CMC-Nepal
Community Mental Health and Psychosocial Support Programme

Annual Report

January – December 2021

Submitted to:
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Prepared by:
Centre for Mental Health and Counselling – Nepal (CMC – Nepal)
Thapathali, Kathmandu

Contact: PO Box 5295, Kathmandu, Nepal
Email: cmcnepal@mos.com.np
Website: www.cmcnepal.org.np
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Location of the project:

This project covers 15 (rural) municipalities of 4 districts from 2 provinces of Nepal as per listed below.

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, Lekhbesi, Panchapuri Municipality and Chingad Rural Municipality

Jajarkot: Bheri and Nalgad Municipality

Reporting year: 2021

Name of the project: Community Mental Health and Psychosocial Support Programme (CMHPSS)

Short description of project's current situation:

This is the final year of the sixth phase (2019-2021) of the Community Mental Health and Psychosocial Support Programme (CMHPSP), which was implemented in Udayapur, Okhaldhunga Surkhet and Jajarkot districts in funding support of 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. CMC-Nepal carried out external evaluation remotely of this phase in this reporting year and separate report has been also submitted to Tearfund Australia.

In this reporting period, 2nd wave of COVID-19 pandemic affected in implementation of project activities almost 4 months and CMC-Nepal again focussed COVID response activities this reporting year to the people with mental health problems, community people and health service providers. However, CMC-Nepal managed to implement most of the planned activities when the COVID-19 pandemic situation had less effect and Government of Nepal lifted lockdown and travel restriction from the end of 3rd quarter of this reporting period. The budget of some activities such as media orientation and community orientations were shifted to COVID response activities like supply of psychotropic medicines and Psychological First Aid (PFA) sessions to Self Help Groups (SHGs).

Like previous year, CMC-Nepal contributed to develop access of mental health and psychosocial service in 16 health facilities of 15 local level in this reporting year. It further strengthened the knowledge and skills of trained health workers through the supervision at field level and distance coaching, and also providing refresher training to the trained health workers of the project locations. The effect of COVID-19 pandemic situation at people's mental health wellbeing and its management was further added in the content of both refresher training and delivered accordingly. 3 medical officers and 10 paramedics received mhGAP refresher training and 4 medical officers and 9 paramedics received mhGAP basic training. 19 nurses and ANMs received refresher training in psychosocial counselling in this reporting period.

CMC-Nepal faced challenge to continue mental health and psychosocial service in this reporting year due to COVID pandemic situation and lock down in the whole country. Tele-psychiatry and tele-counselling service was arranged during COVID pandemic situation. At present, 23 health workers, including 6 medical officers are providing mental health service, whereas 21 Auxiliary Nurse Midwife (ANMs) and staff nurse are delivering psychosocial counselling service from 16 health facilities. ANM and staff nurse (non-prescribers) provided psychosocial counselling service to 366 clients (185 F & 37 M new and 94 F & 50 M old) and medical officers and health assistants (prescribers) provided mental health services to 3095 clients (1618 F & 868 M = 2486 new & 375 F & 234 M = 609 old) in this reporting period. In all these 16 health facilities, mental health and psychosocial service is integrated into the existing health care delivery system and is made available regularly. Psychotropic medicine is made available by the local and provincial as well as central level government in all 16 health facilities which covered 80% of total demand and remaining 20% demand was covered by CMC-Nepal supply system.

The follow-up of the service recipients (people with mental health problems) at health facilities have been increased significantly after the release of lockdown period and on-going awareness activities from another project of CMC-Nepal called 'GBV prevention and response project. The recovery of the people with mental health problems is increased from 75% to 85%. All the recovered cases, treated from the local health facilities have better mental health wellbeing and engaged in their daily activities. 15% people with mental health problems are still in the follow-ups at local health facilities.

CMC-Nepal continued collaboration with local government in implementation of the project activities and lobbied to include mental health into the health, education and other relevant policy and program and allocation of budget to reduce stigma associated with mental illness, continue mental health service and expand in other health facilities. The review meeting was continued in this reporting period. The elected representatives and government officials of the local level were further sensitized to include mental health component into the policy, program and budget of the local level and sustain mental health and psychosocial service. The (rural) municipality increased allocation of the budget to NPR 80,00,000 from NPR 53,25,000 in last year (33% increase) in mental health. The Manebhanjyang Rural Municipality of Okhaldhunga allocated budget and conducted mhGAP training for health workers of all health facilities of the Rural Municipality as well as mental health orientation to school teachers, community leaders and suicide prevention activities where CMC-Nepal provided technical support to conduct those events. Bheri Municipality of Jajarkot and Chingadh Rural Municipality of Surkhet conducted clinical supervision on mental health with their own budget and in technical support of CMC-Nepal. In this reporting year, most of the local level organized world mental health day and world suicide prevention day with their own budget. Chaudandigadhi, Katari, Rautamai, Belaka, Triyuga, Gurbhakot, Panchapuri, Lekhbesi, Chingadh and Bheri Municipality allocated the budget in a range of NPR 500,000-NPR 1,000,000.

Further, CMC – Nepal involved in reducing social stigma associated with mental illness through organizing orientations for the students, mother groups, Female Community Health Volunteer (FCHVs), people with mental health problems and their families and Disabled People Organization (DPO) members. More than 70% of total cases diagnosed at health facilities were referred by SHG members, community psychosocial workers (of GBV Prevention and Response Project), mother groups and FCHVs and school students & teachers. CMC-Nepal also involved in creating awareness in suicide prevention and continuously worked with the 14 schools of 6 (rural) municipalities of Surkhet and Jajarkot. COVID-19 situation had effect to further train and mobilize peer support groups of the students in suicide prevention, care and support. However, member of peer support group of 4 schools managed to increase awareness at community level in suicide prevention through

the street dramas. Further, the peer support group prevented two suicide cases and referred immediately for intervention.

CMC-Nepal continued right based approach in mental health and worked directly with the people with mental health problems and their families. CMC-Nepal also worked with the community people and duty bearers' i.e. local government and health facility and sensitized them on the rights of people with psychosocial disability and the responsibility of the duty bearers to protect and fulfil the rights as stipulated in the Disability Act of Nepal and Public Health Act. Two District Network of SHG were formed in Udayapur & Surkhet district and SHG District Network of Udayapur is registered in District Administration Office as a Non-Government Organization (NGO) in this reporting period. That mental health network was introduced and enlisted with all five local level of Udayapur districts and all the local government has offered to this network to submit the plan and budget during the planning process of next year.

The joint meetings among the Self-Help Group (SHG) members and members of Disabled People Organisations were also organized at (rural) municipality level to seek cooperation to work collectively on the psychosocial disability. CMC-Nepal also organized a three-days training to the network members of Udayapur on organizational and leadership development, local level planning process and action plan development. The chair of the National Federation of Disabled Network (NFDN) of Province no 1 was also invited in that event. Further, the forming of loose network in Surkhet was started in this reporting year.

On request of the Bagmati province health training centre, CMC-Nepal technically supported for 3 groups of 6 days mhGAP training in Kathmandu for medical officers and health assistants in this reporting year. CMC-Nepal provided technical support to conduct 6-days mhGAP training and orientation for FCHVs, teachers on basic mental health & psychosocial support training on request of Hatuwagadhi Rural Municipality of Khotang (SaMi project location) and Manebhanjyang Rural Municipality of Okhaldhunga. CMC-Nepal took lead role in the development of 6 months advance psychosocial counselling training packages (modules 1st, 2nd and 3rd and reference manual) and this package has been finally standardized in the leadership of government. Pilot testing training was conducted for CMC Nepal's counsellors and MHSWs successfully in this fiscal year and training certificate was also provided from National Health Training Centre (NHTC) of Ministry of Health and Population.

Reporting organisation: Centre for Mental Health and Counselling Nepal (CMC-Nepal)	Telephone & Fax: 977-1-4102037	Web: www. cmcnepal. org.np
Address: Thapathali, Kathmandu Post Box No: 5295	E-mail: cmcnepal@mos.com.np	Contact person: Ram Lal Shrestha Executive Director

Budget for the reporting period (NPR): 8,929,200.00	Amount spent during the reporting period (NPR): 8,437,805.5	Expenditure %: 94.5%

Section A. Context

1. Project Organisation(s)[1]

There are no changes in the programme strategy and its key activities during this reporting year. However, the modality of the project activities was changed from direct to virtual mode almost four months of this reporting year due to COVID-19 pandemic situation. One psychologist for 6 months was added for the covid response activities and mobilized for PFA and stress management to the health staff, SHG members and COVID affected person as well as their family members.

2. Project context

The constitution of Nepal has accepted mental health as an integral component of health and given constitutional right to free health service and equal access for such services as a basic human right. Public Health Act 2075 (2019) of Nepal has included mental health service into the free health services list and has brought the legal obligation to provide such service for the all Nepalese people. Human Right Act of the persons with psychosocial disability (2017), adopted a human rights-based approach aligned with UNCRPD and ensured the rights of health service, rehabilitation, social security, recreational to the persons with psychosocial disability as well. The recent health policy 2076 (2019) included mental health component as one of the sub-sectoral policy. The Ministry of Health and Population approved mental health strategy and plan of action (2020) and this is in implementation phase and MoHP also requested to the Ministry of Social Development or Ministry of Health and Population of all provinces to develop and implement mental health strategy and plan of action. All these above published legal frameworks, we can understand that mental health has been recognised as important public health issue in national legislation, policy and programs.

National Health Training Centre of MoHP developed 6 months advanced PS counselling training package, where CMC-Nepal leaded to develop package and this has been standardized and pilot testing completed for the participants of CMC-Nepal's project locations and its field level staff. The legal provision in the legislation and policy increases the accountability to the all layers of the government to increase the access of mental health and psychosocial service for residents living t local and provincial level. To contribute in the commitment of Government of Nepal, CMC-Nepal is supporting to develop human resources in mental health in the existing public health care system. CMC-Nepal provides training and clinical supervision and build the confidence in diagnosis and treatment of the people with mental health problems. Further, it has provided technical support in delivery of mhGAP training and basic psychosocial counselling training planned from the central, provincial and local government. CMC-Nepal is also closely working with the people with mental health problems and their families, SHGs, DPOs, community people and groups, students, teachers to bring positive changes in the behavior, attitude, relationship and policy towards people with mental health problems. Right-based approach in mental health has been inbuilt in the project and empowered the community level Self-Help Groups and SHG district network for self-advocacy for integration of mental health into the existing health care delivery system, make accountable to the government and other stakeholders on the rights of persons with psychosocial disability and inclusion of the persons with mental health problems in development initiatives.

[1]applicant organisation and any other organisation/institution playing a significant role in the project

The local government and provincial government are autonomous in policy formulation, strategy development, programming and budgeting. The both layers of government have started to include mental health into their programming and budget and they have worked with CMC-Nepal in partnership modality in cost sharing basis. CMC-Nepal is closely working with the local government and provided guidance to include mental health component in health and sanitation policy.

NFDN, Provincial Office is in place and functioning in all 7 provinces and CMC-Nepal has extended its collaboration in Karnali and Province 1 to work in the psychosocial disability. They are also expecting CMC-Nepal's support to increase awareness in mental health and psychosocial issues in the DPOs and NFDN provincial office itself. This has created a common understanding to work in the cross disability for the overall development of disability movement.

Section B. Implementation

3. Overview of implementation

This project was implemented based on the signed Memorandum of Understanding (MoU) among Ministry of Health and Population at central level, Ministry of Social Development at province level and Local Government at local level. One health facility was selected and developed as a referral health facility for mental health and psychosocial service. Project implementation was carried out based on the activity planning with targets and indicators stipulated in Result Matrix of the approved Project Document. There were two semi-annual review and planning meetings (first was in January and second in July) with all project staff and senior management team and this meeting reviewed the plan of preceding six months and prepared the plan of next six months. The draft version of activities plan was shared with the provincial and municipality level duty bearers and the right-holders. Review meeting and monitoring visit was organised in the project municipalities in the representation of central, province and local level and feedback from the stakeholders was considered in re-designing of the project activities and its continuous follow-up to bring the significant changes to the lives of the people with mental health and psychosocial problems. At central level, there is project directive committee and district level, project coordination committee exists.

CMC-Nepal has been following human right-based approach and closely working with the people with mental health problems, their families, community people and duty bearers to bring the positive change on behaviour, attitude, relationship and policy towards with the people with mental health problems. The MHSW are in close contact with the SHG and attends meeting of Self-Help Group (SHG), sensitize them about their basic human rights issues, legal provision guaranteed by the government in the legislation and polices related to mental health and disability and empower them to closely work with the community people and duty bearers for the promotion of mental health wellbeing and fulfilling the basic human rights such as health service, livelihood improvement, education, social benefits and inclusion. CMC-Nepal equally collaborates and sensitizes directly duty bearers to contribute in protecting basic human rights of the people with mental health problems.

4. Meeting objectives

4.1 Progress towards Project Impact

The expected impact of this project was 'the right to mental health and psychosocial wellbeing of the people of the project locations is protected'. A total of 3095 (2486 new and 609 old cases) people with mental health problems received mental health service in this reporting year from 16 health facilities. Around 85% people, who treated at local health facility from the trained health workers, have improved mental health and psychosocial wellbeing. Most of the treated people having depression and anxiety symptoms have been engaged in daily household activities and performing their routine jobs. 15% people, having mental health problems are in follow-up at health facilities and getting regular service from the trained health workers in the technical supervision of CMC-Nepal. 366 clients received psychosocial support and counselling at health facilities from the trained ANMs. Out of 366, 75% clients' psychosocial wellbeing have been improved as revealed from the feedback of family members and health workers who provided psychosocial support and counselling and observation made by the supervisor during supervision at health facility level.

Further, the rights to mental health service have been ensured through building the access of mental health and psychosocial services at community level, rights of the participation have been promoted through directly working with the people with mental health problems and their families through SHG. The rights of social service have been addressed through facilitating in order to get the disability cards for the people with psychosocial disability (people having schizophrenia, intellectual disability). 29 (2 Jajarkot, 8 Udayapur, 12 Surkhet & 7 Okhaldhunga) people with psychosocial disability received disability cards in this reporting year. The secretary of Sundarpur SHG is leading tailoring training centre in the ward organized by Municipality and secretary of Chaudandigadhi SHG is serving as veterinarian technician and his skills and quality of work is being appreciated by the community people.

This project has also aimed to bring the change on knowledge, attitude and practice of family members, community members, service providers and government policy makers in order to increase respect, protect and fulfil the rights of the people with psychosocial disability. CMC-Nepal worked directly with the people with mental health problems and their families, community people, local health facility, local and provincial government to ensure their fundamental rights to health, education, participation, social inclusion and social benefits.

The regular interaction meeting with SHG, awareness raising activities and campaigns at individual and group, sensitization meetings with duty bearers and the home-visit of the people with mental health problems have brought positive changes in the behaviour, attitude and relationship of the family members, community people and duty bearers. The awareness and advocacy at local level has significantly brought positive changes in reducing social stigma and increasing participation of the people with mental health problems in the community groups and development activities. The local government have accepted them as right holders and increased support in protecting and fulfilling the rights of the people with psychosocial disability. There is increasingly visible impact on policies or practices at local, provincial and national level towards moving in integration of mental health into the existing health care delivery system in this reporting year. The central government is activity involved in planning, implementation and monitoring of the mental health activities throughout the country. Karnali Province also implemented community mental health activities in Rukum and Jajarkot districts, supplied psychotropic medicine in the project districts of CMC-Nepal. Manebhanjyang Rural Municipality of Okhaldhunga also implemented such program. Sudurpachhim Province conducted mhGAP training for health assistants from their own budget for health workers of 9 districts. The central government allocated NPR 5 million budget for the procurement of psychotropic medicines and budget is released in all provinces.

As part fulfilling the rights of the people with psychosocial disability, CMC-Nepal worked to engage them in livelihood activities and generate income for their livelihood and education of the children. The livelihood support is received by 40 females and 43 males through the SHG members. Around two-third of total 83, have been engaged in goat farming and remaining have been engaged in tailoring, seasonal vegetable farming and small shop as well. The livelihood support provided to the people with mental health problems, not only engaged them in the work, but also generated income for household activities.

To provide immediate response to the covid affected people and families, CMC-Nepal recruited additional human resource and provided psychological first aid to bring them in normal situation. The MHSW are also providing PFA and psychosocial counselling from telephone as well as face to face mode depending upon the security situation. Further, stress management sessions were also provided to the front-line health workers and representatives of local level.

4.2 Progress towards Project Outcome

Outcome 1: Community people have increased access to mental health and psychosocial service at local level

The project intends to increase the access of mental health and psychosocial service in 16 health facilities of 15 (rural) municipalities. Out of 16 health facilities, 15 health facilities performed well in line with WHO's mental health strategies for the middle- and low-income countries. Both mental health and psychosocial service is integrated into the existing health care delivery system and provided for the needy which, which is cost effective, affordable and appropriate. A total of 3095 (2486 new and 609 old cases) people with mental health problems received mental health service in this reporting year from 16 health facilities. Further, 366 people received direct service from the psychiatrist during clinical supervision and this also provided opportunity to the trained health workers to jointly examine people with mental health problems with the psychiatrist, which increased the confidence of health workers in diagnosis and management of mental health problems.

A total of 3 medical officers and 10 paramedics (prescribers) of Okhaldhunga, Surkhet, Jajarkot and Udayapur districts received refresher training in mhGAP and 4 medical officers and 9 paramedics received basic mhGAP training. The average percentage of pre-tests of basic mental health training was 42%_whereas post-test score in refresher training was increased to 89%. 23 trained health workers (3 medical officers and 20 paramedics) received supervision inputs from psychiatrist and mental health supervisor during mental health clinical supervision. There is at least one prescriber (medical officer and paramedics) and non-prescriber (staff nurse and ANM) in each health facility, who provides mental health and psychosocial counselling service. At present, there is 6 trained medical officers and 17 paramedics, who is providing mental health service from the existing health care delivery system[2]. After the basic training, mental health clinical supervision inputs, distance coaching and refresher training, the trained health worker's capacity in case management is increased by 65%.

A total of 19 staff nurse and ANM of Okhaldhunga, Udayapur, Surkhet & Jajarkot received refresher training knowledge and skills in psychosocial support and counselling. 20 trained nurses and ANMs benefited from the direct coaching and support from CMC-Nepal's mental health coordinator. 49 persons with psychosocial problems received direct counselling support during supervision.

The management of the psychotropic medicine is also integral component of building access of mental health and psychosocial service. 12 local government (LG) have managed almost 80% medicine of the total demand in respective 11 health facilities through local purchase, district and province as well as central supply of psychotropic medicines and around 20% medicines prescribed by external psychiatrists are 2nd and 3rd line medicines which are not allowed to buy by government. 3 LG managed 70-75% medicine through the central and district supply of medicine, however, the (rural) municipalities of Okhaldhunga, still haven't taken initiation to manage the psychotropic medicine from the local level. The central and provincial (Karnali Province) government also supplied psychotropic medicine in this year, which almost covered 80-90% of total demand for the 3095 people with mental health problems (including local and provincial supply). CMC-Nepal purchased around 10-20% medicine of total demand for 15 LGs to fulfill the gap as stated above and distributed to the people with mental health problems through health facility. Further, such medicines were also supplied in COVID-19 pandemic situation.

[2]Due to the transfer of health workers, # of prescribers who practice is less in compare to the training and supervision received

Outcome 2: The people with mental health problems and their families are able to work with communities and network with local government and DPOs to respect, protect and fulfilling their rights

This project further works for the empowerment of people with mental health problems and their family and make them able to work with the communities, local government and DPOs to respect, protect and fulfill their rights.

The awareness program conducted for the FCHV, traditional healers, mother groups, students, teachers, people with mental health problems and their families and DPO contributed not only reducing stigma associated with mental illness but also increased referrals of people with mental health problems at health facilities. Around 70% people with mental health problems have been referred at health facilities for the mental health treatment through the effects of awareness program conducted for the above groups. The regular interactions with people with mental health problems and their families contributed reaching out to the people living with mental health problems and psychosocial disabilities and their care takers & family members thus supported to increase the care and support towards people with mental health problems.

Further, there are improved awareness in behaviour, attitude and relationship of family members, community members and duty bearers towards people with mental health problems. The orientation and interaction with different community groups, local government, health workers, people, have supported to reduce the stigma against mental illness. The Mental Health Self Help Groups actively involved in creating mental health awareness at community level and referrals of the people with mental health problems to the health facilities for the service and advocacy at local level to ensure the rights of health service, education, employment opportunity, participation and social inclusion. Even, they involved to save the lives of people who had the suicidal thoughts and brought them in the health facility for the treatment and linkages to the MHSW for the psychosocial counselling. A total of 29 people with psychosocial disability received disability card and they are linked to social security in this reporting year.

Suicide prevention program is conducted in 14 secondary schools of 6 (rural) municipalities of Surkhet and Jajarkot. 196 students (girls 101 and boys 95) and 477 community members received further knowledge on suicide prevention, care and support through peer groups. There was 2 suicide reported cases referred to hospital by the students from the working schools of the project locations of Surkhet and Jajarkot in this year.

Two new District network SHG were formed in the Udayapur and Surkhet in this reporting period and Udayapur district network is registered as a Non-Government Organization (NGO). The old 12 SHGs conducted lobbying meeting with the local government and submitted the plans to include in the program and budget of annual planning of local government. 10 SHGs prepared action plan and was submitted to the local government for the budget to implement the action plan Mental Health Social Workers (MHSW) attended monthly meetings and facilitated to prepare plan of actions of each SHGs and support them to execute those actions to fulfil their rights as other people. Murkuchi SHG completed 100% activities (celebrated WMHD with collaboration with the DPOs with the financial support of Rautamai Rural Municipality, financial support provided to group members as revolving basis for 7 persons, monthly SHGs meetings etc.). Belaka SHGs completely 90% of planned activities such as lobby with municipality for psychotropic medicines, regular meetings, home visits etc. Chaudandigadhi SHG also completed 80% of their activities which they had planned such as home visits, meetings, lobby with wards. The ward office provided meeting hall for the SHG.

CMC-Nepal provided training to 14 SHGs (including district network) in right based approach in mental health, realizing their rights, organizational management, preparing actions, linkages, resource mapping and its mobilization etc. in this reporting year and groups members were backstopped in the above agendas during visit of MHSW in the group meetings. As per our internal observation performed by the SHGs. 6 SHGs from Udayapur and 4 SHGs from Surkhet seems independent and 2 Jajarkot SHGs needs regular support from CMC Nepal.

Outcome 3: Government of Nepal upscale community based mental health program at national, province and local level

CMC-Nepal closely worked with all three layers of the government i.e at federal, provincial and local level, sensitized and lobbied with them to incorporate mental health into the existing health care delivery system. The public health act (2019) made accountable to the provincial and local government to provide mental health service in free of cost for the all Nepalese people and further ensure other fundamental rights to the people with psychosocial disabilities as other people. Chingad RM, Panchapuri Municipality, Gurbhakot Municipality and Bheri Municipality have included mental health in under the health policy and allocating budget for implementation of the policy related to mental health. The constant advocacy from the CMC-Nepal and local Self-Help Group, 14 local government of the project location has included mental health program into their annual planning and increasingly allocated the budget in mental health sector. The details of budget allocation is given below.

S.No	Name of Municipality	Budget allocation in year 2021-22 (Rs)	Activities where budget is allocated
1	Rautamai Rural Municipality, Udayapur	500,000	Mental health day, Suicide prevention day celebration, mental health service strengthening, awareness raising activities. Medicine support & Psychosocial support training for ANMs.
2	Chaudandigahi Municipality, Udayapur	10,00,000	Mental health service expansion in other health post, medicine support and psychosocial support for COVID hospital.
3	Belaka Municipality, Udayapur	10,00,000	Psychosocial support in isolation, quarantines and door to door support. Medicine support and SHG meeting support.
4	Katari Municipality, Udayapur	22,00,000	School mental health activities including suicide prevention, medicine support.
5	Triyuga Municipality, Udayapur	0	
6	Siddicharan Municipality, Okhaldhunga	400,000	Mental health & Suicide prevention awareness activity
7	Manebhangyang Rural Muncipality, Okhaldhunga	500,000	Suicide prevention activity and awareness activity

8	Molung Rural Muncipality, Okhaldhunga	200,000	Mental health awareness activities
9	Chisangkhugadi Rural Muncipality, Okhaldhunga	100,000	Mental health awareness activities
10	Gurbhakot Municipality, Surkhet	250,000	Mental health awareness activities and psychotropic medicine
11	Panchapuri Municipality, Surkhet	200,000	Mental health awareness activities and psychotropic medicine
12	Lekbesi Municipality, Surkhet	150,000	Mental health awareness activities and psychotropic medicine
13	Chingad Rural Municipality, Surkhet	500,000	Mental health awareness activities and psychotropic medicine
14	Bheri Municipality, Jajarkot	500,000	MHSW salary, travel and awareness activities, mental health supervision
15	Nalgad Municipality, Jajarkot	500,000	MHSW salary, travel and awareness activities, mental health supervision
	Total	**80,00,000**	

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3 Outputs – Activities – Indicators-Targets

The planned activities and the actual progress for the period of January – December 2021 and indicative results are given in the table.

WHAT WAS SCHEDULED	INDICATORS for 2021	TARGET for 2021	ACTUAL PROGRESS MADE	EXPLANATION /COMMENTS
OUTCOME 1 Community people have increased access to mental health and psychosocial service				
Output 1.1 The government health workers have increased capacity to address mental health and psychosocial needs of the people				
Activities to achieve output 1.1				
Activity 1.1.1 Train government health workers, including medical officers in mental health	4 medical officer and 12 paramedics receive additional knowledge and skills in mental health through the refresher training and mental health clinical supervision	4-events of clinical supervision (2 from psychiatrist and 2 from mental health coordinator) for medical officers and paramedics conducted in each health facilities One event of 3-days refresher training	4-events of clinical supervision in Udayapur and Okhaldhunga and 2 events of clinical supervision in Surkhet and Jajarkot were conducted at health facility level where 3 trained medical officers and 20 paramedics received additional knowledge and skills from psychiatrist in case management. 1 event of clinical supervision in Jajarkot & Surkhet conducted through Palika budget. 2 events of virtual clinical supervision in Udayapur and Okhaldhunga and 1 event of supervision in Surkhet and Jajarkot conducted during lockdown situation. 3 medical officers and 10 paramedics (13 prescribers) received 3-days mhGAP refresher training and 4 medical officers	Bagmati Province Health Training Centre organised 3 events of mhGAP trainings, Manebhanjyang Rural Municipality of Okhaldhunga organized one event of mhGAP training from their own resources. In all 4 events of the training, CMC-Nepal provided technical support in organizing that training. 984 (new 470 and old 514) people with mental health problems received direct service from the consultant psychiatrist, where trained health workers also received wide range of opportunity to learn more about differential diagnosis and management.

		One event of mental health orientation in each health facility (total 16 events)	and 9 paramedics (13 prescribers) received 6 days mhGAP training 10 medical officers and 6 health workers of Mehelkuna hospital received one event of CME	1088 new & 1561 follow-up patients received mental health service from 16 health facilities.
Activity 1.1.2 Train staff nurse, Auxiliary Nurse Midwife (ANMs) and social workers in psychosocial support and counseling	16 government nurse/ANMs effectively provide basic psychosocial support to the people having psychosocial problems and refer internal or higher-level service facility if needed	3 events of psychosocial supervision to trained health workers by CMC's supervisor 4 events of psychosocial supportive supervision by MHSWs One event of refresher training in psychosocial counselling	2 events of direct and 2 events virtual supervision in psychosocial counselling conducted and 20 trained ANM benefited 2 events of supervision conducted by MHSW in Udayapur, Okhaldhunga, Surkhet & Jajarkot 19 staff nurse/ANM received a 3-days refresher training in psychosocial counselling training	210 persons with psychosocial problems received direct counselling support during supervision. .
Output 1.2 Mental health and psychosocial support service is developed in government health facilities in program areas				
Activities to achieve result 1.2				
Activity 1.2.3	# of health facilities receive psychotropic medicine	16 health facilities	Psychotropic medicines were supplied to 16 health facilities when the COVID	12 health facilities managed almost 90% psychotropic

Supply of psychotropic medicine		(5% of total demand)	pandemic was started and government did not manage to continue supply of psychotropic medicine. Further, CMC-Nepal supplied medicine in 4 health facilities as explained above.	medicine; 4 health facilities managed 60-70% of total demand. Mostly, the federal and provincial government supplied the medicine to the health facility
OUTCOME 2 The people with mental health problems and their families are able to work with communities and network with local government and DPOs to respect, protect and fulfilling their rights				
Output 2.1 Communities have improved understanding to respect, protect and fulfilling the rights of the people with psychosocial disabilities				
Activities to achieve Result 2.1				
Activity 2.1.2 Interaction among the people with psychosocial disabilities, community representative, service providers and local government on mental health issues and social stigma	# of interaction (events) among the persons with psychosocial disabilities and other community people	One in each municipality 320 persons with psychosocial disability, service providers, local government representatives participate	3 events of interaction meeting among the persons with psychosocial disabilities and other community people conducted in Udayapur, where 62 people attended this meeting	COVID impacted to conduct field-based activities up to four months, later we had time limit for other activities and data collection for evaluation
Activity 2.1.3 Training with journalists in mental health issues in orders to bring such issues in media	# of radio journalists receive training in mental health issues	40	This budget was shifted to COVID response activities and approval was obtained from Tearfund Australia	
Output 2.2 Family members, close friends and communities have improved understanding to prevent suicide and provide care and support to those who are in need.				

Activities to achieve result 2.2				
Activity 2.2.1 Orientation at family, school, local CBOs and service providers in suicide prevention, cure and support	# of persons of the community oriented on suicide prevention, care and support	500 students, teachers, family members, members of local CBOs	935 students and community members from 14 schools and community of Surkhet and Jajarkot received orientation on suicide prevention, care and support. 7 events conducted in school (Okhaldhunga) for 365 students, further organized one events for the people with mental health problems and family members (36 participations)	In okhaldhunga local level organized the events with the budget for suicide prevention activities and CMC-Nepal supported for these events.
Activity 2.2.2 Conduct group sessions to the peer groups to find out early signs of suicide risk and respond on time to prevent suicide, care and support	# of sessions delivered to peer support group	4 group sessions in 14 schools	14 events of orientation for peer support groups conducted in Surkhet & Jajarkot and mobilized them in preventing suicide campaigns through street drama at school and community level where 70 students from peer support groups involved in this activity.	Over 4000 community people received the suicide prevention message through drama and flex board.
Output 2.3 SHG are formed and advocates for their rights guaranteed by policy and legislation related to Mental health and Disability				
Activities to achieve result 2.3				
Activity 2.3.1 Formation and support for functioning SHGs	13 community level SHG, 2 district level and 1 province level network of SHG will receive regular support in self-advocacy, leadership and organizational management.	13 self-help groups will receive regular support, 2 district level network will be formed	12 SHGs received support from MHSW for sustaining the SHG activities. 1 district level network in Udayapur is registered in district administration office as a NGO and 1 district level network formed in Surkhet.	Surkhet district network SHG formed with combination ICMHP working areas too, implemented in funding support of CBM Australia.
Activity 2.3.3 Livelihood and psychotropic medicine	At least 20 people with psychosocial disability will be benefited from the	20 people	83 SHGs group members received livelihood support in this reporting period	All the SHGs have been engaged in small scale livelihood activities from the

support for poor and chronic people with mental health problems	livelihood support conducted within the 2 SHGs. The livelihood initiatives will support them for their quick recovery and reducing the stigma associated with mental illness.			seed money provided to the SHG. 70 SHGs members have been already enrolled in livelihood support activities
Output 2.4 SHGs members are linked with DPOs to ensure their rights and regular functioning of SHGs				
Activities to achieve result 2.4				
Activity 2.4.1 Joint meeting/interaction among DPOs and SHGs for the actions to ensure the rights	250 representatives of Palika level SHG and DPOs members meets once jointly in a year and take action collectively to ensure the rights of the people with psychosocial disabilities.	1 event in each health facility	3 joint meetings were conducted in Bheri, Panchapuri and Chingadh with DPOs and SHG regarding ensure of rights of the psychosocial disabilities where 112 participants attended.	We managed to conduct the meetings in 3 places.
OUTCOME 3 Government of Nepal upscale community based mental health program at national, province and local level				
Output 3.1 CMC-Nepal has increased collaboration with the Government of Nepal (federal and provincial) to formulate and endorse mental health policy/act in the spirit of UNCRPD				
Activities to achieve results 3.1				
Activity 3.1.1. Organizing regular meetings with the federal and provincial health authorities and other related stakeholders	There will be at least two meeting at provincial level and that will help to increase cooperation in project implementation. The government will take actions to mainstream mental health into the existing health care delivery system	1 meeting at provincial and 1 meeting at federal level	1-event of meeting conducted in Province 1 with health division of Ministry of Social Development	11 stakeholders attended

Activity 3.1.2 Joint project monitoring from federal, provincial and local level to integrate best practice into Municipality level planning and budgeting	At least one joint monitoring visit will be organized, that will help to increase better understanding on the need of integration of mental health into the existing health care delivery system.	1 joint monitoring visit	Not achieved	It was difficult to manage the time of provincial and central level health authorities.
Output 3.2 CMC-Nepal has strengthened partnership at local level to plan, implement, monitoring and upscale community mental health program				
Activities to achieve output 3.2				
3.2.3 Review and reflection with the local elected bodies and concerned authorities of Local Level	160 municipalities elected members, government officials and right holders understand mental health issues and cooperate in project implementation.	1 event of review meetings at local level (total 15 events)	9 events of review meetings (Katari, Chaudandigadhi, Belaka, Rauta, Chisankhugadhi, Manebhanjyang, Lekbesi, Gurbhakot and Panchapuri) were conducted in Udayapur and Okhaldhunga with palika members where 163 local level representatives, government officials and SHG members attended meeting.	Manebhanjyang, Katari & Rauta municipality added the budget for mhGAP training for their health workers, Chisankhugadhi municipality added budget for mental health orientation for health workers and Belaka added budget for all ward to mobilize SHG.
Project Monitoring and Evaluation				
4.1.1 Review and planning meeting within project team and financial partners	Review and planning meeting conduct among project staffs and financial partner	2-events of meeting will conduct among project staffs	2-events of review and planning meeting was conducted where the project team shared progress, learning and challenges and developed the plan together for next six month.	
4.1.2 Monitoring of the project activities	# of monitoring visit conducts by M/E officer	1 event	M/E officer conducted one event of monitoring visit-	
4.1.3 Endline Information Collection	Midline information as stipulated in the project proposal will be collected and used to measure the	1 time	This has been cancelled considering the short period of project (3 years) and was also agreed by Tearfund Australia	

	outcome/impact at the end of year or project period.			
External Evaluation	# of external evaluation conducted	One event	One event of remote external evaluation conducted	Final report received and submitted to Tearfund Australia.

4.3 Rights-holders and duty-bearers / beneficiaries

Type of rights-holder and duty-bearer / beneficiary	New since the previous report	Those continuing from the previous reporting period	Total for the reporting period*	Total since the beginning of the project (cumulative)
TOTAL	**4481**	**3483**	**7964**	**22013**

*Total for the reporting period includes:	F	M	How did they participate?
A. **Girls**	**1007**		Girls participate in the group activities in mental health orientation, self-care and prevention, suicide prevention, care and support. They are good carrier of mental health information in the community and referring their family members at health facilities for the treatment of mental health and psychosocial problems.
B. **Women**	**3912**		Women participate in interaction, awareness campaigns, refer the cases at health facilities and women are leading SHGs as well.
C. **Persons with disabilities**	**261**	**178**	The people with physical disability and blind is also participating in project activities. The project is trying to bring people with mental health problems and physical and other forms of disability together and they are coming out to visible and raising their voice to promote mental health and disability movement. The also participate in the joint meeting with the SHGs and local government and creating awareness of in different types of disability and social benefits.
D. **People living with hiv and aids**	**NA**	**NA**	We do not have disaggregated data of people living with hiv and aids.
E. **Indigenous peoples and ethnic minorities**	**1778**	**1111**	They participate in awareness-raising and advocacy at local level. 34% beneficiaries are from indigenous and ethnic minorities communities
F. **Dalit**	**1030**	**584**	20% beneficiaries are from the dalit communities
G. **Other (Brahmin, Cheetri and Others):**	**2111**	**1350**	44% beneficiaries are from higher caste communities

5. Project management

5.1 Roles and responsibilities

Program is managed as per the project organogram presented with the project plan. However, there are few changes in staffing structure and responsibility. The psychosocial coordinator is no longer appointed in the program since September 2020 and the responsibility of psychosocial component is also given to the mental health coordinator after resignation of psychosocial coordinator. MHSW was made responsible for the local level coordination, empowering SHGs, providing psychosocial support service and reporting of the project activities of the districts. The mental health coordinator was involved for training and supervision of the prescribers and non-prescribers and building capacity of MHSW in mental health, psychosocial approach and right-based in mental health. Executive director and outsourcing resource persons were also engaged in capacity building of district level network of self-help group. Monthly team meetings, quarterly review meeting and half-yearly review meeting was inbuilt in the project which helped to discuss plan, share progress and review the achievement of the project activities. Monitoring and evaluation officer continued 20% time in community mental health and psychosocial support program was engaged in monitoring of the project activities and data management.

This program is being implemented in partnership with the local government. Local government have been involved in review and planning, monitoring, and upscaling mental health and psychosocial service in other health facilities of the local level. The health coordinator of the respective (rural) municipalities played a key role and involved in such activities explained above. The representatives of SHGs have been also involved in planning of group activities and project evaluation and engaged in awareness campaigns, seeking mutual support with the DPOs to promote mental health and lobby with the local level for addressing mental health and psychosocial needs of the people with the mental health problems.

5.2 Cooperation and coordination with other organisations / institutions in the area

CMC-Nepal also extended coordination with the DPOs and NFDN Provincial Office of Karnali and Province No 1 to increase awareness in psychosocial disability within the DPOs and jointly advocate with the local and provincial government to advocate for the implementation of the rights guaranteed by the legislation related to mental health and disability. Further, their support was undertaken to increase awareness of SHGs in overall disability issues and empower in self-advocacy.

6. Finance Report

The total expenditure of the project was NPR 8,437,805.50 (excluding covid response project) in this reporting year. CMC-Nepal has received the funds on time in quarterly basis and the total fund received from Tearfund Australia is NPR 8,655,601.55. This project received NPR 32,030 from CMC-Nepal as an organization contribution and earned local income NPR 60,000. CMC-Nepal has utilized 94.5% of total budget available in this year and the closing balance of the year 2021 is NPR NPR 397,425.61. This balance will be utilized in year 2022 for strengthening mental health and psychosocial service in the government health system.

The updated List of Staff showing the names, titles and Tearfund Australia's sharing of funding of the total personnel cost of each person is given in annex- 1.

7. Updated Risk Assessment

Type of risk	A. Likelihood 1-not likely 2-low, 3-medium, 4-considerable 5-high	B. Impact 1-no impact, 2-low, 3-medium, 4-considerable 5-high	Total (AxB)	**What are the risks? Describe.** Also, comment on the numbers given.
A. Project Internal Risks:				
Project implementation and quality of work[3]	4	3	12	COVID 19 pandemic impacted activity implementation and that situation restricted field visit plan and provided less time to support trained health workers and SHG members, however distance supervision and support was provided to intended beneficiaries. The plan was revised considering the effect of covid situation. Some of the project activities were delayed and some activities budgets were diverted for the covid response and final evaluation.
Project management [4]	2	2	4	Planning, implementation, monitoring and reporting is followed as per plan. Coordination at local, provincial and central level was maintained. No significant risk has been observed.
Organizational administration and culture[5]	2	2	4	COVID-19 pandemic situation restricted to conduct face to face review meeting with the project team members and that limited live discussions. However, regular meeting was continued and sharing culture was developed.
Financial administration[6]	2	2	4	E-copy of supporting documents was collected during covid pandemic situation and that impacted in verification of the documents and figure in some cases
Resources[7]	1	1	1	Project staffs are comparatively well equipped with necessary materials, including computer and travel

[3]Incl. sustainability of results, targeting the vulnerable, participation, equality of opportunity, relevance, skills and expertise, not increasing workload of beneficiaries, not causing dependency, coordination etc.
[4]Incl. planning, monitoring, evaluating, learning, meeting deadlines etc.
[5]Incl. decision-making, transparency, participation, equality, learning organization, making adjustments to plans, cultural and conflict sensitivity resolving conflicts etc.
[6]Incl. transparency, accuracy, documentation, segregation of duties etc.
[7]Incl. all financial support, staffing levels, equipment and assets, time, facilities etc.

				mechanisms. There is no specific risks and impact observed.
Action to prevent or mitigate future risks? (Must be filled for all issues that amount up 6 or more in total risk level): In order to mitigate the risk and its impact given above under the project implementation and quality of work, CMC Nepal followed virtual supervision to the trained health workers in providing quality mental health and psychosocial service to the people with mental health problems and ensured regular supply of psychotropic medicine. Further, CMC-Nepal regularly contacted to SHG leaders and guided them to continue meetings and advocacy events at local level.				
B. Project External Risks:				
Political situation,	2	1	2	There was no significant risk observed while working with (rural) municipalities in this reporting period.
Status of the civil society / church organizations	1	1	1	There is no significant risk and impact observed.
Changes in legislation, or requirements of registration, permits etc.	1	1	1	There is significant and impact observed in legislation and requirements of registration/renewal.
Financial /Global fiscal situation	2	1	2	There was risk no significant risk observed in project in the management of the funds.
Physical environment and climate	2	1	2	There was no significant risks and impact observed at project beneficiaries due to effects of physical environment and climate change effect.
Other related actors and stakeholders	1	1	1	There was no risk observed working with the rights holders and duty bearers.
Action to prevent or mitigate future risks? (Must be filled for all issues that amount up to 6 or more in total risk level):				

8. Sustainability

Areas of sustainability	How is it ensured in the project? What are the main challenges? What should be done differently to overcome these challenges? What changed during the reporting year?
Economic/financial	This program aims to promote mental health wellbeing for all community people, with primary focus to the people with mental health problems and their families. The recovery of the people with mental health problems is increased from 75% to 85%. All the recovered cases, treated from the local health facilities have better mental health wellbeing. Most of the treated people have been engaged in daily household activities. Psychotropic drugs are managed by the local, provincial and federal government. Mental health and psychosocial service is available in local facilities and the people with mental health problems are treated at local level. All these resources and availability of service at local level has contributed to reduce the economic burden caused by mental health problems. 83 people with mental health problems and their families received livelihood support in this year and they all have been engaged in income generating activities, including 70 SHG members who received such support in last year. The involvement of family members in daily activities and livelihood activities supported to regain of economic performance and thereby contributed for the economic sustainability at individual and family level. 12 local government (LG) have managed almost 80% medicine of the total demand in respective 11 health facilities through local purchase, district and province as well as central supply of psychotropic medicines. 3 LG managed 70-75% medicine through the central and district supply of medicine. The central and provincial (Karnali Province) government also supplied psychotropic medicine in this year, which almost covered 80-90% of total demand. The increasing trends of the supply of the psychotropic medicine from the local, provincial and federal level has reduced the burden of purchasing of the medicine by the people with mental health problems and their family members.
Institutional	The health workers working in government health facilities have been capacitated through training, regular clinical backstopping and distance supervision. At least two prescribers and one non-prescriber from each facility is developed to provide mental health and psychosocial counselling service. As explained above in 4.2 Progress towards Project Outcome, all 15 (rural) municipalities have allocated NPR 100000-22,00,000 budget to implement the project activities and further upscaled mental health and psychosocial counselling service in other health facilities of the local level. Further, four local government have included mental health into health policy. (for detail see chapter 4.2). Further, the Ministry of Social Development of Karnali Province is also giving priority in expanding mental health service, with allocation of budget in training, awareness campaigns and supply of psychotropic medicines.

Socio-cultural	The interaction conducted at family, community and duty bearers' level has brought positive changes on the behaviours, attitude and relationship of the family members, community people and duty bearers towards people with mental health problems. The service seeking attitude from the individual and families is increased and thereby the referrals of the people with mental health problems is increased to 70%. People with the mental health problems and their families have attended regular meeting of the SHG, work mental health day, suicide prevention day and disability day etc. There is culture of sharing and listening others established among the people with mental health problems, community people and duty bearers. The change in attitude and supporting behaviour has contributed to reduce social stigma associated with mental illness. There is increased cooperation from the family members and community in treatment, care and support of the people with mental health problems. The leaders of SHG has been recognized by the health facility and local level and support has been provided to the SHG Trained health workers, FCHVs, mother groups, teacher, students and stable mental health survivors have increasingly involved in promotion of mental health well-being and prevention of mental health problems in the community. The school students have started to speak out mental health problems and the adolescents' girls and boys of the peer support groups have been engaged in conducting suicide prevention events at community level. The social mobilisation approach in mental health is proved supportive to help people with mental health problems and their families and community to stand in solidarity to raise the voice for the rights and inclusion of persons with mental health problems into the development initiatives. The social mobilization approach has included social and cultural values to work with local communities to establish the ownership and sense of responsibilities in sustaining mental health services.
Environmental	This program does not directly address the environmental issues but closely works with the health workers and SHGs and sensitize them about the less use of plastic, compost manuring and protecting nature.
Political/legal	The regular interaction and involvement of elected representatives and government officials, along with the health coordinators of the local level in the project monitoring and review meeting has created positive impact in in sustaining mental health and psychosocial service. The need of programmatic approach at local level is increased and included mental health components into the programs and budgets in most of the (rural) municipalities.

9. Challenges in Project Implementation

CMC-Nepal faced challenge this year also due to the 2nd wave of the covid pandemic and that affected to implement the project activities as planned. The training and direct supervision activities was delayed and mode of supervision was changed from direct to virtual. The covid also impacted in regular follow-up of the people with mental health problems at health facilities and supply of psychotropic drugs. CMC-Nepal conducted refresher training of both prescribers and non-prescriber in November 2021, then it contributed to run mental health and psychosocial service effectively. Further, CMC-Nepal provided psychotropic drugs in covid pandemic situation that prevented drop-out of the people with mental health problems.

In Surkhet, Jajarkot, Udayapur & Okhaldhunga districts, CMC-Nepal is visibly recognized and its expertise in mental health and psychosocial counselling has been acknowledged. CMC-Nepal received request from the provincial government (Karnali Province), district health office as well as local level for the management of mental health problems, suicide prevention, COVID response activities such as stress management sessions for health staff as well as PFA support in isolation centres, mhGAP trainings, mental health supervision and camp, teacher's trainings with non- project district also. CMC-Nepal, somehow is managing those requests through sending its staff for technical support to conduct stress management and PFA sessions, mhGAP training & clinical supervision but long-run it is almost not possible to address their all demand with the limited human resources. To mitigate this challenge, CMC Nepal hired a psychiatrist and psychologist for the covid response activity separately for Karnali Province and psychiatrist as required. ICMHP project, funded by CBM also hired one psychologist to mitigate these challenges in Karnali province. Two psychologists worked in CMC-Nepal project locations as well as addressed provincial request in covid-19 pandemic situation.

There was also challenges of frequent transfer of the health workers, that impacted regular service to the persons with the mental health problems. CMC-Nepal again trained new health workers and supported to the health facility to continue mental health service.

Section C. Monitoring and Evaluation

10. Project Monitoring

As usual, project monitoring was conducted at three different levels i.e. activity, outcome and impact level. Activity level monitoring was conducted in quarterly basis whereas outcome level monitoring was conducted semi-annual and annual basis and impact level monitoring was conducted in annual basis. A joint monitoring for outcome and impact monitoring was conducted with representation Ministry of Social Development of Karnali Province, local level duty bearers, concerned right holders and CMC-Nepal. The executive committee members were also involved in project monitoring at field level.

Monitoring and evaluation officer involved in activity level project monitoring with following Monitoring and Evaluation Plan. Further, the mental health coordinator was involved outcome level project monitoring and executive director and members of the executive committee was also involved in impact level project monitoring. Monitoring report from team/person involved was collected and shared to the project team members. Based on the feedback, the concerned mental health coordinator and senior management has taken necessary actions to address the issues highlighted by monitoring team.

Data regarding persons who received mental health and psychosocial service is collected in every three months by MHSW in technical guidance of the mental health coordinator. The collected data is further reviewed by M/E officer. Register is provided to each health facilities to record the clients who received mental health and psychosocial service. Data is disaggregated as age, gender, ethnicity and diagnoses. Data information was documented and compiled then stored in excel for retrieval of data as required.

Semi-annual plan of action was prepared based on the result matrix and annual plan presented in the project document and planning meeting organised in January and July 2021. Based on the activity plan, mental health coordinator and M/E officer monitored the progress from analysing the quarterly report submitted by MHSWs. There was practice of organising quarterly review meeting at project level, where we monitored the progress and financial situation of the project and documented the progress and prepare further plan if targets by that were not achieved. The financial report is prepared in quarterly basis and submitted to the financial partner. Likewise, CMC-Nepal also prepared progress report in semi-annual and annual basis and submitted to financial partners.

The information from the monitoring is used to evaluate the effectiveness of project activities and its impact at duty-bearers and right-holders. The learning from the project monitoring is capitalized in revision of project planning, strategy and overall project management to make the program more effective.

11. Reviews and Evaluations

CMC-Nepal carried out external evaluation of sixth phase of CMHPSP remotely by Jeph Mathias in Sep-Nov 2021. The evaluation report highlighted that the mental health system of Nepal has been changed where CMC-Nepal is working. The project has contributed to become more inclusive, respectful, allocating more resources and better at treating mentally unwell people. This evaluation is strongly validated CMC-Nepal's approach to mental health in Nepal and suggesting to implement in other parts of Nepal as well as continue in current project locations focusing on implementing and stimulating change but also becoming a catalyst for self-sustaining change. The evaluation further suggesting to broaden the work geographically by working in new areas and increasing quality and depth of change in the existing areas and with existing partners

Section D. Lessons learned & future plans

11. Lessons learned

The main lesson learning during the reporting year was as follows.

- The regular coordination with health, education & women section in the local level and their engagement in project activities and review meetings help to include mental health into regular program and budget of the local level as well as in integration of mental health into the regular activities of health, education and women and children.

- Virtual mode of supervision is also effective during the COVID pandemic situation. Health workers felt very easy because of availability of psychiatrist during the COVID pandemic situations.

- Psychological first aid to covid affected people and stress management support to the health workers and local level representative increased the further recognition and trustworthiness of CMC-Nepal.

- The orientation on suicide prevention, care and support at school and community level is essential to find the early signs of suicidal thoughts and prevent them from suicidal thoughts. The mobilization of the adolescent's girls and boys, youth clubs, FCHVs and SHG representatives is important. If they have been capacitated in suicide prevention, care and support, they can save the life of the people and prevent suicide.

- Different level of interaction meeting among the people with mental health problems, their families, community people, health service providers, elected representatives and officials of the local government contributes to change the attitude, behavior, relationship and policy. That brings real understanding on the need of mental health and psychosocial service and thereby it contributes to include into the programming and budgeting.

- Inter-project coordination helps to improve access of mental health service and also support to conduct activities effectively as well.

12. Future plans

CMC-Nepal will extend 7th phase of project implementation from April 2022 for 3 years and 9 months. Project proposal and budget is already submitted to Tearfund Australia. CMC-Nepal continues the project in 13 existing levels and extend in 3 new local level. 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 closely working with the people with mental health problems and their families, communities, disabled people organisations, service providers and local governments for promotion of mental health wellbeing.

CMC-Nepal follows internationally practiced promotional, preventive, curative and community-based rehabilitation approach in project implementation that respect, protect and fulfil the rights of the people with mental health and psychosocial problems through bringing change in attitude, behaviours, relationships and policy. CMC-Nepal closely works in collaboration with all three (federal, provincial and local) layers of the government to increase access of mental health and psychosocial service in remote project locations. CMC-Nepal further support to the local health facility and local government to mainstream mental health and psychosocial components into the existing health care delivery system. It further advocates and lobby at all levels to include mental health into the health, education, disaster risk reduction and other development agendas through policy formulation, development of the program, allocation of the budget and its implementation.

Furthermore, CMC-Nepal closely works with the people with mental health problems and their families, communities, teachers, local level CBOs, local faith groups and other relevant stakeholders to create awareness in mental health and psychosocial issues and ultimately respect, protect and fulfil the rights described in the recent Disability Act, Public Health Act and National Mental Health Strategy and Plan of Action endorsed by Government of Nepal. CMC-Nepal support to forms community based mental health self-help groups from the persons having mental health problems and their families and empower them for their meaningful participation in raising their voice for the rights, accessibility and inclusion. It will further work in creating awareness at local for bringing positive changes on the attitude, behaviors, relationship and policy of various level of people towards people with mental health and psychosocial problems. CMC-Nepal will promote support groups and mobilize them to provide psychosocial support at family level and link them with the service providers. CMC-Nepal further works in schools and orient teachers and students in child and adolescent mental health and preventing suicide, early marriage and Gender Based Violence (GBV). This program will also strengthen the links between of SHG and Disabled People Organisations and closely work in mental health issues and local level advocacy.

Section E. Project Highlights

This project has contributed to build the access of mental health and psychosocial service in 16 health facilities of 15 (rural) municipalities. Further, the 3 local government has upscaled this service in 6 health facilities. 2649 people received mental health service and 438 people with psychosocial problems received psychosocial service from the trained prescribers and non-prescribers respectively. The modality of service mechanism in government health facility seems cost effective, affordable and appropriate in the local context.

The project has also helped to sensitize the family members, community people, health service providers and local government. The referrals of the people with mental health problems at health facilities is increased to 70%. Suicide in project locations is reduced. Further, the collaboration with DPOs and NFDN Karnali Province and Province No 1 is continued to jointly work in the psychosocial disability movement.

Importantly, CMC-Nepal is introducing livelihood support activities in a group through revolving the fund to the all the needy people having psychosocial disability and they have engaged in livelihood activities. The existence of the SHG is accepted by the health service providers and local government enlisted local and district level SHG network. SHGs have received the funding from the local government to celebrate world mental health day and suicide prevention day and other awareness campaigns and functioning of SHGs.

The local government has increased allocation of the budget from Rs 100,000 to Rs 22,00,000 for mental health awareness, training and supervision, psychotropic drug management and suicide prevention. The local government seems committed to increase the budget for the continuity of mental health and psychosocial service and upscale those service in other health facilities of (rural) municipalities. Further, CMC-Nepal succeeded to bring the federal and provincial government support in the current project working locations. The federal government supplied psychotropic medicine and provincial government (Karnali province) organized training and supervision for the health workers of West Rukum and Jajarkot and also supplied the medicine.

Signature:

Name: Ram Lal Shrestha
Position: Executive Director

Date: 28th February 2022

Annex – 1

CMC-Nepal
Staff List (Updated on 31st December 2021)

Project Name: Community Mental Health and Psychosocial Support Programme

S.No	Staff Name	Sex	Designation	Employed in CMC-Nepal	% of salary shared by Tearfund Australia
1	Ram Lal Shrestha	M	Executive Director	18/08/2003	25%
2	Dr. Pashupati Mahat	M	Senior Clinical Psychologist/Technical Director	18/08/2003	5%
3	Bishnu Prasad Prajapati	M	Mental Health Coordinator	14/08/2007	60% until Oct and 10% from Nov 2021
4	Srijana Shrestha	F	Administrative Officer	16/07/2012	30%
5	Rup Sunder Shrestha	M	Driver	/05/04/2018	50%
6	Ram Chandra Maharjan	M	Office Assistant	18/08/2003	20% until August
7	Dharma Kumar Rai	M	Security Guard	17/10/2004	30% until Sep and 60% from October 2021
8	Laxmi Maharjan	F	Office Helper	01/01/2014	50% from October 2021
9	Alsoda Rai	F	Mental Health Social Worker	01/02/2014	100%
10	Kali Bahadur BK	M	Mental Health Social Worker	01/02/2014	100%

Annex-2

Name list of trained health workers in mental health and psychosocial service in year 2021

Name of the health facilities	Name of health workers	Name of the (rural) municipality	mhGAP	Psychosocial Counselling	Budget shared by (CMC or Government)
Salkot PHC, Surkhet	Srijana Puri	Panchpuri Municipality		√	CMC Nepal
	Ganga Koirala	Panchpuri Municipality		√	CMC Nepal
	Rajendra Adhikari	Panchpuri Municipality	√		CMC Nepal
Dasrathpur PHC, Surkhet	Lila Rijal	Lekbesi Municipality		√	CMC Nepal
	Tika Khadka	Lekbesi Municipality		√	CMC Nepal
	Tanka Prasad Pangeni	Lekbesi Municipality	√		CMC Nepal
Mehelkuna Hospital, Surkhet	Chandra Poudel	Gurvakot Municipality	√		CMC Nepal
	Dr. Bimal Shahi	Gurvakot Municipality	√		CMC Nepal
Awalching, PHC, Surkhet	Amrita Rana	Chingad RM		√	CMC Nepal
	Shanti Psd. Upadhyaya	Chingad RM	√		CMC Nepal
	Bhakta Bahadur Rana	Chingad RM	√		CMC Nepal
Dalli PHC, Jajarkot	Poonam Gharti Magar	Nalgad Municipality		√	CMC Nepal
	Tapta Bahadur Chunara	Nalgad Municipality	√		CMC Nepal
	Padam Baraghare	Nalgad Municipality	√		CMC Nepal
District Hospital Jajarkot	Ganga Kumari Regmi	Bheri Municipality		√	CMC Nepal
	Dr. Amin Shah	Bheri Municipality	√		CMC Nepal
Beltar PHC, Udayapur	Bemsari Rai	Chaudandigadhi municipality		√	CMC Nepal
	Menuka Poudel	Chaudandigadhi municipality		√	CMC Nepal
	Madan Karki	Chaudandigadhi Municipality	√		CMC-Nepal
	Gobinda Khadka	Chaudandigadhi Municipality	√		CMC-Nepal
Rampur HP, Udayapur	Sabnam KC	Belaka municipality		√	CMC-Nepal
	Kishor Shrestha	Belaka Municipality	√		CMC-Nepal
Deuri HP, Udayapur	Upendra Khatri	Triyuga Municipality	√		CMC-Nepal

Udayapur Hospital, Udayapur	Dr. Jiv Narayan Yadav	Triyuga Municipality	√		CMC-Nepal
	Shiva Kumar Yadav	Triyuga Municipality	√		CMC-Nepal
	Syam Kumar Chaudhary	Triyuga Municipality	√		CMC-Nepal
	Nirmala kumari Pande	Triyuga Municipality		√	CMC-Nepal
Sundarpur HP, Udayapur	Raj kumar Chaudhary	Chaudhagadhi Municipality	√		CMC-Nepal
Murkuchi HP, Udayapur	Goma Tamang	Rautamai RM		√	CMC-Nepal
	Sabitra BK	Rautamai RM		√	CMC-Nepal
	Shyam Shah	Rautamai RM	√		CMC-Nepal
	Shreya Rai	Rautamai RM	√		CMC-Nepal
Katari Hospital, Katari	Syam Sundar Yadav	Katari Municipality	√		CMC-Nepal
	Pramila Magar	Katari Municipality		√	CMC-Nepal
Prapcha HP, Okhaldunga	Bhima Wagle	Molung RM		√	CMC-Nepal
	Rama Phyyal	Molung RM		√	CMC-Nepal
	Mitraminu Dhakal	Molung RM	√		CMC-Nepal
Rampur HP, Okhaldhunga	Man kumara Rai	Molung RM		√	CMC-Nepal
	Dr. Ajit Shah	Molung RM	√		Manebhanjyang RM
	Laxmi Ghimire	Molung RM	√		CMC-Nepal
Manebhanjyang HP Okhaldhunga	Ambika Dahal	Manebhanjyang RM		√	CMC-Nepal
	Krantika Rai	Manebhanjyang RM	√		Manebhanjyang RM
	Ram Kumari Rai	Manebhanjyang RM	√		CMC-Nepal
Rumjatar Hospital, Okhaldhunga	Kalpana Sunar	Siddicharan Municipality		√	CMC-Nepal
	Dr. Sharmila Chaudhary	Siddicharan Municipality	√		Manebhanjyang RM
	Nawaraj Baniya	Siddicharan Municipality	√		CMC-Nepal
Serna HP, Okhaldhunga	Mohan Bikram Karki	Chisankhu RM	√		CMC-Nepal
	Bhama Karki	Chisankhu RM		√	CMC-Nepal

Success story
Psychosocial counselling created hope to live

Bishnu Psd. Prajapati, MH Coordinator, CMC-Nepal

A 42-year-old Maya (Name changed), since last 4-5 years has been facing problems like being irritates and angry. Her husband is alcoholic and always beats her. Whenever she goes out, he used to abuse her physically and mentally saying she has affair with others. Due to every day's violence, she attempted suicide 3 times but couldn't complete it. Many times, while attempting suicide, the thoughts of her children has stopped her from jumping in the river. Because of violence daily, she had no hopes to live. Once her husband was taken into police custody in report of the neighbours but his sisters bailed him out the same day. Maya had to leave her house and hide in her neighbours' house. After this, she didn't gather courage to speak with anyone. He started abusing his children physically as well. Daughter became the patient of depression and left her school. Her daughter shares that if she goes to school her father will kill her mother so, she stays with her mother.

One day, Maya took her daughter to health post to treat her wound. At that time, CMC-Nepal was having a meeting with the people with mental & psychosocial disability and their family members. Maya participated in that meeting and shared her feelings. Later, she had counselling sessions where she shared all her feelings. Continuous medications & counselling sessions helped her for hope of living. Then, a decision to establish a self-help group was done with the help of some patients & their family members. Maya became the member secretary and she started sharing her feeling without fear. With the advice from doctor, medication was started for her husband which helped in improving his behavior. Each month, SHG meeting was held and Rs. 50 had to be deposited by each member in each meeting.

SHG requested CMC-Nepal to financially support Maya for the study of her children and household chores. Then CMC-Nepal financially supported Maya for livelihood with Rs. 20,000 out of which Rs. 5000 is deposited in the SHG's account. This amount is provided to the SHG member every month whoever are in need. Ward office has provided Rs. 40,000 to the SHG and also respective Rural Municipality provided Rs. 10,000 to celebrate the World Mental health Day. She is actively working in the SHG.

"Padmakala saved 6 people from suicide & also saved herself"

Kali Bahadur Kami, MHSW, Surkhet

30 years old Padmakala, a resident of Gurbhakot Municipality-8, Surkhet is a mother of 2 daughters. Since last 5 years, after the death of her brother, her husband, who was migrant workers and her father-in-law gave torture her daily. She was facing stress on daily basis from her husband as he used to tell her to leave the house and also was not sending the money. Because of all this, she has been facing problems like crying, feelings of meaningless life, feeling of burden to family, sleepless nights, doesn't feel like talking to anyone, headaches due to which she has attempted suicide once.

After the community mental health service started in coordination with Gurbhakot Municipality in Mehelkuna Hospital, an orientation program regarding mental health was conducted with Mothers group. Her feeling all the symptoms symbolize Padamkala, she felt that she also needs help and shared her problem. During the session, probability of attempting suicide was high. The following day, her medication for 1 month was started by Dr. Subodh.

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 mental & psychosocial problems and advocate for the rights of the people with mental & psychosocial disability where Padamkala is the member secretary. After the improvement in her health, she had 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 pain and also enrolled them in the SHG.

Currently, she has started her 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. As being busy in the work, there's less possibility of useless thoughts. 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 goes to school regularly. I wouldn't have been cured if I hadn't have got 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 frequently and now because I am alive, they are alive."

Previous situation	Current situation
	

Photograph

Capacity building of SHG District Network

Clinical practice in mhGAP training

PFA in isolation center in COVID Hospital

Coordination meeting with Mayor & Province Ministry

Street drama on suicide prevention

SHG meeting