CMC-Nepal

Community Mental Health and Psychosocial Support Programme

Annual Report

January – December 2020

Submitted to:

Tearfund Australia, Australia

Prepared by:

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February 2021

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: 2020

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

Short description of project's current situation:

This is the second year of the sixth phase (2019-2021) of the Community Mental Health and Psychosocial Support Programme (CMHPSP), which is being continued in Udayapur, Okhaldhunga, Surkhet & Jajarkot districts in funding support of Tearfund Australia. This program has been implemented in 15 (rural) municipalities of above mentioned 4 districts based on the signed a Memorandum of Understanding (MoU) with Ministry of Health and Population (MoHP) at central level and with (rural) municipalities at local level. CMC – Nepal continued collaboration with the 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, Ministry of Social Development at provincial level and with the local government at local level for policy level advocacy for mainstreaming mental health into the existing health care delivery system and effective implementation of the project activities.

In this reporting period, it had direct impact of COVID-19 pandemic situation and activities of almost 5 months were turned into COVID response activities to the people with mental health problems, community people and health service providers. However, CMC-Nepal managed to implement all 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. It continued its efforts in this year also to further strengthen the access of mental health and psychosocial service in 16 health facilities of 15 (rural) municipalities.

In this reporting year, CMC-Nepal involved mainly in providing refresher training in mhGAP to the medical officers and paramedics (prescribers) and psychosocial counselling to the nurses and Auxiliary Nurse Midwife (ANM, non-prescribers). 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. 2 medical officers and 18 paramedics received mhGAP refresher training and 16 nurses and ANMs received refresher training in psychosocial counselling in this reporting period. CMC-Nepal continued backstopping and coaching to the trained health workers (medical officers and paramedics) in mental health and non-prescribers

(staff nurse & ANM) in psychosocial support and counselling in order to build confidence in providing quality mental health and psychosocial service despite the challenges during COVID-19 situation.

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. It created vacuum in providing mental health service in most of the health facilities almost 2 months due to lockdown and restriction in the mobility. Tele-psychiatry and tele-counselling service was arranged during COVID pandemic situation. At present, 23 health workers, including 2 medical officers are providing mental health service, whereas 20 ANMs are delivering psychosocial counselling service from 16 health facilities. Non-prescribers have provided psychosocial counselling service to 315 clients (210 new and 105 old) and prescribers have provided mental health services to 2222 clients (1175 new & 1047 old) in this reporting period.

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 due to the effects on-going awareness activities in another project of CMC-Nepal called 'GBV prevention and response project. The recovery of the people with mental health problems is increased from 60% to 75%. All the recovered cases, treated from the local health facilities have better mental health wellbeing and engaged in their daily activities. 25% 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 allocate budget to reduce stigma associated with mental illness, continue mental health service and expand in other health facilities. The review meeting and the Municipality Advisory Committee Meeting (MPAC) was continued in this reporting period. The elected representatives and government officials of the local level were frequently 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 have taken important footstep in continuing mental health and psychosocial service through allocation and utilization of the budget in in supply of psychotropic drugs, mental health and psychosocial support training and awareness campaigns. The Rautamai Rural Municipality of Udayapur allocated budget and conducted a psychosocial counselling training for the ANMs of 5 additional health facilities, where CMC-Nepal provided technical support to conduct this training. Bheri Municipality conducted clinical supervision on mental health with their full cost with technical support of CMC staff and psychiatrist. Chaudandigadhi, Katari, Rautamai, Belaka, Gurbhakot, Panchapuri, Lekhbesi, Chingadh, Bheri Municipality allocated the budget in this reporting year as well, the budget was increased to Rs 53,25,000 from Rs 21,00,000 in last year (153% increase budget).

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, Disabled People Organization (DPO) members. SHG were mobilized in celebration of the world suicide prevention day, world mental health day and disability day. Nearly 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 group in suicide prevention, care and support. However, some of the member of peer support group have managed to increase awareness in suicide prevention and

prevent suicide (3 cases).

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. CMC-Nepal engaged in conducting interactions with the people with mental health problems and their families on the mental health issues, stigma associated with mental illness, legislation, policy and programs related to mental health and disability. The members of DPOs were also invited in the discussion and their support was undertaken for local level advocacy and protecting rights of the people with psychosocial disability. Two SHG groups were formed in the Udayapur district in this reporting period. Mental Health Social Workers (MHSW) have been regularly attending meetings of SHGs and providing group sessions, training and backstopping support to 13 SHGs (including 2 new SHGs) in realizing their rights, preparing action plans and moving ahead to execute the actions to fulfil their rights as other people. As per our internal observation performed by the SHGs, 5 SHGs from Udayapur seems independent and remaining 8 (Surkhet & Jajarkot which are newly formed) needs regular support either from CMC-Nepal or DPOs.

The joint meetings among the Self-Help Group (SHG) members and members of Disabled People Organisations was also organized at (rural) municipality level to seek cooperation to work collectively on the psychosocial disability. CMC-Nepal also organized a two-days interaction meeting between DPOs members and SHG members of Surkhet, Jajarkot and Salyan was organized in collaboration with the National Federation of Disabled Network (NFDN), Karnali Province. The members of a loose forum of Provincial level SHG was also invited in that meeting and further trained and empowered them in self-advocacy, leadership skills, planning cycle of local government etc. This loose forum, along with the DPOs and NFDN Karnali Province interacted with the Ministry of Social Development of Karnali Province on the mental health issues and how provincial and local government can support to the people with psychosocial disability.

On request of the District health office Dailekh & Salyan and Rupani Rural Municipality of Saptari, CMC-Nepal provided technical support to conduct 6-days mhGAP training and 6 days basic psychosocial counselling training. 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.

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Budget for the reporting period (NPR): 8,377,005.00	Amount spent during the reporting period (NPR): 7,469,360.24	Expenditure %: 89%

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 to virtual mode in the initial months of COVID-19 pandemic situation.

Psychosocial coordinator resigned effective from 2nd week of September and the responsibility of psychosocial supervision was also added to the mental health coordinator. Bheri Municipality and Nalgad Municipality of Jajarkot continued the position of MHSW and mobilized them as per signed MoU between local government and CMC-Nepal. Bheri Municipality have increased budget for MHSW to 60% from 40% and Nalgad Municipality increased to 50% from 40% in this reporting year.

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 and has shown commitment to develop mental health strategy and plan of action. The Ministry of Health and Population finalised the mental health strategy and plan of action for five years and the Ministry have urged to the Ministry of Social Development 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 will be used for the nurses, case managers of One Stop Crisis Management (OCMC) hospital, health workers working in government health facilities, nurses working in schools and social workers of NGOs/INGOs.The legal provision in the legislation and policy increases the obligation to the all layers of the government to increase the access of mental health and psychosocial service for all people of Nepal. 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 the people with mental health problems and their families, SHGs, DPOs, community people and groups, students, teachers to increase awareness in mental health issues and reduce social stigma associated with mental illness. Right-based approach in mental health has been

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

inbuilt and worked to empower the Self-Help Groups and relevant stakeholders for self-advocacy and increase respect, protect and fulfillment of the rights of people with psychosocial disability.

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 agreed to work 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 Sudhurpachhim Province 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. At least 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 respect, protect and fulfil the human rights of 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 enhancement, education and social benefits. 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 2222 (1175 new and 1047 old cases) people with mental health problems received mental health service in this reporting year from 16 health facilities. Around 75% 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. 25% 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. 315 clients received psychosocial support and counselling at health facilities from the trained ANMs. Out of 315, 60% 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). 53 (5 Jajarkot, 12 Udayapur, 21 Surkhet & 15 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.

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 and attitude of the family members, community people and duty bearers and this has increased support, care and treatment to the people with mental health problems. The awareness and advocacy at local level has significantly brought positive changes in reducing social stigma and increasing inclusion 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 Dailekh and Salyan districts, supplied psychotropic medicine in the project districts of CMC-Nepal. Rautamai Rural Municipality Udayapur also implemented such program. Sudur Pachim Province conducted mh GAP training for district hospital staff in this year in Dhangadhi with their own budget for 11 districts. Province government budgeted Rs. 3 Lakhs for each district for suicide prevention program in this year. Bheri and Chingad municipality of Surkhet included mental health into the health act in this year.

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 10 females and 6 males by new SHG members and started to earn money. Around two-third of total 16, have been engaged in goat farming (6), buffalo (1), poultry farming (1), pig farming (1) 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.

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, 14 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 2222 (1175 new and 1047 old cases) people with mental health problems received mental health service in this reporting year from 16 health facilities. Further, 358 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 together with psychiatrist, which increased the confidence of health workers in diagnosis of mental health problems and prescribing right medicine in the right dose.

A total of 3 medical officers and 17 paramedics (prescribers) of Okhaldhunga, Surkhet, Jajarkot and Udayapur districts received refresher training in mhGAP. The average percentage of pre-tests of basic mental health training was 49%_whereas post-test score in refresher training was increased to 87%. 23 trained health workers (2 medical officers and 21 paramedics)_received supervision inputs from psychiatrist and mental health supervisors 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 2 trained medical officers and 21 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 60%.

A total of 16 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 psychosocial coordinator. 30 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. 11 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. 4 LG managed 60-70% medicine through CMC, 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 90% of total demand for the 2222 people with mental health problems. CMC-Nepal purchased around 30-40% medicine of total demand for 4 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.

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

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

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 behavioural aspects of care takers, family members and community members 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 53 people with psychosocial disability received disabity 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. 256 students and teachers received further knowledge on suicide prevention, care and support through peer groups. The level of awareness at students and teachers' level to prevent suicide, care and support is increased by 60%. There was 3 suicide reported cases referred to hospital by the students from the working schools of the project locations of Surkhet and Jajarkot in this year. There were no single suicide cases reported in this year, so we can argue that suicide is reduced in the project areas after the program intervention.

Two new SHG groups were formed in the project locations of Udayapur in this reporting period. The old 11 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. The SHG of Murkuchi submitted the plan and budget at local level for mental health and disability awareness and they received Rs. 10,000/- for the World Suicide Prevention Day celebration and organized the day effectively. 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. 6 SHGs prepared action plan and was submitted to the local government for the budget to implement the action plan. Murkuchi SHG completed around 90% 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 6 persons, monthly SHGs meetings etc.). Belaka SHGs completely 60% planned activities such as lobby with municipality for psychotropic medicines, regular meetings, home visits etc. Chaudandigadhi SHG also completed 70% 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 13 SHGs (including 2 new SHGs) 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, 5 SHGs from Udayapur seems independent and 2 newly develop groups needs regular support from CMC Nepal. 4 SHGs of Surkhet seems independent and 2 Jajarkot SHGs are needs regular support from CMC Nepal.

CMC-Nepal organised joint meetings and interactions between the Self-Help Group (SHG) members and members of Disabled People Organisations. The joint meeting helped both SHGs and DPOs to know each other's agendas and brought consensus to work collectively on the psychosocial disability. There is no such progress to link SHGs with DPO as they require first the psychosocial disability card. The National Federation of Disabled Network (NFDN), Karnali Province and CMC-Nepal has signed non-funding based MoU to work together with in increasing awareness in psychosocial disability issue and jointly lobby and advocacy with local and provincial government on mainstreaming psychosocial disability.

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

CMC-Nepal closely works with all three layers of the government i.e at federal, provincial and local level, sensitize and lobby with them to incorporate mental health into the existing health care delivery system. The public health act (2019) has created legal obligation 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 and Bheri Municipality have included mental health into the health and sanitation act and other municipality are in process. The constant advocacy from the CMC-Nepal and local Self-Help Group, 14 local government of the 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 2020-21 (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	600,000	Mental health service expansion in other health post, medicine support and psychosocial support for COVID hospital.
3	Belaka Municipality, Udayapur	700,000	Psychosocial support in isolation, quarantines and door to door support. Medicine support and SHG meeting support.
4	Katari Municipality, Udayapur	12,00,000	School mental health activities including suicide prevention, medicine support.

5	Triyuga Municipality, Udayapur	0	
6	Siddicharan Municipality, Okhaldhunga	15000	Mental health awareness activity
7	Manebhangyang Rural Muncipality, Okhaldhunga	600,000	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	110,000	Mental health awareness activities and psychotropic medicine
11	Panchapuri Municipality, Surkhet	100,000	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	150,000	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	**53,25,000**	

Apart from this, the Ministry of Social Development, Karnali Province included mental health program for COVID response into their annual program and budget is increased by 10% (last year Rs 9 million, this year Rs 10 million). Such as Sudurpachim province allocate budget 5 million (last year 1.5 million). Surkhet health office supplied Rs. 5 lakhs of psychotropic medicines.

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3 Outputs – Activities – Indicators-Targets

The planned activities and the actual progress for the period of January – December 2019 and indicative results are given in the table.

WHAT WAS SCHEDULED	INDICATORS for 2020	TARGET for 2020	ACTUAL PROGRESS MADE	EXPLANATION /COMMENTS
OUTCOME 1 Community people have increased access to mental health and psychosocial service	# community people receive mental health and psychosocial service from the government health facilities during project phase	1000 new and 1000 old clients with mental health problems receive mental health service 200 new and 100 old clients receive psychosocial counselling service	1125 new persons with mental illness diagnosed and treated. 1047 old cases received continued mental health service 315 people (New-210 and Old-105) with psychosocial problems received psychosocial service.	
Output 1.1 The government health workers have increased capacity to address mental health and psychosocial needs of the people	# of prescribers and non-prescribers practice mental health and psychosocial service % of health workers capacity in case management increased	32 prescribers and 16 non-prescribers practice mental health and psychosocial service Increased by 60%	22 prescribers (including 2 medical officers) have continuously practiced mental health service and 20 non-prescribers practiced psychosocial service Health workers capacity in case management is increased by 60%	
Activity 1.1.1 3-days mental health refresher training for	# medical officers and paramedics receive refresher	12 medical officers and 20	3 medical officers and 17 paramedics (20 prescribers) received 3-days mhGAP	

medical officers and paramedics	training in mental health	paramedics	refresher training	One event of refresher training in Surkhet and one event in Udayapur conducted by CMC Nepal . CME for medical officers was conducted in district hospitals of Surkhet where more medical officers are working there.
1-day mental health orientation to the health facilities staff	# of health workers and administative staff receive basic orientation in mental health	160 health workers and administrative staff	Not progressed 6 medical officers and 3 health workers of Surkhet received one event of CME	Due to lockdown and COVID pandemic there is no any orientation program this year.
Clinical supervision/backstopping support to trained health workers by psychiatrist/CMC's supervisor	# supervision provided to the trained health workers by psychiatrist/ CMC supervisor	3 events	2 events of direct and 4 virtual supervision in mental health clinical conducted.	Due to COVID pandemic and lockdown situation in Nepal virtual supervisions were conducted
	# of trained medical officers and paramedics receives supervision input	12 trained medical officers and 20 paramedics.	3 trained medical officers and 17 paramedics received additional knowledge and skills from psychiatrist in effective case management.	Due to COVID situation less patient received direct mental health service during the supervision time.
	# of people with mental health problems receive direct services during mental health clinical supervision	700 people with mental health problems receive direct service at the	358 (new 130 and old 228) people directly received mental health service at the time of clinical supervision.	

		time of mental health clinical supervision		
Activity 1.1.2 3-days refresher training to staff nurse/ANM in psychosocial counselling	# of nurses and Auxiliary Nurse Midwife (ANM) that receive refresher training in psychosocial counselling	16 staff nurse and ANMs 1 event	16 staff nurse/ANM received a 3-days refresher training in psychosocial counselling training	Two psychosocial refresher trainings were organized by CMC-Nepal for SN/ANMs in Udayapur and Surkhet. One counselling training organized by Rautamai Rural Municipality in Udayapur.
Psychosocial supervision to trained health workers by CMC's supervisor	# supervision by psychologist/counselor	2 events by psychologist/CMC-Nepal's supervisor	2 events of direct and 2 events virtual supervision in psychosocial counselling conducted	
Psychosocial supportive supervision to trained health workers by CMC's mental health social workers	# of supervision provided by MHSW	2 events by MHSW	2 events of supervision conducted by MHSW in Udayapur, Okhaldhunga, Surkhet & Jajarkot	
	# of trained staff nurse and ANM receives supervision input	16 staff nurse and ANM	20 trained nurses and ANMs benefited from the psychosocial supervision and case discussions	
	# of people with mental health problems receive direct psychosocial counseling services during psychosocial supervision	100 people having psychosocial problems receive direct psychosocial counselling	25 persons with psychosocial problems received direct counselling support during supervision.	

		during supervision		
Output 1.2 Mental health and psychosocial support service is developed in government health facilities in program areas	# of health facilities provides mental health and psychosocial service # health facility manages psychotropic medicines	16 health facilities 16 health facilities	16 health facility is providing mental health and psychosocial service 12 health facilities managed almost 100% psychotropic medicine, 4 health facilities managed 60-70% of total demand. Mostly, the federal and provincial government supplied the medicine to the health facility.	CMC-Nepal supplied in a range of 30-40% of total demand in 4 health facility, where the local government is not supplied the medicine.
Activity 1.2.1 Meeting with HFOMC, Municipality and other concerned stakeholders	# of meeting with HFOMC, Municipalities representative and other stakeholders conducted	1 event in each health facility -	This activity was cancelled and budget was utilized for COVID response	
Activity 1.2.2 Mental health and psychosocial promotional materials support to the health facilities	# of health facilities receive mental health and psychosocial promotional materials	16 health facilities	This activity was cancelled and budget was utilized for COVID response	
Activity 1.2.3 Supply of psychotropic medicine	# of health facilities receive psychotropic medicine	16 health facilities (5% of total demand)	Psychotropic medicines were supplied to 16 health facilities when the COVID pandemic was started and government did not managed to continue supply of psychotropic medicine. . Further, CMC-Nepal supplied medicine in 4 health facilities as explained above.	All three layers of the government supplied psychotropic medicine in this year after COVID situation decreased.
OUTCOME 2 The people with mental health problems and their	% of family members and community people who works	30%	-	We will collect this information at the endline

families are able to work with communities and network with local government and DPOs to respect, protect and fulfilling their rights	to respect, prevent and fulfill the rights of people with psychosocial disabilities # of people with psychosocial disabilities linked with DPOs	32	Joint meetings between SHGs and DPOs was organised but not formally SHG members have taken the membership of DPOs.	study and final report writing in year 2022. CMC-Nepal will follow-up this agendas and further work to link SHGs members with the DPOs in year 2021.
Output 2.1 Communities have improved understanding to respect, protect and fulfilling the rights of the people with psychosocial disabilities	% of referrals increased at health facilities # of persons linked to social security, health education and other basic human rights	Increased by 20% 40 persons	Referrals are increased by 65% 38 persons are linked to social security	
Activity 2.1.1 Orientation to persons with psychosocial disabilities and their family members, FCHVs and mother groups, traditional healers, teachers and students on mental health issues and social stigma	# of persons of the community oriented on mental health issues and social stigma	500 FCHVs, traditional healers, mother groups and other community people	699 psychosocial disabilities and their family members, community groups oriented in mental health issues and social stigma.	Around 70% new cases were referred after the orientation program.
Activity 2.1.2 Interaction among the people with psychosocial disabilities, community representative, service providers and local government on mental	# of interaction (events) among the persons with psychosocial disabilities and other community people	One in each municipality 320 persons with psychosocial	Conducted one event of interaction among the people with psychosocial disabilities, service providers and local government representatives in each SHGs where 462 community members and psychosocial disability and their family members	

health issues and social stigma		disability, service providers, local government representatives participate	attended.	
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 activity was cancelled and budget was utilized for COVID response activity. 6 episodes of radio programs on stress management in COVID-19 pandemic situation developed and broadcasted through 4 district community FM radios.	Mental health news was covered from the national, provincial and local newspapers and radios. The interviews from the mental health professionals from CMC-Nepal was also taken from the FM Radios and television on mental health issues, stress management etc.
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.	% of suicide decreased The level of awareness to prevent suicide, care and support increased	10% 30%	- -	We will collect information of suicide decreased and level of awareness in suicide prevention in the end line study in year 2021 and report accordingly.
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	1000 students, teachers, family members, members of local CBOs	1063 students from 14 schools of Surkhet and Jajarkot received orientation on suicide prevention, care and support.	
Activity 2.2.2 Conduct group sessions to the peer groups to find	# of sessions delivered to peer support group	4 group sessions	14 peer support groups received 2 sessions	302 peer support group members received tips on

out early signs of suicide risk and respond on time to prevent suicide, care and support			during this year.	suicide prevention, care and support from the sessions conducted
Output 2.3 SHG are formed and advocates for their rights guaranteed by policy and legislation related to Mental health and Disability	# of SHGs that conduct lobbying meeting with local government No of action prepared and implemented to ensure the rights	16 SHGs 16 action plans	13 SHGs (2 new and 11 old) that conducted lobbying meeting with local government 11 SHGs prepared action related continuation of mental health service and submitted to the local government. They also received funding from the local government.	
Activity 2.3.1 Formation and support for functioning SHGs	# of SHG formed # of SHG received training and backstopping support # of district level network of SHG formed # of provincial level network of SHG receive refresher training	6 new SHGs 5 SHGs old SHGs 1 network 1 network	2 new SHGs formed in Udayapur. 11 old SHGs received backstopping support in organizational management, advocacy, preparation of action and resource mapping 1 district SHG loose forum formed in Udayapur and received training in self-advocacy, leadership and organizational management 1 provincial level SHG network received additional knowledge and skills on organizational management, self-advocacy, planning process of the local government, disability inclusion etc.	45 SHGs member from 13 SHGs received training on mental health and disability issues, mental health disabilities related policies, action plan preparation etc.
Activity 2.3.2 Orientation on policies/legislation	# of SHG members received orientation	200 SHGs members	93 SHGs members from 7 SHG in Udayapur received orientation on	

related mental health and disability			polices/legislation related to mental health and disability.	
Activity 2.3.3 Livelihood and psychotropic medicine support for poor and chronic people with mental health problems	# of people received livelihood and psychotropic medicine support % of family income increase	50 people Increase by 5%	38 people with mental health problems and their families received livelihood support and involved in income generating activities Income of two families of Udayapur increased by 10%	16 new individuals of Surkhet and Jajarkot received livelihood support through SHG's revolving fund (refundable) in this year. Such support through SHG was provided at the beginning of 4th quarter so we have to wait few more months to see the income from such activities.
Output 2.4 SHGs members are linked with DPOs to ensure their rights and regular functioning of SHGs	# of SHGs members representing SHGs linked with DPOs Functioning of SHGs increases	2 of each SHGs, total 32 from 16 SHGs	Joint meetings between SHGs and DPOs conducted. DPOs agreed to provide the membership to the members of SHGs.	CMC will follow-up this agenda and guide to the project staff to link, along with the result to obtain membership of DPO.
Activity 2.4.1 Joint meeting/interaction among DPOs and SHGs for the actions to ensure the rights	# of joint meeting/interactions among the DPOs and SHGs to link # of representative from Local level , SHG and DPO participate in the interaction	1 events of joint meetings in each (rural) municipality 480 representatives	87 events of joint meeting conducted between DPOs members and SHG members 388 SHG members, DPOs and local government representatives participated	5 meetings conducted in Udayapur and 1 in Surkhet. 2 loose forums of SHG and DPO in Udayapur conducted
OUTCOME 3 Government of Nepal upscale community based mental health program at national, province and local level	The focal unit of mental health at federal, provincial and local incorporates mental health into the health system	Yes	The federal, provincial (Karnali Province) and level government started to incorporate mental health into the existing health care delivery system.	

	# of Municipalities allocates budget in implementation of community mental health program	10 municipalities allocate budget in mental health, 5% of total health budget per year	15 municipalities allocated budget in mental health in a range of NPR 15,000-12,00,000	
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	National mental health policy revised; mental health legislation drafted in the spirit of UNCRPD	Yes	The current national health policy and public health act both includes mental health components. Bheri, Nalgadh, Chingadh Municipality added mental health component in health policy.	The Ministry of Health and Population denied to prepare separate policy and legislation in mental health as they had took stand to develop umbrella act and policy of all public health issues.
Activity 3.1.1 Organized regular meetings with the federal and provincial health authorities and other related stakeholders.	# coordination meetings at federal and province level Steering committees at federal/provincial level formed and conducts meeting regularly	2 meetings at provincial level 1 meeting each federal/provincial level	1 meeting conducted at Ministry of Social Development, Karnali Province 1 meeting of federal level steering committee conducted at MoHP One steering committee formed in Udayapur district for mental health activities,	There is no as such steering committee at local and provincial level, rather we have formed MPAC and conducted meeting regularly.
Activity 3.1.2 Joint monitoring visit in the projects from the federal provincial and local level for integrating best practices.	# of joint monitoring visits/meetings # of best practices documented/published by federal and provincial level	1 event -	1 event of monitoring visit by federal level and 1 events from provincial level (Karnali province) -	

	stakeholders			
Output 3.2 CMC-Nepal has strengthened partnership at local level to plan, implement, monitoring and upscale community mental health program	# of Municipality level mental health action plan prepared and implemented at local level % of budget allocated to implement mental health action plan	5 municipality 5% of total budget	In Bheri, Nalgadh, Chingadh & Rautamai Municipalities prepared mental health action plan in this Nepali fiscal year 2077-078 (2020-2021) Budget is allocated in a range of Rs 15,000-12,00,000	
Activity 3.2.3 Review meeting at local level	# review meetings conducted at local level	1meeting at ech local level	4 events of review and reflection meeting conducted in 4 (rural) municipalities	
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 sharing 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 Midline Information Collection	Midline information as stipulated in the project proposal will be collected and used to measure the outcome/impact at the end of year or project period.	1 time	This has been cancelled considering the short period of project (3 years) and was also agreed by 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	**3695**	**2259**	**5954**	**14049**

*Total for the reporting period includes:	F	M	How did they participate?
A. **Girls**	**840**		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**	**2566**		Women participate in interaction, awareness campaigns, refer the cases at health facilities and leadership of the SHGs.
C. **Persons with disabilities**	**143**	**112**	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**	**1501**	**1054**	They participate in awareness-raising and advocacy at local level
F. **Dalit**	**520**	**437**	23% beneficiaries are from the dalit communities
G. **Other (Brahmin, Cheetri and Others):**	**1384**	**1058**	44%

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 and psychosocial coordinator was involved for training and supervision of the prescribers and non-prescribers and building capacity of MHSW in mental health, psychosocial approach and social mobilization. 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 (80% in school mental health program and 20% in community mental health and psychosocial support program) appointed from March 2020, and is 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, budget management and upscale 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 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 to seek their cooperation to increase awareness in psychosocial disability within the DPOs and jointly advocate with the local and provincial government to give the pressure 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 7,469,360.24 in this reporting year. CMC-Nepal has received the funds on time in quarterly basis and the total fund received from TEAR Australia is NPR 7,237,073.40. This project received NPR 110,385 from CMC-Nepal as an organization contribution.. CMC-Nepal has utilized 89% of total budget available in this year and the closing balance of the year 2020 is only NPR 87,599.56. This balance will be used in strengthening psychosocial service in the government health system.

The contribution from the all three layers of the government is increased in this reporting year. The federal government supplied the psychotropic medicines equivalent of NPR 807,500. Karnali province and health office surkhet also supported medicine of NPR 907,500 and further contributed NPR 50,000 in training and supervision of heath health workers by Rautamai, Udayapur. Tearfund Australia supported to purchase capital items (central server) in this year. 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]	2	1	2	The psychosocial coordinator resigned from his position, it was expected some impact at project implementation, however, the mental health coordinator took responsibility of psychosocial component as well and it went smoothly.
Project management [4]	2	2	4	Planning, implementation, monitoring and reporting is followed as per plan. No significant risk has been observed.
Organizational administration and culture[5]	1	1	1	A pre and post project activity preparation and debriefing meeting was continued in the project. Sharing and reporting of events in line with communication protocol is in place and this continued during COVID-19 pandemic situation. MHSW are based in project district and they were invited in the six-monthly review and planning meeting. CMC-Nepal has different mechanism to listen staff's emotions and difficulties and address immediately if it occurs.
Financial administration[6]	2	3	6	There was no significant observed in this year in the financial management where we had direct control on the funds. The finance team members were in regular contact with the field staff and regular reinforcement was placed to collect such documents. However, CMC-Nepal faced challenge in obtaining settlement and supporting documents in this year also

[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.

				from two municipalities of Jajarkot district where CMC-Nepal released the funds to implement project activities by the municipality.
Resources[7]	1	1	1	Project staffs are comparatively well equipped with necessary materials, including computer and travel 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 obtaining supporting documents from the municipality, the focal person of CMC-Nepal contracted frequently and made them clarity on the importance of settlement on time.				
B. Project External Risks:				
Political situation,	2	1	2	There was no significant risk observed working with (rural) municipalities in the 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 in the management of the funds due to COVID-19 pandemic situation. However, Tearfund Australia decided and provided all the agreed funds and that was very helpful to complete the planned activities of the year. .
Physical environment and climate	1	4	4	There was significant impact observed at project beneficiaries and project implementation due to the effects of COVID-19 pandemic situation in almost 3 months, however CMC-Nepal managed mental health supervision and providing mental health and psychosocial service through virtually. .
Other related actors and stakeholders	1	1	1	The rights holders and duty bearers both accepted the CMC-Nepal working strategy of right based social mobilization approach and building access of mental health and psychosocial service. So, there was no risk observed working with the rights holders and duty bearers.

[7]Incl. all financial support, staffing levels, equipment and assets, time, facilities etc.

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 promotes mental health wellbeing for all community people, with giving emphasis to the people with mental health problems and their families. Around 75% people, who treated at local health facility from the trained health workers, have improved mental health and psychosocial 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 has contributed to reduce the economic burden caused by mental health problems. 38 people with mental health problems and their families received direct support from the project and engaged in income generating activities. The involvement of family members and recovered people having mental health problems indicates the regain of economic performance and thereby contributes for the economic sustainability at individual and family level. The procurement and supply of psychotropic medicine from the local government is significantly increased in this reporting year. 11 local government (LG) managed medicine almost 100% of the total demand on top of supply from the federal and provincial government, 4 LG managed 60-70% medicine The federal and provincial (Karnali Province) government also supplied psychotropic medicine in this year. 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 coaching. At least two prescribers and 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 Rs 15000-12,00,000 budget to implement the project activities and further upscale mental health and psychosocial counselling service in other health facilities of the local level. Further, three local government have included mental health into health policy. (for detail see chapter 4.2). Further, the provincial government 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 and attitude of the family members, community people and duty bearers. 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%.

	There is also regular follow-up (3-4 times) of the clients at health facilities. People with the mental health problems and their families have attended regular meeting of the SHG, group sessions and other programs and there is culture established to respect each other human rights. 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, causes of suicide and how to prevent suicide. The adolocent girls and boys of the peer support groups have been enaged in conducting suicide prevention sessions at community level and preventing suicide directly. 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 and community-based rehabilitation of person with mental and psychosocial disabilities.
Environmental	This program does not directly address the environmental issues but closely works with the health workers and SHGs to create friendly environment in family and communities.
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 has created positive impact in in sustaining mental health work implemented. 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 to continue mental health and psychosocial service and prevent drop out of the people with mental health problems. This situation arose due to COVID pandemic and lockdown all over the country for many months. There was gap of service providers in some health facilities due to duty sifted to COVID isolation centres and it also impacted to continue mental health and psychosocial service. CMC-Nepal managed to conduct refresher training of both prescribers and non-prescriber only in November 2020, then service was effectively running afterwards. The virtual supervision was continued in the first six months of the CoVID-19 situation.

As explained in chapter 4.2 progress towards project outcome, 11 local government (LG) managed medicine almost 100% of the total demand. 4 LG managed 60-70% medicine (4 municipality of Okhaldhunga) and did not manage the budget for the procurement and supply of the psychiatric medicine from palika level any more. They became reluctant to supply the medicine from palika side. Even 11 municipalities started to supply the medicines, it was not sufficient for all patients for whole year but they could manage from province and central government level for psychotropic medicines. CMC-Nepal has to further lobby with the elected representatives to increase their contribution for the supply of the medicine in the next year.

CMC-Nepal started bilateral meeting between the DPOs and SHG and joint meeting among them with the duty bearers i.e. (rural) municipality and health service providers. However, these meetings supported to know each other's interest, capacity, goals and common understanding, but CMC-Nepal did not able to formally link SHGs with DPOs. However, DPO agreed to provide membership to the member of SHG, the formal process of providing membership is not yet started. And, very few people (around 6% of total people with psychosocial disability) with psychosocial disability have such disability cards and this also impact in our achieving target of linking 383 people with psychosocial disability to the DPOs. CMC-Nepal will discuss further with SHGs to include people with psychosocial disability (having disability card) in the SHG and also discuss with the local government about to provide disability card to the people with psychosocial disability who meets the criteria.

Nalgad and Bheri municipalities of Jajarkot district took good initiation to recruit one each MHSW in the municipality and agreed to pay 60% salary in the second year of project cycle, 100% in 3rd year. However, Nalgad Municipality contributed only 50% due to the impact of COVID-19 pandemic situation. Both municipalities additionally shared their cost for program activities which has further helped to conduct project activities such as they pay for the supervision cost of psychiatrist, vehicle cost. Despite all these positive commitment and actions of the local government, we noticed long process to release the allocate budget, prepare supporting documents and submit financial settlement to CMC-Nepal. We discussed this issue in the coordination meeting with municipalities and they ensured that we will address it in the upcoming days.

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 from the NCD and Mental Health Section of Department of Health Service and 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.

CMC-Nepal conducted 2 events of direct mental health clinical and psychosocial supervision in all health facilities in this reporting year and further 4 events of virtual supervision, following supervision protocol and guideline on the basis of result matrix. The knowledge and skills of trained health workers was monitored through case supervision (paper case and real case) and observation of the case documentation.

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 psychosocial 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 2020. Based on the activity plan, two coordinators 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

This project is designed as an evidence based research project and as part of the research, CMC-Nepal carried out baseline study in Surkhet and Jajarkot (only new project location is included in the research) to find out the present mental health conditions and understanding, attitude and

behaviours of community people and stakeholders in respective working area. The result of the baseline will be compared at the end of the project cycle to see the effectiveness of the project deliveries in different level i.e. training, supervision, and awareness. There was plan to conduct mid-line study in this reporting year, but due to short period of project during and impact of COVID-19 response, we cancelled to conduct mid-term review and it was also agreed with Tearfund Australia.

Section D. Lessons learned & future plans

11. Lessons learned

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

- Regular supervision visits show increased patient flow in accessing mental health and psychosocial service. This also provides opportunity to build the confidence level of the trained health workers. Skype supervision is also effective during the COVID pandemic situation. Health workers felt very easy because of available of psychiatrist during the COVID pandemic situations.

- The phone supervision and PFA for the client and family members helped them to continue medication of psychotropic medicines regularly. Local level government supported for supplying the psychotropic medicines to needy persons through Ward elected members as well.

- The joint interaction between the SHGs members and DPO members contributes to establish cooperation and extend collaboration to work in the psychosocial disability. The use of the resource persons from the DPO to sensitize SHGs members in all 10 kinds of the disability, current provision guaranteed in the legislation and social benefits, seems more useful than CMC-Nepal provided.

- 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 suicide. 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.

- Psychological first aid to health staff helped to stabilize them for good and productive work during and after COVID-19 pandemic situation.

- Different level of interaction meeting with community people, health service providers, elected representatives and officials of the local government and monitoring from the provincial and local government brings real understanding on the need of mental health and psychosocial service and thereby it contributes to include into the programming and budgeting. CMC-Nepal has also learning that working with local level government is easy to work on mental health & psychosocial service than the earlier structure based at district level.

12. Future plans

CMC-Nepal will continue strengthening mental health and psychosocial service system of the government health facilities through on-going clinical supervision at health facilities and distance coaching. Further, it will focus its activity for the empowerment and enhancing self-advocacy skills of Self-Help Group for protection and fulfilling their rights. The collaboration with DPOs and NFDN Karnali Province and Province No 1 will be further extended. CMC-Nepal will support to the district network of mental health self-help group of Udayapur to formally registration as a NGO of psychosocial disability and continue support for their organizational development. Further, CMC-Nepal will provide technical and management support to the loose forum of provincial level SHG network of Karnali Proviicne. The SHG members will be also linked to the DPOs and further initiation will be taken to work jointly with DPOs in the psychosocial disability movement and local level advocacy.

CMC-Nepal will extend coordination and collaboration with all three layers of the government for mainstreaming mental health into the existing health care delivery system. It will identify the gaps in the policy and programs and contribute in development or revision of policy and programs related to mental health and disability. A separate mental health strategy and action plan will be developed in each (rural) municipality.

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 up scaled this service in 8 health facilities. 2222 people received mental health service and 315 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 is started to jointly work in the psychosocial disability movement.

Importantly, CMC-Nepal is testing livelihood support activities in a group through revolving the fund to the all the needy people having psychosocial disability. The SHG and local government also liked this approach, but need to see the actual results in year 2021. The existence of the SHG is accepted by the health service providers and local governments. 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 15000 to Rs 12,00,000 for mental health awareness, training and supervision, psychotropic drug management and suicide prevention. The local government seems committed to increase the budget for the continuous of mental health and psychosocial service and upscale these 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 Dailekh and Salyan and also supplied the medicine.

Signature:

Name: Ram Lal Shrestha
Position: Executive Director

Date: 28th February 2021

Annex – 1

CMC-Nepal
Staff List (Updated on 31st December 2020)

Project Name: Community Mental Health and Psychosocial Support Programme

S.No	Staff Name	Sex	Designation	Employed in CMC	% of salary shared by Tear 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	10%
3	Bishnu Prasad Prajapati	M	Mental Health Coordinator	14/08/2007	60%
4	Rajesh Kumar Jha	M	Psychosocial Coordinator	01/06/2010	20%
5	Indira Pathak	F	Admin/Finance Manager	04/02/2005	4%
6	Srijana Shrestha	F	Administrative Officer	16/07/2012	30%
7	Rup Sunder Shrestha	M	Driver cum Assistant	/05/04/2018	20%
8	Ram Chandra Maharjan	M	Office Assistant	18/08/2003	30%
9	Dharma Kumar Rai	M	Security Guard	17/10/2004	30%
10	Alsoda Rai	F	Mental Health Social Worker	01/02/2014	100%
11	Kali Bahadur BK	M	Mental Health Social Worker	01/02/2014	100%

Total:
Male 8 (73%)
Female 3 (27%)

Tear Australia's Share:
Male 2.95 (69%)
Female 1.34 (31%)

Annex-2

Name list of trained health workers in mental health and psychosocial service in year 2020

Name of the health facilities	Name of health workers	Name of the (rural) municipality	mhGAP refresher training (3-day)	Counselling refresher training (3-day)	Budget shared by (CMC or Government)
Salkot PHC, Surkhet	Srijana Puri	Panchpuri Municipality		√	CMC Nepal
	Khem Raj Khanal	Panchpuri Municipality	√		CMC Nepal
Dasrathpur PHC, Surkhet	Lila Rijal	Lekbesi Municipality		√	CMC Nepal
	Bhagabati Shrestha	Lekbesi Municipality	√		CMC Nepal
Mehelkuna Hospital, Surkhet	Prabha Rawal	Gurvakot Municipality		√	CMC Nepal
	Chandra Poudel	Gurvakot Municipality	√		CMC Nepal
	Dr. Bimal Shahi	Gurvakot Municipality	√		CMC Nepal
Awalching, PHC, Surkhet	Amrita Rana	Chingad RM		√	CMC Nepal
	Ganesh Oli	Chingad RM	√		CMC Nepal
Dalli PHC, Jajarkot	Poonam Gharti Magar	Nalgad Municipality		√	CMC Nepal
	Padam Baraghare	Nalgad Municipality	√		CMC Nepal
District Hospital Jajarkot	Ranjana Karki	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
	Himalay Poudel	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
Udayapur Hospital, Udayapur	Shiva Kumar Yadav	Triyuga Municipality	√		CMC-Nepal
Udayapur Hospital, Udayapur	Syam Kumar Chaudhary	Triyuga Municipality	√		CMC-Nepal
Sundarpur HP, Udayapur	Raj kumar Chaudhary	Chaudhagadhi Municipality	√		CMC-Nepal

Murkuchi HP, Udayapur	Goma Tamang	Rautamai RM		√	CMC-Nepal
Murkuchi HP, Udayapur	Sabitra BK	Rautamai RM		√	CMC-Nepal
Rautamai RM, Udayapur	Syam Shah	Rautamai RM	√		CMC-Nepal
Katari Hospital, Katari	Rama Devi Katwal	Katari Municipality	√		CMC-Nepal
Prapcha HP, Okhldunga	Bhima Wagle	Molung RM		√	CMC-Nepal
	Mitraminu Dhakal	Molung RM	√		CMC-Nepal
Rampur HP, Okhaldhunga	Man kumara Rai	Molung RM		√	CMC-Nepal
Manebhanjyang HP Okhaldhunga	Ambika Dahal	Manebhanjyang RM		√	CMC-Nepal
	Ram Kumari Rai	Manebhanjyang RM	√		CMC-Nepal
Rumjatar Hospital, Okhaldhunga	Kalpana Sunar	Siddicharan Municipality		√	CMC-Nepal
Rumjatar Hospital, Okhaldhunga	Nawaraj Baniya	Siddicharan Municipality	√		CMC-Nepal

Note:
No of medical officer trained in mhGAP refresher training – 3
No of paramedics trained in mhGAP refresher training – 17
No of staff nurse/Auxiliary nurse midwife trained in refresher psychosocial counselling training – 15

Success Stories

Psychosocial Support with his leadership role in Milan SHG

27 years of Dipak Giri is the secretary of Milan Self Help Group of his community Salkot-6, Surkhet. During his childhood period at the age of just 7 month, the symptoms like extreme crying appeared. Then, his family consulted with his problems with the traditional healing practices like Dhami, Jhakri etc. His family care and rear up like other children and grew up younger. At the time of his basic education, he presented the symptoms like fainting, seizure, nausea, vomiting, hallucination etc. His family went to Dhami, Jhakri, and hospital too. But the problem was not identified properly. His family was tired to go to treatment and the economic crisis started in his family.

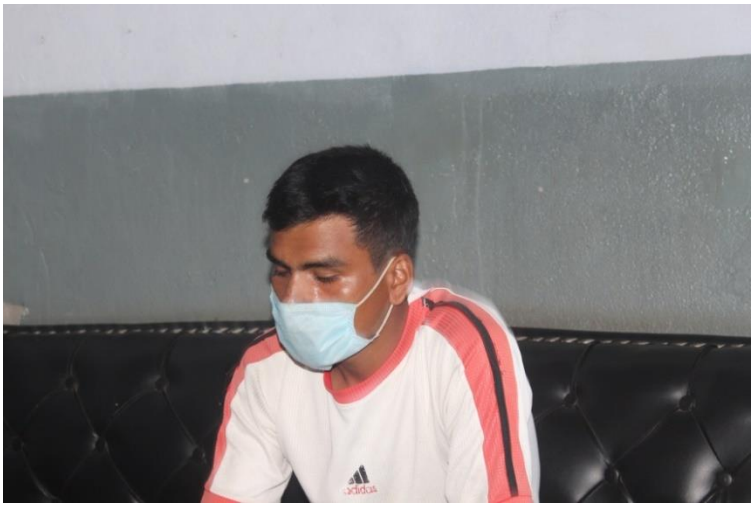


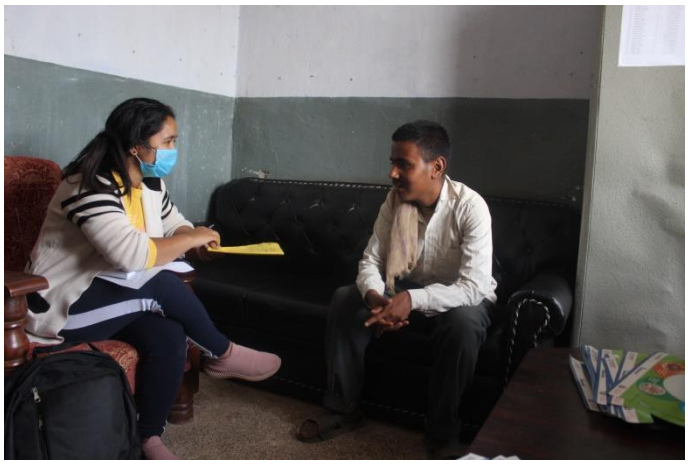
Figure 1

Later, he came to know the mental health checkup and psychosocial support concept via one of the community people and came to linked with Salkot PHC. He met with one of the MHSW of CMC Nepal Mr. Kali Bahadur B.K. He attended around half dozen of counseling session. Also, Mr. Giri and his family members gave attention to the psychosocial support and counseling session. After that, they went to medical checkup at Salkot PHC and consulted with psychiatric doctor during the visit. As per the advice and recommendation of medical professional, Mr. Giri received free medicine from the Salkot PHC. Now, Mr. Giri and his family members became very much happy with the better health condition with receiving free medicine from the nearest community health centers.

Mr. Giri added, *"I am feeling better now. After the consultation with the psychiatric, I used to take medicine regularly. And now I am connected with Milan Self Help Group. I am feeling better to be connected with other Self-Help Group members and realized that I am not alone of having MH problems. The group members listen to me and I also shared my thoughts, feeling, and emotion to them. I found something changed in my life and confident developed inside me to live for myself and my family. I and my family are very happy these days because I can do my daily work regularly and support the family members. I would like to thanks to CMC Nepal for linking me with the SHG group and I am leading the Milan Self Help Group as Secretary and supporting other community people who are facing mental health or psychosocial related problems."* Currently, he received the mental health disability card (blue card) from the Salkot RM and getting disability services from the RM.

Engagement of SHG Members in Income Generation Activities

19 year of Puran Shahi, resident of Salkot-6, a member of Milan Self Help Group. He was identified as epilepsy during his childhood period. During his early adolescent period, he felt the symptoms like fainting, sleeping disturbance, confusion, loss of conscious, anxiety etc. His family had taken him to the house of dhami, jhakri and also to the hospital. When he took medicine, he found good but it did not last for long period. His family economic status was very low and became problem for buying medicine regularly. At that time, his family came to know about the recovery of the mental health related problems and disorder of his neighbor Mr. Dipak Giri. His family coordinated with Mr. Giri and get information of CMC Nepal and psychosocial support related intervention.

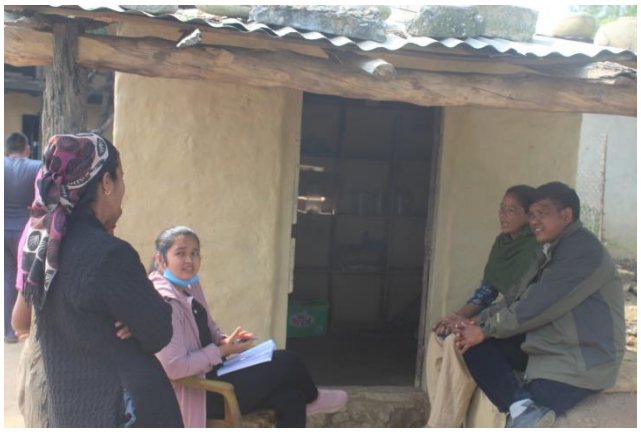


After that, he was able to consult with the psychiatric at Salkot RM along with the MHSW of CMC Nepal. He was diagnosed as the epilepsy. Then, he followed the counseling session and started taking medicine regularly from the Salkot PHC without any cost. The medicine became helpful for providing relief to his health status. He became connected with the Self Help Group and able to connect with the group of people having mental health or psychosocial related problem. Every month, they are collecting a small fund in their group with monthly meeting. They discussed in the team about their health and family.

Mr. Shahi has received the small fund from the SHG group and bought a goat. His family has reared 5-6 goats now with the hope to support the economic situation of the family. Also, Mr. Shahi is able to perform the daily activities and used to take the medicine regularly. Now, his family and relatives became hopeful with him and his work. He said, *"I am happy to be connected with SHG members and they are very supportive to us. My confident level has been increasing day by day with the inner satisfaction to do something for my family members".*

Opening of Snacks house

31 years of Kamala BK is the residence of Khatang, Mehelkuna, Surkhet. When she was 6 years of old, she felt from bridge and her hand and leg was fractured. She was hospitalized and discharged from there later. The symptoms like headache, seizure, occurrence of negative thoughts in the mind, loss of consciousness etc., seen in her life and the depression was identified later and exist it in the younger age too. When she grew up younger, she got married at the age of 17 years. The symptoms of depression appeared after her marriage too. Then, she went to several hospitals and check-up in the OPD service and the problem was not cured totally.



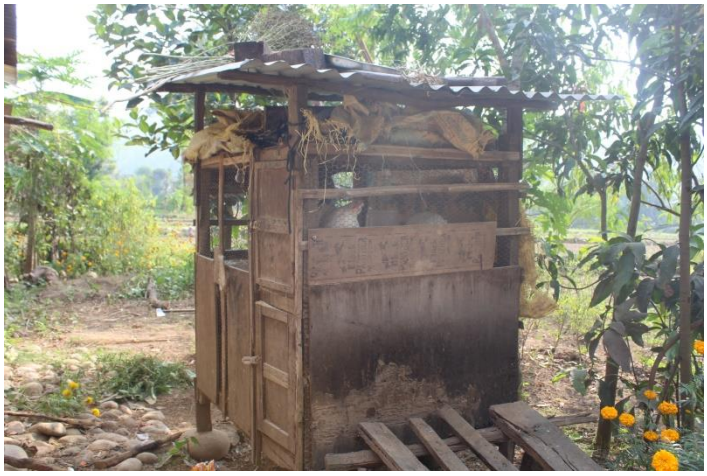
Later, she was contacted by one of the SHG member named Tara BK. Then, she got opportunity to consult with psychosocial counselor of CMC Nepal. And she joined the SHG group. With the mutual understanding of SHG group members, they are conducting monthly meeting regularly and collecting some funds in the group. Also, she is a mother of 2 children. Her children

are studying in the grade 10 and 8 in the community school named Shree Saraswoti Secondary School. After the frequent consultation on her problems during the counseling session, she has been taking medicine regularly and feeling better with the support and encouragement of her husband, she initiated the snacks house near school area in 2017. For the continuation and increasing its varieties, she had got support from the SHG group i.e. RS.20,000 and came up with several varieties of snacks items and serve to the students and teachers of the school.

She was satisfied with her daily income and also easier for her children to support in their study and running her family. Her husband also supported her in preparing the snacks. But during the pandemic period due to the impact of COVID-19, the school was closed for almost 7 months. At that time, she was feeling very sad, and anxious. With the encouragement of SHG member and psychosocial support from MHSW, she was feeling motivated to initiate the snack shop soon and hoping for the new normal situation as well as school reopening.

Inspiration in Poultry Farming

Devkali B.K. is now became the grandmother of 2 children. 45 years of Devkali stayed couple of years in Saudi Arab 3 years back with her husband. The symptoms like loss of conscious, headache, and several thoughts of fear occurred in her life. It was very difficult for her to stay in the foreign country. She came back to home. After few month of her arrival at home in Nepal at Khatang, Mehelkuna- Surkhet, her house had fallen and she became very much stressed and sometime unconscious too. She was referred to hospital and has taken medicine. She had taken medicine but not completely recovered.



With the recommendation of her neighbor, she came to Mehelkuna PHC, and referred to psychosocial counseling session. She received more than couple of counseling session. Then, she was approached to the SHG group. Later, she became the member of SHG member and joined meeting regularly. With the encouragement of group member, she shared her thought to buy a goat and involved in goat farming. The SHG helped her to buy a goat. She became very much happy to buy a goat and became hopeful to rear the goat and the numbers of goats will be increased after the breeding. During the pandemic of COVID-19 situation, the goat was died due to the some goat related disease. And her hope was down. She had taken stress. The SHG members realized her situation and motivated her to started poultry farming. With the huge hope of poultry farming, she made the chicken coop. At the initial period, she bought the 35 chicks and within 2 -3 months, she was able to sell all these chicken with good price and replace other new chicks and new chicks are growing now. She became very positive nowadays and focused to increase the number of chicken and also increase the chicken coop.

She said, *"I am very much thankful to CMC Nepal for linking me with the SHG group and Mehelkuna PHC. I am feeling better nowadays and also taking medicine freely from the Mehelkuna PHC. I will inform other people having mental health related problems to go to PHC and coordinate for the psychosocial support. Once again, I would like to thank to the SHG group members".*