

ANNUAL REPORT

2022

*“COMMITMENT FOR THE PROMOTION OF MENTAL HEALTH &
PSYCHOSOCIAL SUPPORT IN NEPAL”*



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

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WHO ARE WE ?

Centre for Mental Health and Counselling-Nepal (CMC-Nepal), is a national Non-Governmental Organization (NGO) established in May, 2003 and is dedicated to provide quality and affordable mental health and psychosocial counselling service throughout the country. It works on prevention, promotion, treatment and community based rehabilitation aspect of mental health through various programs and activities in collaboration with the Government, I/NGOs and CBOs. CMC-Nepal is registered in Kathmandu District Administration Office (838-059/060) and affiliated to the Social Welfare Council (14822) of the Government of Nepal. It enhances the capacity of health professionals, teachers and development workers. It also raises awareness by improving how the public understands mental health and psychosocial issues at national, provincial and local levels through networking, capacity building and awareness campaigns. It closely works in line with the government's policy, strategy and plan of action related to mental health and disability and contributes in achieving objectives set by the Government of Nepal and Nepal's SDG's goal. From the start, CMC-Nepal has been extensively working to develop human resources in mental health and psychosocial Counselling services. CMC-Nepal has also worked with people affected by the internal conflict, disasters (earthquake, flood, landslide, storm and COVID 19 pandemic), GBV survivors, migrant workers, brick kiln workers, Verified Minors Late Recruited (VMLR) and bonded labors. It has also contributed in empowerment of the poor and marginalized people through integrating psychosocial approaches in development projects and addressing the mental health and psychosocial needs in all tiers of government. To add, it has worked with International Non-Government Organizations in addressing psychosocial issues, especially focused on children, women, people with HIV/AIDS, GBV survivors and people with disability.

OUR VISION

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

OUR MISSION

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

OUR GOAL

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

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

MESSAGE FROM THE CHAIRPERSON

Dear friends,

We have completed yet another successful year for CMC Nepal. I am pleased to share this annual report with the details of what we have been able to do and achieve in the area of mental health and psychosocial Counselling in line with the national goals and priorities. As you know the constitution of Nepal has envisioned a dignified life and established health as a fundamental right of the people. Mental health, as an integral part of health, is included as part of basic health services in the National Health Sector Strategy 2015-2020 and Public Health Act 2018. The Mental Health Strategy and Action Plan 2020 has aimed to ensure basic mental health services for all citizens by integrating them into the public health service system.

CMC-Nepal has been working closely with the government of Nepal, community-based organizations, people with psychosocial disability and their families, communities, teachers, health service providers, and other relevant stakeholders for the promotion and prevention of mental illness. Further, CMC-Nepal is contributing to increasing access to mental health care and psychosocial services in remote parts of the country. CMC-Nepal follows internationally practiced promotional, preventive, access to care, and community-based rehabilitation approaches during project implementation that contribute to respecting, protecting, and fulfilling the rights of vulnerable and marginalized people with mental health conditions.

CMC-Nepal has implemented 11 different programs in 54 districts focused on promotion, prevention, and access and quality of care. In the year 2022, the organization continued implementation of its core programs—Community Mental Health and Psychosocial Support and School Mental Health followed by other projects i.e. Gender-Based Violence Prevention and

Response, GBV Response in COVID-19 context in Nepal, technical support in the psychosocial service in Safer Migration (SaMi), Inclusive Community Mental Health and Psychosocial Counselling to Conflict Victims, Promotion of Child Mental Health and Psychosocial Wellbeing in Community, Child and Adolescent Mental Health Research Project, and Enhancing Mental Health and Psychosocial Wellbeing in Migrant Workers and Families.

Thus far, CMC-Nepal has provided direct care to over 119,000 people and contributed to strengthening Nepal's public sector healthcare through its collaboration with the government of Nepal through the publication of training and reference materials and providing inputs into policy-making. Most importantly, we are grateful for being able to contribute to saving a number of lives. Your (prayers and) support have played a crucial role in all this achievement.

As the Chairperson of CMC - Nepal I extend my gratitude to all the supporters. Special thanks to Felm, Tearfund Australia, SaMi/Helvetas, Swiss Agency for Development and Cooperation, CBM Global, European Union, United Nations Population Fund, Ipas, and The World Bank for their generous and continued financial contribution. We look forward to receiving support from all the partners for further strengthening of mental health and psychosocial services across the country. Our appreciation to the different tiers and agencies of the government of Nepal for the partnership and collaboration. Many thanks and congratulations to all staff members, consultants, advisors, and board members for their dedication to the work of CMC-Nepal.

Dr. SP Kalaunee
Chairperson

CMC-NEPAL AT GLANCE










Annual Report 2022 comprehensively covers the programs / projects, their activities and achievements in line with the strategic goal of CMC-Nepal. It also provides an overview of our project interventions carried out in partnership collaboration with all three layers of the government and I/NGOs.

In 2022, CMC-Nepal directly worked and provided mental health and psychosocial counselling services to more than 18000 people and their families in 206 (rural) municipalities of 53 districts across the country. It implemented its regular programs and emerging projects. They are;

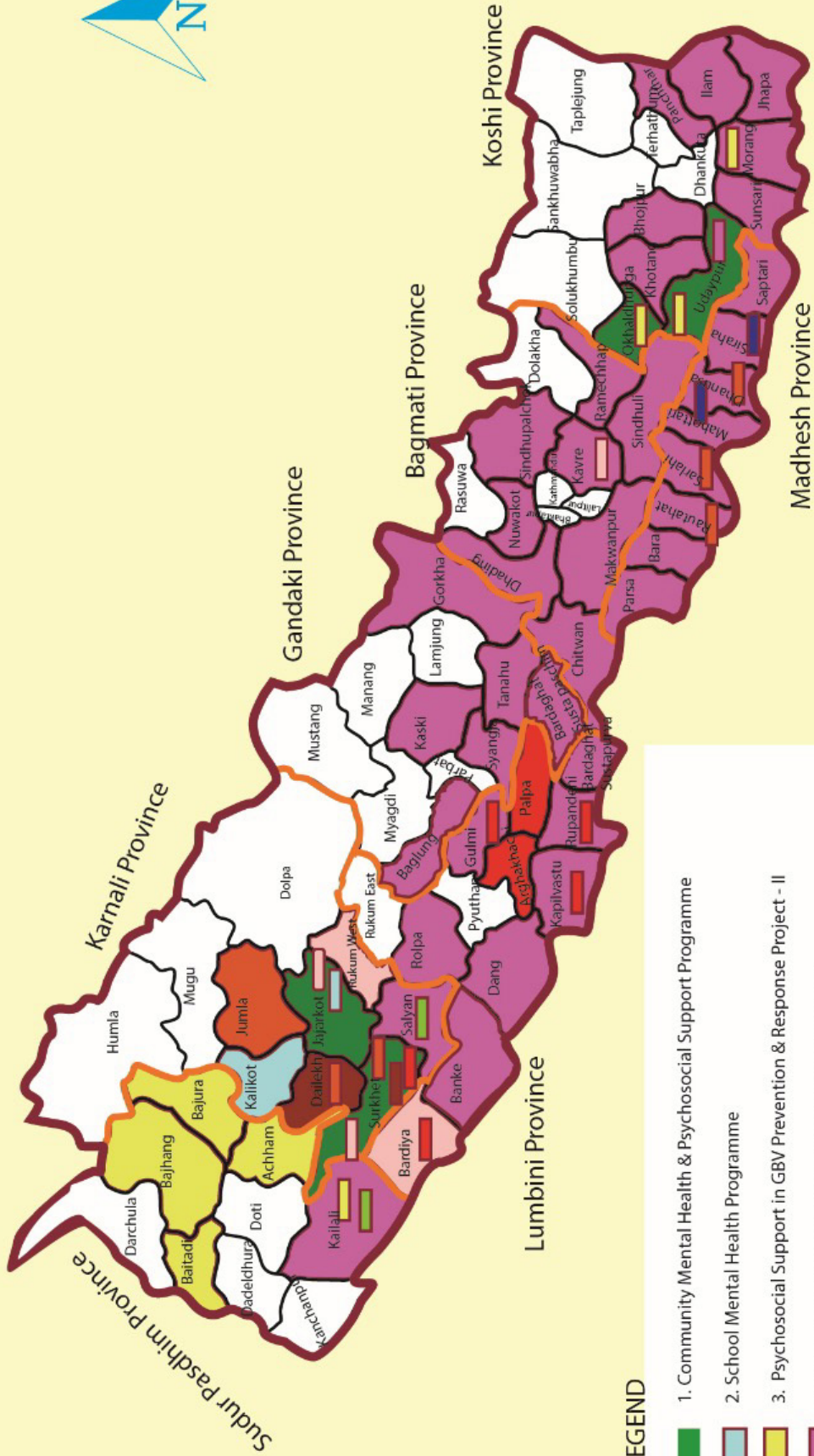
1. Community Mental Health and Psychosocial Support Program in 4 districts and cater mental health and psychosocial services to 4642 people.
2. School Mental Health Program launched in 2 districts. 248 children (184 girls and 134 boys) received school counselling service at school by trained psychosocial focal teachers. 223 people (48 children) with mental health problems received mental health service from trained health workers. 120 teachers from 60 schools have been trained as psychosocial focal teachers to deal psychosocial problems of the children.
3. Psychosocial Support in Safer Migration Project in SaMi program districts provided individual counselling services to 3436 people and 2802 wives, mothers and fathers of migrant workers from 406 groups. This project empowered local resources to offer essential psychosocial support by enabling them to identify and provide basic services within the community.
4. Gender Based Violence Prevention and Response Project-2nd phase, a UNFPA supported project run in 19 (rural) municipalities of 8 districts from July 2022. It has facilitated OCMC and local communities in identification and provision of mental health and psychosocial services. A total of 2359 GBVs survivors received multi-sectoral response from OCMC and community level.
5. GBV Response during COVID, supported by EU/ UNFPA implemented in 7 (rural) municipalities of Dhanusa, Surkhet, Dailekh and Jumla. 3979 GBV survivors received multi-sectoral response from the OCMCs.
6. Inclusive Community Mental Program have been implemented in 5 municipalities of 2 districts of Karnali Province. This project has built mental health and psychosocial counselling service in 15 health facilities. 816 people with mental health conditions received mental health and psychosocial counselling service.
7. Promotion of Child Mental Health and Psychosocial Wellbeing in Community, implemented in Siraha and Dhanusa district to improve mental health psychosocial well-being of most marginalized and vulnerable children, girls and children with disabilities. 708 children at risk received mental health and psychosocial service from the teacher and health workers.
8. Psychosocial Counselling to Conflict Victims Project, implemented in Kavre, Bardiya, Surkhet, West Rukum and Jajarkot to provide psychosocial counselling and mental health service to the conflict affected people and their families. 612 (442 conflict victims) people received psychosocial counselling service and 540 conflict victims received group Counselling in 48 groups in 13 local levels. 214 (58 conflict victim) received specialized mental health service.
9. Enhancing mental health and psychosocial wellbeing of migrant workers and their families Program in 2 districts. 394 children (129 returnee migrants and families) received mental health and psychosocial counselling service from government health facilities.
10. Strengthening Provincial Health System and Services to provide essential Mental Health & Psychosocial Support (MHPSS), was implemented in 6 districts of Lumbini Province. 192 health service providers were trained in mhGAP training (module 2).
11. Child and Adolescent Mental Health Research Project implemented in Kailali, Kavre and Surkhet districts provided psychosocial counselling to 787 children.

CMC–Nepal continues its work on creating awareness in mental health and psychosocial issues while enhancing access to quality mental health and psychosocial services. Furthermore, it engages in policy advocacy and lobbying efforts to integrate mental health services into the existing healthcare and education systems. Consequently, the provincial and local governments have started to allocate budget and launch programs focusing mental health and psychosocial services.

HIGHLIGHTS AND FACTS OF 2022

PROGRESS OF ALL PROJECTS INCLUDING HRDU	2019	2020	2021	2022	CUMULATIVE (20 years)
 MENTAL HEALTH SERVICE DELIVERY	3467	4419	4949	6435	73003
 PSYCHOSOCIAL COUNSELLING	2659	4117	7463	10786	39302
 SCHOOL COUNSELLING	1138	113	1071	903	7135
 CAPACITY BUILDING					
• MEDICAL OFFICERS (MODULE 2)	23	8	6	36	366
• PARAMEDICS (MODULE 2)	36	63	34	228	1500
• ANM/NURSES (MODULE 1)	34	66	8	28	386
• TEACHERS	459	752	480	1968	5460 (including 926 in school counselling)
• SOCIAL WORKERS/ NGO STAFF/HEALTH WORKERS	17	134	150	66	1160 (including 477 in 6-months PSC training, module 6)
• COMMUNITY MENTAL HEALTH TRAINING FOR HEALTH MANAGERS (MODULE 5)	-	-	-	98	98
 AWARENESS RAISING	38920+	30100+	64300+	113000+	404300+
 SELF HELP GROUPS	9	6	11	9	104 (1201 members, 6 district level mental health network)
 LIVELIHOOD	144 families	59 families	53 families	473 families	778 families
 HUMANITARIAN AID	35800	- - 14 families (Fire-outbreak of Salyan) windstorm (Bara & Parsa) where 564 people benefited with PFA & 55 people affected by the windstorm benefited with PS Counselling services			35800 (Earthquake survivors of 2015) 521 (Flood survivors of Banke and Bardiya) 14 families (Fire-outbreak of Salyan) 619 benefited
 COVID RESPONSE	-	-	22469 individuals		63801 individuals

Working Areas of CMC-Nepal



LEGEND

1. Community Mental Health & Psychosocial Support Programme
2. School Mental Health Programme
3. Psychosocial Support in GBV Prevention & Response Project - II
4. Psychosocial Intervention to Safer Migration Project
5. Promotion of Child Mental Health & Psychosocial Well being in Community
6. Inclusive Community Mental Health Program
7. Psychosocial Counselling for Community Integration of Conflict Victims
8. GBV Response Project in COVID -19 in Nepal
9. Enhancing Mental Health Wellbeing of the Migrant Workers and their Families.
10. MHPSS Strengthening Support in Lumbini Province

COMMUNITY MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT PROGRAMME (CMHPSP)

This is the first year of the seventh phase (2022-2025) of the Community Mental Health and Psychosocial Support Programme (CMHPSP), which is being continued in all old 5 local level of Udayapur, 4 local level of Okhaldhunga and 4 local level of Surkhet and extended in one new local level of Surkhet and 2 new local level of Jajarkot districts(see map). The programme was financially supported by Tearfund Australia. CMC – Nepal maintained the collaboration with the Ministry of Health and Population (MoHP) and Department of Health Services (DoHS) and its divisions mainly Epidemiology and Disease Control Division (EDCD) and National Health Training Centre (NHTC) at central level and with the Ministry of Social Development and Ministry of Health at provincial level and with all sixteen (rural) municipalities to implement the project in this reporting year.

This project aims to protect the rights of mental health and psychosocial wellbeing of the people of the project locations through

- increasing access of mental health and psychosocial services

KOSHI PROVINCE:

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, Chingadand Chaukune Rural Municipality

Jajarkot: Cheddagad Municipality and Barekot Rural Municipality

- improving behavior, attitude and relationship and policy of community people, service providers and policy level authorities towards the people with mental health problems and their families
- upscaling community based mental health program at national, province and local level

Free from Social Stigma

There is an abundance of social stigma attached to mental health in Nepal. One of such case is of Deepak Giri, a 29-year-old man who lives in Panchapuri Municipality-7 in Surkhet District. He lives with his wife and two children. He was a victim of social exclusion due to his mental health status. His relatives and neighbors used to call his mental illness a communicable one and used to maintain a distance with him.

He used to faint frequently during childhood; these episodes only increased gradually with his age. He was taken to traditional healers in a hope to improve his condition but all in vain. Fortunately, CMC-Nepal's program started in Salkot Primary Health Care Centre (PHCC) in Panchapuri, and he came to know about the

Psychiatrist visits in the PHCC for treatment. He sought help and was provided with medicines. He also received a disability card of "B" category and started to receive social benefits from the government. His life finally seemed controllable. Now he is included in community events too. He was also elected the secretary of self-help group (SHG) which provided him a chance to participate in trainings, furthermore, a safe place to share his feelings and listen to others. He also started a small business with the loan he received from the SHG and INF International. His mental health improved and this was a hardcore evidence against mental health stigma he faced in the past. He is thankful and grateful towards CMC-Nepal.

Linking with Social Security

- 56 (21 Udayapur, 14 Surkhet & 21 Okhaldhunga) people with psychosocial disability received disability cards

Mental health service

- 4256 (2490 Female and 1766 Male) persons with mental health problems received mental health service from 17 health facilities

Psychosocial counselling service

- 386 (304 Female and 82 Male) persons with psychosocial problems received psychosocial support and counselling service

Capacity building

- 3 medical doctors and 9 paramedics received mhGAP training (module 2)
- 4 trained medical doctors and 22 paramedics received 4 events of clinical mentoring and supervision from the psychiatrists
- 6 nurses and Auxiliary Nurse Midwives (ANMs) received basic psychosocial support training (module 1)
- 24 trained Nurses & Auxiliary Nurse Midwife (ANM) received 4 events of psychosocial supervision

The recovery of the people with mental health conditions is increased from 75% in last year to 85% in this year. All the recovered cases have improved mental health wellbeing and engaged in their daily activities. 15% people with mental health conditions are in follow-up at local health facilities.

Psychotropic medicine was made available in all 17 health facilities by the local and provincial as well as central level government's supply chain which covered 90% of total demand and remaining 10% was covered by CMC-Nepal's supply system.

Livelihood

- 102 people with mental health problems and their families is engaged in livelihood or income generating activities

Advocacy and Lobby

- 1 event of meeting conducted in MoHP and more than 10 events of meeting attended by CMC-Nepal organized by NHTC, NCD section of EDCD. More ever, CMC-Nepal conducted 4 events of coordination and review meetings at Karnali Province
- Siddicharan, Manebhangyang, Chishankhugadhi and Chingad Municipalities prepared mental health action plan in year 2021-2022 and implemented activities. Increased allocation of the budget in mental health in other local levels as well.
- Review meeting/MPAC meeting conducted in all local levels.

Right based approach in mental health, working with Self Help Groups and other concerned stakeholders

- 16 community level SHG received regular mentoring and support from CMC-Nepal on right-based approach in mental health.
- 2 District SHG networks and 1 ad hoc committee of District SHG network received knowledge on strengthening organizational capacity, leadership and self-advocacy
- 150 members from 7 SHGs received orientation on policy and strategy related to mental health and disability

Awareness raising

1200 community people and local level elected representatives received orientation on mental health issues and reducing social stigma

1129 students and community members of project locations received messages on Gender Based Violence (GBV), suicide and early marriage prevention

More than 75% of total cases with mental health problems diagnosed at health facilities were referred by Mental Health Self Help Group Members, community psychosocial workers, mother groups, FCHVs and school students & teachers.



SHG formation meeting



World Disability Day celebration with OPD's and SHG Network

This year was the first year of the sixth phase (2022 to 2025) of the programme being implemented in 60 schools and 8 health facilities of 4 municipalities of 2 project districts (Jajarkot and Kalikot) of Karnali Province. A Memorandum of Understanding (MoU) is signed with the Centre for Education and Human Resource Development (CEHRD) at central level and with all municipalities at local level. SMHP is financially supported by the Felm, Finland.

The main aim of SMHP is to support in the enhancement of quality learning through the promotion of psychosocial wellbeing of children and adolescent of program schools. This program has been following three approaches that includes; promotional, preventive and curative approaches. Promotional approach focusses on promotion of child friendly environment at school through promoting school based psychosocial promotional activities such as use of promotional boards, child friendly sitting arrangement, practice of positive disciplinary tools, and practice of peer learning, life skill education in the classrooms. Likewise, under promotional activities includes practice of parental psycho-education, child club empowerment, interaction with adolescent health awareness and School Management Committee/Parent-Teacher Association (SMC/PTA) together with promotion of

KARNALI PROVINCE:

Jajarkot: Bheri and Nalgad Municipality

Kalikot: Khadachakra and Raskot Municipality

youth psychosocial development center in the project location.

Regarding preventive approach, program has been supporting program schools in developing psychosocial focal teacher and supporting in identification of emotional and behavioral problems on students thereby providing psychosocial Counselling to the children and adolescents at school. Additionally, CMC-Nepal has been reinforcing schools to practice complain listening box, management of psychosocial support unit and separate room for student psychosocial Counselling. In regards to the curative approach, CMC-Nepal is building the access of mental health and psychosocial counselling service at government health facilities to the children, parents, teachers and community people through training and clinical mentoring and supervision.

From School Absentism to Full Attendance

A 14 year old adolescent boy of Khandachakra Municipality, Kalikot lives with his grandmother. He was a 9th grader at Kalika Secondary School who used to go to school for 2 days in a week, remaining absent for the rest. It was revealed by his grandmother that his father died when he was 6 years old and his mother married another man.

He later disclosed to have been a last bencher of the class because his teachers used to scold him, blame him and set him as an example of a bad boy of the class. All of this discouraged him and lowered his confidence. Such behaviors came into notice by a trained psychosocial focal teacher. He discussed the issue with the boy's teachers and even

visited the boy's house. The boy then attended five psychosocial Counselling session with the trained teacher. The boy's feelings were listened to and he learned emotion management skills. He was also encouraged to participate in classroom based psychosocial promotional activities. Furthermore, psychoeducation was provided to his grandmother and aunt.

Gradual positive changes are seen in him. He attends the school regularly. He is confident, more interactive with the teachers and follows up with home assignments. Although he has a few friends even now, he is active and happy. Regarding his caregivers, his grandmother and aunt help him start his days by preparing morning meals timely. They also visit his school frequently to get updates about his study and behavior. He says, 'I want to continue my school education even if I have to work on.



Student psychosocial counselling service

- » A total of 248 children (114 girls and 134 boys) received psychosocial Counselling service at school by trained psychosocial focal teachers
- » 24 schools managed separate student psychosocial Counselling room
- » 24 schools included student Counselling in teachers' daily routine.
- » 38 schools practiced student complaints listening.

Mental health service delivery

- » 223 people (34 children -girls 14 , boys 20 , female 90 & male 99) with mental health problems received mental health service from trained health workers
- » 34 difficult cases with mental health problems were referred to health facilities from school.

Psychosocial Counselling service

- » 14 (6 female, 8 male) received psychosocial counselling service from trained health workers of the 8 health facilities

Capacity Building

- » Duty
- » 1410 school health workers received basic training on psychosocial counselling
- » 120 psychosocial counsellors received 1st and 2nd level training each 5 days training on psychosocial counselling
- » 8 paramedics received training (module 1) on psychosocial counselling them including training by medical doctors through clinical supervision
- » 7 nurses received psychosocial supervision regular backstop



Building bearers

Teachers received training in classroom based emotional activities.

Class focal teachers received 2nd module of training on student counselling

Teachers received mhGAP (2) and backstopped already trained teachers and paramedics through mentoring and

Additional training in basic support (module 1) and supervising supervision

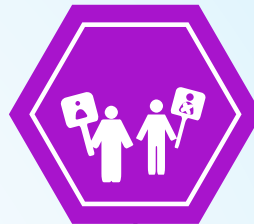


Awareness raising

» 4248 parents (2062 F and 2186 M) participated in parenting education sessions and school activities.

» 60 child clubs oriented on child safeguarding, life skill educations, preventing early marriage, bullying and suicide prevention

» 5887 adolescents (2989 boys and 2989 girls) received orientation on adolescents' girls' health awareness, preventing early marriage and psychosocial health.



Right based approach in mental health, working with parent psychosocial Counselling groups and other concerned stakeholders

» 5 parent Self Help Group formed at four program municipalities for promoting right based approach in mental health

» 1060 persons with mental health problems and their family members and FCHVs received information on mental health issues and social stigma



Lobby and advocacy

» 960 (533 female & 427 male) SMC/PTA members and 218 community leaders and government authorities actively involved in promoting inclusive education

» 12 schools included school mental health in their school improvement plan.

» 25 master trainer developed on 5 days customized training on student psychosocial Counselling by CEHRD with technical support of CMC Nepal.

PSYCHOSOCIAL INTERVENTION TO SAFER MIGRATION PROJECT

The Safer Migration Program (SaMi), a bilateral initiative of Government of Nepal (GoN) and Switzerland. This program is being implemented through the partnership between the Ministry of Labour, Employment and Social Security (MoLESS), HELVETAS Swiss Intercooperation Nepal as a technical assistance provider, the Foreign Employment Promotion Board (FEPB) and selected local governments. This program intends to support Nepali potential migrants, both women and men by providing them with accurate and relevant information on foreign employment so that they can make informed decision whether to go for labor migration or not. The overall goal of the program is “Migrants (Male/Female/marginalized groups) and their families are better protected by Nepali institutions in Nepal and benefit from decent work conditions abroad”.

SaMi/HELVETAS entered into the partnership with CMC – Nepal since November 2013 for catering psychosocial expertise in the project and to address the social cost of labour migration. The pilot phase for providing psychosocial component in SaMi was implemented from November 2013 in Sarlahi and Khotang districts and second phase was implemented in nine districts; Nawalparasi (Bardaghat Susta) east and west, Ramechhap, Dhanusha, Sarlahi, Khotang, Nuwakot, Dhading and Sindhupalchowk. The third phase of this phase is implemented from 18th September 2019 in

156 (rural) municipalities of 38 districts, across all 7 provinces.

The project addresses the social costs of migration by dealing with the negative social and psychological consequences of migration on the migrants and their families, i.e. spouse, children and parents. The purpose of Psychosocial Intervention in Safer Migration (SaMi) program is:

- Support families of migrants to better deal with the psychosocial consequences in the absence of migrating family member
- Support families and migrants facing psychological stresses and difficulties linked to the negative migratory experience.
- Link/refer the clients having psychosocial problems to the existing support system available at local, state and federal level.

CMC-Nepal is supporting local governments and local service providers (LSP) in implementing psychosocial component by training psychosocial counselors, supervising psychosocial counselors both at field and distance to help to deal psychosocial issues of their clients and able to support the program on the most appropriate and effective mechanism to set up for supporting families in the context of migration in SaMi’s geographic working areas.

Counselling mitigated the pain of losing a loved one

Foreign employment has both its pros and cons. While remittance is enjoyed by the families, losing a family member in a foreign land remains common and disheartening. Gunjan (pseudo name) from Dang Lamahi has faced the same as she lost her husband who had gone to Malaysia for labor work in the year 2019 A.D. by paying a sum of one lakh fifty thousand to a manpower company. His wife, and two children were left alone.

During a home visit as part of the safe immigration program (SaMi), a counselor had a meeting with Gunjan. At that time, she looked physically weak with a thin body, curly hair, and a pale complexion. She got to know about the psychosocial effects caused by the various issues related to foreign employment and available psychosocial Counselling services to ease the problems in the family. During this discussion, Gunjan opened up about her psychosocial distress and discomfort.

Gunjan’s husband was doing well in his job when an

unforeseen occurred and he passed away due to the pandemic, Covid-19, in a foreign land. She couldn’t even see his body for the last time. She was not only attacked emotionally but she also lost her financial support as she was dependent on him to run the family. On the first Counselling session, she reported to the counselor that she worried excessively about her children’s education, felt lonely, and faced lack of sleep and lack of appetite.

She started to attend counselling sessions regularly. She was taught to focus on the present and find resources to help her deal with her emotions. After the fifth session, a change began to be seen in her. She was able to practice self-care, and there was a positive impact on sleep and appetite. She says, “By receiving Counselling service I understood that death along with birth is a certain natural law.” She adds, “I used to run the house with the help of my relatives, family and now I can do something myself”.

She attended seven sessions of counselling in total and made a huge progress. By the last session, she was already independent, expanding her small business of grocery store. Now she provides care for herself and her children.

Psychosocial Counselling service



- » 16 psychosocial counselors completed all three modules of 6 months psychosocial counselling course. Similarly, 15 psychosocial workers completed first module of six-month psychosocial counselling course.
- » Dissemination of 6 months Counselling training package at central level
- » Case referral to OCMCs of different project districts.
- » Addressed request of additional mental health activities from local government.
- » Support in preparation of mental health strategies in different local levels
- » Project staff received a 5-days technical supervision from international psychologist

- » 3436 persons (3110 F & 326 M) benefitted from psychosocial counselling service who were suffering with psychosocial problems like depression, anxiety, suicide attempt etc.
- » 2802 wife, mothers and fathers of migrant workers (2690 F and 112 M) of 406 groups were benefitted by group counselling service.
- » Stress management sessions to prisoners from Kapilvastu and Tanahu.

Capacity building



- » 16 psychosocial counselors completed all three modules of 6 months psychosocial counselling course. Similarly, 15 psychosocial workers completed first module of six-month psychosocial counselling course.
- » Dissemination of 6 months Counselling training package at central level
- » Case referral to OCMCs of different project districts.
- » Addressed request of additional mental health activities from local government.
- » Support in preparation of mental health strategies in different local levels
- » Project staff received a 5-days technical supervision from international psychologist

- » 3 persons (1 M, 2 F) were supported with emergency fund for medical support for mental and physical illness
- » 1 (3F) case was referred for PS Counselling services at CMC-Nepal

Emergency Aid



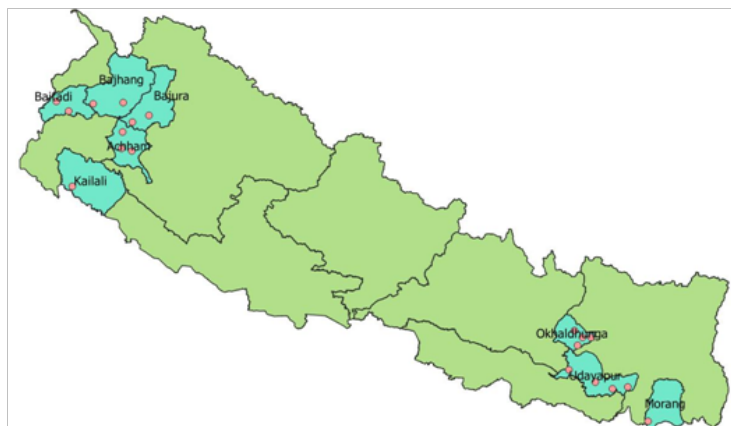
Contributing factors for psychosocial problems to Migrant workers and families

Major contributing factors for psychosocial problems were loan (12.6%), other problems (11.2%), work and salary different of migrant workers (11.0%), domestic violence (9.9%), workload (8.5%), death of MW (7.6%), health problems of MW (7.4%), contactless status of MW (6.7%), cheating by manpower (5.9%), child related issues (5.8%), social blaming (3.2%), MW in undocumented status (2.8%), husband remarriage (2.3%), MW in jail (1.8%), MW overstay (1.7%) followed by accident of MW (0.9%) and wife remarriage (0.7%).

In contributing factors, others problems comprise higher number (11.2%). It includes extramarital affair of partners, discrimination from families, loss of memory power, health problem of client, couldn't return from destination country, fight with friend and loss of job, family dispute due to lack of income, misuse of money.

Source: Program annual report 2022-2023

GENDER BASED VIOLENCE PREVENTION AND RESPONSE-II PHASE



Koshi Province:

- Okhaldhunga : Sidhicharan M, Chisankhugadi RM, Molung RM, Mannebhanjyang RM
- Udayapur: Katari M, Triyuga M, Chaudandigadi M, Belaka M
- Morang: Biratnagar Metropolitan city

Sudurpaschim Province:

- Kailali: Dhangadi submetropolitan city
- Bajhang: Bithadchir RM, Jayprithvi M
- Baitadi: Patan M, Dasrathchand M
- Bajura: Budhiganga M, Badimalika M
- Accham: Mangalsen M, Safebagar M, Kamalbazar M

The project (2020-2024) is funded jointly by the Swiss Agency for Development and Cooperation (SDC), the Royal Norwegian Embassy in Nepal (RNE) and UNFPA. IPAS Nepal has lead the response part of the project in partnership with CMC-Nepal and other consortium partners.

The project aims to reduce all forms of gender-based violence (GBV) and discrimination against women and girls in 19 municipalities in Koshi

Province and Sudurpaschim Province. CMC-Nepal has an important role in the project by developing the support mechanism in prevention as well as response to GBV Survivors through capacity building of multi-stakeholders in psychosocial component in the prevention and response. Additionally, this project aims to reach out to the unreached women suffering from GBV in consultation and collaboration with all the three tiers of governments (local, provincial & federal).

My journey

I am Lalita Bhandari (pseudo name) and this is my journey. I had a fairly happy childhood. At the age of three, my family and I relocated to a village named Dudilakhana. We adapted well to our new surroundings. Later on, we relocated once more, this time to the plains, where we lived alongside our grandparents.

I passed my secondary level education while simultaneously taking care of grandparents and doing household chores. I wanted to continue my education but was unable to do so due to the financial condition of my family. All my dreams were put to a halt when I was pressured to get married at age 17. I became the youngest daughter in law in my new family and being the youngest daughter in law, my voice was unheard and I had to live within the rules and boundary. I slowly started to understand the societal norm of living under the control of in laws and family.

Although my new family did not like the idea of me

attending high school, they agreed to let me take exams from home. After high school, I worked as a primary school teacher, earning NRS. 2000. I got pregnant and gave birth to a beautiful daughter. I juggled between work and taking care of my child but I stayed strong for my daughter and family.

However, my entire life was turned upside down on May 5th, 2019, at 1:15 am when my husband, who was abroad for work, passed away. I was shattered. I felt too anxious to face the community and had depressive symptoms such as, emptiness, insomnia, loss of appetite. Though I had thoughts of ending my life, my unborn child gave me a reason to keep going.

People's attitudes changed after my husband's passing. I was questioned about my ability to care for my children, especially since they were daughters. But I didn't care. I am keen about social work so now I work independently as a community psychosocial worker in Patan Municipality, Baitadi. In the coming days, I want to help people who have been trapped in gender-based violence to take a step in making life beautiful like I did.



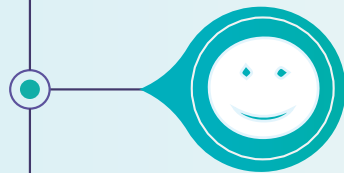
Multi-sectoral response

- 2359 GBV survivors (2212 Female & 147 Male) received multi-sectoral response from OCMC, including psychosocial counselling service from the case managers and psychosocial counsellors in OCMC and through community outreach service.
- Out of 663(621 Female, 42 Male) interviewed survivors, 91% of them were satisfied with OCMC service



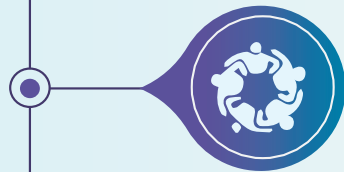
Mental health service delivery

- 235 GBV survivors (177 Female & 58 Male) with mental health problems received specialized mental health service from the OCMC district hospital and Primary Health Centre.



Psychosocial support

- CPSWs identified 4976 GBV survivors (4437 Female & 539 Male).
- 4046 (3687 Female, 359 Male) were provided psychosocial first aid. Additionally, 779 survivors were referred to OCMC.



GBV prevention activities

CPSWs provided

- awareness raising program to 66652 persons (52091 Female & 14561 Males)
- psycho education to 2739(2446 Females, 293 Male) family member of GBV survivors
- Rallies, campaigns, mass advocacy, street dramas, song competition, speech competition etc. were organized to mark International Women’s Day and 16 days of activism against gender-based violence.



Lobby/Advocacy

- Local project advisory committee (LPAC) meeting held on semiannual basis on each working local government.



Capacity enhancement

- 40(33 CPSW & 7 CPSW Coordinator) newly recruited community staff were provided 10 days basic psychosocial support and gender transformative approach training
- On Quarterly basis supervision of project staff were conducted to upgrade their skills and knowledge and thereby facilitate service delivery to GBV survivors

GENDER BASED VIOLENCE RESPONSE IN COVID CONTEXT IN NEPAL

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

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

MADHESH PROVINCE

Dhanusha: Janakpurdham Sub-metropolitan City, Mithiladham Municipality

KARNALI PROVINCE:

Surkhet: Birendranagar Municipality, Bheriganga Municipality

Dailekh: Narayan Municipality, Dullu Municipality

Jumla: Chandannath Municipality



Training to FCHVs

- 4,254 (male: 495; female :3759) GBV survivors accessed multi-sectoral response services from health care providers, psychosocial counsellors, shelter homes, police, lawyers, etc.).
- 3979 GBV survivors [Male: 90, Female: 3887, Other: 2]) accessed health and psychosocial support services at OCMCs.
- 95.7 % of GBV the survivors reported to have satisfied with services received at OCMCs



Multi-sectoral response

Mental health service delivery



- 184 GBV survivors (Male: 0 and Female: 184 with mental health problems received specialized mental health service from the OCMC district hospital and Primary Health Centre. The PS counselors made follow-ups on all the cases.

- A total of 2,510 (male:278; female: 2,232) GBV survivors were referred by CPSWs to multi-sectoral GBV services
- CPSWs identified 9067 GBV survivors (Male: 744; Female: 8175), 4396 were referred to OCMC and remaining were provided psychosocial support by CPSWs.



Psychosocial support

Capacity building



Duty bearer:

- 53 (CPSWs: 14; CPSW Coordinators: 7; CMs: 8; PSCs: 8) frontline workers received supervision and mentoring on psychosocial support and mental health care provision as part of enhancing capacity and helping them deliver quality services to the GBV survivors at OCMC and community levels.
- 29 (OCMC: 5; MO/ Health Facility: 24 Health Workers) health professionals received supervision and guidance who completed the blended learning course.
- A total of 20 staff nurses (all female) who completed the psychosocial Counselling training under the NHTC provision.

- 15 coordination and knowledge sharing meetings were provided that included the meeting conducted at the federal level as well.
- Information on functional GBV referral pathways was updated a final decision was made at the secretary level to take the referral pathways to the provincial cabinet in Madhesh Province for official endorsement and in the process of approval from Ministry of Social Development which will then be taken forward so as to endorse it from the provincial cabinet.



Lobby and advocacy

INCLUSIVE COMMUNITY MENTAL HEALTH PROGRAM (ICMHP)

CMC-Nepal implemented a three-program named 'Inclusive Community Mental Health Program' in technical and financial support of CBM Global from 2020. The overall objective was to improve quality of life of persons living with mental health condition and psychosocial disability in collaboration with local government. At federal level, CMC – Nepal consults and collaborates with the Ministry of Health and Population (MoHP) and Department of Health Services (DoHS) and its divisions mainly Epidemiology Diseases Control Division (EDCD) and National Health Training Centre (NHTC) for implementation of the project. At province level, CMC-Nepal works in close coordination with Ministry of Social Development and its divisions. Further, CMC-Nepal had signed a Memorandum of Understanding (MoU) with all five local governments and project activities have been implemented in close coordination and collaboration with them.

The project works to ensure that persons with and at risk of mental health conditions and psychosocial disabilities have access to quality mental health and psychosocial support services at community level and they are able to

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

KARNALI PROVINCE

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

Dailekh: Narayan Municipality, Dullu Municipality



Psychosocial Counsellor providing counselling session at counselling room supported by CMC-Nepal (Health Worker of Dullu; Counselling Trainee observing the session)

Seeds of Empowerment

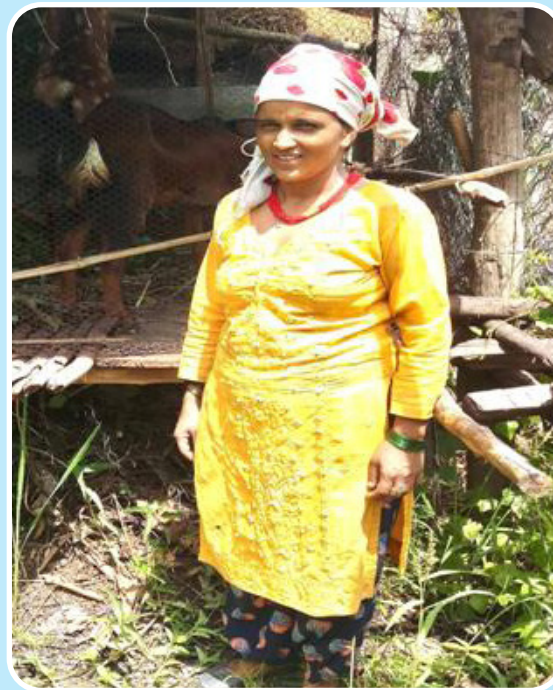
Limited access to livelihood initiatives for individuals with mental health conditions leads to their dependence on family members. This often hinders their personal growth and community engagement. Recognizing the importance of financial independence, CMC-Nepal came up with ICMHP project, an innovative approach to empower individuals through seed money support.

In 2021, CMC-Nepal formed 13 Self Help Groups (SHGs) aimed at empowering individuals with mental health conditions. Each SHG received NPR 80,000 as seed money to kick start their livelihood initiatives, allowing them to make investment decisions independently. The goal was to create a revolving fund that could support the entrepreneurial endeavors of the SHG members.

Many SHG members chose animal rearing ventures like goat/chicken rearing, pig farming, and vegetable farming, which proved profitable within a year. While other SHGs explored local shops and bamboo stool making. Success stories inspired others in the community, catching attention of local government. Impressed by the positive impact, the government contributed NPR 528,000 to support SHGs' livelihood initiatives, including NPR 80,000 as additional seed money in Barahaatal. As SHGs thrived, they found support from municipalities too.

During this journey, the SHGs earned valuable insights. They realized that impactful seed money programs require the involvement of the local government for proper monitoring and support. Moreover, they acknowledged the potential of developing enterprises from within the SHGs for sustainable growth. This showcased seed money's transformative ability, fostering self-reliance and breaking dependence.

"I received NRP 10,000 from Jwala Mental Health SHG for livelihood support. I invested in a goat, and after a few months, I sold a baby goat from it, making a NRP



Manisha with her goats

5000 profit. I reinvested the profit in vegetable farming, generating 15 to 20 thousand per season. Additionally, my goat is expecting its second baby. I've already repaid the money I borrowed from the SHG. After being engaged in this, I don't get any negative thoughts and I am happy that I can provide money independently for my medicines and treatment." **Anjana, SHG member from Dailekh**
"I initially received NRP 10,000 for vegetable farming, but the yield was disappointing as it barely covered our investment. Again, I borrowed NPR 8,000 from the group to buy a goat. Within a year, it birthed four babies, and by selling two for NRP 40,000, I made profits. I've already repaid two installments to the SHG. Now, I support my family and my children's education." **Manisa, SHG member from Surkhet**



CPSW facilitating orientation to persons with psychosocial disabilities and their family members on mental health condition and social stigma in Barahaatal Rural Municipality

Psychosocial counselling and follow up

- » MHSW and CPSW conducted home visit follow up for 1598 times.

Awareness raising

- » A total of 5,125 persons with mental health conditions, their care takers and community members have been sensitized in MHPSS issues, mental health promotion and disability rights. The number included 480 persons with disabilities other than psychosocial disability.
- » 1578 children and adolescents received orientation on different aspects of mental health and psychosocial wellbeing.
- » 408 teachers, school management committee members and parents received orientation on psychosocial wellbeing of the children and adolescents. The number included 71 persons with disabilities
- » World Suicide Prevention Day, World Mental Health Day and International Day of Persons with Disabilities were celebrated at all project locations.
- » Radio jingles related to mental health, suicide prevention and disability rights were prepared & aired.
- » Mental health awareness messages were shared with more than 1000 stakeholders and beneficiaries through mobile SMS services
- » 15 peer support groups for promotion of mental health were facilitated in selected schools

Livelihood support activities

- » 4 SHG groups received NRP 80,000 each as seed money support
- » 31 persons received Psychosocial Disability Identity Card
- » 350+ persons with mental health conditions and their families were benefitted from project and government livelihood initiatives
- » The groups are efficiently mobilizing seed money for livelihood initiatives



Mental health service delivery

- » A total of 816 (223 male, 534 female, 24 boys and 35 girls) persons with mental health conditions received mental health service from 15 government health facilities supported by ICMHP



Capacity building

- » 10 Health Workers (6 male and 4 female) received Module 2 (mhGAP) training
- » 9 female health workers received Module 1 (MHPSS) training
- » 5 female health workers received Module 6 (6 months counselling training)
- » 11 Health Section Chief/Vice-Chief (8 male and 3 female) participated in workshop on ensuring mental health services data in HMIS
- » 12 health workers (10 male and 2 female) attended 3 days mhGAP refresher training
- » 25 teachers (14 male and 11 female) received School Mental Health Promotion training
- » 7 project staffs received 6 months counselling training



Right based Approach in Mental Health

- » 13 SHG of persons with mental health condition were supported for community mobilization.
- » 6 SHG groups were registered at municipality level and one district network got registered at District Administrative Office of Surkhet.
- » The groups were actively engaged in creating awareness in mental health issues and local level advocacy.
- » Coordination and collaboration with the Provincial Office of National Federation of Disabled Nepal (NFDN) of Karnali Province to work in cross disability and joint advocacy at local and provincial level.



Advocacy and Lobby

- » Provincial Mental Health Strategy and Action Plan draft was prepared
- » Mental Health Policy was drafted by four municipality and approved by five municipalities
- » Availability of psychotropic medicines at both province and local level was improved
- » Linkage of persons with mental health conditions with psychosocial disability card improved
- » Advocacy for inclusion of persons with mental health conditions and psychosocial disabilities in disability movement



PROMOTION OF CHILD MENTAL HEALTH AND PSYCHOSOCIAL WELL-BEING IN COMMUNITY (PCMHP)

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



MADHESH PROVINCE

Siraha: Lahan and Dhangadhimai Municipality
Dhanusa: Dhanuaji R Municipality

Improved Mental Health Promises Return to Normal Life

17-year old Rushika Bhandari (pseudo name), a young intelligent girl (pseudo name) who lives in Dhangadhimai Municipality wanted to work as a government service officer. But life had different plans for her. Her mental health started degrading. She experienced symptoms like heightened irritability, excessive and purposeless talking, loneliness, and attempts to harm her parents, sudden running away from home, insomnia, suicidal tendencies, and unexplained episodes of loud crying for about a month. Her parents, worried about her health, even took her to traditional healers but it didn't help. Her symptoms got worse and there was no option than to keep her locked up at home.

A teacher who was trained in student psychosocial counselling, noticed Rushika's

behavior and discussed it with her and her parents. After detailed assessment, she was referred to Nayanpur Hospital. A trained senior auxiliary nurse midwife (ANM) counseled her at Nayanpur hospital and spoke to her parents. Then, she was suggested to consult a psychiatrist in Madhesh Provincial Hospital, Janakpurdham.

There, she received her diagnosis from Dr. Robin Jha and was admitted for four days. Now, she takes her medicines regularly. She was given four individual sessions of Counselling and her parents received psychoeducation. With time, her mental health improved and she was able to continue her studies.

These days, she feels well, sleeps better, eats timely and is active in doing household chores. Her parents expressed heartfelt appreciation to CMC-Nepal for the support.

FACTS AND FIGURES

Capacity building

- Duty bearer



- 96 psychosocial focal teachers received 3rd module training on student psychosocial counselling, and followed by refresher training and school level supervision
- A total 317 teachers have been capacitated on classroom based psychosocial promotional activities
- 2 medical doctor and 8 health assistants received mhGAP training and they further received 3 events of clinical mentoring and supervision
- 8 auxiliary nurse midwives received refresher training on psychosocial Counselling and psychosocial supervision at health facility level
- 2 events of 5-days customized teachers training on student psychosocial counselling conducted in Dhangadhimai and Lahan Municipality.

Psychosocial support



- 21 schools have developed and practiced child mental health promotional activities and student psychosocial counselling
- 680 students received psychosocial counselling from the trained psychosocial focal teachers
- 113 people with mental health problems (including 14 boys and 14 girls) received non-specialized mental health and psychosocial service from the health facilities.
- 30 children and adolescents received specialized mental health service from child and adolescent psychiatrist

Mental health service delivery



- 1,510 Parents/caregivers sensitized and empowered on effective parenting education/skills to promote psychosocial wellbeing of their children
- 204 Female Community Health Volunteers (FCHVs), 33 traditional healers, 587 members of mother groups and 269 other community people (total 1093) received orientation on child mental health, psychosocial wellbeing and suicide prevention
- 147 members (people with disability) of 3 OPDs have been sensitized on children rights (including children with disabilities) and mental health and psychosocial well-being of children and adolescents
- 57 media journalist received orientation on child mental issues

Advocacy and Lobby



- 165 (75 local level elected representatives, 14 municipal council members and 76 government officials) have been sensitized on inclusive child mental health policy and programs related to mental health and disability
- 2 events advocacy meeting at provincial level and 2 events advocacy meeting conducted at local government level on psychosocial wellbeing and protection of children
- 3 Municipality level project advisory committee (MPAC) meeting held in all three local level.
- Mental Health and Psychosocial Policy developed and discussed in all Lahan municipality, Dhangadhimai municipality and Dhanauji Rural Municipality.
- The guideline on child protection and promotion developed all three-local level.

PSYCHOSOCIAL COUNSELLING FOR CONFLICT VICTIMS PROJECT

Psychosocial Counselling for conflict victim project is being implemented in 1st phase after successful operation of pilot phase. Three years project activities developed together with CV leaders and Swiss Embassy team and started implementation since September 2021. Project activities are being implemented in 13 local governments of five districts in three provinces since September 2021

Goal of the project: Conflict victims articulate their needs and benefits from the transitional justice process.

Outcome 1: Conflict victims establish a stable psycho-social situation

Outcome 2: Local and Provincial government understand and respond to MHPSS needs of CVs

In this project, CMC-Nepal strengthens the capacity of psychosocial workers and thereby provides quality psychosocial intervention to conflict victims and helps to deal with the potential psychological trauma of the conflict.

BAGMATI PROVINCE

Kavre: Dhulikhel Municipality, Panckhal Municipality and Chaurideurali Rural Municipality

Lumbini Province

Bardiya: Barbardiya, Bansgadhi, Thakurbaba and Rajapur Municipality

Karnali Province

Surkhet: Birendranagar and Gurbhakot Municipality

PachhimRukum: Chaurjahari and Aathbiskot Municipality

Jajarkot: Bheri and Nalgad Municipality

“ We are happy seeing stable emotional condition of our mother (wife who husband disappeared in the conflict), she is now a days talks easily, is showing interest to interact with neighbors and relatives, support in kitchen and feeding cattle, observed much less moment of emotional distress than before she received Counselling service. ”

-- Son and daughter in-law of CV in Rajapur

“ I felt less fear and pain in my body, could engage in daily work (working in agriculture field and taming cattle, participating social activities (group meeting in community, social occasion etc), improved sleep with decrease fearful dream. Counselling has helped much, I learned exercise which supports me feeling less stress, could feel easy in body and head. ”

-- CV tortured victims of Rukum Pachim (Aathbiskot)

I have come out of the mouth of death

Maya (pseudo name) lived with her husband and two children in Bardiya. Although economically unstable, the husband and wife provided enough for the family. Her life changed when one day, her husband was abducted by the opposing party during a period of armed conflict and never came back. She tried everything in her ability in trying to locate her husband, but eventually, she had to give up on her search to care for her children. Her financial situation worsened and she couldn't provide good education to her son. He became a victim of alcohol and drug addiction but Maya couldn't afford rehabilitation for him. She began experiencing difficulties with her sleep and appetite, along with having disturbing nightmares and waking up in a state of sweat and palpitations. She would cry by herself. She came to know about the Counselling service available in her village through an orientation program held at the municipality. Her son received treatment and went abroad. However, he didn't remain in contact.

Maya who was already dealing with a lot was disheartened. She attempted suicide by hanging in a tree using a shawl. Luckily, she was rescued and kept in Intensive Care Unit for 10 days. She

was referred to the counselor for further support. Soon she started sharing and trusting the counselor. She promised to work with the counselor for her betterment. "I have come out of the mouth of death, now I will never do such stupidity", she said. The counselor taught her exercises to help her feel better emotionally and stay focused on the present. Surprisingly, her son who was out of contact returned back with his wife and a child. Maya was happy. The counselor also helped her deal with the loss of her husband. The counselor interpreted the dreams where her husband spoke to her, and they came up with a respectful way for her to say a formal goodbye and wish peace for his soul. She began doing this regularly each morning, offering water and a lamp, and repeating the words they had practiced during the ritual. This helped her come to terms with the loss, and she also began sleeping better without the scary dreams that troubled her before Counselling.

She is independent, interactive with family and neighbors and happy. She is thankful to the counselor for helping her to gain a stable mental health.

“*I felt less sad and worry when remembered my husband (killed in conflict), I started having hope and positive thoughts that present political changes is because of my husband sacrifice, we have contributed hugely for the present socio-political change (local government, province and federal government, so many people are in various political position. We felt respected when local government honored our people who gave their life for this change, people are paying respect in community.*”

--Wife whose husband killed during conflict, Chourideurali, Kavre

“*Now I am understanding about the program slowly. I came to realize that Counselling is also very much necessary. Before I was very much focused to talk about financial aspects only.*”

--CV victim in Group session, Aathbiskot

PSYCHOSOCIAL WORKERS (PSW)

**CONFLICT VICTIM (CV)
VOLUNTEERS**

**PSYCHOLOGISTS/CLINICAL
PSYCHOLOGISTS**



CAPACITY BUILDING

- 17 PSWs are selected and trained through NHTC six months psychosocial counselling training.
- 14 CV volunteers from 13 local levels received 10 days basic psychosocial support training (CPSW trainin cted in five districts.
- During training and supervision expert psychologist helped them to deal with their own loss and grief of conflict as process of emotional stability along with continued individual Counselling to those in need.
- Supervisor psychologist have rated 65% competency in Counselling skills gained 17 PSWs while 85% increase in 9 PSWs of pilot phase. PSWs work has impacted positively CVs demanding service for both psychosocial Counselling and mental health treatment.
- 9 CV volunteers of first phase project (new local level) received Counselling services from psychologists and that helped them deal their experience of loss and grief as they belonged to the same target group.
- Both psychologists received 5 training from international psychologist, both received 72 hours supervision in average and senior psychologist and senior clinical psychologist (technical director) that further built their confidence to support PSWs and provide psychosocial Counselling to conflict victims referred from PSW.



MENTAL HEALTH SERVICE

- A total of 55 CVs and 159 others (not affected from conflict) received specialized mental health service from mental health trained health workers and being supervised by the psychiatrist.
- 14 health workers received mhGAP module 2b training from 13 health facilities of all project implemented local levels.

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PSYCHOSOCIAL COUNSELLING SERVICE



- 13 Counselling service center established in each project implemented municipality.
- 612 person received psychosocial Counselling services among them 70% (442) were conflict victims.
- Group Counselling service was provided to 540 CVs in 48 groups in 13 local levels.
- Progress matrix of 0-10 scale has been used to assess the effectiveness of Counselling service and result showed average 33% improvement in their psychological symptoms and 30% improvement in mental health treatment CVs.
- 67 CVs who received Counselling services and 55 CVs who received mental health treatment have shown improvement over 75% and service has been closed.

PSYCHOLOGICAL INTERVENTION TO CVS

- 26 CVs (19 female, 7 males) received psychological intervention from CMC-Nepal's clinical psychologists and psychologist

COORDINATION WITH CV STAKEHOLDERS

- Interaction with national level CVs' network representatives took place twice where project activities, progress and issues shared and received feedback for the improvement.

ADVOCACY AND LOBBY



- 492 (285 male, 207 female) from 13 municipality representatives, officials and local CVs leaders received information about the project interventions
- Increased advocacy for the regular supply of psychotropic medicines in local level health facilities. Local levels are also purchasing and supplying it to maintain mental health treatment.
- Two events of Municipality Project Advisory Committee (MPAC) conducted. MPAC has helped to realize the importance of psychosocial support to the CVs.
- Interaction with province (MoSD) of Karnali increased to complete the provincial MHPS strategy and action plan, final draft has been progressed and is in process of endorsement.

ENHANCING MENTAL HEALTH AND PSYCHOSOCIAL WELLBEING OF MIGRANT WORKERS AND FAMILIES (PARBARDHAN)

CMC-Nepal has been implementing the project called 'Enhancing mental health and psychosocial wellbeing of migrant workers and families in partnership with local government and with funding support of Felm, Finland. This is the first year of the project started from March 2022. The main objective of the project is to promote quality of life of migrant workers and their family members including person with disabilities which results to enjoy their work and living.

- Outcome 1: Migrant workers and their family members have improved mental health & psychosocial wellbeing
- Outcome 2: The integration of the rights of persons with disabilities into government policies and practices with the active involvement of persons with disabilities and self-help groups of migrant workers has improved

KARNALI PROVINCE

Salyan: Bagchaur, Sharada and Bangadhakupinde Municipality and Chattreshwori Rural Municipality

Sudharpachhim Province:

Kailali : Ghodaghodi and Tikapur Municipality and Janaki Rural Municipality

Our family is happy again after 5 years

Samita (pseudo name), a 39-year-old woman, used to be a farmer. She lived with her husband and four children, and they were a happy family. But when her husband returned home after working as a laborer in another country for many years, his behaviors changed. He wandered around, neglected his responsibilities, and mistreated their family. This worried Samita a lot, and she didn't know what to do. Even their kids were affected, and Samita felt lost on how to help them. Despite performing numerous religious rituals and seeking help from traditional healers (dhami-jhakri), nothing seemed to work. Her health was deteriorating.

People in their community noticed the husband's behavior and talked to him about it, but he didn't change.. She became hopeless. One day, a psychosocial worker working in her community in a project by CMC-Nepal called PRABARDHAN told her

about a group that could offer support. They took her husband to a health facility where he talked to a trained person about his mental health. They also helped Samita understand what was happening and gave her ways to handle it, including medication. After this, things got better. Samita learned how to take care of her own mental health, too.

Now, she is currently leading Adarsha Self Help Group (SHG) of Salyan district. The SHG group provided her with a financial aid of (NRs. 20,000/-) for livelihood support. Her new business is thriving

She said, "After five years, our family is happy again. We used the money to buy goats. My husband takes care of them, and I can do other work." The help they received from the project helped her family cope with challenges they were facing. They are grateful towards CMC-Nepal.



Mental health service

- **394** people with mental health condition received mental health service



Awareness raising

- **1835** (including **81** persons with disability) community groups, returnee migrant workers, families received mental health promotional and stigma reduction messages.
- **1226** (including **88** persons with disability) people participated in world suicide prevention day, world mental health day, international disability day, migration day.
- **27** peer support groups formed and **363 (324 female)** benefited from the training and group sessions



Capacity building

» Duty bearer

- **6** auxiliary nurse midwife received **6 days** basic training in psychosocial support (**module 1**) and psychosocial supervision
- **1** medical doctor and **17** paramedics received **6 days** mhGAP training (**module 2**) and clinical mentoring and supervision
- **11** chief of health unit of local level received **3-days** training on community mental health (**module 5**)



Livelihood Support

- **21** migrant workers families and persons with mental health conditions received livelihood support from project



Advocacy and Lobby

- **7** Municipality level projects advisory committee (MPAC) was formed and held meetings
- Mental health and psychosocial policy developed and approved in **5** local level

“Initially – I was very active and doing series of advocacy meeting, follow-up with local government but they do not heard our voice as I was alone. Since 3-4 years, I was not active even I do not participate in any program. But now it re-birth of my campaign because presence of CMC-Nepal gives me energy and issue of person with disability is again started. With frequent advocacy of PRABARDHAN helped to raise on the discussion in local level with new incorporation of migrant workers issue.”

--Krishna Budha, OPD member.

STRENGTHENING PROVINCIAL HEALTH SYSTEM AND SERVICES TO PROVIDE ESSENTIAL MENTAL HEALTH & PSYCHOSOCIAL SUPPORT (MHPSS) DURING EMERGENCIES IN LUMBINI PROVINCE

CMC-Nepal implemented 'Strengthening Provincial Health System and Services to provide essential Mental Health & Psychosocial Support (MHPSS) during emergencies in Lumbini Province' project in 6 districts of Lumbini Province namely Rupandehi, Palpa, Gulmi, Arghakhanchu, Kapilvastu and Bardiya from 1st September 2022 to 31st December 2022 in coordination and collaboration of central, provincial and local government.

This project, funded by WHO-Nepal aims to fill the continuous and significant treatment gaps in government's mhGAP based program through building the capacity of medical doctors and the paramedics working in district hospital, primary health care centers and health posts in delivery of basic mental health services.

Districts:

Rupandehi, Palpa, Gulmi,
Arghakhanchu, Kapilvastu &
Bardiya

"I trained Health Unit Chief in Tilottama Municipality, initiated towards integrated mental health service by organizing stakeholders' formal program on the occasion of Mental health day (October 10, 2022), continuously mentally ill client getting services thereon, well recording and reporting system in regard to mental health maintained separately. Till now, more than 10 patients received mental health services by trained health workers. Medication is also made available by the local government and Health office, Rupandehi.

Manpakadi Health Post, Suddodhan Rural Municipality, Rupandehi, has also maintained separate mental health record of all the cases assessed and managed. They have also allocated budget for mental health awareness program, and skills enhancement program for the health workers."

--Trained Health Assistant (HA), Anandaban Health Post, Tilottama Municipality, Rupandehi

Capacity building

» Duty bearer

- 192 primary health care providers (30 medical doctors, 162 health assistants) trained in mhGAP (module 2)
- 69 health managers from districts and municipalities trained in community mental health (module 5)
- 47 health facilities visited with supportive supervision



MHPS Service

- 225 people with mental health problems received specialized mental health service from 17 specialist clinic run in the district hospital
- More than 100 people with mental health conditions received mental health service from trained health service providers



Awareness raising

- 938 FCHVs trained
- 1392 people reached out with awareness activities
- 15 episodes of radio programs broadcasted
- Flyers on depression and suicide prevention developed and



Advocacy and Lobby

- Regular meeting with Provincial Health Ministry, Provincial Health Directorate, Provincial Logistics management and Supply Center and Provincial Health Training Center for strengthening mental health service and system at provincial level.



HUMAN RESOURCE DEVELOPMENT UNIT

The Human Resource Development Unit (HRDU) of CMC – Nepal is responsible for designing and delivering standard and tailored training courses in mental health and psychosocial counselling. The core team of psychiatrist, clinical psychologist, psychologist and senior counsellors associated with CMC – Nepal provided service to persons with psychosocial distress and mental health problems.

It also conducted evidence-based research in mental health and published scientific articles in national and international journals.

The HRDU of CMC – Nepal actively engaged in development of training packages and supported

various organizations in developing their capacity in psychosocial and mental health services.

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

Research Articles/ conferences attended

Adolescent Mental Health Research, Funded by Wold Bank

- » Master data and household survey of 4000 (Kavre, Surkhet and Kailali)
- » 1800 adolescent /HHs selected randomly by research team- mental health situation assessment conducted, out of which 900 adolescents identified and intervention provided.
- » 6 sessions package for adolescent and 2 sessions of parent later modified to 4 + 2 session modality
- » 787 adolescents out of 900 received / counselling sessions
- » Very impressive results (86% positive result)
- » Adolescent and parent expressed improved in school attendance, improved school performances, improved behavioral problems of adolescents

Article publication in international Journal

- » Heap CJ,¹ Jennings HM, Mathias K, Mahat P, Gaire H, Gumbonzvanda N, Gumbonzvanda F, Gupta G, Jain S, Maharjan B, Maharjan R, Maharjan SM, Pillai P, Webber M, Wright J, Burgess R. (2022) Participatory Mental Health Interventions in low-income and middle-income countries : a realist review BMJ Open 2022;12:e057530. doi:10.1136/ bmjopen-2021-057530
- » Ma J, Mahat P., BrøndboPH, Handegaård BH, Kvemmo S, Javo AC (2022) Family correlates of emotional and behavioral problems in Nepali school children. PLoS ONE 17 (1) : e0262690. <https://doi.org/10.1371/journal .one.0262690>.



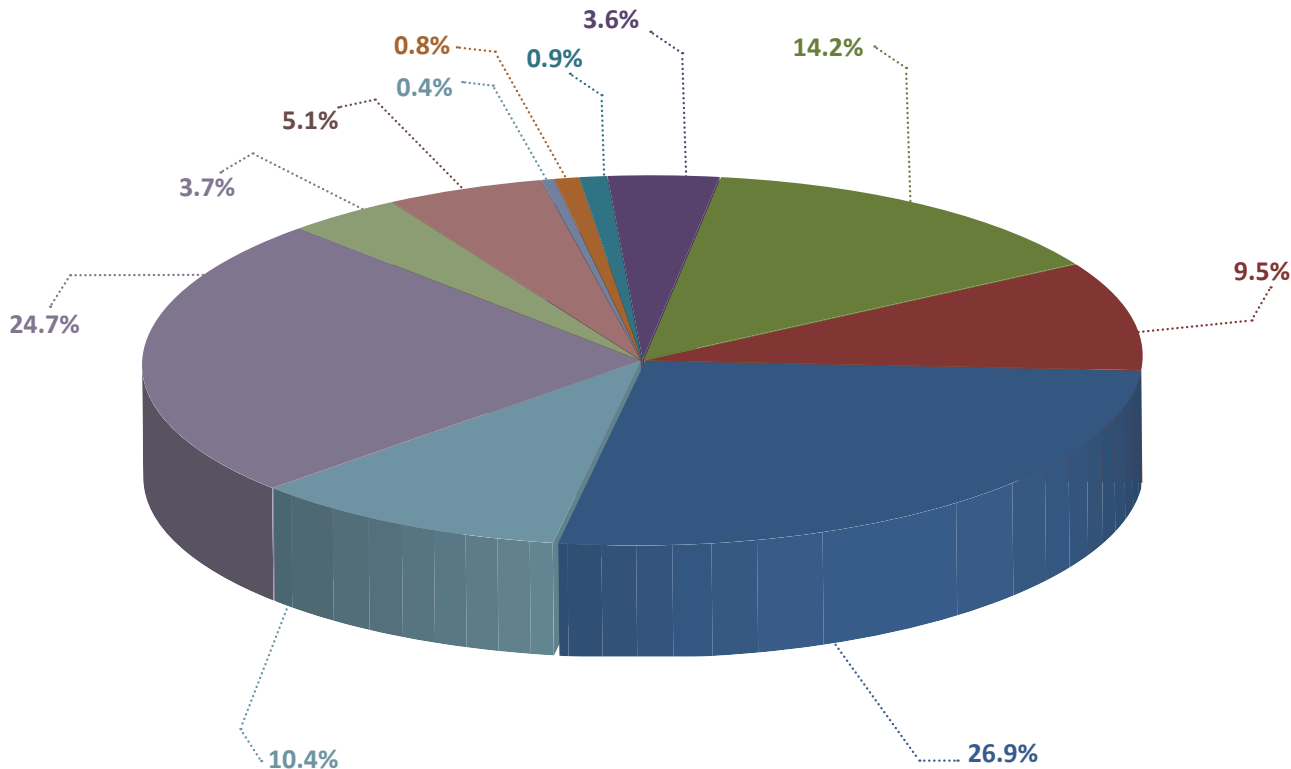
Capacity Building

- » MoHP and NHTC trusted on CMC-Nepal’s capacity to train OCMC nurses in 6 months Counselling training. 82 nurses from OCMC trained in psychosocial counselling training
 - PS Counselling training materials printed and made available to trainees and trainers
- » Psychosocial supervision from international psychologist to clinical psychologists, psychologists and supervisor –virtually & physically Training Art based Therapy (ABT) arranged- 2 senior psychologists attended
- » Contributed in the development of suicide helpline guideline and strategy development to Mental Hospital.
 - Is in effective to operate suicide helpline 1166

Advocacy and Lobby

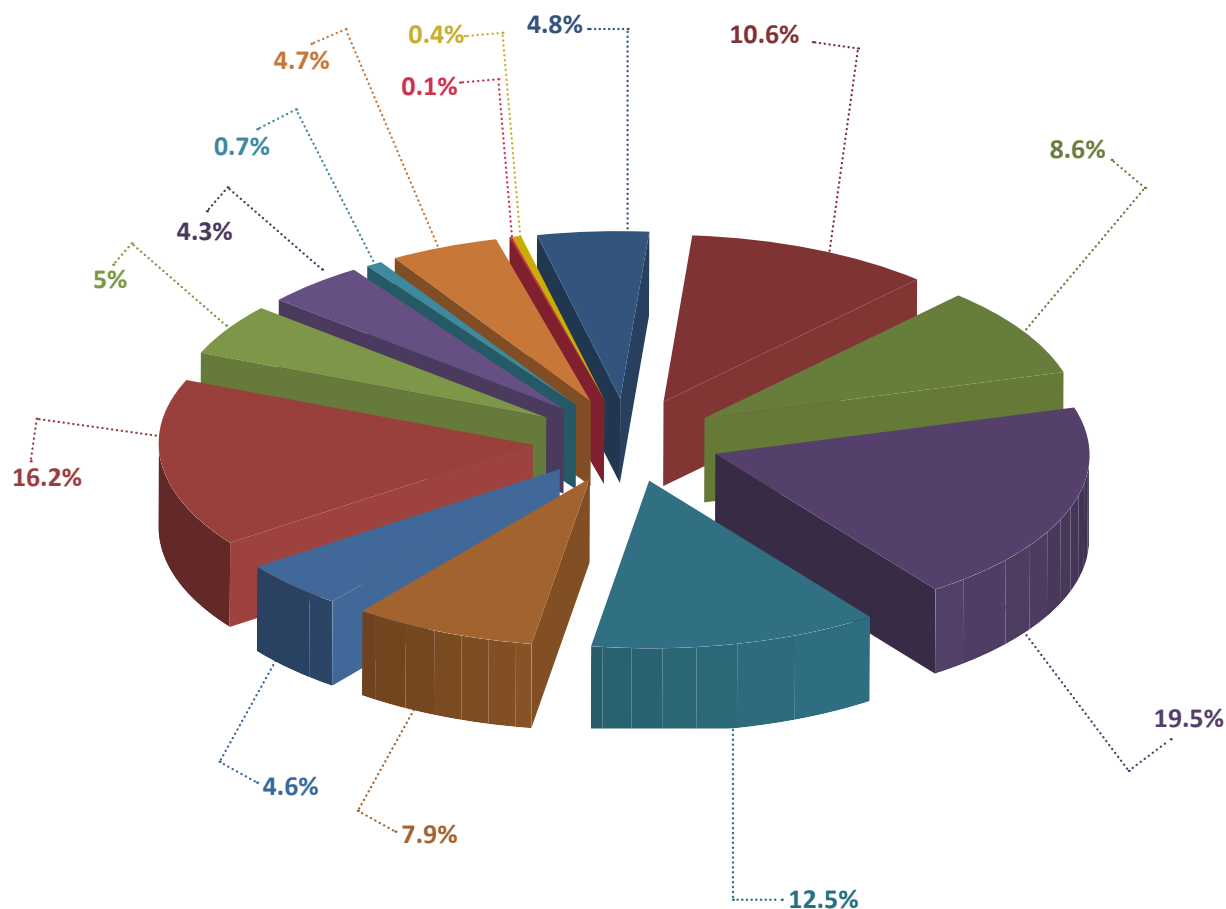
- » CMC-Nepal involved as key actor for the implementation of National Mental Health Strategy 2077
- » CMC-Nepal involved in technical group to revise mh GAP training package-module 2
- » Steering committee formed, ToC for province MHPS work completed through stakeholder consultation- Karnali province
- » Developed local level mental health policy and supported CMC-Nepal’s project implemented Palika to adopt /endorse.
- » Crash development and initiate process of affiliation for 6 month PS Counselling training
 - CMC involved in core committee under leadership of NHTC.
- » HMIS recording form revision-WDCD/WHO
 - Revised HMIS in NCD ready and is in use
 - Baseline study completed in PCMHP and EMPHSWF
 - Endline study in ICMHP – completed

ANNUAL INCOME 2022



	SOURCE OF FUNDING	AMOUNT IN NRS	% COVERAGE OF TOTAL INCOME
	Tearfund Australia	9,585,295	3.6
	Felm, Finland	37,439,794	14.2
	HELVETAS SWISS INTERCOOPRATION	24,994,611	9.5
	United Nation Population Fund	69,873,563	26.6
	CBM	27,330,611	10.4
	Embassy of Switzerland	65,000,000	24.7
	World Health Organization	9,831,595	3.7
	World Bank	13,491,599	5.1
	Local Income (HRDU)	1,135,625	0.4
	Government Contribution (in kind)	2,173,250	0.8
	OTHER ORGANISATIONAL INCOME	2,239,414	0.9
	TOTAL INCOME	263,095,355	100.0

ANNUAL EXPENDITURE 2022



PROJECTS	AMOUNT IN NRS	TOTAL EXPENDITURE
Community Mental Health and Psychosocial Support Programme	11,149,210	4.8
School Mental Health Programme	24,433,761	10.6
Psychosocial Support for Safer Migration Program (SaMi)	19,885,194	8.6
Gender Based Violence Prevention and Response Project-Phase 2	45,151,448	19.5
Gender Based Violence Response in COVID-19 Context in Nepal	28,799,894	12.5
Inclusive Community Mental Health Programme	18,368,325	7.9
Promotion of Child Mental Health and Psychosocial Wellbeing in Community	10,580,834	4.6
Psychosocial Counselling to Conflict Victims	37,539,807	16.2
Enhancing Mental Health and Psychosocial Wellbeing of Migrant Workers and Families	11,644,969	5.0
MHPSS Strengthening in Lumbini Province	9,831,595	4.3
Human Resource Development Unit	1,625,787	0.7
Child and Adolescent Mental Health Research Project	10,926,096	4.7
Social Enterprise Expenses	336,175	0.1
Organizational Expenses	978,661	0.4
TOTAL EXPENDITURE	231,251,757	100.0

OUR VALUED PARTNERS



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

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



Norwegian Embassy



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Affairs of Finland



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

मानसिक स्वास्थ्य तथा परामर्श केन्द्र-नेपाल

P.O. Box: 5295, Kathmandu, Nepal

Phone: 01-4102037, 5326041, Fax: 977-1-4102038

E-mail: cmcnepal@mos.com.np, Website: www.cmcnepal.org.np



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