

2023

ANNUAL REPORT

*"Commitment for 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 counseling 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 wellbeing by working in collaboration with government, non-government and community-based organizations.

OUR GOAL

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

- Working with community-based organisations for community empowerment in promotion, prevention, treatment, reintegration and rehabilitation of 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

The constitution of Nepal has envisioned dignified life and established health as fundamental rights of the people. Mental health, as integral part of health, is included as part of basic health service in national health sector strategy 2015-2020 and public health act 2018. The National Mental Health Strategy and Action Plan 2020 has aimed to ensure basic mental health service for all needy people of Nepal through integrating into the public health service system.

CMC-Nepal is closely working with the people with psychosocial disability and their families, communities, teachers, local level CBOs, Organization with Persons with Disability (OPD), health service providers and other relevant stakeholders to create awareness in mental health and psychosocial health; largely in mental health promotion and prevention of mental illness. Further, CMC-Nepal is contributing to increase the access of mental health and psychosocial services at remote parts of the country. CMC-Nepal is following internationally practiced promotional, preventive, curative and community-based rehabilitation approach during project implementation that contributing for protecting and fulfilling the rights of vulnerable and marginalized people mental health conditions. CMC-Nepal implemented 12 different programs/projects in 52 districts by focusing on promotion, accessibility, quality services and awareness & advocacy in mental health and psychosocial counselling. In year 2023, it 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-Phase 2, Technical Support in the psychosocial service in Safer Migration (SaMi), Karnali Mental Health and Psychosocial Counselling for Community Integration to Conflict Victims (PCCICV), Promotion of Child Mental Health and Psychosocial Wellbeing in Community, Enhancing Mental Health and Psychosocial Wellbeing of Migrant Workers and Families and MHPSS Strengthening in Lumbini Province. A new project

entitled 'Technical Support for Social Reintegration in ReMi, Jajarkot Earthquake Response Project and Child and Adolescent Mental Health Projects were implemented in 2023.

We are happy to share that in this journey so far, CMC-Nepal has provided direct care to over 151,000 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 technical inputs into the policy development at provincial and local level in related to mental health. Most importantly, we are grateful for being able to contribute in 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 heartfelt thanks and congratulation to all staff members, consultants, advisors and board members for their dedication and professional services in mental health and psychosocial support. On behalf of CMC – Nepal I also extend my gratitude and heartfelt thanks to its funding partners; Felm, Tearfund Australia, Swiss Agency for Development and Cooperation, CBM Global, United Nation Population Fund, Helvetas Nepal, World Health Organization, UNICEF and Ipas 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.

Dr. SP Kalaunee
Chairperson, CMC–Nepal

CMC-NEPAL AT GLANCE

Annual Report 2023 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 2023, CMC - Nepal directly worked and provided mental health and psychosocial counselling services to more than 33000 people and their families in 239 (rural) municipalities of 52 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 3360 people.
2. School Mental Health Program is implemented in 2 districts. A total of 1277 children (660 girls and 617 boys) received school counselling service at school by trained psychosocial focal teachers. 464 people (85 children) with mental health problems received mental health service from trained health workers. 120 teachers from 60 schools have been developed and mobilized 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 4887 people and 15302 wives, mothers and fathers of migrant workers from 493 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 to run in 19 (rural) municipalities of 8 districts. It has facilitated OCMC and local communities in identification and provision of mental health and

psychosocial services. A total of 2511 GBVs survivors received multi-sectoral response from OCMC and community level.

5. Karnali Mental Health Program have been implemented in 10 municipalities of 3 districts of Karnali Province. This project has built mental health and psychosocial counselling service in 32 health facilities. 1858 people with mental health conditions received mental health and psychosocial counselling service.
6. 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. 457 children at risk received mental health and psychosocial service from the teacher and health workers.
7. Psychosocial Counselling for Community Reintegration of the 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. 1618 (746 conflict victims) people received psychosocial counselling service and 510 conflict victims received group counseling in 30 groups in 13 local levels. 548 (55 conflict victim) received specialized mental health service.
8. Enhancing mental health and psychosocial wellbeing of migrant workers and their families Program in 2 districts. 840 people (153 returnee migrants and families) received mental health and psychosocial counselling service from government health facilities.
9. Strengthening Provincial Health System and Services to provide essential Mental Health & Psychosocial Support (MHPSS), was implemented in 6 districts of Lumbini Province. 26 health service providers were further trained in mhGAP training (module 2). 751 people

HIGHLIGHTS AND FACTS OF 2023

PROGRESS OF ALL PROJECTS INCLUDING HRDU	2019	2020	2021	2022	2023	CUMULATIVE (21 years)
 MENTAL HEALTH SERVICE DELIVERY	3,467	4,419	4,949	6,435	9,770	82,773
 PSYCHOSOCIAL COUNSELLING SERVICE	2,659	4,117	7,463	10,786	10,014	49,316
 SCHOOL COUNSELLING SERVICE	1,138	113	1,071	903	1,734	8,869
 CAPACITY BUILDING						
• MEDICAL OFFICERS (MODULE 2A)	23	8	6	36	11	377
• PARAMEDICS (MODULE 2B)	36	63	34	228	150	1600
• ANM/NURSES (MODULE 1)	34	66	8	28	43	429
• TEACHERS	459	752	480	1968	0	5460 (926 in school counselling)
 SOCIAL WORKERS / NGO STAFF/ HEALTH WORKERS	17	134	150	66	54	1214 (including 531 in 6-months PSC training, module 6)
• COMMUNITY MENTAL HEALTH TRAINING FOR HEALTH MANAGERS (MODULE 5)	-	-	-	98	11	109
• 5-DAYS CUSTOMIZED TRAINING IN STUDENT PSYCHOSOCIAL COUNSELLING	-	-	-	-	197	197
 AWARENESS RAISING	38920+	30100+	64300+	113000+	164000+	568500+
 SELF HELP GROUPS	9	6	11	99	11	115 (1420 members, 7 district level mental health network)
 LIVELIHOOD	144 families	59 families	53 families	473 families	204	982 families
 HUMANITARIAN AID -	35800	514 families (Fire-outbreak of Salyan) windstorm (Bara & Parsa) where 9 families			11500	47300 (Earthquake survivors of 2015 and 2023) 521(Flood survivors of Banke and Bardiya) 14 families (Fire-outbreak of Salyan) 619 benefited
 COVID RESPONSE	-	-	22469 individuals			63801 individuals

COMMUNITY MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT PROGRAMME (CMHPSP)

This is the second year of the seventh phase (2022-2025) of the Community Mental Health and Psychosocial Support Programme (CMHPSP), which is being continued in all 5 local level of Udayapur, 4 local level of Okhaldhunga and 4 local level of Surkhet and 2 local level of Jajarkot districts. This programme is being implemented in partnership and cost sharing approach with the local level and in funding support of Tearfund Australia. CMC-Nepal has been maintaining 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. The Memorandum of Understanding (MoU) is signed with all fifteen (rural) municipalities to implement the project at the beginning of this phase.

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: Lekhbesi, Panchapuri Municipality, Chingad and Chaukune Rural Municipality

Jajarkot: Cheddagad Municipality and Baretkot 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.

"I was very afraid to prescribe psychotropic medicines even I had received mhGAP training, but when I received direct mental health clinical supervision by psychiatrist, I got self-confidence to prescribe psychotropic medicines."

- Nabin Khadka, Health Assistant, mhGAP trained health worker, Chhedagadh Municipality Hospital

"This is our responsibility to provide mental health service to the needy people of our Rural Municipality, so we will coordinate with CMC-Nepal for effective implementation of mental health activities."

- Chairperson, Chisankhugadhi Rural Municipality, Okhaldhunga.

"Not only the mental health service in the municipality hospital we will expand the service in each basic health service point of our municipality because many clients have to travel for long distance and difficult to travel."

- Mayor, Belaka Municipality

"It was very difficult to come out from home for person with mental health problems but when CMC-Nepal supported to form mental health self-help group, monthly meeting is regular. We can share our emotions within the team which helped me to work daily activities now. It is very effective and good work conducted by CMC-Nepal."

- Mayor, Belaka Municipality

MENTAL HEALTH SERVICE



- 3360 (2416 Female and 944 Male) persons with mental health problems received mental health service from the trained medical doctors and paramedics.
- 1516 people received direct mental health service from the psychiatrist during mental health clinical supervision.

PSYCHOSOCIAL COUNSELLING SERVICE



- 998 (719 Female and 279 Male) persons with psychosocial problems received basic psychosocial support from the trained nursing staff
- 482 persons with psychosocial problems received direct counselling support during psychosocial supervision

CAPACITY BUILDING



- 10 medical officers received mhGAP training (module 2A) and 55 paramedics received basic mhGAP training (module 2B) and 11 paramedics received refresher training of mhGAP.
- 11 nurses and Auxiliary Nurse Midwives (ANMs) received basic psychosocial support training (module 1) and 5 ANMs received refresher training of psychosocial support.
- 6 trained medical doctors and 32 paramedics received 4 events of clinical mentoring and virtual supervision from the psychiatrists.
- 25 trained Nurses & Auxiliary Nurse Midwife (ANM) received 4 events of psychosocial supervision.

AWARENESS RAISING



- 2026 participants including 154 teachers, 1218 students and 654 other community people and SHG members received messages on stigma reduction, mental health promotions, mental health problems and referrals
- 1278 participants (864 school children, 112 family members of people with mental health problems, 135 service providers and 167 local CBOs representative) received knowledge on preventing GBV, suicide and early marriage
- 122 HFOMC members and 96 government officers and elected representatives attended awareness raising/sensitization meeting

The recovery of the people with mental health conditions is increased from 75% in 2022 to 85% in 2023. All the recovered cases are receiving mental health wellbeing and engaged in their daily activities. 10% people with mental health problems are up at local health facilities. Psychotropic medicine was supplied to local health facilities by the local government's supply system. 95% of total demand and requirement is met by CMC-Nepal's supply system.

FACTS
FIGURES

More than 80% of total cases of mental health problems diagnosed at health facilities. Mental Health Self Help Groups are formed in 1000 villages. psychosocial workers, medical officers, school students & teachers.

people with mental health
 from 85% in last year to 90% in
 cases have improved mental
 engaged in their daily activities.
 health conditions are in follow-

s made available in all 16
 al and provincial as well as
 supply chain which covered
 remaining 5% was covered by
 n.



cases with mental health
 th facilities were referred by
 group Members, community
 other groups, FCHVs and



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.
- 406 SHG members attended in the capacity building training and meeting.
- 12 community level SHGs conducted advocacy meeting with local level
- Mental Health District Network, Udayapur and Surkhet conducted advocacy meetings with the local levels for ensuring mental health and psychosocial services at local level.
- 21 SHGs (including district network) members received training in peer support and right based approach in mental health, organizational management, preparing actions, linkages, resource mapping and its mobilization etc.
- 5 events of joint meeting among OPDs, SHGs members, service providers and local elected representatives conducted in Surkhet where 87 persons participated.
- 3 media training were conducted for 57 SHG members in Udayapur and Okhaldhuga.



ADVOCACY AND LOBBY

- 1-event of meeting conducted in MoHP and more than 15 events of meeting attended by CMC-Nepal organized by NHTC, NCD section of EDCC. More ever, CMC-Nepal conducted 3 events of coordination and review meetings at Karnali Province and 1 event in Koshi Province
- The working municipalities increased allocation of budget in the project by 14.6% (NPR 2,492,308 in year 2023 from NPR 2,173,250 in year 2022) in this year.
- Mental Health and Psychosocial Policy and Plan of Action is developed in Manebhanjyang, Chaukune and Chhedagadh Local Level in this reporting year.
- Review meeting/MPAC meeting conducted in all local levels.
- The Barekot, Chhedagadh, Panchapuri and Chaukune Local Level appointed and mobilized Psychosocial Workers (5 numbers in total, 50% cost sharing) for mental health awareness, providing basic psychosocial support and referrals.
- 98 teachers from Belaka, Triyuga, Rautamai, Panchapuri and Barekot Local Level received customized student counselling training.



LIVELIHOOD

- 147 people with mental health problems and their families received livelihood support, and they engaged in income generating activities



LINKING WITH SOCIAL SECURITY

- 130 (15 in Udayapur, 27 in Surkhet, 10 in Jajarkot & 78 in Okhaldhunga) people with psychosocial disability received disability cards

Raju, who was planning to end his life, is now helping others by being member of Mental Health Self Help Group

25 years old, Raju is an only son of a middle-class family in Udayapur. He completed his Bachelor's level 3 years ago. Suddenly his girlfriend married to another person. When he heard this news, he felt darkness in front of him; a stare gazed for a long time in one position, not talkative. One day, he encountered into bike accident and had head injury. He was taken to Neuro hospital for treatment in Biratnagar but no injury found in his brain. He stayed at hospital for many days for his treatment and small injuries in his head was treated. However, the pain of his separation with his girlfriend was not reduced. The psychiatrist diagnosed him with depression and treatment started. However, there were no any improvement seen for long time. His problems became more complicated. He found symptoms like fainting, crying, losing weight, loss of appetite, negative thoughts on his life, thoughts of suicide and planning of suicide seen with him.

His neighbor Maya who is also a member of Mental Health Self Help Group noticed him going through difficulties. She talked with his sister & father and briefed them that he might have mental health problem. She suggested to bring him for psychosocial counselling and treatment in the health post. Then he was taken to nearby health post where there was trained mental health service and psychosocial support staff. The trained health worker started medication. He also

linked with psychosocial counselor in the health post. The psychosocial counsellor listened his problems with the frequent follow up visits. The psychosocial counsellor thanked Maya for bringing Raju for treatment. The psychosocial counsellor provided him a safe and confidential space to share his feelings, ways to protect himself from the thoughts of attempting suicides, taking care of his personal hygiene, ways of increasing social networks, ways of practicing to love and give importance to self from with many counselling sessions. Besides this, he took psychotropic medicines with the regular follow up and support with mental health trained health worker.

After receiving continuous counselling & mental health treatment, his life is easier now. Within the 3 months, his thoughts of attempting suicide completely disappeared. He has peaceful sleep now a days, has many friends for sharing and playing in the community. He is still taking his medicine regularly. Now a day, he goes to health post by himself for follow up for medicine and counselling. He is also member of Mental Health Self Help Group and attending meeting regularly with active participation in the discussion. He helps his family financially by doing the work of a painter. He shares that he has achieved a new life with support from his family & friends and is very happy and grateful.



Orientation to Health Workers



Virtual clinical Supervision



Meeting with Self Help Group

SCHOOL MENTAL HEALTH PROGRAMME (SMHP)

This year was the second year of the sixth phase (2022 to 2025) of the programme being implemented in 60 schools and 9 health facilities of 4 municipalities of 2 project districts (Jajarkot and Kalikot) of Karnali Province. A Memorandum of Understanding (MoU) 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-

KARNALI PROVINCE

Jajarkot: Bheri and Nalgad Municipality

Kalikot: Khadachakra and Raskot Municipality

Teacher Association (SMC/PTA) together with promotion of 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 counseling 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 counseling. 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.

"We are now able to easily deal with the problem of conversion in schools, before we trained by CMC-Nepal, we all used to be anxious, afraid and close the school and cut the goats for worship, but nowadays the problem has reduced and seems normal. Although the problems still occur from time to time, but we can now manage easily at school."

- Focal Teacher, Dipendra Secondary School.

"I have entered a life of hope from a life of despair"

- Member of Parent SHG, Regil

"If the human mind is not in a good state, our society will become more chaotic. This program helps to make the human and society more organized."

- Mayor of Khadachakra Municipality

Student Psychosocial Counselling Service

- A total of 1277 children (660 girls and 617 boys) received psychosocial counselling service at school by trained psychosocial focal teachers. 55% children received psychosocial counseling at school that have improved psychosocial wellbeing.
- 36 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

- 464 people (including 85 children) with mental health problems received mental health service from trained health workers
- 135 difficult cases with mental health problems from the schools were referred to health facilities.

Psychosocial Counselling Service

- 148 (97 F and 51 M) received psychosocial counselling service from trained health workers of the 9 health facilities.

Capacity Building

- 120 psychosocial focal teachers of 60 schools have been practicing classroom based psychosocial promotional activities
- 1487 teachers trained on inclusive and child-friendly teaching methods
- 18 paramedics received mhGAP training (module 2) and backstopped them including already trained medical doctors and paramedics through clinical mentoring and supervisions at field and virtual supervision
- 7 nurses received training in basic psychosocial support (module 1) and regular backstopping supervision

FACTS AND FIGURES

Awareness Raising

- 2884 community people (1716 F and 1168 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
- 1067 adolescents (585 girls and 482 boys) received orientation on adolescents' girls' health awareness, preventing early marriage and psychosocial health.
- 996 community people were oriented on mental health issues and reducing social stigma.

Right Based Approach In Mental Health, Working With Parent Self Help Group and Other Concerned Stakeholders

- 10 (total 15) parent Self Help Group formed at four program municipalities for promoting right based approach in mental health.

Lobby and advocacy

- 942 (490 female & 452 male) SMC/PTA members and 128 community leaders and government authorities actively involved in promoting inclusive education
- 12 schools included school mental health in their school improvement plan.
- 10 master trainers developed on inclusive child friendly teaching methods and student counselling

"Recognizing the Essential Role of School Mental Health Programs through the Success of Student Psychosocial Counseling in School Administration"

Rama, 16 years old, a 9th-grade student at Janaki Secondary School in Nalgad Municipality, Jajarkot, faced severe behavioral challenges, including crying, screaming, and prolonged fainting. Initially believed to be a manifestation of supernatural possession, her community sought help from local faith healers, while others considered it a contagious ailment, resulting in social avoidance.

Upon identification of her condition as conversion disorder or stress-related fainting spells by the psychosocial focal teacher, counseling sessions were started. Despite limited progress after 2-3 sessions, Rama was referred to local health facilities, where trained health staff continued counseling sessions alongside parental psycho-education.

Counseling sessions explored causes of stress, Rama's understanding on her own problem, and her parents' perfectives and efforts to manage her sufferings. In the counseling sessions counselor supported Rama to learn various stress management techniques, with concurrent psycho-education for parents on supporting children and preventing future psychosocial issues.

After 6-7 counseling sessions and parental psycho-education, fainting episodes markedly decreased. While the issue is not completely resolved, very positive changes have been observed in Rama. She now attends classes regularly, fosters better relationships, and excels academically. Her parents credit consistent counseling, moving away from traditional practices.

Observing Rama's positive changes, the School Management Committee president and ward chair expressed gratitude to CMC-Nepal's School Mental Health Program. They recognize its importance in providing psychosocial counseling and school mental health initiatives, requesting training for traditional healers to adapt to evolving mental health interventions.



Felm's Monitoring Visit



Parent's SHG Meeting



Training to Child Club Members

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.

"I had thought that I would end my life by hanging from the fan of the room. I had already taken the rope, but then I remembered my son. I also remembered my mother. I thought that if my mother was there (still alive), I would not have suffered so much. I wondered what would happen to my son without me and I gave up that thought. "

- (Female Beneficiary)

" What Madam (Psychosocial Counselor) said about body sweating has touched my heart. Nowadays, I walk instead of taking a bicycle to fetch grass for cattle, life has become easier. "

- (Female Beneficiary)

" Madam's (Psychosocial Counselor) question about how much water a person drinks who gives water to a buffalo time to time; has taught me that I also have to take care of my body."

- (Female Beneficiary)



Local Level Coordination Meeting with Stakeholders



Psychosocial Group
Counselling Session

Individual
Counselling Session



FACTS AND FIGURES

- 4887 persons (4363 F & 524 M) benefitted from psychosocial counselling service who were suffering with psychosocial problems like depression, anxiety, suicide attempt, trauma due to loss etc.
- 15302 wives, mothers and fathers of migrant workers (14818 F and 484 M) of 493 groups were benefitted by group counselling service.
- Stress management sessions to prisoners from Kapilvastu and Tanahu.



PSYCHOSOCIAL COUNSELLING SERVICE

CAPACITY BUILDING



Project Staff/Advocacy and Lobby/MHPSS Mainstreaming

- 30 psychosocial counselors completed all three modules of 6 months psychosocial counselling course and certified by NHTC.
- Dissemination of 8 Days Supplementary Course (Pilot) for 6 months psychosocial counseling training package at central level.
- Case referral to OCMCs of different project districts.
- Addressed request of mhGAP training in Rolpa and Arghakanchi.
- Supported in preparation of mental health and psychosocial policy and plan of action in 16 local levels.

- 3 persons (1 M, 2 F) were supported with emergency fund for medical support for mental health problems and psychosocial issues.
- 1 Female (with 3 follow ups) case was referred for PS counseling services at CMC-Nepal.



EMERGENCY AID

Contributing factors for psychosocial problems to Migrant workers and families

Major contributing factors for psychosocial problems were loan (12.8%), domestic violence (10.7%), other problems (10%), work and salary different of migrant workers (8.7%), contactless status of MW (8.67%), death of MW (8.25%), workload (7.7%), health problems of MW (7.7%), child related issues (5.8%), cheating by manpower (5.7%), social blaming (3.6%), husband remarriage (2.8%), MW in undocumented status (2.6%), MW in jail (1.6%), MW overstay (3%) followed by

accident of MW (0.9%) and wife remarriage (0.6%). In contributing factors, others problems include 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: Phase Report 2019 Sep-July 2024

Embracing Hope to overcome Despair

A 23-year-old Rita Sunar (name changed), is now spending her daily life working in the shop. Her life looked different about 6 months ago. Rita Sunar's husband Shyam Sunar (name changed) used to go to Qatar time and again for foreign employment starting from 2072 B. S. His last visit was unusual as he died in abroad due to chest problem. They have a seven-year-old son.

Rita got married at the age of 16. As her husband kept going to work abroad and also frequently used to stay outside the house towards Kathmandu, she does not even know how he went abroad- the process of foreign employment. However, she was in constant contact with her husband. Talking to Shyam every day along with her son about twice a day, Rita says, "it was almost as if he was here in Nepal, when the husband was staying in touch even though he was away from home". She was staying at home looking after her son with her family including mother-in-law and brother-in-law. She used to pay off the money sent by her husband as household expenses, and the rest of the expenses she used to cover by rearing pigs and goats at home.

Rita's life, which was going happily, suddenly got thunderstruck. Her husband died due to physical illness. The news of the death made her feel very isolated; she started feeling alone in her family. She felt he had to fulfill the responsibility of his son. She began to feel that the environment around her was also bothering her. She could not stay in Rukum where her family was. The questions that the son constantly asked for his father, such as when will father come, why don't you call, made Rita feel sad.

She came to Ghorahi and stayed with her sister with the intention of educating her son. She got regular support from her Maiti- maternal home. Rita's brother came to the Migrant Resource Center (MRC) of the Safer Migration (SaMi) project in District Administration Office for inquiry and support. MRC Counselor referred Rita to Psychosocial Counselor (PSC). After getting information about Rita, PSC went to her room and started the counseling service.

During the first two meetings with the counselor, Rita cried a lot. After the establishment of rapport, she

expressed herself and said that she was not conscious at times. She had negative thoughts like what happened to me at this age, I was betrayed, he left me, what should I do now? She also had feelings of self-harm. The questions asked by her son made her cry. One day, her sister had told her to wash her hands after lunch; she was so overwhelmed with thoughts in her head that she took oil instead of water to wash her hands. Such bizarre incidents happened at difficult times.

Psychosocial Counseling skills and Intervention techniques were used to stabilize/ minimize the emotional impact that Rita felt. MRC was linked for financial compensation and other supports. Open ended questions were asked focusing on the problem, exercises such as 'here and now'- practice to bring one into the present, positive resources within me to increase self-confidence; active listening, encouragement, life agreement, reflection of feelings and self-care that can be adopted to keep the mind and body healthy.

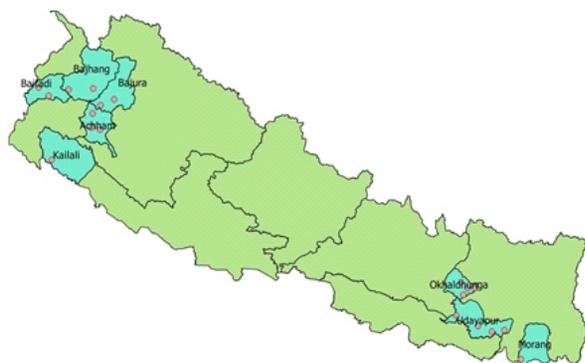
After the eleventh counseling session with Rita, the counseling session was closed with a sense of development of emotional stability and self-esteem in her. Now, Rita has built a three-room house with the money she got from foreign employment board, insurance, from the company that her husband worked in abroad. With the help of her sister, she has reared 2 pigs and 4 goats. She says that life seemed to be over at that time (when PSC met her first), she couldn't talk to anyone, tears used to come time and again; after meeting you, I felt like I found my true friend, it seems like I found a person who will show me the way.

Now she extended her feeling to live for her son, and for herself. Self-confidence has increased as she responded. She said that she would like to learn life/ income generation skills if there is such an opportunity. One day, Rita called PSC to notify that she has started working in a shop in the market. The emotional journey of Rita from despair to hope inspires everyone to allow oneself openness and receptive to support in times of hardship so that it will soon be overcome.

Sushila Acharya

PSC- Ghorahi Sub-Metropolitan City, Dang

GENDER BASED VIOLENCE PREVENTION AND RESPONSE PHASE



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

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 Sub-Metropolitan City

Bajhang : Bithadchir RM, Jayprithvi M

Baitadi : Patan M, Dasrathchand M

Bajura : Budhiganga M, Badimalika M

Accham : Mangalsen M, Safebagar M, Kamalbazar M

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).

Life after being rescued

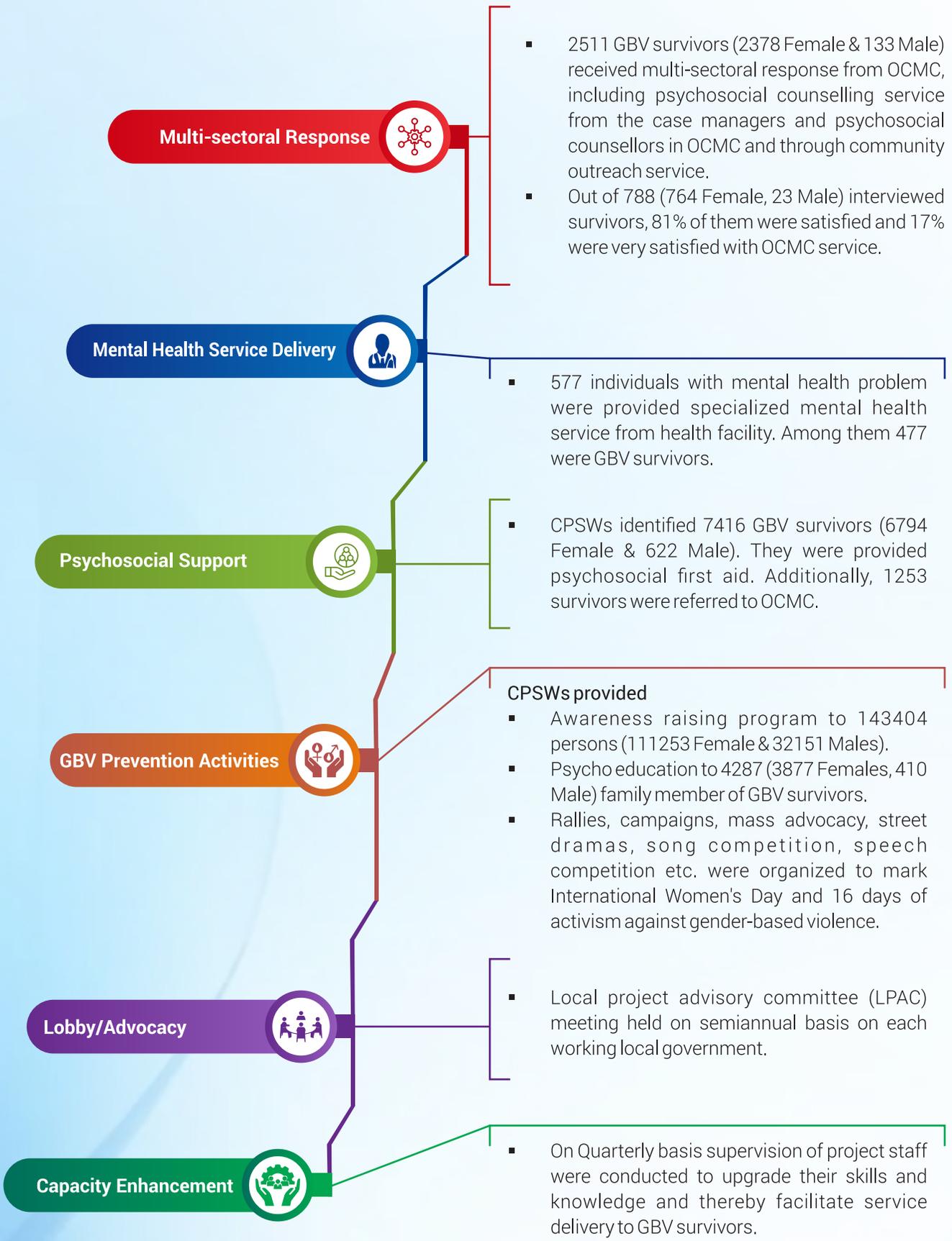
Manisha Bhatt, a 37-year-old from Dhangadi, was rescued from the streets by a CPSW. With the support of the GBVPR project, her life has significantly improved. Initially, she was taken to a Safe House and then to Seti Province Hospital, where she was diagnosed with a mental health issue and discovered she was six months pregnant due to rape while living on the streets.

Manisha, who had studied until high school and married in 2060 B.S., faced severe distress after her husband's remarriage. She was continuously threatened by her co-wife and her family, forcing her to divorce and leave her home without her

children. This led to her becoming destitute, depressed, and isolated.

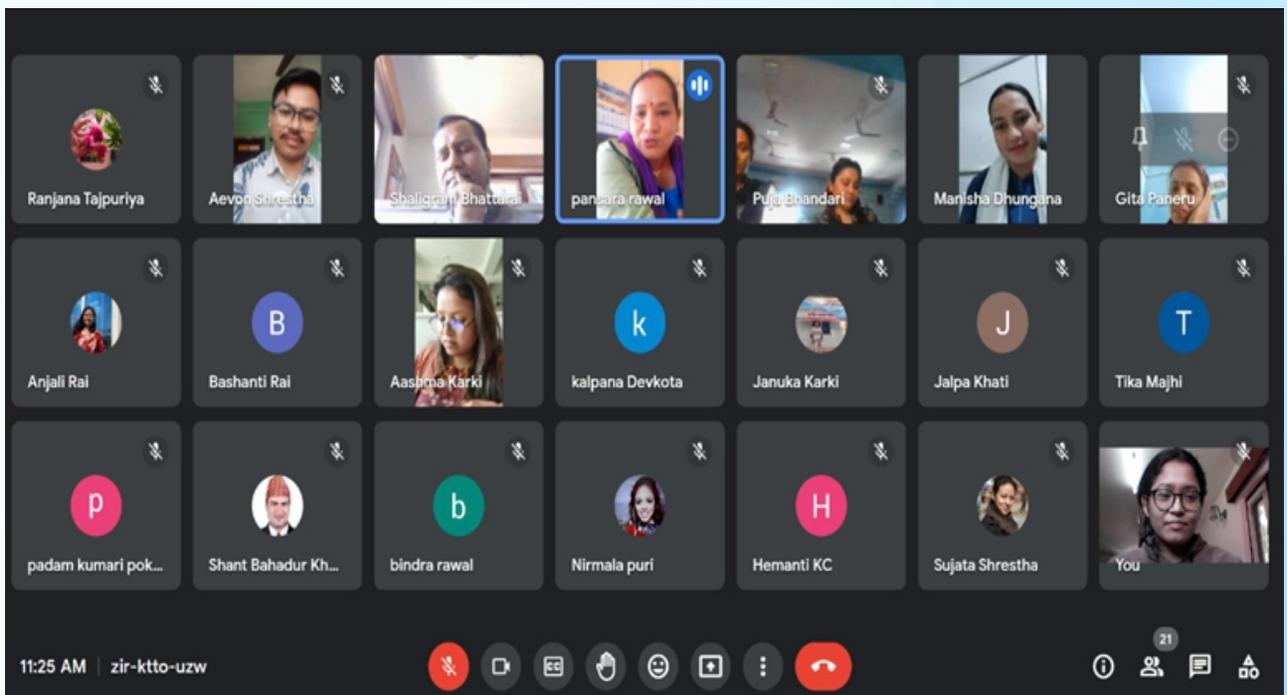
Her mental health was treated, and she had an abortion. With the help of a counselor from the GBVPR II project, Manisha slowly regained her health and confidence. After three months in the Safe House, she was able to return to her rental room and start working as a laborer. She expressed gratitude to those who supported her and shared that she is now happy and at peace. Recently, she moved to Mahendranagar and continues to work there.

FACTS AND FIGURES





Psychosocial Group Supervision



Virtual Program Review Meeting

KARNALI MENTAL HEALTH PROGRAM (KMHP)

Karnali Mental Health Programme is implemented by CMC-Nepal with financial and technical support from CBM Global for project duration from March 2023 to February 2026. It is being implemented in ten rural/municipalities of Surkhet, Dailekh, and Western Rukum districts those are Bheriganga, Barahatal, Simta, Dullu, Narayan, Athbis, Gurans, Naumule, Musikot and Sanibheri.

The project builds upon the learning of Integrated Community Mental Health Programme (ICMHP), incorporating insights gained in engaging local governments, enhancing municipal health facilities, and promoting mental health awareness. While maintaining ICMHP core objectives of developing mental health strategies, strengthening health systems, empowering self-help groups (SHGs), and promoting mental health in schools, KMHP introduces new approaches to involve individuals with mental health conditions. These include peer support initiatives, community awareness campaigns, and advocacy efforts aimed at fostering inclusivity and support within communities.

The overall objective of the project is to contribute formation of Inclusive community where persons with and at-risk of mental health conditions and psychosocial disability enjoy independent life and are included in the community on an equal basis. Its specific objective is to ensure that persons with or at-risk of mental health conditions and psychosocial disability have improved access to quality MHPSS services, government entitlements and meaningful participation in the community forum in Surkhet, Daileksh and Pachhim Rukum by Feb 2026".

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

KARNALI PROVINCE

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

Dailekh : Narayan Municipality, Dullu Municipality, Aathbis Municipality, Gurans Rural Municipality and Naumule Rural Municipality Group

Rukum (West): Musikot Municipality and Sanibheri Rural Municipality

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 ten 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 group.

Mental Health Service Delivery

- A total of 1858 (609 male, 1155 female, 35 boys and 59 girls) persons with mental health conditions received mental health service from 32 government health facilities supported by KMHP



Psychosocial Counselling and Follow Up

- MHSW and CPSW conducted home visit follow up for 833 beneficiaries.



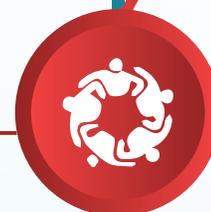
Capacity Building

- **Duty Bearer**
 - 26 Health Workers (21 male and 5 female) received Module 2 (mhGAP) training.
 - 17 health workers (five male and 12 female) received Module 1 (MHPSS) training.
 - Eight health workers (two male and six female) received Module 6 (6 months counselling training).
 - 49 teachers (25 male and 24 female) received School Mental Health Promotion training
- **Project Staff**
 - One staff received 6 months counselling training



Awareness Raising

- A total of 1361 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.
- 268 children and adolescents received orientation on different aspects of mental health and psychosocial wellbeing.
- 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





Right Based Approach in Mental Health

- 13 SHG of persons with mental health condition were supported for community mobilization and two new SHG was formed in new KMHP municipalities.
- One SHG was formed and one was registered at municipality level and one district network got registered at District Administrative Office of Dailekh.
- 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.



Livelihood Support Activities

- One SHG of Gurans RM received NRP 80,000 as seed money support
- 40 persons with mental health conditions and their families were benefitted from government livelihood and income generation activities
- The groups are efficiently mobilizing seed money for livelihood initiatives



Advocacy and Lobby

- Provincial Mental Health Strategy and Action Plan was endorsed Mental Health Policy was endorsed by five municipality of old Municipalities and discussion on development of policy in new KMHP municipalities were done.
- Availability of psychotropic medicines at both province and local level was improved.
- Linkage of persons with mental health conditions with psychosocial disability card improved Self Help Group Formation Home Visit Orientation to Community
- Advocacy for inclusion of persons with mental health conditions and psychosocial disabilities in disability movement



Orientation to Community

Home Visit



"I would like to say three things after observing presentation of Yogita Jee. First thing is that we use to think person with mental health conditions are good for nothing. I also used to think so but Yogita Jee proved all of us wrong. She experienced mental health problem, got treatment, and now is facilitating such a good session and thought provoking discussion. She proved all of those were misbeliefs and with proper treatment, persons with mental health conditions can live and contribute to community as person without the condition. I felt bad while listening to her struggles but I am happy seeing her/listening to her. Second thing is that I saw her empowered to put forward her opinion, her agendas. Sometime just speaking is more important than how we speak. What she did was impressive. Third thing is that we all health managers need to be sensitive now and prioritize mental health. We just saw change in front of our eyes about what an investment in mental health can do."

-Health Manager, Health Section, Gurbhakot Municipality during the Health manager training (module5)

"I can recall the problems that people used to share to me such as disturbance in sleep, feeling sad, lonely, etc. Sadly, I could not do anything, as I did not know about this earlier. I wish I had received this training earlier. I am happy that now I can provide the awareness and help people with such problems."

-One of the FCHV during FCHV training (module 4 training)

"Rebuilding Lives: A Journey of Healing and Resilience with Psychological Support"

Purna Kumari has increased self-confidence after receiving psychological counseling support. She has observed visible changes in her life. She is able to easily interact with everyone in her family and community. She feels mentally healthy, her problems are reduced and she confidently handles her daily life challenges. Purna Kumari Ale Magar, 40 years, resides in Ward 4 of Narayan Municipality, Dailekh. She is a mother of a son and a daughter. Purna Kumari first met Psychosocial Counsellor during a meeting with Health Mothers' Group. In the meeting, Purna Kumari appeared distressed and the counselor provide her space in group and counselling session to express herself. She had lost her daughter while fetching mud. The incident had left a profound impact on her, leading to sleeplessness, body aches, chest pain, and constant restlessness at night. She also experienced difficulty in breathing, and felt mentally weakened. Psychosocial Counsellor of KMHP supported her to manage and accept her loss and grief through counseling sessions. It helped her to cope with the trauma and provided her with guidance on managing her emotions. Purna Kumari also visited Tribeni Health Center in Narayan municipality, where she received psychotropic medical treatment. Regular

consultations with Psychosocial Counsellor and Community Psychosocial Workers visiting her home played a crucial role in providing psychoeducation and support. In these sessions, her problems were discussed and solutions were explored. She was also taught different breathing exercises which supported her to stabilize her thoughts and strategies to ease her physical symptoms as chest pain and weakness. The sessions helped Purna Kumari to build her self-confidence. She became better at managing her sleep. She also became able to implement strategies to overcome suicidal thoughts. Currently, she adheres to regular medication and continues to receive psychosocial counseling support. She is now gradually returning back to her normal life. She engages herself in farming. She has plan to raise goats in the future to support her livelihood. Purna Kumari no longer has suicide thought. She expresses confidence in her ability to do something for the future of her son and daughter. Her increased self-confidence has also improved her relationships with others. She can sleep peacefully at night and happily tells her counselors, "You have made my life easier, and it would have very different without your support. Thank you, CMC-Nepal."



Self Help Group Meeting

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

This is the third year of the four years (2021-2024) of the Promotion of Child Mental Health and Psychosocial Wellbeing in Community (PCMHP) which is being implemented in Lahan and Dhangadhimai municipalities of Siraha district and Dhanauji rural municipality of Dhanusa district of Madesh province in funding support of cbm Global.

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.

Success Story

Roshni Kamait's house is in Chainpur of Dhangadhimai Municipality, Siraha District. She is studying in class 10 at Mahavir Secondary School. Roshni's study is good. She is currently 15 years old. She has 2 sisters and 3 brothers. Her sister is married. 2 brothers are in Malaysia for foreign employment. Currently, Roshni is living with her mother, father and brother.

One day, After Roshni returned home from school, she took out her single photo from Holi's group photo and shared the photo on Facebook. Then that photo went viral. Everyone started commenting on the photo saying that Roshni got married secretly. Because in that photo Roshni's head was full of red color. Later that rumor gradually spread throughout the village. Even Roshni's parents knew about it. After that her parents started hurting Roshni and she got physical and mental tortured. They started threatening to evict the house. It was very difficult for Roshni when the people of the whole village started whispering that she got married. Roshni was so stressed that she didn't want to sleep at night, eat on time, do anything

like cleaning. No matter how much she tried to tell her parents, they did not listen to her and started abusing her. When the people of the house did not want to listen to her and even her neighbors and friends did not support her, Roshni thought of committing suicide and tried to hang herself one day. She closed the house where she was sleeping and tied a shawl over the fan while her parents were suspicious and looked out of the hole to see Roshni hanging. But seeing Roshni's heart was sad, even her parents felt very difficult.

On request of parent of Roshni, the trained focal teacher Ms. Sangeeta Ghising of Mahavir Secondary School went to Roshni's house and first conducted psycho-education with Roshni's parent. Then she started psychosocial counselling with Roshni. As Roshni's heart was light during the first counselling, she happily made tea for the focal teacher and served it. So far, the trained focal teacher conducted 5 counseling sessions. At present, Roshni is attending school regularly and her parent are also happy.

The group sessions conducted with the parents of the children with disability seemed useful in changing behavior of the parents towards their children, referral for the medical service, disability card and so on. The project team has learnt that the group sessions with the dropped out of school children and their parent also seems useful to bring back the children at schools



MHPS Service

- 42 schools have been practicing students psychosocial counseling unit and providing psychosocial support to the children in need
- 23 schools child mental health promotion and student psychosocial counselling component into the School Improvement Plan (SIP).
- 457 students received psychosocial counselling from the trained psychosocial focal teachers
- 163 people with mental health problems (85 children received non-specialized mental health and psychosocial service from the existing health care delivery system.
- 161 children and adolescents received specialized mental health service from child and adolescent psychiatrist during mental health clinical supervision

Capacity Building

- 100 focal teachers have been capacitated on child mental health and classroom based psychosocial promotional activities
- 1 medical doctor and 8 health assistants received CAMH refresher training and 4 events of clinical supervision at health facility and 2 events of virtual supervision.
- 8 auxiliary nurse midwives received 6 days training on psychosocial support (module 1) and 2 events of psychosocial supervision at health facility level and 3 virtual supervision.
- 50 teachers of Dhangadhimai and Lahan Municipality received 5-days customized teachers training on student psychosocial counselling



Advocacy and Lobby

- 69 local level elected representatives 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 projects advisory committee (MPAC) meeting held in all three-local level. 1 event of social audit organized in Dhangadhimai municipality
- Lahan Municipality approved Child Protection Procedures
- Dhangadhimai Municipality and Dhanujee Rural municipality approved the child protection procedures and mental health and psychosocial policy.
- Dhanujee Rural Municipality allocated NPR 700,000, Lahan Municipality NPR 4,50,000 and Dhangadhimai Municipality NPR 400,000 budget for the year 2023-24 and utilized for the promotion of child mental health and psychosocial wellbeing.

Awareness Raising

- 1,869 parents/caregivers sensitized and empowered on effective parenting education/skills to promote psychosocial wellbeing of their children
- 2,608 students and their parents were sensitized on safe learning environment, psychological distress management and preventing suicide through orientation and interaction program in community level
- 722 members of mother groups and other community people received orientation on child mental health, psychosocial wellbeing and suicide prevention
- 112 members from 5 youth clubs' have been engaging in awareness campaigns to reduce the barrier of accessing education and bringing out of school and vulnerable children at schools.
- 127 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





Rally for Students Admission in School



Meeting with Parents



Meeting with local stakeholde



Meeting with Parents out of School Children

PSYCHOSOCIAL COUNSELLING FOR COMMUNITY INTEGRATION OF CONFLICT VICTIMS (PCCICV)

Psychosocial counseling 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

BAGMATI PROVINCE

Kavre : Dhulikhel Municipality, Panckhal Municipality and Chaurideurali Rural Municipality

LUMBINI PROVINCE

Bardiya : Barbardiya, Bangsadhhi, Thakurbaba and Rajapur Municipality

KARNALI PROVINCE

Surkhet: Birendranagar and Gurbhakot Municipality

Rukum (West): Chaurjahari and Aathbiskot Municipality

Jajarkot: Bheri and Nalgad Municipality

trauma of the conflict. This project further aims to focus more on reinforcing local and provincial government for the development and effective implementation of MHPS policy.

Success Story

"Karnali Province is most lucky that CMC-Nepal (a leading NGO in mental health with expertise) are with us in this province to lend hand together to work in mental health issue. This is the major issue which we need to work in this decade. In technical support of CMC-Nepal, MoSD Karnali had already developed mental health and psychosocial strategy for this province. It is already approved by technical working committee and we are about to for final endorsement. I believe this strategy will be guiding document to local level government also to set priority and area to work in upcoming years. So please feel free to demand such program, psychotropic medicine to MoSD and I committed that it will be fulfilled as we are your guardian." Mr. Santa Bdr. Sunar, Secretary, Ministry of Social Development, Karnali Province on 2-27-2023 during monitoring visit at Aathbiskot municipality.

"We are thankful to the Swiss Embassy and CMC-Nepal for providing technical support on addressing mhps issue in our palika. We have clear understanding that this project is not going to be long-life. So we are developing mhps policy

to continue good work of project and address issue of mental health, psychosocial issue consisting conflict survivors and person with disability." Mr. Chandra Prakash Gharti, Mayor, Bheri municipality (Jajarkot) on 28 Feb 2023.

"It is not easy to address concerns of conflict survivors because there are variety of scarceness. But as a local government, it is our responsibility to fulfill at least fundamental need/demand of survivors as current political changes are due to the contribution of armed-conflict. We had already allocated a total of NPR 4 million for the reparation. There are some financial limitation due to the concurrent economic condition of state. However, we will do our best in consultation of CMC-Nepal for effective implementation of developed mhps policy as well as relief support to conflict victim based on need. Memorial park is going to start by end of this month, I promised!" Mr. Dipesh Tharu, Mayor, Rajapur municipality (Bardiya) on 12 Feb 2023 during closing remarks of MPAC meeting

FACTS AND FIGURES

Capacity Building

» Psychosocial Workers (PSW)

- Six PSWs completed six months of psychosocial counseling training certified by the National Health Training Centre (NHTC)
- 26 psychosocial counselors received three events of group supervision and the same number of field-level supervision in all 13 local levels.
- Supervisor psychologists have rated 42%-77% skills competency of psychosocial counselors based on their counseling skills.
- 13 CV volunteers received 3 events of group supervision that helped them deal with their experience of loss and grief as they belonged to the same target group.



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 were shared and received feedback for improvement.



Mental Health Service

- A total of 55 CVs and 493 others (Non-CVs) received specialized mental health services from mental health-trained health workers supervised by the senior consultant Psychiatrist.
- 2A=1, 2B=25, Module 5=11, Total 36 health workers received training and 3 Ps counselors received 6 months of Psychosocial counseling training from 13 health facilities of all project implemented local levels.



Advocacy and Lobby

- 10 LGs (4 LG from Bardiya, 3 LGs from Kavre, and 3 LGs from Karnali) practiced mobilizing PS counselors in different health facilities at the local level. This has increased the visibility of PSC service at local health facilities and needy people do get service easily, supporting increased service acceptance by people in the community and reducing the stigma of mental health.
- The supply of psychotropic medicine has improved to 82% in the municipalities of Bardiya, Kavre, Surkhet, Jajarkot and Rukum (West)
- Project maintained or enhanced communication with LG and PG to better implement MHPS services for CVs through which LG assigned a focal person for this project.
- Two events of the Municipality Project Advisory Committee (MPAC) were conducted. MPAC has helped to realize the importance of psychosocial support to the CVs.
- MoSD of Karnali Province approved the provincial MHPS strategy and action plan and allocated NPR 5 million for its implementation in the years 2024-2025.
- The MoH of Lumbini Province is in the process of developing a mental health strategy and plan of action.

Psychosocial Counselling Service

- 1618 (746 CVs) clients received individual psychosocial counseling services at the individual and family level
- Group counseling service was provided to 510 CVs in 30 groups at 13 local levels.
- A progress matrix of 0-10 scale has been used to assess the effectiveness of counseling service and result showed average 33% improvement in their psychological symptoms and 30% improvement in mental health treatment CVs.
- 67 CVs who received counseling services and 55 CVs who received mental health treatment have shown improvement over 75% and service has been closed.





Representative from Swiss Embassy sharing her views on the importance of MH strategy

MoSD Secretaries of Karnali Madhesh, Gandaki and Lumbini Participating in on MHPSS issues and Mental Health Strategy program



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 with four children. They were 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.

ENHANCING MENTAL HEALTH AND PSYCHOSOCIAL WELLBEING OF MIGRANT WORKERS AND THEIR FAMILIES (PRABARDHAN PROJECT)

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 January 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

KARNALI PROVINCE

Salyan: Bagchaur, Saradha and Bangadh Kupinde Municipality and Chattreshwori Rural Municipality

SUDHURPACHHIM PROVINCE

Kailali : Ghodaghodi and Tikapur Municipality and Janaki Rural Municipality

policies and practices with the active involvement of persons with disabilities and self-help groups of migrant workers has improved.

Mental Health Service

- 840 people with mental health conditions (153 migrant workers and their families) received mental health service.
- The local government extended mental health and psychosocial service in 12 health facilities.

Capacity Building

- 6 auxiliary nurse midwives received 3 events of backstopping psychosocial support supervision.
- 20 paramedics received 4 events of clinical mentoring and supervision at health facility level.
- 12 engineers received accessibility audit training. After the training 7 health facilities have been made accessible.

Awareness Raising

- 3718 (including 81 persons with disability) community groups, returnee migrant workers, FCHV, traditional healers, families received mental health promotional and stigma reduction messages.
- 1105 (including 88 persons with disability) people participated in world suicide prevention day, world mental health day, international disability day, migration day.
- 16 members from 7 peer support groups received refresher training and were engaged in promoting mental health, psychosocial wellbeing and referrals.

Right-Based Approach in Mental Health

- Two community based Self Help Group (SHG) and two district network of SHG (one in each Kailali and Salyan district) received training on group mobilisation, self-advocacy and leadership and were engaged for local level advocacy for mainstreaming mental health and livelihood of persons with mental health conditions.

Livelihood Support

- 17 migrant workers families and persons with mental health conditions received livelihood support from project and engaged in self-employment

Advocacy and Lobby

- 7 Municipality level projects advisory committee (MPAC) held meetings
- Mental health and psychosocial policy developed and approved in 2 local level
- 2.9 million NPR budget allocated from the local government and utilized in PRABARDHAN project implemented local level in year 2023-2024
- NPR 300,000 received by mental health self help group for the livelihood support (Chhatreswori & Tikapur municipality)
- A total of 135 (98 Female 93, migrant worker family member female 5) was engaged for the disability movement and issue of migrant workers

" The project's intervention has truly been a lifesaver for my child. I'm grateful that I included in the self-help group because without it, I wouldn't have been able to save my daughter's life. She has attempted suicide multiple times, but thanks to the support and knowledge gained from the group, I recognized her symptoms and brought her to a psychosocial counselor. Now, she's doing much better and has even re-enrolled in the school. Before receiving counselling, she also reached out to the suicide hotline for support."

-A SHG member of Bangadkupinde during LPAC meeting

"We have been invited by local authorities and stakeholders to attend meetings and programs. Previously, we were not included or heard, but now they have started to involve us, listen to our concerns, and incorporate them into their plans. As a result, we have started receiving grants from the municipality, which makes us proud to see that our involvement is being recognized and valued."

- SHG member of Sharada

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, Arghkhanchi, Kapilbastu and Bardiya from 1st September 2022 to 31st December 2022 in coordination and collaboration of central, provincial and local government. This project was further

extended from 1st July 2023 to 31st December 2023.

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.

FACTS AND FIGURES



Capacity Building

- 26 primary health care providers (paramedics) trained in mhGAP (module 2B).
- 169 trained health workers received virtual mental health supervision.
- 61 chief of health section of the local level attended 2-days review meeting.
- 58 health facilities visited with supportive supervision.
- 10 nurses from OCMC completed six months psychosocial counseling training and certified by NHTC.
- 117 nurses of health facilities received basic orientation about the depression and the risk factors of suicide.



MHPS Service

- 751 people (608 new and 143 follow-up) with mental health problems received specialized mental health service from the monthly mental health clinic run in the district hospital.
- 1209 people with mental health conditions received mental health service from trained health service providers.



Advocacy and Lobby

- Conducted 53 events of advocacy meeting at local, district and provincial level.



Awareness Raising

- 574 FCHVs and 545 traditional healers trained on basic mental health and referrals
- 1481 people reached out with awareness activities
- 10 PSA developed and aired through 6 FM radio stations

SOCIAL REINTEGRATION COMPONENT OF REMI PROJECT

CMC- Nepal and ReMi entered into an agreement for technical support in social reintegration and family reunification part of ReMi project from 3rd July 2023. Second revision of agreement issued in April, 2024 with extension of pilot phase effective from 1st April to 30th September, 2024 with cost extension and activities revision.

The primary objective of this partnership is to capacitate Employment Service Centre (ESC)'s team in 20 selected local governments of Koshi and Madesh Provinces to become a hub for social reintegration services, by improving their resources and capacities so that they can provide social reintegration support to Returnee Migrant Workers and their families, based on their unique needs and the context of the localities they live in.



Mayor is giving closing remarks in Pipra Rural Municipality, Mahotari



Participants doing group work in outreach workers training at Madhesh province

Foreign Employment and My Life Story

Samata B.K. (Changed Name) is a 33-year-old housewife. She currently lives with her two daughters, one 13 years old studying in grade 8 and the other 9 years old studying in grade 4. Her husband has married a second wife and has been living separately. Samata went to Kuwait for foreign employment and stayed there for 18 months. She returned to Nepal in the month of Kartik, 2080 (October 2023). In foreign employment, she had been working as a domestic worker. She mentions that upon returning home, she had spent 2 days in jail. After hearing that her daughters, whom she had left with her husband, had gone to live with their grandmother, she returned home.

After coming home, she felt very distressed upon seeing the changes in her daughters. Her husband also did not take care of the daughters, and she herself was neglected as well. After coming home and living there, as the problems with her daughters, including their deteriorating behavior, lack of focus on studies, and daily issues, continued to increase, Samata's desire to live also diminished. Unable to endure the behavior of her beloved daughters and husband, she planned to end her life by consuming poison and indeed took poison. After learning about her suicide attempt, I went to the client's home for a home visit. When I arrived at the client's home, she was talking on the phone. I greeted her and asked how she was. We

had an informal conversation, discussing matters such as whether she had eaten and other related topics. Afterwards, I explained the ReMi project, its activities, and the purpose of my home visit. During our conversation, she cried for a long time. Following that, we discussed her thoughts about suicide. A suicide risk assessment was also conducted, and interventions were planned. We made an agreement to work towards preserving her life. At that time, she said, "When I took that step, I did not see anyone to help me, and none of my relatives were around. You came as a well-wisher and became like my own person."

Afterwards, she was taken to Madhumalla Hospital on a scheduled day for psychiatric treatment, and she took medication for 2 months. Listening to her feelings and discussing future plans, she expressed her concern about the future of her daughters. She said, "If I had died, my husband wouldn't have cared, and it would have been a disaster. Now, I will not give up. I am determined to show my husband that I am not a burden. With this resolve, I have been raising 5 goats and 7 pigs, and I am managing to sustain myself." She now plans to run a small snack shop to sustain herself. She says, "I had feelings for my husband and wished for his love and to be together. However, when I heard that he didn't care about my struggles in the hospital, it made me more determined to live."

Durga Devi Khadka, Family Counselor
Miklajung Rural Municipality

FACTS AND FIGURES

Mapping of Available Services to Support Social Reintegration and Development of Referral Pathways

- Data collection work for mapping of available services has been successfully completed in all 20-local level.

Capacity Building

- 23 out-reach workers, 11 family counsellors and 11 economic counsellors (total 45) received 3 days basic and 2 days refresher training on social re-integration.
- 18 family counsellors attended 10-days basic psychosocial counselling training.
- 20 family counsellors received 7 days each first and second module of training on family counselling.
- Conducted two events of 3-days group supervision for 20 family counsellors.

Advocacy and Lobby

- Organized 20 events of orientation of social reintegration component to the representatives and officials of local level.

Development of Module, Tools and Training Curricula to Capacitate ESCS On Supporting Social Reintegration

- Developed information package for returnees and family on social reintegration perspective (including community awareness).
- Developed of orientation materials for thematic interaction to local government.
- Finalized training material and curricula on social reintegration for 3-days training to **Social Mobilizers**.
- Developed 10-days basic counselling skill training package
- Developed 7-days family counselling training package, tested and finalized.

Validation of Tools and Training Materials

- Validation workshop conducted in Koshi and Madesh Province.

8 local level have developed activities in mental health awareness raising, mental health services and management of psychotropic medicine, and implemented accordingly. That indicates that the sensitization at local level has increased on the need of mental health programing, and they are moving towards in development of mental health programming and its implementation. Few local levels have realized the need of regular mental health clinic and have allocated budget to continue mental health clinic from district hospital.

Clinical mentoring and supervision at the health facility level and WhatsApp and Viber group to respond by the psychiatrists on the concerns or difficulty raised by the trained health workers in case diagnosis and management. For those, who could not have in-person supervision, had virtual supervision which was effective and tried to solve the queries and problems of the health care workers.

INTEGRATION OF CHILD AND ADOLESCENT MENTAL HEALTH PROGRAM IN KARNALI PROVINCE

The main objective of this program is to contribute in strengthening child & adolescent mental health service in primary health care services in 4 local level of Surkhet district in Karnali Province through training, onsite clinical mentoring and supervision of mental health nurse, CAMH Coordinator and primary health care workers and advocacy at local & provincial level.

In financial support of UNICEF Nepal, this program is implemented with technical assistance through CWIN Nepal in 4 local level (Gurbhakot, Panchapuri, Bheriganga & Birendranagar Municipality) of Surkhet district from Sep 2023 – Dec 2024.

Capacity Building

- 2 mental health nurses enrolled 2-month in-service training in CAMH from child and psychiatry unit of Kanti Children Hospital.
- 4 child and adolescent mental health focal person enrolled in one-month training in CAMH from child and psychiatry unit of Kanti Children Hospital.



FACTS AND FIGURES

Training Packages/Protocol Development

- CAMH training packages and supervision protocol developed.



Provincial Health Directorate and other Stakeholders at Birendranagar Municipality

JAJARKOT EARTHQUAKE RESPONSE PROJECT

An earthquake of magnitude 6.4 struck Ramidanda in Jajarkot, Nepal, on 3rd November 2023 (Kartik 17, 2080 BS, Nepali calendar). The earthquake caused the significant damage in the Karnali Province, especially in the

districts of Jajarkot and Rukum West. A total of 154 people died due to the earthquake (101 in Jajarkot and 53 in Rukum West) and 934 people are injured in Jajarkot, Rukum West, and other districts.

Districts	Number of People Died						Total		Injured	Discharged/ Referred
	<5 years		<18 years		<18 years					
	F	M	F	M	F	M	F	M		
Jajarkot	7	9	17	18	30	20	54	47	677	58
Rukum West	4	7	11	8	12	11	27	26	257	38
Total	11	16	28	26	42	31	81	73	934	96

Source: HSD, Karnali Province

In order to respond the devastating earthquake CMC-Nepal coordinated and collaborated with provincial and local government and provided technical support in the areas of MHPSS and

mobilized trained HR comprising of psychologists, Psychosocial Counsellors (PSCs), Psychosocial workers for providing PFAs, loss and grief counselling and other MHPSS services.

Major Achievements:

- CMC- Nepal orientated its human resources in Psychological First Aid (PFA) and deployed in all affected municipalities in coordination with Health Service Directorate (HSD) and Ministry of Social Development, Karnali Province.
- With financial support from SDC, 1000 blankets and 500 Tripals were supported to Jajarkot and Rukum West coordination with District Disaster Management Committee (DDMC).
- CMC-Nepal conducted Psychological First Aid (PFA) training for 111 health workers and 145 teachers in the earthquake affected municipalities of Jajarkot and Rukum West districts. After the training, health workers and teachers were mobilized to provide psychological support to the affected individuals and school children.
- CMC-Nepal, in collaboration with HRDC and National Federation of Disability Nepal (NFDN) and coordination with Health Service Directorate (HSD) and Local Government, had organized mental health and psychosocial support camps in six affected municipalities of Jajarkot and Rukum West. A total of 238 individuals received mental health and clinical psychological services and 344 individuals received PFA service.
- In support of America Nepal Medical Foundation, 500 nutritious food packets were provided to pregnant and postpartum women in three municipalities (Bheri Municipality, Nalgad Municipality, and Athbiskot Municipality).
- 260 packets of wellbeing kit (containing hygiene materials, nutritious food and warm clothes) were supported to earthquake affected CVs families. 50 packets were supported in Bheri Municipality and 70 packets each were supported to Athbiskot, Nalgad and Chaurjahari Municipalities.
- 6 tents for counselling space were supported to health facilities of Nalgad, Bheri, Barekot, Kushe, Sanibheri and Athbiskot for regular counselling services.

A DATABASE DESCRIPTION OF THE WORK DONE BY THE ORGANIZATION IN THE FIELD OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT AS RESPONSE TO EARTHQUAKE.

Number of People Supported by providing PFA						
District	Local Levels	Number of Beneficiaries				Total
		Boy	Girl	Male	Female	
Jajarkot	Bheri	506	749	374	764	2,393
	Nalgad	569	653	1053	1274	3,549
	Barekot	158	157	115	370	800
	Chhedagad	13	18	13	26	70
	Kushe	129	180	49	66	424
Rukum West	Aathbiskot	250	336	701	997	2,284
	Sanibheri	79	97	346	192	714
	Chaurjahari	329	454	162	343	1,288
Total		2033	2644	2813	4032	11,522

Number of people reached through loss and grief/counselling sessions						
District	Local Levels	Number of Beneficiaries				Total
		Boy	Girl	Male	Female	
Jajarkot	Bheri	5	10	58	136	209
	Nalgad	4	4	41	78	127
	Barekot	12	14	35	32	93
	Chhedagad	1	2	6	13	22
	Kushe	0	0	46	136	182
Rukum West	Aathbiskot	4	14	28	51	97
	Sanibheri	30	47	9	59	145
	Chaurjahari	4	1	19	23	47
Total		60	92	242	528	922

PFA sessions for pregnant women and lactating mothers at birthing centres	Barekot Rural Municipality	134
	Kushe Rural Municipality	97
	Sanibheri Uminicipality	124
	Total	355

No of Health Workers oriented in Groups on PFA, Stress management and other PS issues

District	Local Levels	Male	Female	Total
Jajarkot	Bheri	7	4	11
	Nalgad	7	7	14
	Chhedagad	6	14	20
	Kushe	6	10	16
Rukum West	Aathbiskot	4	11	15
	Sanibheri	6	16	22
	Chaurjahari	8	5	13
Total		44	67	111

No of Teachers oriented in Groups on PFA, Stress management and other PS issues

District	Local Levels	Male	Female	Total
Jajarkot	Bheri	15	5	20
	Nalgad	14	8	22
	Chhedagad	21	14	35
	Kushe	16	7	23
Rukum West	Aathbiskot	11	8	19
	Sanibheri	13	5	18
	Chaurjahari	7	1	8
Total		97	48	145



2 days PFA Training to Teachers at Barekot



Dr. Rajesh Sambhajirao Pandev, WHO Country Representative at Barekot, Jajarkot

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.

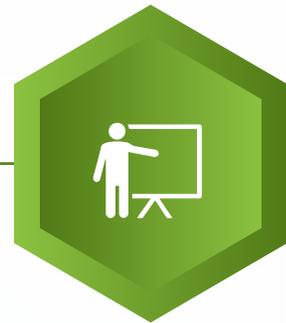
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This unit offers the following services

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

Capacity Building

- Supported to MoHP/NHTC to complete 3rd batch training in 6 months psychosocial counseling for the OCMC nurses.
- Supported CMCS-Nepal to accomplish WHO work on assessment of situation of psychosocial service providers.



Advocacy and Lobby

- Support provided Karnali Province MoSD on publication and dissemination of provincial mental health strategy and action plan.
- Increased CMC-Nepal's visibility at high level of government -20th anniversary attended by vice president, vice speaker of parliament, health secretary, member of parliament etc.
- CMC-Nepal's work has been displayed in gallery show and short video which has been very much appreciated by audience.
- CMC-Nepal is able to maintain trust in its' capacity to implement MHPS activities at all three levels. Coordination and networking with government agencies.
- NHTC for supplementary training in PS counseling –piloting, ToT training in PS counseling –coordination.
- Mental health promotional activities- tool development- GBV training pack review- expert for MHPS section, community mental health training and service package- EDCCD/NHTC, school health (nursing div).
- MoLESS, FEPB –consultant for expert opinion on psychosocial and mental health service.



Research Articles/Conferences Attended

- 3rd ICCAMH conference, CMC-Nepal supported financially and being active member in different committee's e.g. organization committee, scientific committee, logistic management committee.
- Midterm review of PCMHP, Madesh is accomplished and submitted to cbm-Switzerland.
- Mid-term FGD conducted for PCCICV project completed.
- Ethical review-68 research proposals reviewed (NHRC).
- International journal article review -(ACHR UK research portal registration).
- Reviewed one intervention article on request of ACHR.
- Listed MHPS expert in ACHR reviewer portal.
- Research proposal on MHPS submitted on 'Assessing the effectiveness of community based MHPSS interventions for community integration of conflict victims in Nepal'.

Mental Health Research

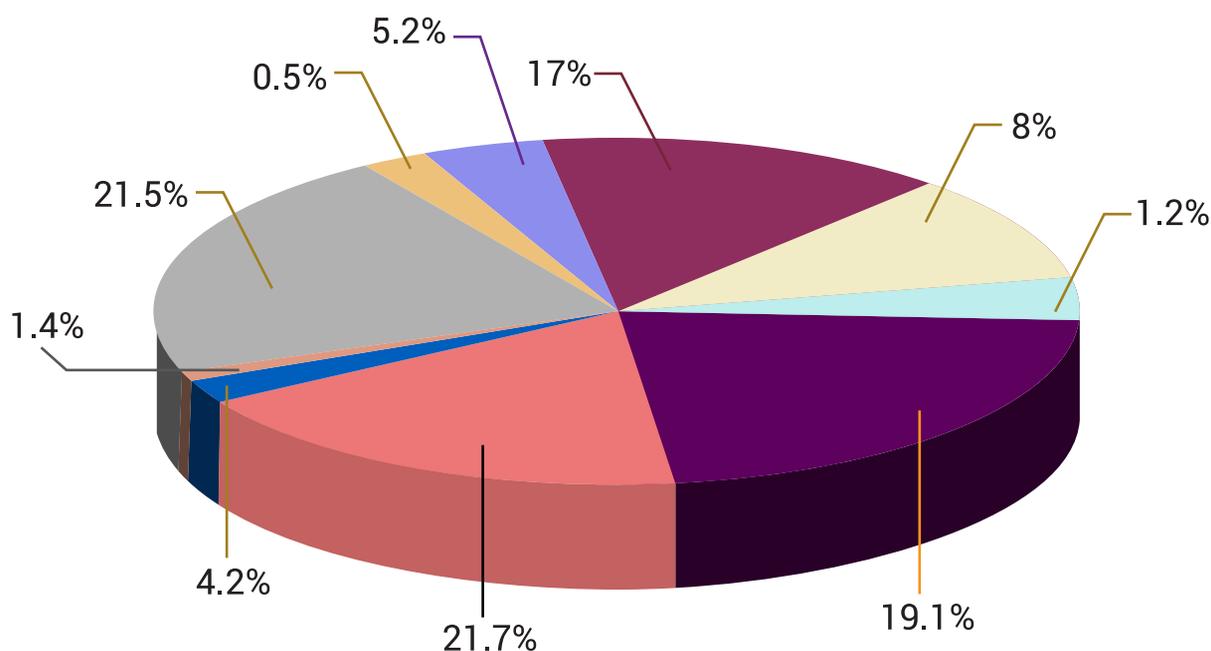
- Research student placement from University of Edinburg, Scotland, UK-One student completed placement and submitted research thesis in 2023.
- Visited Social work department professor Dr. Sumeet Jain visited CMC and appreciated CMC support to university student.
- NHRC –research proposal pair review- 46 proposal and 18 journal articles.
- 14 journal articles of international journals reviewed.
- SAARC Psychiatric Conference- CMC research presented by.
- Published article in international journal-'Prevalence of maternal depression and anxiety symptoms and associations and association with child mental health outcomes in rural Nepal.'
- Alia Dielemans and Pashupati Mahat contributed equally to this work and share first authorship, DOI:10.1111/tmi.13956, Trop Med, Int Health. 2023;1–9.



ABT Drum Circle
with Staff Members



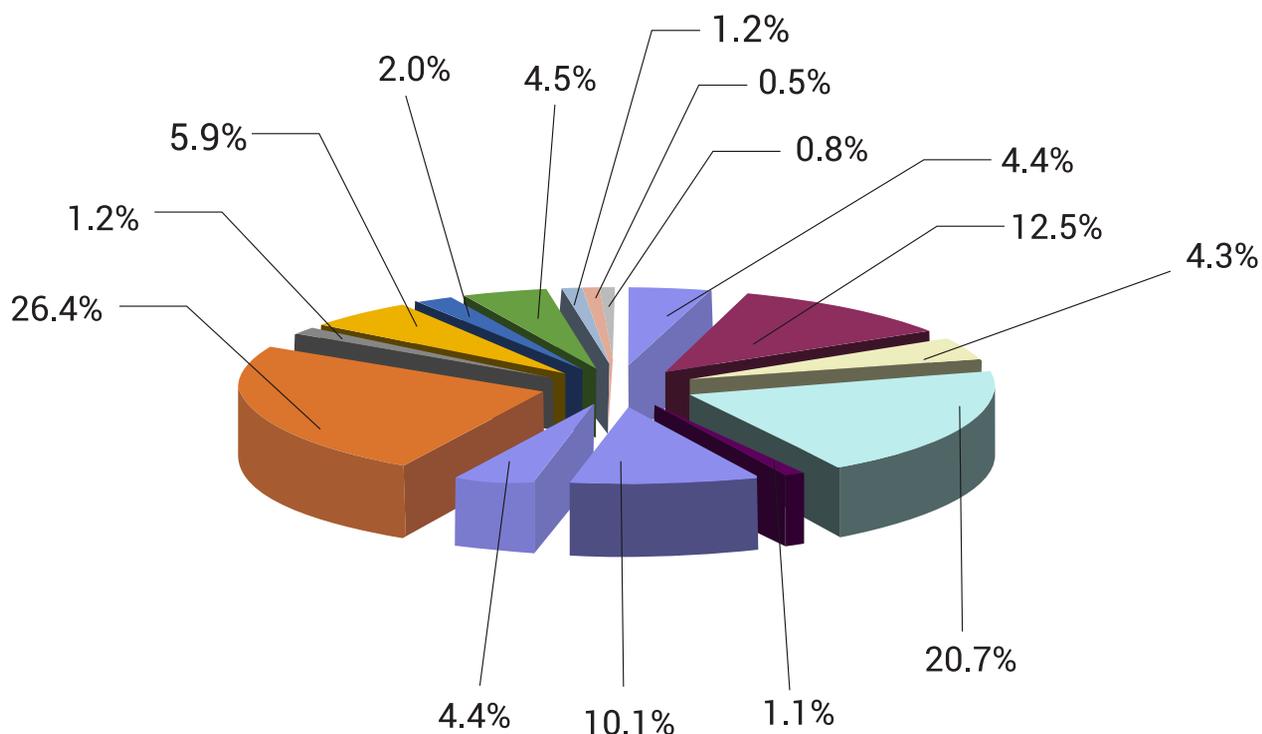
Annual Income 2023



- | | |
|--|---|
| <ul style="list-style-type: none"> ■ Tearfund Australia ■ HELVETAS SWISS INTERCOOPERATION ■ United Nation Population Fund ■ World Health Organization ■ Embassy of Switzerland | <ul style="list-style-type: none"> ■ Felm, Finland ■ UNICEF ■ CBM ■ Local Income (HRDU) ■ Other Organisational Income |
|--|---|

Source of Funding	Amount in NRs	% Coverage of Total Income
Tearfund Australia	12,179,027	5.2
Felm, Finland	39,994,170	17.2
Helvetas SWISS Intercooperation	18,464,460	8.0
UNICEF	2,673,290	1.2
United Nation Population Fund	44,378,139	19.1
CBM Global	50,428,221	21.7
World Health Organization	9,831,595	4.2
Local Income (HRDU)	3,140,517	1.4
Embassy of Switzerland	50,000,000	21.5
Other Organizational Income	1,143,933	0.5
Total Income	232,233,350	100

Annual Expenditure 2023



Projects	NRS (Nepali Rupees)	% Coverage of Total Expenditure
Community Mental Health and Psychosocial Support Programme	9,313,407	4.4
School Mental Health Programme	26,627,918	12.5
Psychosocial Support for Safer Migration Program (SaMi)	9,234,239	4.3
Gender Based Violence Prevention and Response Project-Phase 2	44,319,781	20.7
Child and Adolescent Mental Health Project	2,191,987	1.0
Karnali Mental Health Programme	21,622,236	10.1
Promotion of Child Mental Health and Psychosocial Wellbeing in Community	9,384,155	4.4
Psychosocial Counselling for Community Integration to Conflict Victims	56,504,928	26.4
Jajarkot Earthquake Response Project	2,464,742	1.2
Enhancing Mental Health and Psychosocial Wellbeing of Migrant Workers and Families	12,565,027	5.9
Social Reintegration in ReMi	4,259,179	2.0
MHPSS Strengthening in Lumbini Province	9,714,213	4.5
Human Resource Development Unit	2,645,593	1.2
Social Enterprise Expenses	1,020,346	0.5
Organizational Expenses	1,763,112	0.8
Total Expenditure	213,360,862	100

OUR VALUED PARTERS



CENTRE FOR MENTAL HEALTH & COUNSELLING-NEPAL (CMC-NEPAL) मानसिक स्वास्थ्य तथा परामर्श केन्द्र-नेपाल

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