

2024

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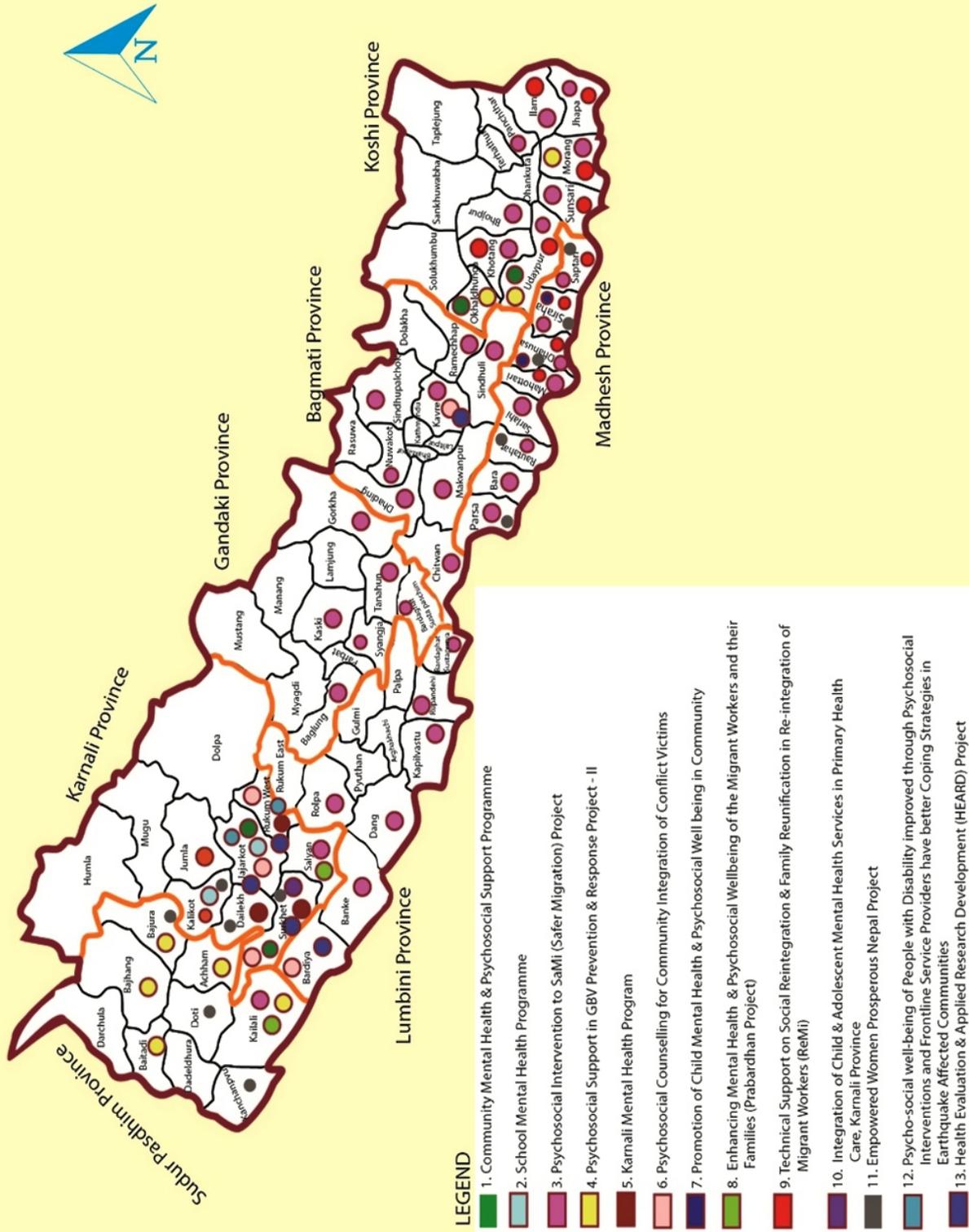
ANNUAL
REPORT

*"Commitment for Promotion of Mental Health
& Psychosocial Support in Nepal"*



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

Working Areas of CMC-Nepal



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MESSAGE FROM THE CHAIRPERSON

In 2024, we further advanced our mission to improve mental health and psychosocial well-being across Nepal. Anchored by the Constitution of Nepal—which recognizes health as a fundamental right—and the Public Health Act 2018, CMC–Nepal continued to expand its reach and deepen its impact nationwide. Over the year, we supported 26,686 individuals and their families across 53 districts and 230+ municipalities. Through 12 integrated programs, we addressed a wide range of needs: community-based mental health, school support, services for migrant families, and responses to gender-based violence and disaster trauma.

Flagship initiatives like the Community Mental Health and Psychosocial Support Program, School Mental Health, Conflict Victim Reintegration, Safer Migration Support, and Child & Adolescent Mental Health not only improved service delivery but also strengthened local systems. In Karnali Province, our targeted programs—including the Jajarkot Earthquake Response—proved that locally adapted solutions create lasting change.

We trained health workers, teachers, and frontline responders; strengthened Self-Help Groups; provided livelihood aid to 176 individuals; and assisted over 400 people in accessing disability ID cards. Our partnerships with local governments led to greater budget commitments and the adoption of mental health policies in several municipalities.

These achievements were made possible by our passionate team, advisors, board members, and the steadfast support of our funding partners — Felm, Tearfund Australia, SaMi/Helvetas, SDC, CBM Global, UNFPA, EU, the Norwegian Embassy, Australian Aid, and UNICEF. Thank you to all our funding partners. We are also grateful to the Government of Nepal for its collaboration across Nepal.

Looking ahead, CMC–Nepal is committed to ensuring mental health care is accessible, affordable, and inclusive, especially for the most marginalized. Together with our partners and communities, we'll continue to promote mental health, build human resources, and support local and provincial governments in implementing effective MHPSS policies and programs.

Thank you for walking alongside us on this vital journey.

Dr. SP. Kalaunee
Chairperson, CMC – Nepal

WHO ARE WE?

Centre for Mental Health and Counselling-Nepal (CMC-Nepal), a national NGO registered with Kathmandu District Administration Office and affiliated with the Social Welfare Council. We promote rights for persons with psychosocial disabilities through promotional, preventive, curative, and community-based rehabilitation approaches. We are a diverse and dedicated team of professionals committed to establishing a center of excellence in mental health and psychosocial counseling. We lead initiatives from grassroots care delivery to policy development, collaborating with government entities to strengthen systems. Our focus is on ensuring accessible, high-quality, equitable, and affordable mental healthcare. Through innovative and accountable care models, we aim for institutionalization and sustainability via government adoption. By integrating humanitarian and rights-based approaches, we foster inclusion and support the creation of enabling environments for all individuals.

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 well-being.
- Inclusion of disabilities in program design and implementation.
- Evidence-based research in the areas of mental health and psychosocial services.

CMC-NEPAL AT GLANCE

This year annual report covers the on-going contribution of CMC-Nepal in development of human resources in mental health and psychosocial counselling, mental health care and psychosocial service to the people mental conditions and at risk of mental health condition, stigma reduction initiatives at community level along the GBV prevention, early marriage, suicide prevention and harm reduction, policy and strategy development with strengthening system to provide sustainable mental health care and psychosocial service.

In 2024, CMC - Nepal directly worked and provided mental health and psychosocial counselling services to 26686 people and their families in more than 230 (rural) municipalities of 53 districts across the country. It implemented its regular programs and emerging projects. They are;

1. Community Mental Health and Psychosocial Support Program in 4 districts and reached directly with 3866 people with the mental health conditions and psychosocial disabilities.
2. School Mental Health Program is implemented in 2 districts and reached directly with 1152 children (806 girls and 346 boys) at school, through student psychosocial counselling by trained focal teachers. 957 people (including 184 children) with mental health problems received mental health service from trained health workers
3. Psychosocial Support in Safer Migration Project in SaMi program districts provided individual counselling services to 3770 people and 1164 wives, mothers and fathers of migrant workers from 53 groups. This project contributed to develop human resources at local level and addressed psychosocial needs to the migrant workers and their families.
4. Gender Based Violence Prevention and Response-II (GBVPR-II) and Empowered Women, Prosperous – Nepal, a UNFPA supported project run in 33 (rural) municipalities of 18 districts. It has facilitated OCMC and local communities in identification and provision of health and psychosocial services to the GBV survivors. A total of 5091 GBVs survivors received multi-sectoral response from OCMC and community level.
5. Karnali Mental Health Program, supported by CBM Global, implemented in 3 districts of Karnali Province. This project has built mental health and psychosocial counselling/support service in 51 health facilities. 1663 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. 311 children at risk received mental health and psychosocial service from the teachers and 101 children received non-specialized mental health service from the trained 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. 1885 (906 conflict victims) people received psychosocial counselling service and 899 conflict victims received group counseling in 30 groups in 13 local levels. 1140 (400 conflict

- victim) received specialized mental health service.
8. Enhancing mental health and psychosocial well-being of migrant workers and their families Program in 2 districts. 1001 people (197 returnee migrants and families) received mental health and psychosocial counselling service from government health facilities.
 9. Technical support for Social Reintegration Component of ReMi Project was provided in 20 local level of Koshi and Madesh Province, with the aim to capacitate outreach workers, family counsellors, economic counsellors and other project staff. A total of 45 out-reach workers and counsellors received 3 days basic and 2 days refresher training on social re-integration. 18 family counsellors attended 10-days basic psychosocial counselling training and 20 family counsellors received 7 days each first and second module of training on family counselling.
 10. Integration of Child and Adolescent Mental Health Project in Karnali Province, implemented from November 2023 in 4 local level of Surkhet district. 1546 child and adolescent received CAMH service from the two mental health nurses developed in two basic hospitals and trained health workers.
 11. In order to respond the devastating earthquake, CMC-Nepal continued MHPSS services in the through the mobilization of Psychosocial Counsellors (PSCs) and Community Psychosocial Workers (CPSW) in 6 local level of Jajarkot, Rukum West. More than 1100 people received psychosocial counselling service through PCCICV, SMHP, CAMH, KMHP & PCAD project. A Karnali Earthquake Recovery Project started in Jajarkot and Rukum (West) from December 2024 and contributes in providing MHPSS service to the affected people.

HIGHLIGHTS AND FACTS OF 2024

PROGRESS OF ALL PROJECTS INCLUDING HRDU	2003-2018	2019	2020	2021	2022	2023	2024	CUMULATIVE (22 years)
 MENTAL HEALTH SERVICE DELIVERY	53,733	3,467	4,419	4,949	6,435	9,770	10,274	93,047
 PSYCHOSOCIAL COUNSELLING SERVICE	14,277	2,659	4,117	7,463	10,786	10,014	13,841	63,157
 SCHOOL COUNSELING SERVICE	3,910	1,138	113	1,071	903	1,734	1,463	10,332
 CAPACITY BUILDING								
• ANM/Nurses (Module 1)	250	34	66	8	28	43	33	462
• Medical Officers (Module 2A)	293	23	8	6	36	11	0	377
• Paramedics (Module 2B)	1,089	36	63	34	228	150	100	1,700
• Paramedics (Module 3)	0	0	0	0	0	0	111	111

PROGRESS OF ALL PROJECTS INCLUDING HRDU	2003-2018	2019	2020	2021	2022	2023	2024	CUMULATIVE (22 years)
• FCHVs (Module 4)	0	415	32	92	82	77	87	785
• Community Mental Health Training for Health Managers (Module 5)	0	0	0	0	98	11	0	109
• Six-month Psychosocial Counselling Training (Module 6)	0	17	134	150	66	54	24	445
• Child Friendly Classroom Management, Positive Disciplinary Approach and Parenting Education (Teachers)	1,268	459	714	380	224	1,489	0	4,534
• 5-days Customized Training in Student Psychosocial Counselling	0	0	0	0	0	197	87	284
• Student Psychosocial Counselling (CMC Packages for Teachers)	470	96	140	100	120	0	0	926
• 6 Months Psychosocial Counselling Training for Social Workers/ NGO Staff (CMC Packages)	93	17	0	0	0	0	0	110
• Basic MHPSS Training for NGO Staff/Social Workers (CMC packages)	683	0	0	0	0	0	0	683
 AWARENESS RAISING	1,53,280	38,920+	30,100+	64,300+	1,13,000+	1,64,000+	197,000+	7,65,500+
 SELF HELP GROUPS	69	9	6	11	9	11	0	115 (7 District Level Mental Health Network)
 LIVELIHOOD	49 (Families)	144 (Families)	59 (Families)	53 (Families)	473 (Families)	204 (Families)	370 (Families)	1,352 (Families)
 HUMANITARIAN AID	35,800	0	514 families (Fire-outbreak of Salyan windstorm (Bara & Parsa) where	0	0	11,500	1,108	48,408 (47268 Earthquake survivors of 2015 and 2023) (521 Flood survivors of Banke and Bardiya) 14 families (619 Fire-outbreak of Salyan)
 COVID RESPONSE	0	0	22,469 (Individuals)	0	0	0	0	63,801 (Individuals)

COMMUNITY MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT PROGRAMME (CMHPSP)

The fourth-year of seventh phase of CMHPSP project (2022-2025) was implemented with the aim to increase access of mental health and psychosocial service in 9 local level of Koshi Province and 7 local level of Karnali Province. This programme was implemented in partnership and cost sharing approach with the local governments and in funding support of Tearfund Australia. The coordination and 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 was maintained for the project implementation and policy level advocacy.

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.
- 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.

This project is succeeded in achieving its goal and contributing in strengthening the rights of people with mental health problems in the project locations. The project has contributed in providing mental health and psychosocial service at community level in low cost. This project has considered the mental health

KOSHI PROVINCE

Udayapur : Chaudandigadhi, Belaka, Triyuga, Katari Municipality and Rautamai Rural Municipality

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

KOSHI PROVINCE

Surkhet : Lekhbesi, Panchapuri, Gurbakot Municipality, Chingad and Chaukune Rural Municipality

Jajarkot : Cheddagad Municipality and Barekot Rural Municipality

wellbeing of the women, children and people from marginalized & deprived communities and has become able to reach out and provide mental health and psychosocial services for the deprived and marginalized communities. Further, this project has directly worked with people with mental health problems and their families in right based social mobilisation approach to protect their rights of treatment, participation and inclusion, social benefits and economic empowerment. 25 Self-Help Group (SHGs), including two district level mental health SHG networks are actively engaged in creating awareness to reduce stigma associated with mental health problems, referrals of the people with mental health problems at health facilities, promoting peer support approach and advocacy at local level for mainstreaming mental health into the existing health care system.

"I am very happy now as I was thinking that I am the only one having this problem and I was stigmatized due to my mental health problems. But now when I attended SHG meetings I found many persons are like me and that provided energy for me to work on it. Half of the problems resolved when I attended in SHG meeting."

- Person with Mental Health conditions, Chhedagad Municipality, Jajarkot

From Isolation to Empowerment: Deepak's Journey

"My mental health struggles led me to spend a lot of money on traditional healers and visit various places, but nothing helped. The stigma in my community only made things worse."

I'm Deepak Giri, a 31-year-old resident of Panchapuri Municipality. I live with my aging parents and have one son. My condition began at the age of 7. As a child, I couldn't understand what was happening—I would cry during illness, lose control of bodily functions, rush around, grind my teeth, collapse, and lose consciousness. When I woke up, I couldn't speak or understand things properly and had severe headaches. I felt completely isolated and unable to express myself.

Desperate for a cure, I turned to traditional healers and even consumed raw wild bird blood and insects like spiders. I was willing to sell my land to get better. People avoided me, believing my condition was contagious, which left me feeling even more alone.

Eventually, I met someone with similar symptoms at a hospital. He encouraged me to speak up and

told me about a doctor who offered free treatment. That led me to meet the doctor and later, Kali Bahadur BK, a psychosocial counsellor from CMC-Nepal. I started opening up and soon became a member and later the secretary of a Self-Help Group (SHG).

Joining the SHG changed my life. I found people with similar experiences, which gave me confidence to speak and share. I attended a training in Surkhet that boosted my self-esteem. Now, I feel no fear or pain related to my illness. I'm married with children, and despite the negativity I once faced, people now see my happiness. I run a small shop to support my family and, thanks to SHG orientation, I've received a disability card and regular social security allowance.

I was once invisible in society. Today, I live with dignity. For that, I sincerely thank CMC-Nepal.

"I learned stress management of own and able to find the students emotion which helped me to support for students to reduce emotions and able to manage Conversion Disorder through Student Psychosocial Counselling Training."

- Student Psychosocial Counselling Trained Teacher

"If there is no treatment of mental health condition at local level health centre, we as a very poor person could not get treatment and the availability of treatment at local level has helped very much."

- Family member of person with Mental Health Problem

"Mental health is a very sensitive and very difficult issue. Hence we will prepare mental health strategy and action plan in coming year and will do the activities effectively."

- Chairperson, Chisankhugadhi Rural Municipality, Okhaldhunga

"We were facing many mass conversion disorder cases in last years and used to solve with the support of Traditional Healers but not succeeded. After conducting Student Psychosocial Counselling training to teachers with the technical support of CMC-Nepal, it is very easy to manage the mass conversion and there is drastic decrease in conversion disorder cases. We are able to manage this from local level now."

- Education Section Head, Berekot Rural Municipality, Jajarkot

MENTAL HEALTH SERVICE



- 3866 (2380 Female and 1486 Male) new persons and 11744 (6968 Female and 4776 Male) old persons with mental health problems received mental health service from the trained medical doctors and paramedics
- 786 people received direct mental health service from the psychiatrist during mental health clinical supervision

16 local government (LG), and central government medicines of the total demand of the supply of the psych local, provincial and federal burden of purchasing of t with mental health pro members.

PSYCHOSOCIAL COUNSELLING SERVICE



- 318 (251 Female and 67 Male) new persons and 289 follow-up cases (217 Female and 72 Male) with psychosocial problems received basic psychosocial support from the trained nursing staff
- 396 persons with psychosocial problems received direct counselling support during psychosocial supervision

CAPACITY BUILDING



Duty bearer

- 6 paramedics received mhGAP (module 2B) training
- 3 medical officers and 16 paramedics received 3-days refresher training on mhGAP
- 6 nursing staff received basic psychosocial support training (module 1) and 13 ANMs received refresher training of psychosocial support training
- 8 trained medical doctors and 74 paramedics received 4 events of clinical mentoring and virtual supervision from the psychiatrists
- 31 trained Nurses & Auxiliary Nurse Midwife (ANM) received 3 events of psychosocial supervision
- 52 teachers attended 5-days customized training on Student Psychosocial Counselling

FACTS
FIGURE

AWARENESS RAISING



- 979 students received messages on stigma reduction, mental health promotions, mental health problems and referrals
- 2186 school children, family members and persons with mental health conditions received knowledge on preventing GBV, suicide and early marriage
- 232 government officers and elected representatives attended sensitization workshop on changing attitude and behaviors with persons with mental health conditions and families

More than 80% of total problems diagnosed at health Mental Health Self Help Group psychosocial workers, mental school students & teachers

with support of provincial managed almost 100% and. The increasing trends of tropic medicine from the rural level has reduced the medicine by the people and their family

S AND
URES

cases with mental health 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

- 485 SHG members from 21 SHGs (including district network) members received follow-up support/reinforcement in organizational management, awareness raising, referral and advocacy
- 25 SHGs members from 2 SHG networks received peer support training
- 15 community level SHGs conducted advocacy meeting with local level



ADVOCACY AND LOBBY

- More than 20 events of meeting attended by CMC-Nepal organized by NHTC, Mental Health and NCD section of EDGD. More ever, CMC-Nepal conducted 4 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 36% (NPR 3,397,033.50 in year 2024 from NPR 2,492,308 in year 2023) in this year.
- Mental Health and Psychosocial Policy and Plan of Action is developed in Panchapuri, Lekbesi, Barekot, Chisangkhuoghi and Belaka 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 (4 numbers in total, 50% cost sharing) for MHPSS awareness, providing basic psychosocial support and referrals
- 52 teachers from Belaka, Triyuga, Rautamai, Panchapuri and Barekot Local Level received customized student counselling training



LIVELIHOOD

- 176 people with mental health conditions and psychosocial disabilities received livelihood support, and they engaged in income generating activities



LIVELIHOOD

- 406 (55 in Udayapur, 59 in Surkhet, 30 in Jajarkot & 262 in Okhaldhunga) people with psychosocial disability received disability cards

SCHOOL MENTAL HEALTH PROGRAMME (SMHP)

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. The sixth phase (2022 to 2025) of the SMHP, funded by Felm, successfully contributed to increase school attendance to 87.93% (baseline 76.28%) and reduce emotional and behavioral problems (EBPs) among the students to 15.7% (baseline 20.9%). 1152 students who received student psychosocial counselling at schools, 761 (66%) demonstrated improved emotional wellbeing. Students happiness showing remarkable improvement, increased to 89% from baseline 32.76% after the project interventions. The improvement was significantly influenced by parental supporting behavior, practice of classroom based psychosocial promotional activities and use of positive reinforcement tools. Students happiness showing remarkable improvement after the project

KARNALI PROVINCE

Jajarkot : Bheri and Nalgad Municipality

Kalikot : Khadachakra and Raskot Municipality

interventions. Life skills education (Social Emotional Learning Package), group participatory learning, cyclic sitting arrangement, birthday celebration and creativity display boards led to even great success.

Teacher Stress Management Trainer's Guide and Trainee's Reference Manual developed by Center for Education and Human Resource Development (CEHRD) under the Ministry of Education, Science and Technology in technical support of CMC-Nepal, and mainstreamed into the five-days customized teachers training curriculum. CEHRD conducted a national-level Training of Trainers (ToT) on Teacher's Stress Management for Government Education Training Center (ETC) trainers.

A New Beginning

Med Bahadur Shahi, a resident of Ward No. 10 of Khandachakra Municipality, was mentally disturbed. He used to speak impulsively, isolate himself, get angry easily, pick fights, and react irritably. At 38 years old, the entire responsibility of his household depended on him. When he became ill, the family's situation turned chaotic. The biggest burden fell on his wife.

After participating in a parental psychosocial education program at the school, his wife learned that taking her husband to a nearby health facility could help with his recovery. She informed the neighbors and took her husband to Daha Health Facility in Molfa. After consulting with the doctor, he started taking regular medication.

As she administered the medication regularly as per the doctor's advice, Med Bahadur gradually began to recover. About two months later, he became much more aware of things. With his

improving health, he started helping his family with various tasks.

Now, he is doing very well. He takes his medicine regularly on his own and even visits the hospital a few days before his medication runs out to get a refill. He helps with household chores and supports his children with their studies and other activities. The problems he once faced are no longer part of his life.

He says he is happy and living a joyful life. "The awareness that had vanished has returned to me. The consciousness I had lost is back. The family members who had distanced themselves from me are now close again. I had no dreams before, but now I am able to move forward to make my dreams come true. This is a new beginning of my life," he says.

e expresses heartfelt gratitude to CMC-Nepal and the Molfa Health Facility for giving him a new life.

Student Psychosocial Counselling Service

- A total of 1152 children (806 girls and 346 boys) received psychosocial counseling service at school by trained psychosocial focal teachers. 66% children received psychosocial counseling at school that have improved psychosocial wellbeing.
- 55% schools managed separate student psychosocial counseling room.
- 37% schools included student counseling in teachers' daily routine.
- 86.6% schools practiced student complaints listening.



Awareness Raising

- 1848 parents (1001 F and 847 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.
- 1349 adolescents (742 girls and 607 boys) received orientation on adolescents' girls' health awareness, preventing early marriage and psychosocial health.
- 1073 community people were oriented on mental health issues and reducing social stigma.



Mental Health Service Delivery

- 957 people (including 184 children) with mental health problems received mental health service from trained health workers.
- 293 difficult cases with mental health problems from the schools were referred to health facilities.



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

- 16 parent Self Help Group from four program municipalities received regular input for promoting right based approach in mental health



Psychosocial Counseling Service

- 197 (99 F and 98 M) received psychosocial counselling service from trained health workers of the 9 health facilities.



Capacity Building

Duty Bearers

- 120 psychosocial focal teachers of 60 schools have been practicing classroom based psychosocial promotional activities.
- 408 teachers (cumulative 1895) trained on inclusive and child-friendly teaching methods.
- 8 paramedics received mhGAP refresher training (module 2) and backstopped them including already trained medical doctors and paramedics through clinical mentoring and supervisions at field and virtual supervision.
- 5 new and 5 old nurses received training in basic psychosocial support (module 1) and regular backstopping supervision.



Lobby and Advocacy

- 1149 (597 female & 552 male) SMC/PTA members and 128 community leaders and government authorities actively involved in promoting inclusive education.
- 55% schools included school mental health in their school improvement plan.
- 25 ETC trainers and roaster trainers developed on Teacher Stress Management through technical support of CMC Nepal through CEHRD.



Highlighting the Critical Role of School Mental Health Programs: Rama's Journey Through Psychosocial Counseling

Rama, a 16-year-old ninth-grade student at Janaki Secondary School in Nalgad Municipality, Jajarkot, experienced severe behavioral disturbances—crying, screaming, and frequent fainting. Initially misunderstood as signs of spirit possession, her condition was addressed by faith healers, while others in the community assumed it was contagious, leading to social exclusion.

The turning point came when the school's psychosocial focal teacher identified her symptoms as conversion disorder—fainting triggered by psychological stress. Rama began individual counseling sessions at school. When limited progress was noted after a few sessions, she was referred to the local health facility, where trained health workers continued the intervention and involved her parents through psycho-education.

The counseling sessions focused on understanding the root causes of Rama's stress, her own perception of the problem, and her parents' attitudes and coping strategies. Rama learned stress management techniques, while her parents received guidance on how to support her effectively and prevent future psychosocial issues.

After 6–7 sessions combined with parental involvement, Rama showed significant improvement—her fainting spells decreased, she began attending school regularly, rebuilt social connections, and improved academically. Her parents now credit counseling over traditional practices for her recovery. Inspired by Rama's progress, the School Management Committee president and ward chair extended their appreciation to CMC-Nepal's School Mental Health Program. Acknowledging its impact, they advocated for continued psychosocial counseling in schools and called for orientation programs for traditional healers to align with modern mental health approaches.



"I didn't know about the mental health and psychosocial problem, but today I understand about it. I have so many experiences while healing patients and I recommended cutting the goat and hen in the treatment process. Because the patient would have complained of many physical symptoms such as stomach pain, dizziness, palpitation, shortness of breath, back pain, headache, and fear-related problems. But from this day, I will recommend and refer those cases to Bhur Health Post and Khalanga District Hospital. This is my commitment. Thank you for providing training to us."

- Faith Healer, Bhur Health Post, Bheri Municipality, Jajarkot

"School Mental Health Program is very helpful for quality education, psychosocial counselling, parent's psycho-education and enhances capacity in teacher performance and learning achievement of school students. Now we are fully ready to support and implement this program actively. Thank you for organizing this interaction session."

- SMC Chairman, Suryodaya Secondary School, Nalgad Municipality, Jajarkot

PSYCHOSOCIAL INTERVENTION TO SAFER MIGRATION PROJECT

The SaMi programme is a bilateral initiative of the governments of Nepal and Switzerland. It is implemented in partnership between federal, provincial, and local governments. Helvetas Nepal provides technical assistance to the programme on behalf of the SDC. The third phase of the programme is concluded on November 25, 2024, and the program entered into the fourth phase (2024–2028) of implementation effective from 26th November 2024. The main working areas of the program are access to quality information and counseling, access to justice services, skills development, financial literacy, and psychosocial counseling services.

The social costs of migration in labor migration is increasing. Some of the key challenges that families of migrants have to face separation of family members, distant relationships and estrangement of husband and wife, possible disputes between family members for the control over resources, as well as social stigma and preconceived ideas and prejudices on women left behind, women migrants, returnee migrant women and/or their children who grow up without proper parenting support. The difficulties may even worsen when the migrant goes missing and faces difficulties in the country of destination. It is difficult for the family to cope with the lack of information about his/her whereabouts. In the case of the death of a migrant, the left behind family will have to deal with the grief and with defining a way forward, socially and financially. In parallel the migrants who faced a very difficult experience abroad and return with traumas need to be supported when returning. In this respect, the target group of specific psycho-social support includes wives of migrants, children of

migrants, migrant families and returnee migrants, both men and women.

SaMi/HELVETAS entered into the partnership with CMC – Nepal since November 2013 for catering psychosocial expertise in the project and address the social cost of labor migration. The major objective of this partnership is to continue the technical support to psychosocial counseling component by supervising and building the capacity of psychosocial counselors at the local governments to support them to deal with psychosocial cases in SaMi working areas.

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 of the absence of the migrating family member.
- Support families of migrants and migrants facing psychological stresses and difficulties linked to the negative migratory experience.
- Link/refer the psychosocial clients to the existing support system available at the Local, Province, and Federal level.
- Coordination and support for the institutionalization/ integration of psychosocial component at local, province and federal levels.

"The death of my husband had thrown my life into complete darkness. Financial hardships, social injustice, and the burden of being a single woman had made me despair about life. I had lost all my confidence, hope, and courage. But, talking to you (Psychosocial Counsellor) taught me to live again. Personal counselling inspired me to accept my pain, love myself, and start a new journey. The encouragement I received from the session from you, I gathered the courage and strength to reopen my tea-snack shop. It became not only my financial foundation, but also a symbol of my self-esteem. You have become my true friend in my sorrow. I thank you from the bottom of my heart for this help. Because of you, today I am able to start my new life."

- Female Beneficiary, Arnama RM, Siraha

FACTS AND FIGURES

- 3770 persons (3260 F and 510 M) benefitted from psychosocial counselling service who were suffering with psychosocial problems like depression, anxiety, suicide attempt, trauma due to loss etc.
- 1164 wives, mothers and fathers of migrant workers (1145 F and 19 M) of 53 groups were benefitted by group counselling services.
- Stress management sessions to health workers from Kapilvastu.
- Psychological First Aid (PFA) orientation to PSCs/ PSWs and field mobilization for PFA services in Roshi RM, Kavre.



PSYCHOSOCIAL COUNSELLING SERVICE

CAPACITY BUILDING



Project staff / Health Service Providers

- 30 psychosocial counselors completed all three modules of 6 months psychosocial counselling course and certified by NHTC.
- 50 PSCs graduated from Supplementary Courses of 6 months PS Counseling Training.
- 56 paramedics of Rolpa and Arghakanchi received mhGAP-training (module 2B).
- 11 Psychosocial Workers have been trained on 6 Days Basic Psychosocial Counseling Skills in November 2024.

- Supported in preparation of mental health and psychosocial policy and plan of action in 16 local levels



ADVOCACY AND LOBBY / MHPSS MAINSTREAMING

EMERGENCY AID



- 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.

Contributing factors for psychosocial problems to Migrant workers and families

Major contributing factors for psychosocial problems were loan (12.3%), followed by domestic violence (10.8%), other problems (10%), work and salary different of migrant workers (6.7%), contactless status of MW (4.67%), death of MW (8.25%), workload (8.7%), health problems of MW (7.7%), child related issues (6.8%), cheating by manpower (5.7%), social blaming (3.6%), husband remarriage (1.8%), MW in undocumented status (2.6%), MW in jail (1.6%), MW overstay (3%) followed by accident of MW (0.9%) and wife remarriage (0.4%).

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: Project Annual Report Jan to Dec 2024

A New Beginning Through Psychosocial Counseling

Muna B.K. (name changed), a 32-year-old resident of Rolpa, was married young and became a mother shortly after her husband left for labor work in Saudi Arabia in 2015. Since then, she endured nearly a decade of emotional neglect—her husband never called her directly and barely acknowledged her as his wife. When he returned home after many years, he continued his silence and even issued death threats, pushing Muna to seek help from the rural municipality's judicial committee, where she felt her case was not taken seriously.

Deeply distressed, Muna experienced intense fear, anxiety, sleeplessness, irritability, and frequent crying. In August 2024, she connected with a psychosocial counselor under the Safe Migration (SaMi) program. Through regular counseling sessions, she was able to freely express her pain and reconnect with her inner strength. She emphasized the importance of having

– PSC, Runtigadhi Rural Municipality, Rolpa

someone trustworthy and patient to support emotional healing.

With ongoing psychosocial support—including home visits and simple yet powerful techniques like deep breathing exercises—Muna gradually began to regain confidence. Her relationship with her husband started to improve, and the couple now works together in vegetable farming, earning about NPR 40,000 per month. Muna now lives a peaceful and fulfilling life, embracing lessons of emotional balance and resilience.

Smiling, she shared with her counselor, “Madam, if I hadn’t met you, I don’t know where I’d be. You gave me and my family a new life. Many women like me suffer in silence every day due to a lack of self-confidence. Your support made all the difference.” Muna’s journey is a powerful example of how timely psychosocial support can restore dignity, hope, and purpose.

“At first, I was exhausted. I felt like I was almost breaking down emotionally because of the pressure of work, family responsibilities, and the pressure of meeting other people's expectations on time. I hadn't been able to open up to anyone for a long time. But when you listened to me carefully, didn't interrupt me, and acknowledged my feelings and struggles—that's when I realized I wasn't alone. You responded by saying, 'I understand what you're saying.' That little sentence lifted a heavy burden from my heart..... Thanks to your constant support, compassionate connection, and practical guidance, I have started to smile with confidence once again. This process was not just counseling for me; it was self-reconstruction.”

- Female Beneficiary, Urlabari Municipality, Morang

GENDER BASED VIOLENCE PREVENTION AND RESPONSE-II PHASE

The project (2020-2025) is funded jointly by the Swiss Agency for Development and Cooperation (SDC), the Royal Norwegian Embassy in Nepal (RNE) and UNFPA. The project aims to reduce all forms of gender-based violence (GBV) and discrimination against women and girls in 19 local levels in Koshi Province and Sudurpaschim Province. 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).

CMC-Nepal has been implementing activities across three key areas: health, psychosocial response, and capacity enhancement. The organization has been actively engaged in developing the support mechanism in prevention as well as response to GBV

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

Achham : Mangalsen M, Safebagar M, Kamalbazar M

Survivors through capacity building of multi-stakeholders in health and psychosocial.

Rise of Hope: Ramala's Journey from Abuse to Empowerment

Ramala (name changed), a 17-year-old girl from Baitadi, grew up in a deeply troubled household marred by domestic violence. Her mother, a victim of relentless abuse, was eventually forced to leave, leaving Ramala in the care of her grandmother. Using her limited social security allowance, her grandmother tried her best to provide a stable upbringing, but life remained difficult for Ramala.

After her grandmother's passing, Ramala had to live with her father and stepmother. She faced daily verbal abuse, carried the burden of household chores, and struggled to continue her education. Her father, often intoxicated, humiliated her even at school. Feeling trapped in a cycle of abuse similar to her mother's, Ramala eventually moved in with relatives to escape the psychological torment.

Years of trauma began to take a physical and emotional toll—manifesting as conversion disorder that disrupted her studies. Fortunately, a Community Psychosocial Worker (CPSW) in her ward was alerted to her situation. After listening to Ramala and providing immediate psychosocial first aid, the CPSW coordinated with the municipality to connect her to services at the One-Stop Crisis Management Center (OCMC).

At OCMC, counselling sessions rekindled Ramala's determination to complete her education and dream of a better future. Though she successfully completed Grade 10, financial hardships halted her academic journey. The weight of her past and present struggles continued to challenge her, but during follow-ups, the CPSW provided psychoeducation, helping her develop resilience and healthy coping strategies.

A turning point came when Ramala was offered a chance to attend computer training in Kathmandu through the support of the municipality's safe house. After three months of dedication, she returned having completed the course—and soon secured a job as a photo editor at a local NGO.

Now employed and hopeful, Ramala expresses deep gratitude to everyone who helped her heal and reclaim her life. Her story is a powerful reminder of how timely support and psychosocial care can transform even the most difficult circumstances into a future filled with possibility.

FACTS AND FIGURES

Multi-sectoral Response



- 2579 GBV survivors (2525 Female & 54 Male) have accessed and received services from OCMC, including psychosocial counselling service from the case managers and psychosocial counsellors in OCMC and through community outreach service.
- 8090 survivor were served by multi sectoral service providers (OCMC, CPSW, FCHVs, HFs, Safe house and Police) and referred for another service providers.
- Out of 1566 (1535 Female, 31 Male) interviewed survivors, 75% of them were satisfied and 17% were very satisfied with OCMC service.
- 140 survivors received services (100 accommodated and 40 non accommodated) from three safe house /shelter homes of Koshi province.

Psychosocial Support



- CPSWs identified 7843 GBV survivors (7390 Female & 453 Male). They were provided psychosocial first aid. Additionally, 2050 survivors were referred to OCMC.

CPSWs Provided

- Awareness raising program to 155564 persons (117601 Female & 37963 Males)
- psycho education to 4703 (4433 Females, 270 Male) family member of GBV survivors.
- Rallies, campaigns, mass advocacy, street dramas, song competition, speech competition etc. were organized to mark International Women's Day and 16 days of activism against gender-based violence.

GBV Prevention Activities



- Advocacy meeting at local level had been conducted in three local level of Koshi province where safe house/shelter homes are located, with support of ABC Nepal for the sustainability and operationalization of OCMC and safe house.

Lobby/Advocacy



- On Quarterly basis supervision of project staffs and safe house staffs were conducted to upgrade their skills and knowledge and thereby facilitate service delivery to GBV survivors.
- Periodic onsite coaching of health workers and FCHVs from 40 health facilities across 19 working pallikas was conducted to enhance their capacity to identify and facilitated service delivery to GBV survivors at community level.
- Newly recruited community based staffs (CPSW and CPSW coordinators) of Sudurpaschim province were provided 10 days training on basic psychosocial first aid, referral mechanism and GTA to enhance support service at grass root level.
- 18 GBV survivors residing at three safe house/ shelter home of Koshi province have been enrolled in vocational skill training such as animal husbandry and doll cushion making, empowering them to be financially independent

Capacity Enhancement



Breaking the Chain: GBVPR Support Transforms Pema's Life

Pema (name changed), an 18-year-old from Bajhang, lives with her mother and two brothers. Her father abandoned the family after remarrying, leaving her mother solely responsible for their upbringing. Despite the challenges, Pema and her younger brother began supporting the family financially after she completed Grade 11, while her elder brother migrated to India for work. They managed to survive on low-paying contract jobs.

However, peace at home was short-lived. Her father began showing up late at night, intoxicated and abusive. His verbal and physical assaults caused Pema deep emotional distress. Though he had left the family, he continued to disrupt their lives, failing in his responsibilities as a father. Over time, the abuse escalated to molestation, making Pema feel unsafe in her own home. For two years, she

lived in fear, dreading that the situation could lead to rape.

Eventually, Pema gathered the courage to reach out to the Community Psychosocial Worker (CPSW). After sharing her ordeal, she requested protection for herself and her mother. The CPSW accompanied them to the One-Stop Crisis Management Center (OCMC), where a case manager provided counseling and guidance. With support, Pema and her mother decided to seek legal protection and were referred to the local women's cell.

With legal action taken and police intervention, Pema's father stopped visiting and the harassment ceased. Today, Pema and her family live in peace and safety. She expresses heartfelt gratitude to the GBVPR consortium team for empowering her and her mother to break the cycle of abuse and reclaim their lives.



FCHV distinguishing image-reflecting GBV during Onsite coaching at Baitadi

EMPOWERED WOMEN, PROSPEROUS NEPAL (EWPN) PROJECT

In financial support of EU through UNFPA and with the objective to advance gender equality and empowerment of women and girls in Nepal, and to realise the national vision of a prosperous and developed Nepal (Vision 2030), this health & psychosocial component in Empowered Women Prosperous Nepal (EWPN) Project is implemented in 15 (Rural) Municipalities of Dhanusha, Parsa, Saptari, Siraha, Rautahat, Surkhet, Dailekh, Rukum (West), Kalikot, Kanchanpur & Doti.

The overall activities under the outcome will focus on i) providing effective and quality health service for GBV survivors through OCMCs and health posts; ii) training and deploying the CPSWs to provide psychosocial support and referral services iii) enabling local and provincial governments to formulate policies, budgets, plans, protocol and guidelines for gender-responsive services to its citizen

”

MADHESH PROVINCE

Dhanusha : Janakpurdham Sub-metropolitan City

Siraha : Siraha Municipality

Saptari : Rajbiraj Municipality and Agnisayerkrishnsabran rural municipality

Rautahat : Gaur Municipality

Parsa : Birgunj Metropolitan City & Pakahamainpur Rural Municipality

KARNALI PROVINCE

Surkhet : Birendranagar Municipality

Dailekh : Narayan Municipality

Kalikot : Khadachakra Municipality and Shubakalika Rural Municipality

SUDHURPACHHIM PROVINCE

Kanchanpur : Bhimdatta Municipality and Belauri Municipality

Doti : Dipayalsilgadhi Municipality



Community awareness conducted by CPSW at Parsa district

Coordination meeting with stakeholders to strengthen and integrate gender based violence prevention and response activities at Narayan Municipality



FACTS AND FIGURES



Multi-sectoral Response

- 2512 (male: 82; female :2430) GBV survivors accessed health and psychosocial support services at OCMC.
- 3438 GBV survivor were served by multi sectoral service providers (OCMC, CPSW, FCHVs, HFs and Police) and referred for another service providers.
- 85 % of GBV the survivors reported to have satisfied with services received at OCMCs.



Capacity Building

Duty Bearer

- 33 CPSWs, 18 CMs; 9 PSCs have received supervision and mentoring on psychosocial support and mental health care provision as part of enhancing capacity and helping them deliver quality services to the GBV survivors at OCMC and community levels.
- 27 newly recruited CPSWs have been provided 10 days basic training on psychosocial first aid, GTA and referral mechanism thereby enhancing their capacity to facilitate identification and support system of GBV survivors at grassroots level.
- 62 (23 M; 39 F) health workers from 30 selected health facilities across three working province have been trained to identify GBV survivors and support in strengthening their referral mechanism at local level.
- 89 Frontline service providers (police , district court, OCMC , case managers, PS. counsellors, CPSWs) have been provided 5 days training aimed to address and transform the underlying gender norms, attitudes and power dynamic that contribute to GBV.
- 12 medical professional were provided ToT training on health response to GBV to enhance their skill and knowledge for efficient case management



Psychosocial Support

- A total of 806 (male 36; female:) GBV survivors were identified and provided psychosocial first aid by CPSWs at the community.



GBV Prevention Activity

CPSWs Provided

- awareness raising program to 17344 (4250 M, 13094 F) people.
- psycho education to 203 (10 M, 193 F) family member of GBV survivors.



Lobby and Advocacy

- Provincial GESI Direction Committee meeting was conducted at Karnali province, an exemplary meeting as every concerned stakeholders including government representatives at provincial level attended actively to express solidarity, interest and motivation to strengthen service delivery mechanism from all service point.
- 15 coordination and knowledge sharing meetings were provided that included the meeting conducted at the federal level as well.
- Information on functional GBV referral pathways was updated a final decision was made at the secretary level to take the referral pathways to the provincial cabinet in Madhesh Province for official endorsement and in the process of approval from Ministry of Social Development which will then be taken forward so as to endorse it from the provincial cabinet.
- Quarterly basis review meeting with project frontline service providers including representatives from pallika. safe house and OCMC has been conducted which has facilitated to identify gaps, challenges and discussion on those issues to determine mitigating measures
- Case management coordination meeting had been conducted at OCMCs of all three working palikas as an initiative to support operationalization of different committees of OCMC and thereby strengthen and enhance its quality of service delivery.
- First national level OCMC conference was hosted with technical support of UNFPA and Ministry of health and population (MoHP) to discuss on policies, operational, financial and managerial issues of OCMC, share best practice and discussion on challenges and opportunities to enhance its services.

KARNALI MENTAL HEALTH PROGRAM (KMHP)

Karnali Mental Health Programme (KMHP) is a three-year project from March 2023 to February 2026 in response to the critical gaps and urgent need for MHPSS services in Karnali Province. It is led by the CMC-Nepal at implementation level with financial and technical support from CBM Global Disability Inclusion and in collaboration with local governments. The three-year project builds upon the foundations laid by the Inclusive Community Mental Health Programme (ICMHP) implemented from 2020–2022 in Surkhet and Dailekh districts.

Initially, the program was planned to be implemented in Bheriganga Municipality, Barahatal Rural Municipality, and Simta Rural Municipality of Surkhet; Dullu Municipality, Narayan Municipality, Aathbis Municipality, Gurans Rural Municipality, and Naumule Rural Municipality of Dailekh; and Musikot Municipality and Sanibheri Rural Municipality of West Rukum. However, to address the growing demand for mental health and psychosocial support services, the program was extended in July 2024 to include Chamunda Bindrasaini Municipality of Dailekh and Banphikot Rural Municipality of West Rukum. Further, in 2025, it was extended to Bhairabi Rural Municipality of Dailekh.

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, Dailekh and Rukum Pachim by Feb 2026.

n CMC-Nepal successfully closed and handed over KMHP project to the project municipalities of the first phase of ICMHP. The municipalities gracefully accepted the change and appreciated contribution

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 Chamunda Brindrasaini Municipality

Rukum (West): Musikot Municipality and Sanibheri Rural Chamunda Brindrasaini Municipality

made by CMC-Nepal and CBM Global. This project contributed additionally to increase access of MHPSS service in 19 health facilities (total 53 health facilities), and 1663 persons with mental health conditions identified and received mental health services for the first time. Similarly, 1147 persons received basic psychosocial support and 366 persons received psychosocial counselling service. There is increased HMIS reporting of MHPSS in all project locations.

Two new municipalities (Gurans and Aathbis municipalities) approved MHPSS policy and it is in implementation phase. The local government allocated almost 7 million NPR budget for MHPSS activities, including supply of psychotropic medicine. Moreover, the Karnali Province allocated and utilized NPR 7.8 million for MHPSS activities. The right-based approach in mental health is strengthened in this reporting year. Six new SHG formed and provided capacity building inputs to all existing and new SHG, along with the district level SHG networks. Three persons with mental health conditions is included in the local disability coordination committee, and 95 persons with psychosocial disability is linked to income generating activities. At largely, Epidemiology and Disease Control Division and support of KMHP, Nepal's first assessment of Khulla Man Health Facility at Chinchu Health Post carried out in this reporting year, and met the criteria of Khulla Man Health Facility.

"I experienced irritation, sadness, and mood swings for three weeks after my baby was born. When I shared my feelings with those close to me, they normalized my experience, stating that these emotions are common during the postnatal period. I felt unheard and overlooked. I wish I had known about this earlier. I realized that mothers can experience such feelings during pregnancy and childbirth. The most important lesson I learned, which I will practice, is the validation of feelings and empathizing with mothers."

- Hima Rana, ANM

Mental Health Service Delivery

- 1663 new and 4313 follow-up visits by cases received mental health service.
- 19 new health facilities integrated MHPSS service.



Psychosocial Counselling and Follow up

- 1147 (new) persons with mental health conditions received mental health and psychosocial support from the trained nurses and ANM.
- Trained Health Workers in 6-months Psychosocial Counselling and Psychosocial Counsellors of KMHP provided counselling services to 366 new persons and 432 follow ups.
- 105 new persons received home visit. Additionally, 239 persons received follow-up service



Psychosocial Counselling and Follow up

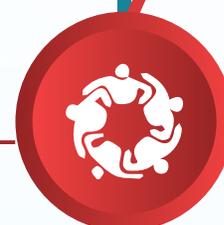
Duty Bearer

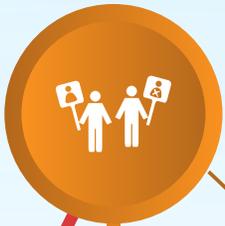
- 44 trained health workers received mental health clinical supervision.
- 22 health workers received mhGAP module 2B training and 12 health workers received mhGAP 1 training.
- 87 FCHVs received mhGAP module 4 training.
- 35 teachers (17 male and 18 female) received basic student psychosocial support training.



Awareness Raising

- A total of 526 persons with mental health conditions, their care takers and community members have been sensitized in MHPSS issues, mental health promotion and disability rights.
- World Suicide Prevention Day, World Mental Health Day and International Day of Persons with Disabilities were celebrated at all project locations.
- 200 (140 males and 60 females) teachers, School Management Committee (SMC) and Parents Teachers Association (PTA) received orientation on promotion of children's mental health and psychosocial well-being.
- 1356 (60 male, 34 female, 555 boy and 707 girls) participants were oriented on suicide prevention, mass conversion disorder and its management at schools.
- 57 members (30 male and 27 female) of District Coordination Committee participated in the orientation about mental health and psychosocial wellbeing.





Right based Approach in Mental Health

- 20 SHGs (6 SHGs formed in 2024) and two SHG District networks, Surkhet and Provincial SHG network conducted regular meetings.
- 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.
- Six Self Help Groups were registered at local level along with renewal of both District SHGs networks (Surkhet and Dailekh)
- 40 people (13 males and 27 females) with mental health condition has received psycho social disability card.



Livelihood Support Activities

- 95 persons with psychosocial disability and their families were linked with government income generation initiatives.
- Eleven people with mental health conditions were linked in Health Insurance in Musikot Municipality.



Advocacy and Lobby

- Mental Health Project Steering Committee meeting in Bheriganga, Simta, Barahtaal, Dullu, Narayan, Naumule, Musikot, Sanibheri and Athbis and Gurans Rural Municipality.
- Gurans and Athbis Municipality has included two females with disability as a member of Local Disability Coordination Committee (LDCC).
- 8 municipalities approved MH fund mobilization guidelines.
- Two Municipalities approved Mental Health and Psychosocial Policy.
- NPR 7,000,000 in co-financing from local level for MHPSS, and Karnali Province allocated 7.8 million NPR in MHPSS.
- In leadership of Epidemiology and Disease Control Division and support of KMHP, the Nepal's first assessment of Khulla Man Health Facility at Chinchu Health Post and advancement in QualityRights Initiatives through wider consultation meeting at Kathmandu.

A Journey Toward Happiness

Dhanasara Khatri, now 29, grew up in Simta Rural Municipality with her parents and siblings. As the seventh child in a family facing financial hardship, she experienced a difficult upbringing. At just 16, her family arranged her marriage, forcing her to leave school.

Life after marriage became even more challenging. With the added responsibility of managing a household, Dhanasara attempted to resume her education but struggled and failed in Grade 8, eventually giving up on school altogether. Two years into her marriage, she gave birth to her first child, and soon after, her second. The pressures of motherhood, combined with household duties, began to take a toll on her mental health. She experienced sleep disturbances, headaches, and persistent suicidal thoughts. "I couldn't sleep, had constant headaches, and felt like I had no one to share my pain with. I even questioned God about my suffering," she shared.

During a village discussion on mental health and psychosocial wellbeing, Dhanasara opened up to a community psychosocial worker (CPSW). The CPSW visited her home, listened to her concerns, and identified symptoms of depression. She was referred to the local health post for further assessment and treatment.

Dhanasara followed the referral and was diagnosed with depression. She began regular medication and received continuous follow-up support from the CPSW. Gradually, her condition improved. With time, her need for medication reduced, and eventually, she was able to stop it altogether. She has now fully regained her mental well-being and returned to her daily life with renewed energy.

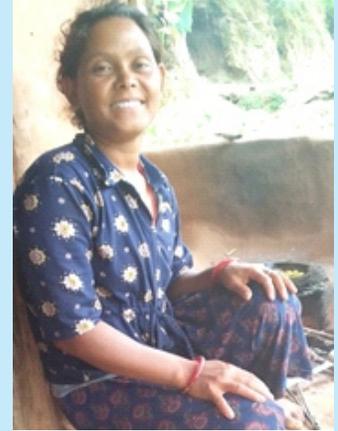


Figure: Dhanasara Khatri doing her household chore with a beautiful smile of satisfaction after her treatment

Today, Dhanasara is an active member of a Mental Health Self-Help Group (MHSHG), participating in discussions on recovery and mental health. She took a NPR 10,000 loan from the group and started a small goat farming business. She now owns four goats and has already sold one, contributing to her family's income. With better mental health, improved family relationships, and growing financial independence, Dhanasara has found happiness and peace in her life.

"The Mental Health Assistance Fund has been effective. For improved planning, we need detailed data on fund recipients and individuals with mental health conditions in the next quarterly meeting to guide ward-level policies and budgeting.

As the newly appointed Minister, I'm committed to promoting disability inclusion. We're forming a Provincial Disability Steering Committee with NFDN. Disability can affect anyone, so ensuring accessibility and effective resource use is a shared responsibility. I look forward to working together to build an inclusive society."

- Ghanshyam Bhandari, Minister, MoSD, Karnali, Surkhet

"I was always keen to know about mental health. After I got elected as Municipal Chairman, I felt the need for a mental health program in this Municipality. However, I had no idea about how to implement the program. I am happy that CMC-Nepal reached out to us at the right time. We are aware of its importance and need throughout the Municipality. We will allocate a budget and I even encourage allocating a budget for mental health at the ward level too."

- Chairperson, Gurans Rural Municipality, Dailekh

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

This is the final 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.

Capacity Building

Duty Bearer

- 100 focal teachers received on-going technical support on practice of classroom based psychosocial promotional activities and student psychosocial counselling through conducting supervision at school and organizing supervision meeting.
- Thirteen health workers, including 12 Health Facility chiefs from Lahan Municipality and 1 Health Assistant from Lahan Provincial Hospital, received mhGAP module 2b training in Lahan Municipality in collaboration with the Local Government.
- Three clinical supervision events at the health facility level and three virtual supervision events conducted for all trained health workers.
- Four events of psychosocial supervision at health facility and further 2 events of virtual supervision for nursing staff conducted.

MHPSS Service

- 44 schools, out of 50 (88%) have been practiced students psychosocial counseling unit and providing psychosocial support to the children in need
- 101 people with mental health problems (34 children received non-specialized mental health and psychosocial service from the existing health care delivery system.
- 48 people (including 11 children) received psychosocial support service from the trained nursing staff
- 22 children and adolescents received specialized mental health service from child and adolescent psychiatrist during mental health clinical supervision. 6 children received specialized mental health service from Madesh Provincial Hospital, Janakpur.



Awareness Raising

- 1,498 students and their parents are sensitized on safe learning environment, psychological distress management and preventing suicide through orientation and interaction program in community level.
- 465 Parents/caregivers sensitized and empowered on effective parenting education/skills to promote psychosocial wellbeing of their children.
- 441 members of mother groups, parents of disability and out of school children and children received group session/orientation on child mental health, psychosocial wellbeing and suicide prevention.
- 6 youth clubs' members have been engaging in awareness campaigns to reduce the barrier of accessing education and bringing out of school and vulnerable children at schools.
- 86 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.

Awareness Raising

- All three local level allocated budget for the promotion of child mental health and psychosocial wellbeing. Dhanujee Rural Municipality allocated NPR 1,100,000 , Lahan Municipality allocated NPR 650,000 and Dhangadhimai Municipality allocated NPR 200,000 for this current Nepali fiscal year (2024-2025) for child mental health activities.
- 7th schools developed and practiced comprehensive child protection, child mental health promotion and student psychosocial counselling and included those components into the School Improvement Plan (SIP).
- 3 Municipality level projects advisory committee (MPAC) meeting held in all three-local level.
- 3 events of social audit conducted.

A Story of Change

My name is Rohit Saday (name changed), and I'm 13 years old, currently studying in Grade 5. I live with my parents, grandfather, and two sisters. My father works as a daily wage laborer. I began smoking cigarettes with friends when I was in Grade 3, which led me to drop out of school. I spent my days smoking and wandering around. My behavior upset my family—they often scolded or punished me, and sometimes I was denied food. To feed my addiction, I began stealing from neighbors, which caused the community to mistreat me and label me a "bad" child.

One day, a psychosocial counselor from CMC Nepal visited our village and organized a session with parents on the importance of education. My mother attended and later

brought me to a session. People stared at me with judgment, but the counselor reminded them not to label or shame children. Her kindness made me feel seen and valued. She later visited our home, spoke with my parents, and encouraged them to re-enroll me in school. I began attending regular counseling sessions, and after just five, I returned to school and quit smoking.

Thanks to the support of the psychosocial counselor and my focal teacher, Pratibha Madam—who treated me with care and respect—I now attend school regularly and have distanced myself from negative influences. I feel hopeful and grateful to CMC-Nepal for helping me get my life back on track.



Meeting with
School Management
Committee

Orientation to students
about mass conversion
disorder



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 was developed together with CV leaders and Swiss Embassy team and started implementation since September 2021. Moreover, project was extended for another one year from August 2024. 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 has strengthened the capacity of psychosocial counsellors and thereby provided quality psychosocial intervention to conflict victims and helped to deal with the potential psychological trauma of

BAGMATI PROVINCE

Kavre : Dhulikhel Municipality, Panckhal Municipality and Chaurideurali Rural Municipality

LUMBINI PROVINCE

Bardiya: Barbardiya, Bansgadhi, Thakurbaba and Rajapur Municipality

KARNALI PROVINCE

Surkhet: Birendranagar and Gurbhakot Municipality

Rukum (West) : Chaurjahari and Aathbiskot Municipality

Jajarkot: Bheri and Nalgad Municipality

the conflict. This project is further supporting on reinforcing local and provincial government for the development and effective implementation of MHPSS policy, strategy and plan of action.

Capacity Building

Psychosocial Workers (PSW)

- 25 psychosocial counselors received one events of group supervision and three events of field-level supervision in all 13 local levels.
- Supervisor psychologists have rated 83%-90% skills competency of psychosocial counselors based on their counseling skills.
- 13 CV volunteers received one events of group supervision that helped them deal with their experience of loss and grief as they belonged to the same target group.

Capacity Building

- A total of 400 CVs and 740 others (Non-CVs) received specialized mental health services from mental health-trained health workers supervised by the senior consultant psychiatrist.

Psychosocial Counselling Service

- 1885 (906 CVs) clients received individual psychosocial counseling services at the individual and family level.
- Group counseling service was provided to 899 CVs in 30 groups at 13 local levels.
- 818 out of 2500 (3 years) who received mental health treatment have shown improvement over 75% and service has been closed.

Psychological Intervention to CVs

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

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.

Advocacy and Lobby

- 13 LGs (4 LG from Bardiya, 3 LGs from Kavre, and 6 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 more than 80% in the municipalities of Bardiya, Kavre, Surkhet, Jajarkot and Rukum (West)
- The project provided orientation to 500 Judicial committee members in its 13 working areas
- 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 Lumbini Province government has approved and formulated mental health strategy and plan of action.

"As far as I know, the definition of health includes an individual's physical, mental, and social well-being. However, we have been primarily focused on physical health, while mental health has often been neglected and overshadowed. The Ministry of Health, Lumbini Province will prioritize a preventive approach to mental health together with the physical health of its citizen."

– Minister of Health, Lumbini Province

"We all know that mental health problems, especially among conflict victims, are widespread. The contributions of this project are impressive, and we are drafting a provincial mental health strategy to manage these services comprehensively. I suggest expanding psychosocial counseling services to other beneficiaries for comprehensive coverage of the project"

– Secretary of Health Ministry Lumbini Province.

"In the past, I had no wish for living; I had attempted suicide multiple times to end the life. After one of the attempts, I was taken to the municipal hospital with little hope of survival by my relatives after alst suicidal attempt from where I was connected with psychosocial counsellor for needful support. I started feelings better as I continued counselling session, talking with counselor used to give me relief in my mind and gain hope to the life. I have regained hope for life with nine counselling sessions. I am now happy and realize that life is precious."

- Suicide survivor, Nalgad Municipality, Jajarkot

"We have heard that transitional justice law has been amended and sanctioned; after this, the need for continuous psychosocial support would be even higher for everyone and us. We don't know what our condition (both physical and mental) would be after they start digging out the past events and incidents. So, I request our government and CMC-Nepal to continue this service for longer"

– Conflict Victim, Rajapur Municipality, Bardiya

"The wound and trauma caused by conflict never fully re-covered, but with this program, we feel supported. Along with individual counseling services, group sessions have allowed us to meet and share our feelings and emotions. This should be continued, and the local government should allocate some budget specifically for conflict victims for livelihood and income generation activity."

– Conflict Victim, Rajapur Municipality, Bardiya

From Pain to Inspiration: The Transformational Journey of Sita Tharu

Location: Barbardiya Municipality

Name: Sita Tharu

Age: 35 years

Ward No.: 7

Sita Tharu was a 15-year-old adolescent during Nepal's decade-long armed conflict. Her father was killed during the conflict, plunging her family into deep financial crisis. This tragedy brought a major shift in Sita's life -she had to drop out of school and start working at a young age to support her family.

In the post-conflict period, she lived under constant stress, fear, and guilt. She suffered from insomnia, isolation, anger, irritability, suicidal thoughts, and withdrawal from social relationships.

Through the mental health and psychosocial counseling program run in Barbardiya Municipality, Sita was connected to counseling services with the support of CMC-

Nepal. Initially, she was quiet and reluctant to engage. However, thanks to the counselor's empathetic approach, trust-building techniques, and active listening, she gradually began to open up about her pain.

She started participating in weekly individual counseling sessions, mindfulness exercises, peer support groups, goal setting, and self-reflection practices. These interventions led to significant improvements in her mental health. Her sleep improved, she regained interest in daily activities, and her relationships with her children and neighbors strengthened. She rebuilt her self-esteem and started a small home-based pickle business.

Today, Sita is transforming her painful past into an inspiring story. She actively works to connect other conflict-affected women with psychosocial counseling services. She leads a local women's group and has become a catalyst for positive change in her community.

"The collaboration between the municipality and CMC-Nepal is commendable. We will continue supporting mental health services and also increase the budget for these initiatives."

– Mayor of Banskadhi Municipality, Bardiya

"I have lost my husband during conflict and had severe mental health issues with me since then, including depression, and struggled with daily activities. I also attempted suicide but could not succeed. The counselor helped me recover well, rebuilding my emotional stability and hope to be alive. I also hope and expect the government to link me to livelihood support programs for my financial stability."

– Conflict Victim of Bardiya

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

The main objective of the project called 'Enhancing mental health and psychosocial wellbeing of migrant workers and families' is to promote quality of life of migrant workers and their family members including person with disabilities which results to enjoy their work and living.

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

The project implemented in partnership with local government contributed significantly in mainstreaming of mental health into the existing health care delivery system. There is significant increase in the number of beneficiaries seeking mental health and psychosocial service because of continuous mentoring and supervision support inbuilt from the mental health professionals to the service providers. This not only indicates the improved skills of health service providers in the diagnosis and treatment of persons with mental health conditions but also proves that the paramedics are well equipped in the case management

KARNALI PROVINCE

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

SUDHURPACHHIM PROVINCE

Kailali : Ghodaghodi and Tikapur Municipality and Janaki Rural Municipality

having mental health problems. There is also increased number of follow-ups of the cases at health facilities and there is high level of satisfaction of the persons with mental health conditions and families towards the service provided by the health facility. The both mental health service and psychosocial service provided through the health facility contributed in mental health wellbeing of the people with mental health conditions.

This project has also significantly contributed in raising awareness in mental health and psychosocial wellbeing of the target beneficiaries and reducing stigma associated with mental health problems. The mental health self-help groups and peer support groups has played significant role in creating awareness, referrals cases at health facilities and preventing suicide.

"Activities of PRABARDHAN project must be mainstreamed across all work of municipality, as there can be no true wellbeing without the mental health of the people. Prosperity of the nation is not possible without well mental health wellbeing of people. I sincerely thank the project team, CMC-Nepal, and Felm for standing alongside Sharada Municipality. We are committed to continuing the best practices introduced by the project to promote mental health and psychosocial wellbeing."

- Mr. Prakash Bhandari, Mayor of Sharda municipality during LPAC meeting

Mental Health Service

- 1001 people with mental health conditions (197 migrant workers and their families and 52 persons with disability) received mental health service.
- 615 persons with mental health conditions received direct service during mental health clinical supervision.
- 989 persons received basic psychosocial support from the health facility.
- The local government further extended mental health and psychosocial service in 7 health facilities (total 19)

Awareness Raising

- 1333 community groups, returnee migrant workers, FCHV, traditional healers, families received mental health promotional and stigma reduction messages.
- 400 (female 297, male 103) cases were identified and referred from SHG, peer support group members, and FCHVs.
- 16 members from 7 peer support groups received refresher training and were engaged in promoting mental health, psychosocial wellbeing and referrals.

Livelihood Support

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



FACTS AND FIGURES

Capacity Building

Duty Bearer

- 1 medical officer and 11 nursing staff attended mhGAP refresher training.
- 5 nursing staff received psychosocial support training (module 1).
- 17 nursing staff received 3-days refresher training in psychosocial support and 20 nursing staff received 6 rounds of supervision, including 3-days group supervision.
- 20 paramedics received 7 rounds of the clinical mentoring and supervision at health facility level.

Right-based Approach in Mental Health

- 7 community based SHG and two district network of SHG (one in each Kailali and Salyan district) received follow-up support and training on group mobilisation, self-advocacy and leadership.
- 72 persons with mental health conditions and psychosocial disability received disability cards.

Advocacy and Lobby

- 7 Municipality level projects advisory committee (MPAC) held meetings.
- 4.6 million NPR (58.6% increase) budget allocated from the local government and utilized in PRABARDHAN project implemented local level in year 2024-2025

An external evaluation conducted in March 2024 by the Social Welfare Council highlighted that 'The program 'Enhancing mental health and psychosocial well-being of migrant worker and their family members' is very impactful project of CMC-Nepal funded by Felm Nepal. With the limited budget and even having local government support to CMC-Nepal, it has to scale-up the budget and the activities. It is recommended that CMC-Nepal should be more focused on action plan for migrant workers' family productive life in home country to address issue of unemployment, migration and mental health problem'.

Ganesh Bohora's Journey: A Story of Resilience and Recovery

Paras Bohora (name changed), 32, migrated to Malaysia three years ago through a travel agent in hopes of earning a better income. To finance his trip, he took a loan from a finance company. He found work in a chemical manufacturing company and was earning around NPR 30,000 per month. However, after nine months, he fell seriously ill-his skin darkened, and his condition worsened. With medical treatment in Malaysia proving too expensive and ineffective, he was sent back to Nepal.

Back home, Paras sought treatment in Kathmandu, again taking out another loan. He was diagnosed with leprosy, and doctors referred him to Nepalgunj for follow-up care, which was more affordable. The emotional and financial strain deeply affected his wife, who began suffering from headaches and insomnia. Medication offered only short-term relief.

During a local mental health awareness program at a health post, Paras met a representative from CMC-Nepal and learned about mental health and psychosocial support. He shared this information with his wife and took her to the hospital, where she was diagnosed with anxiety neurosis and referred for psychosocial counseling. With regular sessions and participation in a peer support group, her condition gradually improved.

Meanwhile, Paras received NPR 20,000 from a Self-Help Group and started a small goat farming business. He has since sold four goats, and the income has helped sustain their household.

Reflecting on their journey, he shares: "It has been a difficult path, but with the right support and treatment, we are learning to cope. Despite the hardships, we remain hopeful and resilient."

Although we have been working in the field of mental health, financial constraints have prevented us from reaching down to the village level. If the municipality and other concerned bodies coordinate and collaborate with the network, and if we become financially strengthened from some source, we too can actively work as advocates in suicide prevention.

**— Uttara Bishta, Chairperson, Mental Health Self-Reliance Group,
Karnali Province Network**

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.

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.



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.



Advocacy and Lobby

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



Foreign Employment and My Life Journey

Samata B.K. (name changed), 33, is a housewife living with her two daughters, aged 13 and 9, who are in grades 8 and 4 respectively. After her husband married another woman and separated from her, Samata went to Kuwait for foreign employment, working as a domestic helper for 18 months. She returned to Nepal in Kartik 2080 (October 2023), only to face further distress—she briefly spent two days in jail and discovered her daughters had moved in with their grandmother.

Upon reuniting with them, she was heartbroken to see changes in their behavior, academic decline, and lack of care from her husband. Overwhelmed by emotional and social neglect, Samata lost hope and attempted suicide by consuming poison.

After learning about her situation, I visited her home. We began with a gentle, informal conversation before discussing the ReMi project and the purpose of my visit. During our talk, she broke down in tears and opened

up about her suicidal thoughts. A suicide risk assessment was conducted, and we made a mutual commitment to work together for her well-being. She told me, "When I took that step, I saw no one around me. But you came like a well-wisher—like my own."

She was referred to Madhumalla Hospital for psychiatric care and continued medication for two months. In our follow-up conversations, she shared her determination to build a better life for her daughters, saying, "If I had died, my husband wouldn't have cared—but my daughters would have suffered. Now I will prove I am not a burden."

With renewed strength, she has started raising goats and pigs and is planning to open a small snack shop to support her family. "I used to long for my husband's love," she shared, "but when I realized he didn't even come to see me during my worst times, I found the courage to live for myself and my children."

Social reintegration creates an environment for returnee migrant workers to live in their community and family with dignity, without discrimination based on their identity, language, caste, ethnicity, religion, culture, customs, or social and political values. Social reintegration services are essential to address the problems that may have arisen in their home, family, neighborhood, community, and society during their time abroad for foreign employment.

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 Focal Person and primary health care workers and advocacy at local & provincial level.

In financial support of UNICEF-Nepal, this program is implemented with technical assistance of Child and Adolescent Psychiatry Unit of Kanti Children Hospital through CWIN-Nepal in 4 local level (Gurbhakot, Panchapuri, Bheriganga & Birendranagar Municipality) of Surkhet district from Sep 2023-Dec 2024 as a pilot project.

CAMH Service

- 1546 child and adolescent received CAMH service.
- 129 child and adolescent received specialized CAMH service from child and adolescent psychiatrist unit of Kanti Children Hospital.
- 106 child and adolescent referred at Karnali Provincial Hospital.
- Psychosocial counselling provided to 69 child & Adolescent.

Material Development

- The CAMH program guidelines and supervision tools developed and presented at Karnali Province in the presence of Honorable Minister of Social Development, Ghanshyam Bhandari and the Secretary of the Ministry of Social Development (MOSD) and endorsed

Capacity Building

Duty Bearer

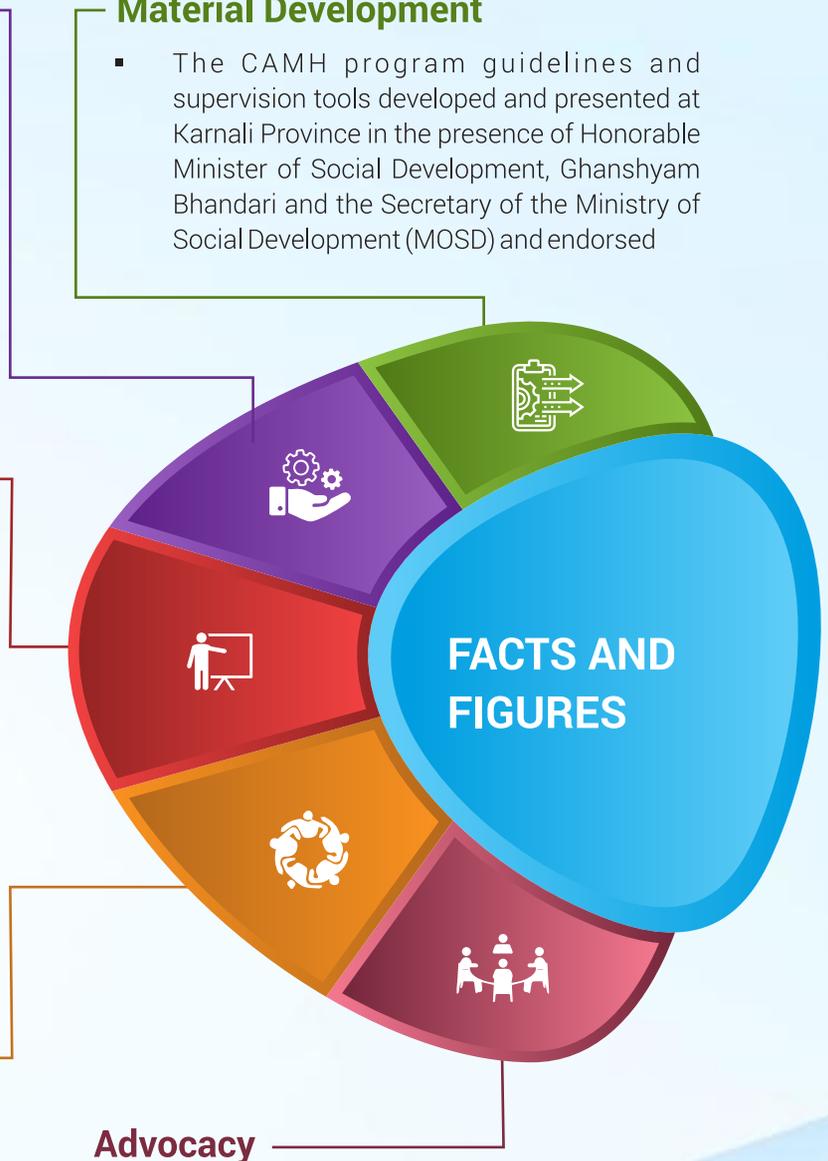
- 111 health workers received 5-days Child and Adolescent Mental Health training (module 3).
- Review and supervision conducted meeting with trained health service providers.
- 2 mental health nurses, 4 Focal Persons received virtual and in-person supervision, coaching mentoring from the child and adolescent psychiatrist and clinical psychologist of Kanti Children Hospital.

Awareness Raising

- 1215 person from the FCHVs, mothers' group, Health Facility Operation Management Committee (HFOMC) members, school teachers and students received orientation in child and adolescent mental health

Advocacy

- 11 events of advocacy meeting conducted at local and provincial level



12-year-old Anisha Magar (name changed), was a bright student who was studying in class 7 living with her mother at Dailekh, where the relationship of her father and mother wasn't that good as her father was drunker and harassed mother in each day. Growing up in such toxic environment she started to have a lower in grades and eventually failed in math subject at internal exam. Slowly and gradually she started to become fearful, anxious and lower in self-esteem including the symptoms of tingling sensation, dizziness, fearfulness, shaky hands, difficulty in breathing and sweating sometimes and had a suicidal attempt few months ago.

After that her mother shared her worriedness about her daughter inappropriate behavior with the CAMH focal person, then the case was referred to the Outpatient Department and sent to the Psychiatric Consultation with Mental Health Nurse at Mehelkuna Hospital. Afterwards building a good interpersonal relationship by Mental Health Nurse, Anisha started to express her emotional trauma, later on with the continuous Psycho-

education, Psychotherapies, Recreational Activities she was improving. Tele-communication was arranged with child and adolescent psychiatrist, and doctor prescribed psychotropic medicine for 10 days and counselled with the safety vigilance to her mother.

In comparison with the first visit the third visit seemed much better and improved as the patient was evidenced with much cheerful and has been planned for the follow-up after a month. Now, she is happily attaining her school.



Fig: Follow up case counselling at Mehelkuna hospital by psychiatrist from Kanti Children Hospital

"The child and adolescent training provided to the health worker proved an opportunity for participants to deepen their understanding and skills in addressing the mental health needs of children and adolescents."

– Mayor, Panchapuri Municipality

The pattern of the history taking and diagnosis process, along with the attitude towards people with mental health problems has been changed after the training of CAMH (module 3) and practice started. I have felt that my responsibility has been increased after this training.

–A trained health worker from Birendranagar Municipality after CAMH (module 3) training

JOINT RECOVERY ACTION PLAN; PSYCHOSOCIAL WELL-BEING FOR CHILDREN AND ADOLESCENT WITH DISABILITIES (PCAD) PROJECT

Psychosocial Well-being for Children and Adolescents with Disabilities (PCAD) project under Joint Recovery Action Plan was implemented by CMC-Nepal with financial support from UNICEF and in cooperation with local government from July 2024 to January 2025. The project was implemented in earthquake-affected communities of Jajarkot and Rukum West.

The project was developed following the Jajarkot earthquake that caused significant loss of life in Jajarkot and Rukum West. There was also substantial damage to property. The tragedy deeply traumatized children and adolescents in the affected areas. They continued to experience nightmares, flashbacks of the traumatic event, and sleep disturbances for a long time. Initial studies showed that, children and adolescents with disabilities faced challenges returning to education and community routines after the earthquake. During this period, psychosocial counselors and frontline service providers in the community were also found to be experiencing stress and burnout. The PCAD project aim was to improve the psychosocial well-being of children and adolescents with disabilities, their families, and frontline service providers through psychosocial support interventions.

In the project period, the project reached 1,108 family members of children and adolescents with disabilities including 265 children and adolescents with disabilities and 283 children and adolescents without disabilities. Also, the project sensitized

PROJECT MUNICIPALITIES

Jajarkot : Bheri municipality, Kuse Rural Municipality, and Nalagad Municipality

Rukum (West) : Aathbiskot Municipality, Chaurjahari Municipality, and Sanibheri Rural Municipality

1,862 community members on mental health and psychosocial needs of children and adolescents with disabilities particularly post-earthquake. The project had supported nine children and adolescents with disabilities to access specialized psychiatric treatment support. The project also supports linking and accessing medical assistance to address critical health conditions. Through one such support a girl got her vision back after 12 years of blindness and other got treatment for kidney malfunctions. The project provided emergency assistance to 85 children and adolescents with disabilities, with its own budget and liaison with partners like the Nepal Red Cross Society and Sudar Dhoka Sathi Sewa, distributing items like wheelchairs, educational materials, and food. As an example, a child with a disability who was previously unable to attend school, received educational materials and a wheelchair. The small support enabled him to resume school and pursue education alongside his peers.

Family Counselling and Sensitization Sessions

- 1,108 people reached
- 257 boys and 291 girls
- 141 boys with disabilities and 124 girls with disabilities.

Mental Health Treatment Support

- 9 received mental health treatment support including 2 boys with disabilities, 6 girls with disabilities, and an adult.

Medical Treatment Support (other than Mental Health Treatment)

- 9 received medical treatment support including 3 boys with disabilities, 5 girls with disabilities, and an adult.

Emergency Material Support to Children with Disabilities

75 children supported (39 boys and 26 girls)

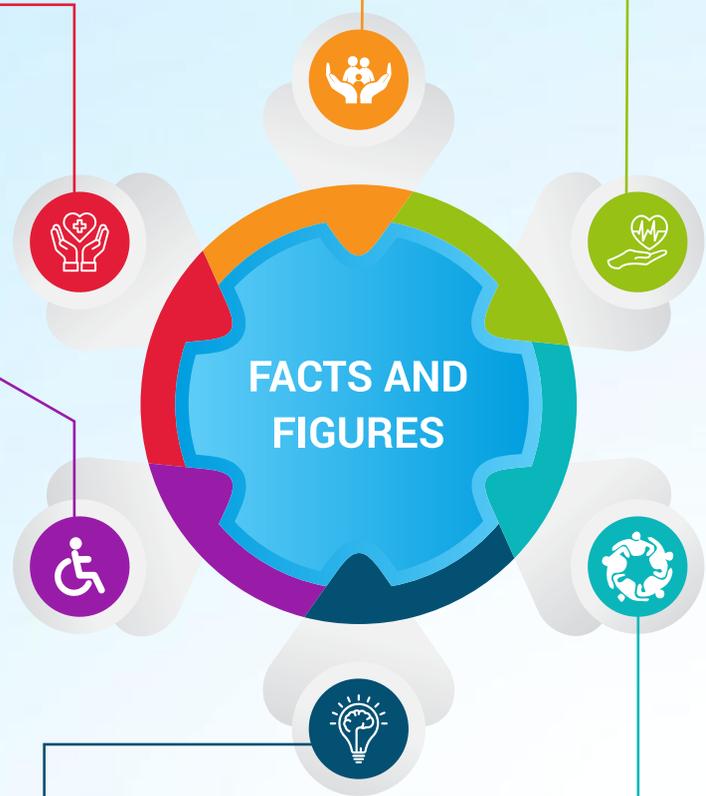
- 2 wheelchairs
- 4 Crutches
- 2 Toilet Chairs
- 29 Educational Materials
- 1 Back Support Belt
- 8 Counseling Materials
- 3 Beds
- 4 Food Support
- 20 Blanket & Food Material Support

Capacity Development Activities

- 304 people trained through different training
- 191 frontline humanitarian actors (123 males and 68 females) on Stress Management
- 47 stakeholders (30 males and 17 females) on DIDRR Worksho
- 48 mental health workers (18 males and 30 females) on Trauma-Informed Care
- 18 Provincial Protection Cluster members (6 males and 12 females) on Inclusive MHPSS Workshop.

Awareness raising and community orientation

- 1,862 oriented on MHPSS of child and adolescents with disabilities and self-care



Finding lights

Kavita Jaisi, a ten-year-old girl from Rana village in Bheri Municipality, Jajarkot, lives with her parents and two siblings. The youngest in the family, both she and her sister were born with visual impairments. Kavita had congenital cataracts and underwent lens implant surgery at just one year old.

However, during the Jajarkot earthquake, Kavita injured her eye while fleeing her home. Her vision worsened significantly—she could no longer read the blackboard even from the front row in class. This decline affected her academic performance and caused her emotional distress. She also expressed fear of recurring tremors and shared how the earthquake had damaged their house.

During a hospital visit, doctors advised that her implanted lenses needed replacement, but the procedure could only be done at Tilganga Eye

Hospital in Kathmandu. Her family, who runs a small grocery shop barely covering daily expenses, couldn't afford the cost. Her father was deeply worried about the treatment.

Psychosocial Counselor Bishnu Manni visited the family and provided counseling to explore the emotional impact, significant events, and coping strategies. He encouraged the family to follow medical advice. Through the PCAD project, Kavita received support covering her travel, food, accommodation, medicines, and surgical costs.

She successfully underwent surgery in both eyes at Tilganga. Each lens cost around NPR 17,000, but with CMC-Nepal's facilitation and the hospital's generosity, one lens was provided free of charge—offering Kavita not just restored vision, but renewed hope for her future.

"After returning home from treatment, Bishnu Manni from CMC-Nepal visited our home to check on us. He collected all the bills related to the expenses. I had already received the financial support beforehand. My daughter's vision improved after the surgery. When I couldn't do anything for my daughter who is in darkness, my heart drowned deeply in sorrow. CMC-Nepal had helped her see the world again. I will never forget this kindness."

— Kavita's Father

"Before the surgery, I couldn't see the blackboard clearly even while sitting on the first bench. I had to ask my friends for help, and they would often tease me. Now I can see clearly from any bench in the classroom. After the treatment, I stopped worrying and can now focus on my studies. I'm very happy that I can see well. I want to thank Bishnu Sir and CMC-Nepal for coming to my house and arranging the treatment."

— Kavita

Following her surgery, the CMC-Nepal team conducted four follow-up visits to monitor the psychosocial well-being of Kavita and her family. Seeing the family in a happy and stable state, and with agreement, the formal counseling support was concluded. During the final visit, the family was informed that they could contact CMC-Nepal again in the future if needed.

KARNALI EARTHQUAKE RECOVERY (KER) – MHPSS Project

Karnali Earthquake Recovery-MHPSS Project is being implemented by CMC-Nepal from December 2024 to December 2027 in Nalgad Municipality and Barekot Rural Municipality of Jajarkot, and Sanibheri Rural Municipality of West Rukum. The project is being implemented in coordination with the project municipalities and consortium partnership with Panchtra Yuva Samrakshak Manch (PYTSM) and Apangata Swawalambam Sanstha Jajarkot (ASSR). CBM-Global provided financial and technical support to the project.

The KER-MHPSS project, was developed to support recovery following the Jajarkot Earthquake that caused loss of life, property, and worsened existing vulnerabilities, including mental health issues. The affected areas had limited access to mental health and psychosocial support services. The project aims to strengthen community-based MHPSS, enhance disability inclusion, and support policy

improvements to contribute improvement of well-being and resiliencies in the project municipalities. It also seeks to integrate mental health into primary care and disaster management for long-term recovery and sustainability.

The Overall Objective of the project is to contribute improved mental health, psychosocial well-being and resilience of individuals and communities affected by Jajarkot earthquake 2023. The specific objective of the project is to achieve "Individuals and communities affected by the Jajarkot Earthquake have enhanced access to inclusive mental health and psychosocial support services through strong government health system and integration of mental health and disability rights into existing community function by 2027."

In 2024, the project was still in initial set up phase, major field activities were commenced after January 2025.

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



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.

”

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

FACTS AND FIGURES

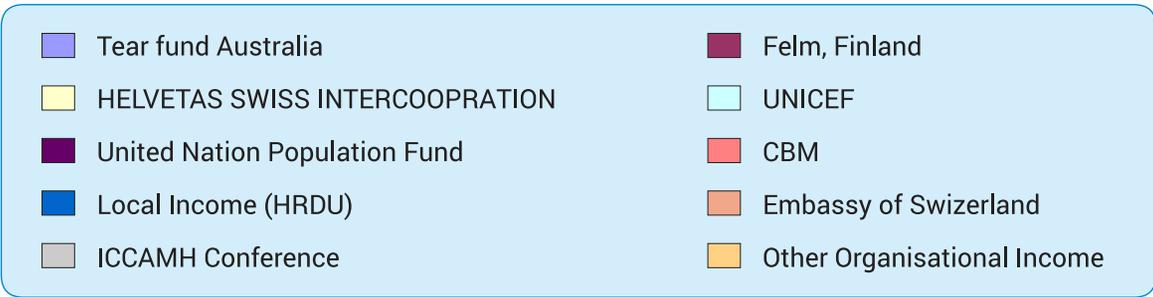
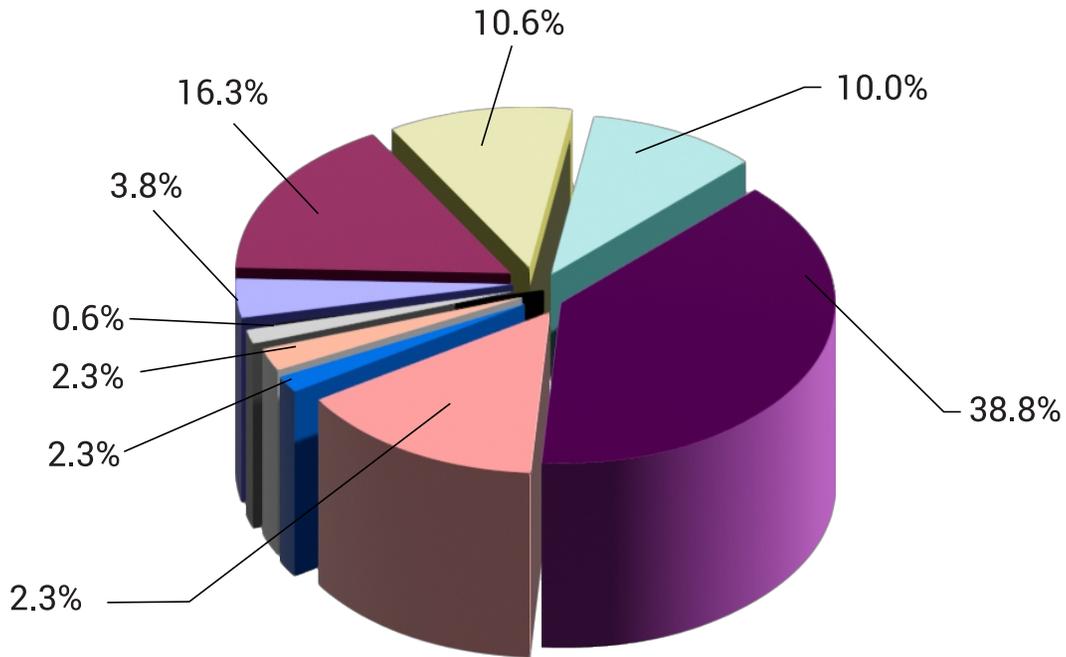
Research Articles / Conferences Attended

- 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

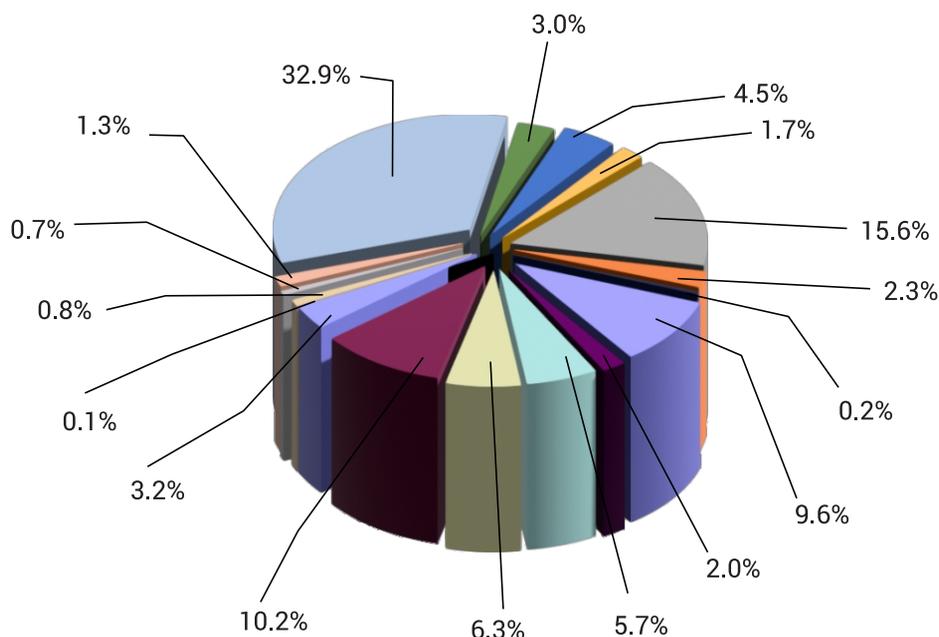
- Research student placement from University of Edinburg, Scotland, UK-One student completed placement and submitted research thesis in 2023.
- Visited Social work department professor Dr. Sumeet Jain visited CMC and appreciated CMC support to university student.
- NHRC –research proposal pair review- 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.

Annual Income 2024



Source of Funding	Amount in Nrs	% Coverage of Total Income
Tear fund Australia	10,074,713	3.8
Felm, Finland	43,498,965	16.3
HELVETAS SWISS INTERCOOPERATION	28,192,156	10.6
UNICEF	26,726,606	10.0
United Nation Population Fund	103,127,583	38.8
CBM Global	39,283,376	14.8
Local Income (HRDU)	4,187,608	1.6
Embassy of Switzerland	5,990,663	2.3
ICCAMH Conference	3,416,631	1.3
Other Organizational Income	1,591,198	0.6
Total Income	266,089,498	100.0

Annual Expenditure 2024



Projects	NRS (Nepali Rupees)	% Coverage of Total Expenditure
Community Mental Health and Psychosocial Support Programme	9,610,816	3.2
School Mental Health Programme	31,145,179	10.2
Psychosocial Support for Safer Migration Program (SaMi)	19,066,598	6.3
Child and Adolescent Mental Health Project	17,273,364	5.7
Psychosocial interventions in earthquake- UNICEF	5,977,284	2.0
Karnali Mental Health Programme	29,095,339	9.6
Karnali Earthquake Recovery (KER) MHPSS Project	650,010	0.2
Promotion of Child Mental Health and Psychosocial Wellbeing in Community	6,981,453	2.3
Psychosocial Counselling for Community Integration to Conflict Victims	47,466,924	15.6
Jajarkot Earthquake Response Project	5,049,781	1.7
Enhancing Mental Health and Psychosocial Wellbeing of Migrant Workers and Families	13,825,027	2.0
Social Reintegration in ReMi	9,125,558	4.5
GBVPR-II/EWPN	100,009,810	1.2
Human Resource Development Unit	4,066,216	0.5
Social Enterprise Expenses	2,001,335	0.8
ICCAMH Conference	2,560,362	0.8
Organizational Expenses	455,729	0.01
Total Expenditure	304,360,787	100

Note: The Carried Forward amount from 2023 was also used in 2024

OUR VALUED PARTNERS



Felm 1859



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

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