and psychosocial disability in collaboration with local government. The three-year (2020-2022) project is being implemented in three (rural) municipalities of Surkhet district and two municipalities of Dailekh district of Karnali Province.

At federal level, CMC-Nepal consults and collaborates with the Ministry of Health and Population (MoHP) and Department of Health Services (DoHS) and its divisions mainly Epidemiology Diseases Control Division (EDCD) and National Health Training Centre (NHTC) for implementation of the project. At province level, CMC-Nepal works in close coordination with Ministry of Social Development and its divisions. Further, CMC-Nepal had signed a Memorandum of Understanding (MoU) with all five local governments and project activities have been implemented in close coordination and collaboration with them.

The project works to ensure that persons with and at risk of mental

health conditions and psychosocial disabilities have access to quality mental health and psychosocial support services at community level and they are able to realize their rights. To achieve this, CMC-Nepal supports to build capacity of local government for integrating quality mental health and psychosocial support services in local health system through capacity building, policy reformation and advocacy. Along with that CMC-Nepal has been conducting awareness raising/sensitization on different aspects of mental health (Promotion, prevention, care and rehabilitation) to different layers of the community as government stakeholders, services providers, right holders and community people. The project also facilitates self-advocacy efforts of persons with mental health conditions and psychosocial disabilities and their family through Self Help Groups.

KARNALI PROVINCE

Surkhet: Bheriganga Municipality, Barahatal Rural Municipality and Simta Rural Municipality

Dailekh: Narayan Municipality, Dullu Municipality

“SELF HELP GROUP; FEELING OF A FAMILY”

Mina from Barahtaal-5 is 38 years of age. Since, 5 years, she had mental health problem. She was married at the age of 17 years and within a year of marriage she became a mother a child with disability. She had to drop out of school following her marriage. The new responsibilities were too much for her to take. She used to get verbal abuse for giving birth to child with disability by her husband and family members. Gradually, she started feeling anxious, extremely sad and worried. It got worse and affected her daily life. Her family took her to several traditional healers, and spent a lot of money. The thing continued for more than 2 years. With no improvement, her family took her to Nepalgunj Medical College for further treatment. Over there, psychiatrist diagnosed her with depression and recommended to take psychotropic medication. Her condition got better but it forced her family in to further financial crisis. She had to spend NRP 4,000 to 5,000 for each visit to Nepalgunj for consultation and medicine purchase. One of members of Sundari Mother's group who

participated in community orientation program of CMC-Nepal told her about mental health services in nearby health post. After that, she started to receive free medicine from Kunathari health post. The Mental Health Social Worker (MHSW) of Barahatal provided her regular counselling service. The intervention at the community helped her to quick recovery and saved her money.

She is now chairperson of Laligurash Self Help Group in Barahatal. She used to share her stories in different community platforms. It had motivated many others to openly talk about mental health in the SHG and community. She confidently speaks about herself and her rights with the government. She credited change in her confidence to her involvement in the SHG. Mina had received livelihood support. Nowadays she spends her time in farming, daily household and self-advocacy. In one of the SHG meeting, she said, “I was involved in many other groups in past but only here I feel like I got a family.”



Group Supervision

A total of **286** (250 male, 489 female, 48 boys and 39 girls) persons with mental health conditions received mental health service from 10 government health facilities supported by ICMHP

INCLUSIVE COMMUNITY MENTAL HEALTH PROGRAM (ICMHP) 2021

A total of **160** persons received counselling support from MHSW and 572 beneficiaries received follow up support services.

A total of **2273** (people with mental health conditions, their care takers and community members have been sensitized in MHPSS issues and mental health promotion.

1232 students, teachers and school management committee members received orientation on psychosocial wellbeing of the children.

World Suicide Prevention Day, World Mental Health Day and International Day of Persons with Disabilities were celebrated at all project locations.

Radio jingles related to mental health, suicide prevention and disability rights were prepared & aired.

Sixteen episodes of radio programs on Mental Health Concerns during COVID 19 were produced and broadcasted

Mental health awareness messages were shared with more than 1000 stakeholders and beneficiaries through mobile SMS services

15 peer support groups for promotion of mental health were formed in selected schools

102 persons received livelihood skill development training

50 persons received livelihood initiative support

9 SHG groups received NRP 80,000 each as seed money support

In COVID 19 responses in 2021, CMC-Nepal trained

95 health workers, **27** teachers and **35** OPD members on ToT on PFA.

81 persons received PFA support in isolation and quarantine facilities and **82** persons received tele counselling support through Toll Free service.

Similarly, **51** persons received tele counselling services through MHSW and **141** received PFA support through phone.

844 persons received follow up support through telephone.

A part from that, OPD representatives trained by CMC-Nepal provided PFA support **446** persons (80 persons with disabilities).

ICMHP team also supported MoSD and NHTC to conduct PFA training to **346** health workers and **21** teachers

14 Medical Doctors and Health Assistants (11 male and 3 female) received mhGAP training

30 teachers (18 male and 12 female) received School Mental Health Promotion training

21 government staff and OPD members received training on accessibility audit

62 duty bearers oriented on accessibility promotion

108 persons oriented DiDRR

341 persons with mental health conditions and psychosocial disabilities received training on mental health and psychosocial issues, existing policies/legislation related mental health and disability and UNCRPD and leadership and institutional capacity building for Self-Advocacy

7 staff received 6 months counselling training

8 new SHG of persons with mental health condition were formed and have been engaged in creating awareness in mental health issues and local level advocacy.

Coordination and collaboration with the Provincial Office of National Federation of Disabled Nepal (NFDN) of Karnali Province to work in cross disability and joint advocacy at local and provincial level.

Provincial Mental Health Strategy and Action Plan

Availability of psychotropic medicines

Linking persons with mental health conditions with psychosocial disability card and health insurance

Inclusion of persons with mental health conditions and psychosocial disabilities in disability movement

MENTAL HEALTH SERVICE DELIVERY



PSYCHOSOCIAL COUNSELLING AND FOLLOW UP



CAPACITY BUILDING
• DUTY BEARER
• PROJECT STAFF



AWARENESS RAISING



RIGHT BASED APPROACH IN MENTAL HEALTH



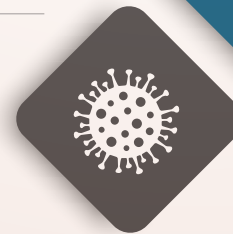
LIVELIHOOD SUPPORT ACTIVITIES



ADVOCACY AND LOBBY



COVID 19 RESPONSE



PROMOTION OF CHILD MENTAL HEALTH AND PSYCHOSOCIAL WELLBEING IN COMMUNITY (PCMHP)

This is the first year of the four years (2021-2024) of the Promotion of Child Mental Health and Psychosocial Wellbeing in Community (PCMHP) which is being implemented in Lahan and Dhangadhimai Municipalities of Siraha district and Dhanauji Rural Municipality of Dhanusa district of Madesh province in funding support of cbm. The project aims to improve mental health psychosocial well-being of most marginalized and vulnerable children, girls and children with disabilities, children from hard to reach communities through appropriate interventions and enabling environment, and social awareness.

“This 5-day training has helped me in understanding more about how to behave with children in my home and school and I ensure that I’ll be teaching people everything that I’ve learned from this training”.

School Teacher Dhangadimai

“I saved my son’s life after attended the training- psychosocial support training participants from Lahan Health Post”

BETTER AFTER COUNSELLING: CMC-NEPAL SAVED MY LIFE

This is a story of a student of grade 7 of Lahan municipality. She has 6 members in her family. Her father often comes home late in the night always drinking alcohol. Her mother works as a labor. Due to the poor economic situation of the family, her brother had to drop out from school and started to work in operating tractor and collecting gravel from the river.

She started fainting randomly since 5th grade and fainting used to occur 10 to 12 times a month. She did not know when she was unconscious. Her family members visited traditional healer for her treatment. Her problems were solved for few days but again after some time, her problems started appearing again.

When she was unconscious, the teacher always called her father and her father used to come to pick her up from the school. Her father was beaten in the road by some group of unknown people and he showed anger with her daughter. When her family members took her to traditional healers for treatment, they told that the solution

for the problem is marriage. She didn’t able to continue her studies in school. She even tried to attempt suicide. Trained focal school teacher got to know about her and her problems. Trained focal assessed her psychosocial situation and started to provide the emotional support to her. The trained focal school teacher referred her to the psychosocial counselor for the further psychosocial counselling service.

CMC-Nepal’s Psychosocial Counselor visited school and started counselling session with her. After two sessions, counselor visited her house and provided psycho-education to the family members. After that, all her family member including her father were ready to accept her problem and started supporting her. Her father’s behavior was also changed after family visit. Now she has no problem, she has started continuing her regular class. Her bother also realized the reason behind dropping out of school and her brother also joined school. Now she is getting better. “Counselor changed my life and changed behaviour of my family member”

PROMOTION OF CHILD MENTAL HEALTH AND PSYCHOSOCIAL WELLBEING IN COMMUNITY (PCMHP) 2021

CAPACITY BUILDING • DUTY BEARER

100 teachers from selected school have been trained on classroom based psychosocial promotional activities and student counselling

8 medical doctors and paramedics received 5 days online training on Child and Adolescent Mental Health Disorders and virtual clinical mentoring sessions

8 Auxiliary nurse midwife received 6-days psychosocial counselling training and supervision

AWARENESS RAISING

Provided orientation to **417** members of mother group, parents ‘group, and civil society members and **112** FCHVs on promotion of psychological wellbeing of the children and understanding about the role of parents/caretakers for the promotion of psychosocial well-being of children.

Conducted orientation to **600** SMC, PTA members and teachers on promotion & importance of children and adolescent’s psychosocial wellbeing, safe and inclusive environment for development and learning

Provided orientation to **208** child club members and students in preventing child marriage and child abuse and promoting children’s psychosocial well-being

ADVOCACY & LOBBY

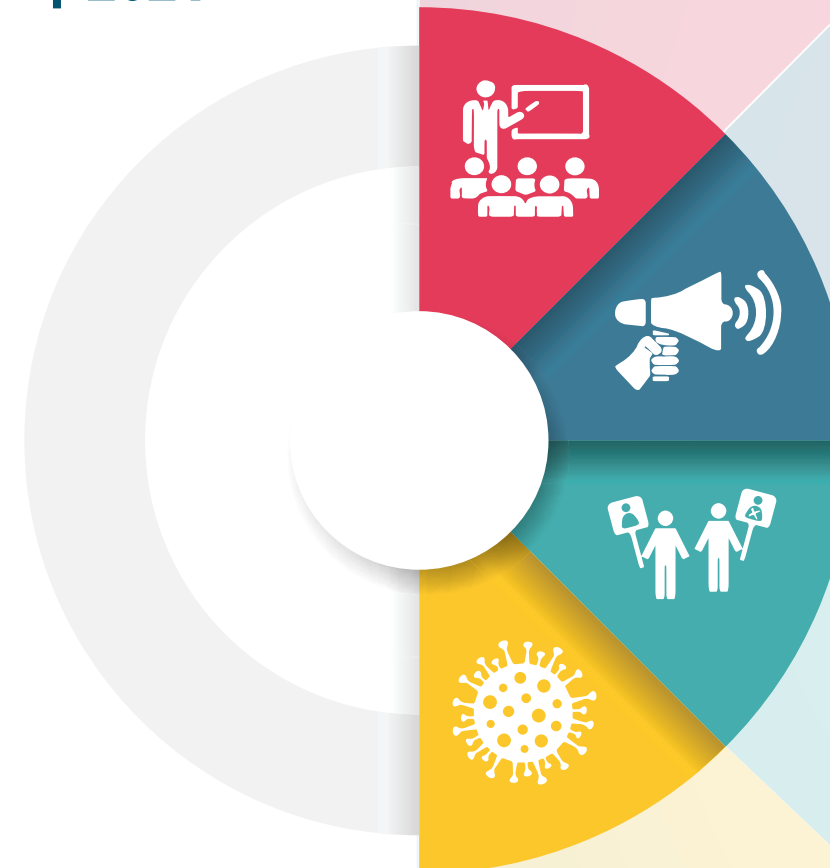
3 Municipality level projects advisory committee (MPAC) was formed at working municipalities for regular coordination, communication and support on inclusive child mental health and psychosocial wellbeing

Organized one provincial level workshop for mainstreaming inclusive child mental health into the government policies (health, education, protection)

COVID RESPONSE ACTIVITIES

Altogether **1262** people received tele counselling/face to face counselling services, psychological first aid and stress management support

245 teacher and member of school management committee of the project locations received stress management and self-care sessions



PSYCHOSOCIAL COUNSELLING FOR COMMUNITY INTEGRATION TO CONFLICT VICTIM (PCCICV) Program

The psychosocial support program for conflict victim was implemented by CMC-Nepal as a pilot program in 4 municipalities of Bardiya and 1 municipality of Kavre district of Nepal from March 2020 with financial support from the Swiss Embassy. The overall goal of the program was to address the trauma of conflict survivors with a holistic approach of psychosocial and mental health so that victims of conflict (CV) feel confident to integrate into all areas of society and be able to cope with their loss by being an active part of the transitional justice (healing of wounds of great loss). In this program, CMC-Nepal strengthened the capacity of psychosocial workers

and provided quality psychosocial intervention to conflict victims and helped deal with the potential psychological trauma of the conflict. The COVID-19 pandemic situation mainly affected the smooth running of the project by first year and the project was extended till August, 2021. CMC-Nepal was able to proceed project activities to a productive level within the first year at the local level. By the end of the pilot phase with extension period, the results showed a need for such intervention and a 3 years project was extended from September, 2021 with expansion of the program in additional 2 municipalities each of Kavre, Jajarkot, Surkhet and West Rukum.



Group Supervision

CASE STORY

Sabitri, a 23-year-old lady, is married with a 7-year-old son. She had been raised by a single mother since she was two years old, when her father was abducted during Nepal's civil war. She was the family's youngest daughter. She was promised that her father had gone out to work and would be back but never got back. She used to make comparisons with other people who had fathers and desired for the same thing. At the age of 18, she married to a man ten-year-older than her. She was compelled to have a sexual relationship and was physically abused by him. She used to be afraid and lonely. When she became pregnant, her husband went to Qatar for employment. She was physically and financially unable to care for a child at the time. She started living with her mother. She began to feel sense of obligation. She began to look after her son. She was also unhappy with her son at the time, and at times yelled at him for not listening. She used to feel bad about herself for not being able to take better care

of him. She used to be tired and exhausted all of the time. She began to experience sleeping issues. She felt unloved and saddened. She pushed herself to seek counselling and look for a better career once more. Her financial situation improved. She learned how beneficial it was to share her feelings with counselor. She gradually began to attend the social gatherings to which she had been invited. She was able to confront her mother again and regain a better level of contact with the support of grief work. She began to reflect on the positive elements of herself and how they had aided her in surviving her life to this far. She worked with her tree of life to help her comprehend various areas of her life in relation to her current problems and possible solutions. With the help of Progressive Muscular Relaxation technique in the counselling session, she was able to calm down her nervous system. Now she is able to maintain good relationship with her family.



Orientation to FCHVs



Healing ritual

PSYCHOSOCIAL COUNSELLING TO CONFLICT VICTIM 2021



Capacity Building

- Psychosocial Workers (PSW)
- Conflict Victim (CV) Volunteers
- Psychologists/clinical psychologists

10 PSWs are selected and trained in six months (3 module, 10 days in each module) psychosocial counselling training. Due to COVID 19, first two modules were conducted virtually while last one was conducted physically in Kathmandu. Out of 10 PSWs, two of them had to leave due to some personal reasons. One position was reselected in Rajapur.

Three events of supervisions (2 group and 1 field) of 3 days each were conducted after each module of the psychosocial counselling training.

During training and supervision expert psychologist helped them to deal with their own loss and grief of conflict as process of emotional stability along with continued individual counselling to those in need.

Supervisor psychologist have rated 70% competency in counselling skills gained in an average of ten psychosocial workers. They have been showing good motivation to work with conflict victim and their families.

Six CV volunteers (2 in Dhulikhel and 1 in each municipality of Bardiya) received orientation on psychosocial intervention for the conflict affected people. They also received counselling services from psychologists and that helped them deal their experience of loss and grief as they belonged to the same target group. CV volunteers contributed in connecting the victims with counselor or psychologist for needful intervention. One of the volunteer from Dhulikhel was selected by the municipality of Chaurideurali as a PSW.

Both psychologists received 5 days project induction training and skills of counselling and supervision. They have been receiving 58 hours virtual supervision in average from senior psychologist and senior clinical psychologist (technical director) that further built their confidence to support PSWs and provide psychosocial counselling to conflict victims referred from PSW.

One event of training for the psychologists has been conducted from the expat senior psychologist through virtual modality where they learned techniques of selfcare and trauma intervention advance techniques



Mental Health Service

A total of **69** CVs received specialized mental health service from psychiatrists.

10 of the paramedics from Bardiya, Jajarkot, west Rukum, and Surkhet were provided 6 days mhGAP training and have started seeing patients with mental health issues. The trained paramedics are working on use of **12** free listed psychotropic medications by the government.

Lobbying for the request of free listed medications are being done so that it would be available for all the mental health patients and not only for the cvs.



Psychosocial Counselling Service

Five counselling service center established in each project implemented municipality.

259 CVs (176 female, 83 males) received psychosocial counselling service (1535 counselling sessions, with average 6 sessions per client)

Group counselling service was provided to **64** conflict victims. Progress matrix of 0-10 scale and result showed average 60% improvement in their psychological symptoms.

18 clients has shown improvement by **75+%** and counselling session closed.

58 CVs (47 female, 11 males) received psychological intervention from CMC-Nepal's clinical psychologists and psychologist

Psychological intervention to CVs



267 beneficiaries (in 10 quarantines of Bardiya and one in Kavre) received psychosocial counselling service and was addressed COVID 19 pandemic related psychological distresses

COVID 19 pandemic related psychosocial support



Senior clinical psychologist and senior psychologist of CMC developed training materials (manual) in dealing psychological issues of CVs (trauma- loss and grief process), group session guidelines of 4 sessions. The counselor's competency evaluation checklist along.

Material development and training to psychologist



CMC-N maintained frequent dialogue to share project activities, roles and participation of national network of CVs

Coordination with CV stakeholders



187 (109 male, 78 female) from municipality representatives, officials and local CVs leaders received information about the project interventions and target groups and modality of capacity development at local level.

Two events of Municipality Project Advisory Committee (MPAC) conducted. MPAC has helped to realize the importance of psychosocial support to the CVs.

Conducted regular interactions with national network of CV and that helped to increase their participation in project activities and minimize disputes while implementing project activities

Advocacy and Lobby

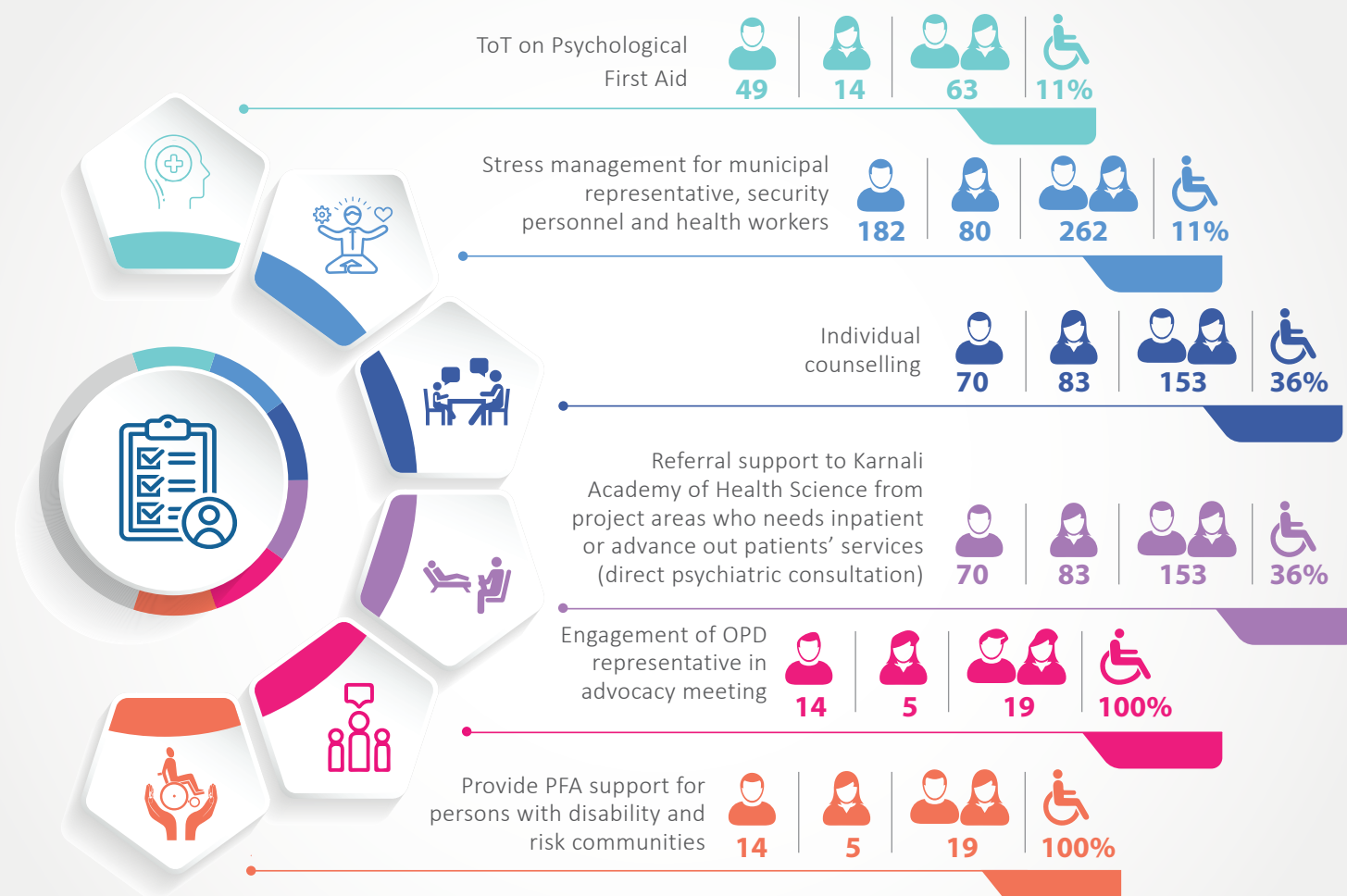


INCLUSIVE COVID-19 RESPONSE IN KARNALI; A COLLABORATIVE EFFORT TO ADDRESS IMMEDIATE FOOD AND MHPSS NEEDS OF VULNERABLE INDIVIDUAL

COVID-19 created pandemic hit the global economy hard and such crisis usually brings together mental and psychosocial health issues due to drastic alteration of lifestyle among other reasons. Moreover, it is generally understood that there are groups as senior citizens, children and persons with disabilities whose vulnerability increases even further during any humanitarian crisis. In order to response to COVID-19 led difficulties in selected at-risk communities, an inclusive response project entitled 'Inclusive COVID-19 Response in Karnali; a collaborative effort to address immediate food and MHPSS needs of vulnerable individuals' was

implemented through a consortium of CBM, CMC-Nepal, INF and NFDN during the period of 1st August 2021 to 31 January 2022 in 3 rural/municipals of Jumla District which lies at Karnali Province of Nepal. The overall objective of the project is to reduce food security risks and negative psychosocial impacts created by COVID-19 in Jumla district of Karnali province through inclusive and accessible response with specific objective for CMC-Nepal to addressed is; to reduce the negative psychosocial impact of the COVID-19 pandemic on vulnerable individuals including persons with disabilities and their families through inclusive mental health and psychosocial support.

Inclusive COVID-19 Response in Karnali; a collaborative effort to address immediate food and MHPSS needs of vulnerable individual



CHILD AND ADOLESCENT MENTAL HEALTH RESEARCH AND INTERVENTION PROJECT

Centre for Mental Health and Counselling Nepal (CMC-Nepal) worked with World Bank to develop database of adolescents of four districts (Kavre, Gorkha, Salyan and Kailali). Project collected database of 4400. Research Assistant from World Bank conducted main data collection phase from the database we supported. Telephone counselling guideline for adolescent developed, trained to the supervisors and provided telephone counselling services to the adolescent and their parents in project district.

school. World Bank is undertaking a study to evaluate the efficacy of a psychosocial counselling intervention on their mental health wellbeing of adolescent in Kailali, Kavre and Surkhet districts with CMC-Nepal's support.

Achievements/Result:

In person psychosocial counselling was provided to 787 household among 903 sample household provided from WBG. Education nudges was provided to 798 household among 898 sample household provided by WBG.

In the next phase, CMC-Nepal conducted in-person psychosocial counselling and education program for a study on mental health of adolescent children with low school attendance rates / at risk of dropping out from

Following were achieved in Psychosocial counselling service support and education nudges; Total number of dis-aggregated data of in person counselling service provided cases.

SN	DISTRICTS	TOTAL SAMPLE TO PROVIDE PS COUNSELLING	PS COUNSELLING PROVIDED CASES	PROVIDED COUNSELLING SESSION(4+2 MODULE)
1	Kailali	396	350	1946
2	Surkhet	375	327	1949
3	Kavre	132	110	549
	Total	903	787	4444

Total number of dis-aggregated data of education nudges provided cases.

SN	DISTRICTS	TOTAL SAMPLE TO PROVIDE EDUCATION NUDGES	EDUCATION NUDGES PROVIDED CASES
1	Kailali	390	361
2	Surkhet	378	328
3	Kavre	130	109
	Total	898	798

HUMAN RESOURCE DEVELOPMENT UNIT

The Human Resource Development Unit (HRDU) of CMC – Nepal is responsible for designing and delivering standard and tailored training courses in mental health and psychosocial counselling. The core team of psychiatrist, clinical psychologist, psychologist and senior counsellors associated with CMC – Nepal provided service to persons with psychosocial distress and mental health problems. It also conducted evidence-based research in mental health and published scientific articles in national and international journals. The HRDU of CMC – Nepal supported various organizations in developing their capacity in psychosocial and mental health services. A six months three modular training packages in psychosocial counselling was developed and approved by National Health Training Centre of Ministry of Health and Population.

THIS UNIT OFFERS THE FOLLOWING SERVICES

- Basic mental health and psychosocial counselling training
- Six months training on psychosocial counselling (practicum based)
- Trauma counselling training
- Coaching and supportive supervision to trained persons
- Develop awareness raising materials and training manual on mental health and psychosocial support
- Psychosocial counselling services
- Mental Health services
- Evidence-based research
- Stress management and counselling service to the staff of corporate office and INGO staff



World Suicide Prevention Day 2021



19th AGM



Tihar Celebration



MENTAL HEALTH SERVICE DELIVERY

MENTAL HEALTH SERVICE DELIVERY

51 persons (13 Male & 38 Female) with mental health problems received specialized mental health service from the psychiatrist.



01

CAPACITY BUILDING

6 months PS counselling training package accredited by NHTC/MoHP, package field testing completed.

First batch includes 28 participants mostly from CMC projects

TOT training in psychosocial counselling of 6 month package of MoHP- 17 PS supervisor attended 2 days virtual and 3 days direct training

75 OCMC nurses are receiving training from CMC-Nepal, training budget managed by MoHP/NHTC CMC-Nepal contributed supervision support from its sources

1st batch (25 participants) attended 1st modules already

Virtual supervision training conducted for technical staffs of CMC-Nepal by Ms. Dorothee



03

ADVOCACY & LOBBY

CMC-Nepal involved as key actor for the implementation of National Mental Health Strategy 2077

CMC-Nepal involved in technical group to revise module 2 of mhGAP training package

Supported CMC-Nepal project team and CMCS (sister organization) to address service demand

Webinar on GBV in Nepali Immigrants- California Chapter, Karuna Kunwar



05

RESEARCH ARTICLES/ CONFERENCES ATTENDED

Various Articles published in newspaper, and online portal etc

LMIC research of York University on participation in mental health, multisite research- Nepal, India, Zimbabwe, York, Edinburg

- Rapid Realist Review (RRR)- LMIC articles reviewed, two FGD of both round completed

Baseline research design and training-ICMHP, SMHP, GBVPR-EU, Child Mental Health-CBM

Oral paper presented in international conference:

- BASAS
- CIES conference

NHRC ethical approval proposal reviewed- Ethical review- 33 research proposals reviewed (NHRC)

International journal article reviews-3 (Chinese, Singapore and US authors)



07

Study on mental health of adolescent child with school dropout risk and effect of psychosocial counselling program

World Bank funded University Research (University of Wisconsin, US)

Article publication in international Journal - PLOS one 2 articles on mental health problems of school going children and adolescent

Participation in mental health- global research - University of York.

- RRR article, reviewed and process of publication

Research placement collaboration continue with University of Edinburg

Maternal depression study- EMBER foundation team, writing phase (main author)



02

256 (116 Male & 140 Female) persons received psychosocial counselling and therapeutic interventions

PSYCHOSOCIAL COUNSELLING



04

Interviews in radio, television, magazine and newspaper
World Mental Health Day 2021 was celebrated in all our project areas

AWARENESS RAISING

World Suicide Prevention Day 2021 was celebrated with different activities in our project areas

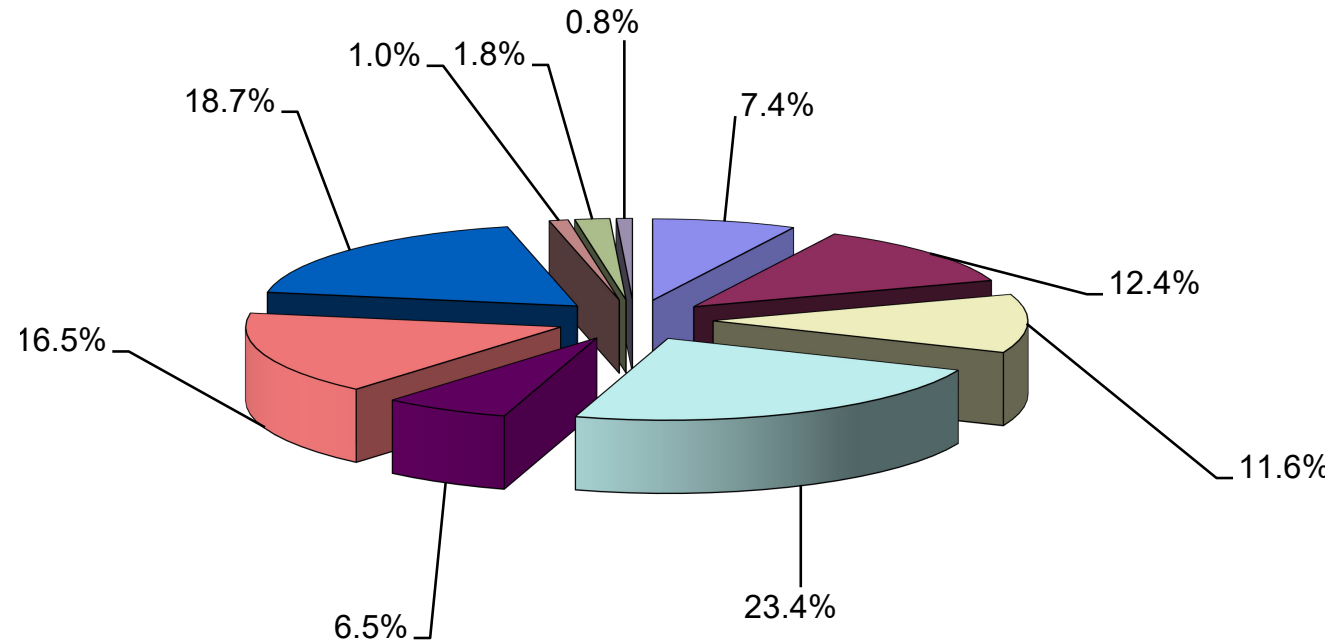


06

Considering the lockdown situation due to COVID-19 pandemic outbreak, CMC-Nepal continued the toll-free number 16600185080 in Central office and initiated another toll-free number 16608352015 in Karnali Province to provide free counselling service via telephone.

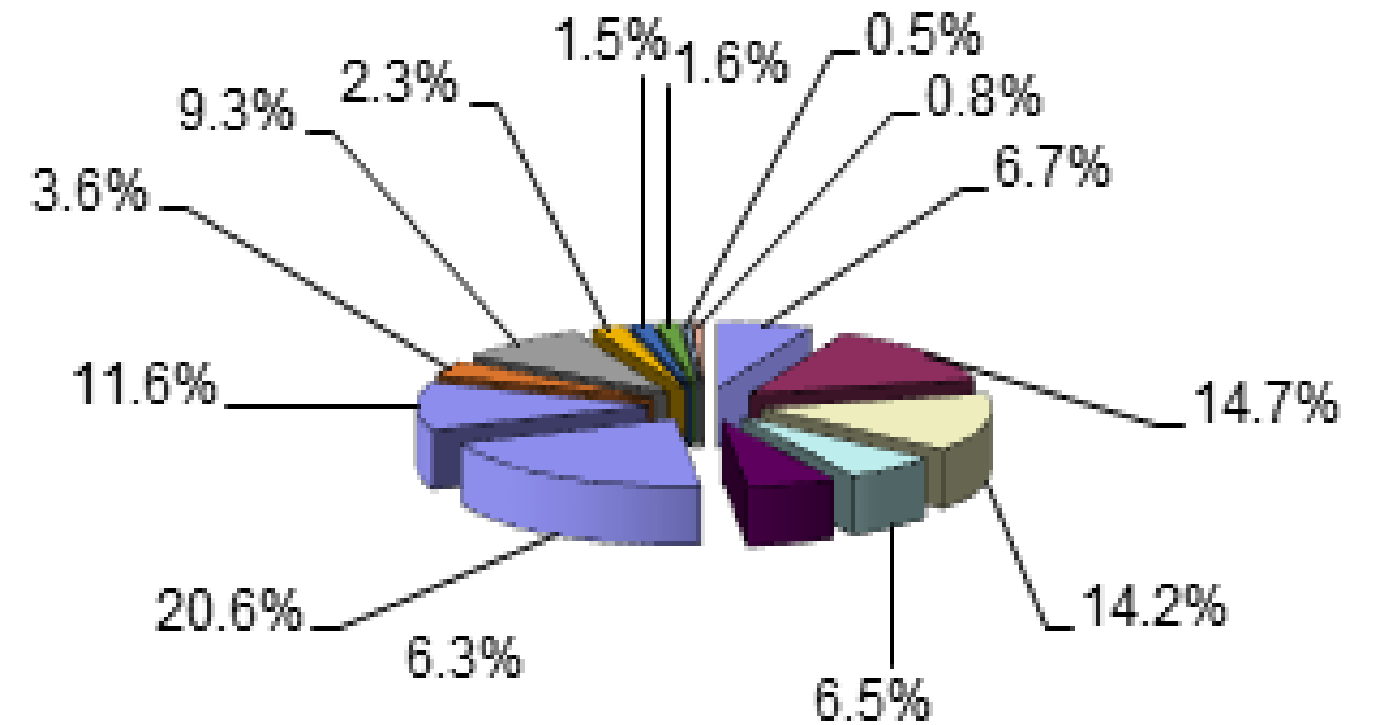
EMERGENCY AID -

TOTAL ANNUAL INCOME IN 2021



SOURCE OF FUNDING	AMOUNT IN NRS	% COVERAGE OF TOTAL INCOME
Tearfund Australia	13,221,100	7.4
Felm, Finland	22,096,445	12.4
HELVETAS SWISS INTERCOOPERATION	20,724,910	11.6
United Nation Population Fund	41,792,895	23.4
Ipas	11,588,903	6.5
CBM	29,495,988	16.5
Embassy of Switzerland	33,426,996	18.7
World Bank	1,733,592	1.0
Local Income (HRDU)	3,192,967	1.8
Other Organisational Income	1,467,622	0.8
TOTAL INCOME	178,741,418	100.0

ANNUAL EXPENDITURE 2021



PROJECTS	AMOUNT IN NRS	TOTAL EXPENDITURE
Community Mental Health and Psychosocial Support Programme	10,477,229	6.7
School Mental Health Programme	23,063,559	14.7
Psychosocial Support for Safer Migration Project (SaMi)	22,220,509	14.2
Gender Based Violence Prevention and Response Project-Phase 1	10,192,109	6.5
Gender Based Violence Prevention and Response Project-Phase 2	9,818,343	6.3
Gender Based Violence Response in COVID-19 Context in Nepal	32,393,728	20.6
Inclusive Community Mental Health Programme	18,226,541	11.6
Promotion of Child Mental Health and Psychosocial Wellbeing in Community	5,664,805	3.6
Psychosocial Counselling for Community Integration to Conflict Victims	14,527,072	9.3
Inclusive COVID-19 Response in Karnali	3,539,003	2.3
Human Resource Development Unit	2,332,186	1.5
Child and Adolescent Mental Health Research Project	2,470,223	1.6
Social Interprise Expenses	848,484	0.5
Organizational Expenses	1,193,032	0.8
TOTAL EXPENDITURE	156,966,823	100.0



Our Valued Partners



Schweizerische Eidgenossenschaft
Confédération suisse
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Federal Department of Foreign Affairs FDFA
Swiss Agency for Development and Cooperation SDC
स्वीस सरकार बिकास सहयोग एसडिसि



HELVETAS
Swiss Intercooperation

NEPAL



TEARA AUSTRALIA

SaMi
Safer Migration Project



CENTRE FOR MENTAL HEALTH & COUNSELLING-NEPAL (CMC-NEPAL)

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<https://www.youtube.com/c/CMCNepalmentalhealth>