

**CMC-Nepal
Community Mental Health and Psychosocial Support
Programme**

**Annual Report
January – December 2022**

**Submitted to:
Tearfund Australia, Australia**

**Prepared by:
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Location of the project:

This project covers 16 (rural) municipalities of 4 districts from 2 provinces of Nepal as per listed below.

Province No 1:

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

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

Karnali Province :

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

Jajarkot: Berekot Rural Municipality and Chhedagadh Municipality

Reporting year: 2022

Name of the project: Community Mental Health and Psychosocial Support Programme (CMHPSS)**Short description of project's current situation:**

This is the first year of the seventh phase (2022-2025) of the Community Mental Health and Psychosocial Support Programme (CMHPSP), which is being continued in all old 5 local level of Udayapur, 4 local level of Okhaldhunga and 4 local level of Surkhet and extended in one new local level of Surkhet and 2 new local level of Jajarkot districts. This programme is implemented in partnership and cost sharing with the local level and in funding support of Tearfund Australia. The baseline study in new project location was carried out in this reporting period and brief report was submitted along with the semi-annual report of the project in July 2023. CMC – Nepal has been maintaining the collaboration with the Ministry of Health and Population (MoHP) and Department of Health Services (DoHS) and its divisions mainly Epidemiology and Disease Control Division (EDCD) and National Health Training Centre (NHTC) at central level and with the Ministry of Social Development and Ministry of Health at provincial level. The Memorandum of Understanding (MoU) with all sixteen (rural) municipalities to implement the project was signed in the beginning of this phase and inception meeting in new local level and old local levels was also organized in the first quarter of this reporting period. The annual plan and budget of the project of the year 2022-23 was shared to all the concerned (rural) municipalities, with requesting cost sharing to the local level in project activity implementation.

Like previous year, CMC-Nepal contributed to develop access of mental health and psychosocial service in 17 health facilities of 16 local level in this reporting year. It further strengthened the knowledge and skills of trained health workers through the clinical mentoring and supervision at health facility level and distance coaching and also provided basic mhGAP training to the health workers of the new project locations. 3 medical doctors and 9 paramedics received basic mhGAP training (module 2). 6 nurses and Auxiliary Nurse Midwives (ANMs) received basic psychosocial support training (module 1) and 13 ANMs received group supervision meeting in psychosocial counselling in this reporting period.

At present, 26 health workers, including 4 medical doctors are providing mental health service, whereas 24 ANMs and staff nurse are delivering psychosocial counselling service from 17 government health facilities. ANM and staff nurse (non-prescribers) provided psychosocial counselling service to 386 clients (240 Female & 64 Male new and 64 Female & 18 Male old) and medical doctors and paramedics (prescribers) provided mental health services to 4256 clients (800 Female & 577 Male 1377 new & 1690 Female & 1189 Male = 2879 old) in this reporting period.

This project has contributed to address the mental health service gap and as a result mental health and psychosocial service is integrated into the existing health care delivery system in 17 government health facilities and service is made available regularly for the community people. Psychotropic medicine was made available in all 17 health facilities by the local and provincial as well as central level government's supply chain which covered 90% of total demand and remaining 10% was covered by CMC-Nepal's supply system.

The referral and follow-up of the people with mental health conditions at health facilities was increased significantly due to on-going awareness raising activities and engagement of Self Help Group in all local level as well as from the synergic effects of CMC-Nepal's other project called 'GBV prevention and response project implemented in Udayapur and Okhaldhunga. The recovery of the people with mental health condition is increased from 75% in last year to 85% in this year. All the recovered cases have improved mental health wellbeing and engaged in their daily activities. 15% people with mental health condition are still in the follow-up at local health facilities.

CMC-Nepal continued collaboration with local government in implementation of the project activities and advocated regularly to include mental health into the health, education and other relevant policy and program and allocate budget to reduce stigma associated with mental health problems, continue mental health service in the current health facilities and upscale in other health facilities. The review meeting with the local government, service providers and right-holders was continued in this reporting period and that supported to sensitize the newly elected representatives and government officials of the local level to include mental health component into the policy, program and budget of the local level and sustain mental health and psychosocial service. The (rural) municipality reduced the cost sharing in this reporting year due to more budget required in the local election activities. The Manebhanjyang Rural Municipality of Okhaldhunga allocated budget and conducted mental health orientation for teachers and suicide prevention activities. Chisankhugadhi, Siddicharan and Manebhanjyang Rural Municipality utilized the budget of mhGAP training. Bheri Municipality of Jajarkot and Chingadh Rural Municipality of Surkhet conducted clinical mentoring and supervision on mental health with their own budget and in technical support of CMC-Nepal. In this reporting year, Udayapur SHG network organized world mental health day and world suicide prevention day with their own initiation.

Further, CMC – Nepal involved in reducing social stigma associated with mental illness through organizing orientations for the students, mother groups, Female Community Health Volunteer (FCHVs), people with mental health problems and their families and Organizations with Persons with Disability (OPDs). More than 75% of total cases diagnosed at health facilities were referred by SHG members, community psychosocial workers (of GBV Prevention and Response Project), mother groups and FCHVs and school students & teachers.

CMC-Nepal continued right based approach in mental health and worked directly with the people with mental health problems and their families. The support to the local level SHGs was provided throughout the reporting year. Further, CMC-Nepal worked together with SHGs of Surkhet to form district level mental health network, and such network is registered as a non-government organization at the end of the reporting year. The district network of SHG of Udayapur actively

involved for lobby with Local Government for availability of psychotropic medicines and continuation of mental health and psychosocial service from the health facilities. The joint meetings among the SHGs members and members of OPDs were also organized at (rural) municipality level to seek cooperation to work collectively on the psychosocial disability. CMC-Nepal also organized a three-days training to the network members of Udayapur and Surkhet on organizational management, leadership development, local level planning process and action plan development. The National Federation of Disabled Network (NFDN) member was also invited in that events. CMC-Nepal also worked with the community people and duty bearers' i.e. local government and health facility and sensitized them on the rights of people with psychosocial disability and the responsibility of the duty bearers to protect and fulfil the rights as stipulated in the Disability Act of Nepal and Public Health Act.

The local, provincial and federal level election took place in this reporting year, which halted field level activities almost five weeks. CMC-Nepal's managed almost 85% of the project activities and burn rate of the budget was 84%.

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Budget for the reporting period (NPR): 13,239,836	Amount spent during the reporting period (NPR): 11,149,210	Expenditure %: 84%
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Section A. Context

1. Project Organisation(s)¹

There are no changes in the programme strategy and its key activities during this reporting year. Few of project activities i.e. media training for the SHGs, training to the teachers on child and adolescent mental health issues etc was included in this phase after the recommendation of project evaluation 2019-2021.

2. Project context

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

National Health Training Centre of MoHP developed 6 months advanced PS counselling training package, where CMC-Nepal led to develop training package and provided technical support to conduct 6 months psychosocial counselling training for the nurses of hospital based One stop Crisis Management Centre (OCMC) of Nepal. To contribute in the commitment of Government of Nepal, CMC-Nepal supported to develop human resources in mental health and psychosocial counselling in the existing health care system. CMC-Nepal provided training and clinical mentoring and supervision and contributed to build the confidence in diagnosis and treatment of the people with mental health problems. Further, it provided technical support in delivery of mhGAP training and basic psychosocial counselling training planned from the central, provincial and local government. Right-based approach in mental health has been inbuilt in the project and empowered the community level Self-Help Groups and SHG district network for self-advocacy for integration of mental health into the existing health care delivery system, make accountable to the government and other stakeholders on the rights of persons with psychosocial disability and inclusion of the persons with mental health problems in development initiatives. CMC-Nepal has extended its collaboration with National Federation of Disabled Network (NFDN) Provincial Chapter in Karnali Province and Province 1 to work in the agenda of inclusion of psychosocial disability in disability mainstreaming and increase awareness in mental health and psychosocial issues in the OPDs themselves. This has created a common understanding to work in the cross disability for the overall development of disability movement.

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

Section B. Implementation

3. Overview of implementation

This project was implemented based on the signed Memorandum of Understanding (MoU) among Ministry of Health and Population at central level, Ministry of Social Development at province level and Local Government at local level. One health facility was selected and developed as a referral health facility for mental health and psychosocial service. Project implementation was carried out based on the activity planning with targets and indicators stipulated in Logframe of the approved project proposal. There were two semi-annual review and planning meetings (first was in January and second in July) with all project staff and senior management team and this meeting reviewed the plan of preceding six months and prepared the plan of next six months. The draft version of activities plan was shared with the provincial and municipality level duty bearers and the right-holders. Review meetings and Municipality project advisory committee meeting was organised in the project municipalities and feedback from the duty bearers and right-holders was collected during the meeting. The feedback was taken in project implementation to bring the significant changes to the lives of the people with mental health and psychosocial problems. The coordination meeting was also conducted in Ministry of Social Development at Karnali Province and at central level with Ministry of Health and Population.

CMC-Nepal has been following human right-based approach and closely working with the people with mental health problems, their families, community people and duty bearers to bring the positive change on behaviour, attitude, relationship and policy towards the people with mental health problems. The Psychosocial Counsellors of CMC-Nepal were in close contact with the SHGs and attended meeting of SHG, sensitized them about their basic human rights issues, legal provision guaranteed by the government in the legislation and policies related to mental health and disability and empowered them to closely work with the community people and duty bearers for the promotion of mental health wellbeing and fulfilling the basic human rights such as health service, livelihood improvement, education, social benefits and inclusion. CMC-Nepal equally collaborated and sensitized directly duty bearers to contribute in protecting basic human rights of the people with mental health problems.

4. Meeting objectives

4.1 Progress towards Project Impact

The expected impact of this project was 'the right to mental health and psychosocial wellbeing of the people of the project locations is protected'. A total of 4256 (1377 new and 2879 old cases) people with mental health problems received mental health service in this reporting year from 17 health facilities. Around 85% people, who treated at local health facility from the trained health workers, have improved mental health and psychosocial wellbeing. Most of the treated people having depression and anxiety symptoms have been engaged in daily household activities and performed their routine jobs. 15% people, having mental health problems are in follow-up at health facilities and getting regular service from the trained health workers in the technical supervision of CMC-Nepal. 386 clients received psychosocial support and counselling at health facilities from the trained ANMs. Out of 386, 75% clients' psychosocial wellbeing have been improved as revealed from the feedback of family members and health workers who provided psychosocial support and counselling and observation made by the supervisor during supervision at health facility level.

Further, the rights to mental health service have been ensured through building the access of mental health and psychosocial services at community level, rights of the participation have been promoted through directly working with the people with mental health problems and their families through SHG. The rights of social service have been addressed through facilitating in order to get the disability cards for the people with psychosocial disability (people having schizophrenia, intellectual disability). 56 (21 Udayapur, 14 Surkhet & 21 Okhaldhunga) people with psychosocial disability received disability cards in this reporting year. The meaningful participation of the members of the SHG in other community groups and different activities is increased.

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

The regular interaction meeting with SHG, awareness raising activities and campaigns at individual and group, sensitization meetings with duty bearers and the home-visit of the people with mental health problems have brought positive changes in the behaviour, attitude and relationship of the family members, community people and duty bearers. The awareness and advocacy at local level has brought positive changes in reducing social stigma and increasing participation of the people with mental health problems in the community groups and development activities. The local government have accepted them as right holders and increased support in protecting and fulfilling the rights of the people with psychosocial disability. There is increasingly visible impact on policies or practices at local, provincial and national level towards moving in integration of mental health into the existing health care delivery system in this reporting year. The central government is activity involved in planning, implementation and monitoring of the mental health activities throughout the country. Karnali Province also implemented community mental health activities in Mugu and Dolpa districts, supplied psychotropic medicines with the cost of 5 million NPR in the project districts of CMC-Nepal. CMC-Nepal directly received psychotropic medicines equivalent of 1 million NPR from Karnali Province health department and around the cost of 200,000 NPR medicines were supplied in CMHPSP working areas. Surkhet Health Service Office also supplied around 200,000 NPR in CMHPSSP working areas which was received from provincial government. All the province government conducted mhGAP training for health assistants from their own budget for health workers of 14 districts.

As part fulfilling the rights of the people with psychosocial disability, CMC-Nepal worked to engage them in livelihood activities and generate income for their livelihood and education of the children. The livelihood support is received by 62 females and 40 males through the SHG members. Around two-third of total 102, have been engaged in goat and pig farming and remaining have been engaged in tailoring, seasonal vegetable farming and small shop as well. The livelihood support provided to the people with mental health problems, not only engaged them in the work, but also generated income for household activities.

4.2 Progress towards Project Outcome

Outcome 1: Community people have increased access to mental health and psychosocial service by the end of December 2025

The project intends to increase the access of mental health and psychosocial service in 17 health facilities of 16 (rural) municipalities. Out of 17 health facilities, 15 health facilities performed well

in line with WHO's mental health strategies for the middle- and low-income countries. Both mental health and psychosocial service is integrated into the existing health care delivery system and provided for the needy, which is cost effective, affordable and appropriate. A total of 4256 (1377 new and 2879 old cases) people with mental health problems received mental health service in this reporting year from 17 health facilities. Further, 1122 people received direct service from the psychiatrist during clinical supervision. The clinical mentoring and supervision organized at health facility level has not only provided opportunity to the trained health workers to jointly examine people with mental health problems with the psychiatrist, but also increased the confidence of health workers in diagnosis and management of mental health problems.

A total of 3 medical doctors and 9 paramedics (prescribers) of Okhaldhunga, Surkhet, Jajarkot and Udayapur districts received basic mhGAP training . The average percentage of pre-tests of basic mental health training was 38% whereas post-test score in refresher training was increased to 90%. 26 trained health workers (4 medical doctors and 22 paramedics) received supervision inputs from psychiatrist and mental health supervisor during mental health clinical supervision. There is at least one prescriber (medical doctors and paramedics) and non-prescriber (staff nurse and ANM) in each health facility, who provides mental health and psychosocial counselling service. At present, there is 4 trained medical doctors and 22 paramedics, who is providing mental health service from the existing health care delivery system². After the basic training, mental health clinical supervision inputs, distance coaching and refresher training, the trained health worker's capacity in case management is increased by 70%.

A total of 13 staff nurse and ANM of Okhaldhunga, Udayapur received Group Supervision meeting on psychosocial problems and 6 ANMs received basic psychosocial counselling training in this year. 18 trained nurses and ANMs benefited from the direct coaching and support from CMC-Nepal's mental health coordinator. 82 persons with psychosocial problems received direct counselling support during supervision.

The management of the psychotropic medicine is also integral component of building access of mental health and psychosocial service. All local government (LG) have managed almost 90% medicine of the total demand in respective health facilities through local purchase, district and province as well as central supply of psychotropic medicines and around 10% medicines prescribed by external psychiatrists are 2nd and 3rd line medicines which are not allowed to buy by government and 10% medicines are supplied by CMC-Nepal. The provincial government supplied psychotropic medicine in this year, which almost covered 90% of total demand for the 4256 people with mental health problems (including local and provincial supply). CMC-Nepal purchased around 10% medicine of total demand to fulfill the gap as stated above and distributed to the people with mental health problems through health facility.

Outcome 2: The behaviour, attitude and relationship and policy of community people, service providers and policy level authorities towards the people with mental health problems and their families improved.

This project further works for the change in behaviour and attitude of community people, service providers and policy level authorities towards people with mental health problems and their families and improve relationship and policy reform for overall mental health wellbeing.

The awareness program conducted for the FCHV, traditional healers, mother groups, students, teachers, people with mental health problems and their families and OPDs. These activities not only contributed on reducing stigma associated with mental illness but also increased referrals of

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

people with mental health problems at health facilities. Around 75% people with mental health problems have been referred at health facilities for the mental health treatment through the effects of awareness program conducted for the above groups. The regular interactions with people with mental health problems and their families contributed reaching out to the people living with mental health problems and psychosocial disabilities and their care takers & family members thus supported to increase the care and support towards people with mental health problems.

Further, there are improved awareness in behaviour, attitude and relationship of family members, community members and duty bearers towards people with mental health problems. The orientation and interaction with different community groups, local government, health workers, people, have supported to reduce the stigma against mental illness. The Mental Health Self Help Groups actively involved in creating mental health awareness at community level and referrals of the people with mental health problems to the health facilities for the service and advocacy at local level to ensure the rights of health service, education, employment opportunity, participation and social inclusion. Even, they involved to save the lives of people who had the suicidal thoughts and brought them in the health facility for the treatment and linkages to the Psychosocial counsellors for the psychosocial counselling. A total of 56 people with psychosocial disability received disability card and they are linked to social security in this reporting year.

The SHG network of Udayapur activity involved in advocacy on integration of mental health into the existing health care delivery system, with regular supply of psychotropic medicine. Another district network of SHG formed and registered as non-government organization in Surkhet. CMC-Nepal provided training to 52 SHGs (including district network) in right based approach in mental health, realizing their rights, organizational management, preparing actions, linkages, resource mapping and its mobilization etc. in this reporting year and groups members were backstopped in the above agendas during visit of Psychosocial Counsellors in the group meetings. As per our internal observation performed by the SHGs, 6 SHGs from Udayapur and 4 SHGs from Surkhet seems independent.

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

The Non- Communicable Disease and Mental Health Section under the Epidemiology and Disease Control division at central level works as focal unit of mental health at central level. The health division under the Ministry of Social Development and Ministry of Health at Provincial level and health section at local level is responsible for program planning, budget allocation and implementation. CMC-Nepal closely worked with all three layers of the government i.e at federal, provincial and local level, sensitized and lobbied with them to incorporate mental health into the existing health care delivery system. The working municipalities did not able to increase allocation of budget in the project by 10% in this year due to budget divert in local level election. However, 2,173,250 NPR budget was allocated in year 2022 by the local government and implemented mental health awareness, training of health workers and purchasing of psychotropic medicine.

CMC-Nepal has discussed at review and MPAC meeting with the elected representatives and government officials and sensitized them to plan, implement, monitoring and upscale community mental health program. 10 local government included mental health into their annual program and budget. We are in discussion to develop municipality level mental health and psychosocial policy and this will be carried out in selected local government in year 2023.

3 Outputs – Activities – Indicators-Targets

The planned activities and the actual progress for the period of January – December 2022 and indicative results are given in the table.

WHAT WAS SCHEDULED	INDICATORS for 2022	TARGET for 2022	ACTUAL PROGRESS MADE	EXPLANATION /COMMENTS
OUTCOME 1				
Community people have increased access to mental health and psychosocial service by the end of December 2025.				
Output 1.1				
The government health workers have increased capacity to address mental health and psychosocial needs of the people.				
Activities to achieve output 1.1				
Activity 1.1.1 Mental health training and supervision/mentoring of doctors and paramedics on mental health	3 medical officer and 14 paramedics receive additional knowledge and skills in mental health through the refresher training and mental health clinical supervision	3-events of clinical supervision (2 from psychiatrist and 1 from mental health coordinator) for medical doctors and paramedics conducted in each health facilities One event of mental health orientation in each health facility in new working areas (total 3 events)	3-events of clinical supervision in Udayapur and Surkhet and 2 events of clinical supervision in Okhaldhunga and Jajarkot were conducted at health facility level where 4 trained medical officers and 22 paramedics received additional knowledge and skills from psychiatrist in case management. 3 medical officers and 9 paramedics (12 prescribers) received 6-days mhGAP training in different trainings. 3 events of mental health orientations were organized in Barekot, Chhedagadh and Chaukune Municipalities where 51 health workers were participated.	Madhesh Province Health Training Centre, Karnali Province health department organized 1 event each of mhGAP trainings, where our working areas health workers participated. Okhaldhunga Community Hospital also organized mhGAP training and health workers from Molung Chisankhugadhi and Siddicharan municipality participated All these trainings were technically supported by CMC Nepal. 1122 (new 606 and old 516) people with mental health problems received direct service from the consultant

				psychiatrist, where trained health workers also received wide range of opportunity to learn more about differential diagnosis and management. 1377 new & 2879 follow-up patients received mental health service from 17 health facilities.
Activity 1.1.2 Psychosocial counselling training and supervision of nurse/auxiliary nurse	17 government nurse/ANMs effectively provide basic psychosocial support to the people having psychosocial problems and refer internal or higher-level service facility if needed	3 events of psychosocial supervision to trained health workers by CMC's supervisor & Psychosocial counsellors One event of Psychosocial support training for new areas ANMs for 5 persons.	4 events of supervision in psychosocial counselling conducted and 20 trained ANM benefited One event of psychosocial support training was conducted in Karnali province where 5 ANMs attended. 13 staff nurse/ANM received a 3-days group supervision meeting from Udayapur and Okhaldhunga.	140 (82 new and 58 old) persons with psychosocial problems received direct counselling support during supervision. 386 persons with psychosocial problems persons received psychosocial support from ANMs.
Activity 1.1.3 Orientation of health workers of nearby referral health facilities in mental health and psychosocial support	64 health workers will get mental health orientation of newly selected health instructions.	3 events of mental health and psychosocial orientation will be conducted for health workers.	3 events of mental health and psychosocial support orientation were conducted in new project locations Chaukune, Barekot and Chhedagadh municipalities where 51 health workers attended.	51 health workers received knowledge on mental health and psychosocial support.
Output 1.2				
Mental health and psychosocial support service is developed in government health facilities in program areas				
Activities to achieve result 1.2				
Activity 1.2.1	17 health facilities will conduct meetings with stakeholders	170 HFOMC members & palika members will attend in the meetings	Not conducted	Due to elections in this year, HFOMC were not formed and did not function in the most of

Meeting with HFOMC, Municipality and other concerned stakeholders				the health institutions. So, we utilized this budget for orientation of local level representatives.
Activity 1.2.2 Mental and psychosocial promotional materials support to the health facilities.	17 health facilities receive mental health psychosocial materials.	17 health facilities will receive materials	Depression, suicide preventions, mental health introductions and counselling support leaflets were distributed in the health institutions which was printed previously from different projects.	
Activity 1.2.3 Supply of psychotropic medicine	# of health facilities receive psychotropic medicine	17 health facilities (10% of total demand)	Psychotropic medicines were supplied to 17 health facilities in first quarter and then government managed and continued supply of psychotropic medicine. Further, CMC-Nepal supplied medicine in one health facility as there was high patient flow.	16 health facilities managed almost 90% psychotropic medicines of total demand through local and provincial level supply chain. Mostly, the provincial and municipality government supplied the medicine to the health facility
OUTCOME 2 The behaviour, attitude and relationship and policy of community people, service providers and policy level authorities towards the people with mental health problems and their families improved.				
Output 2.1 The families, communities, service providers and policy level authorities have improved understanding on mental health issues and fulfilling the rights of the people with psychosocial disabilities				
Activities to achieve Result 2.1				
Activity 2.1.1 Orientation to persons with psychosocial disabilities and their family members, FCHVs and mother groups, traditional healers, teachers and students on	15 interaction (events) among the persons with psychosocial disabilities and other community people	One in each municipality. 375 persons with psychosocial disability, service providers, local government	15 events of interaction meeting among the persons with psychosocial disabilities and other community people conducted in Okhaldhuhga, where 913 community people attended this orientation meetings.	Person with psychosocial disabilities, family members and mother group members attended mental health orientation.

mental health issues and social stigma		representatives participate		
Activity 2.1.2 Interaction among the people with psychosocial disabilities, community representative, service providers and local government on mental health issues and social stigma	32 interaction (events) among the persons with psychosocial disabilities community representative, service providers and local government	32 events of interaction meetings 800 participants	9 interactions programs conducted in Udayapur and Surkhet where 287 community members & local level representatives and officials attended	CMC Nepal sub contracted this assignment to the District SHG Network of Udayapur and in Surkhet CMC conducted in 4 palikas.
Activity 2.1.3 Orientation at family, school, local CBOs and service providers level in preventing suicide, GBV and early marriage	8 groups of community, CBOs, school receive orientation	8 events of interaction meetings for 320 participations	17 orientations were conducted in community and schools on GBV, suicide and early marriage prevention where 1129 attended	Person with psychosocial disabilities, family members and mother group members, students and other community members attended orientation sessions.
Activity 2.1.4 Training of teachers in child and adolescent mental health psychosocial support and referral	3 groups of teachers orientation	3 events of training for 60 teachers on child and adolescent mental health	Not conducted	Center of Education Human Resource Development under the Ministry of Education, Science and Technology has developed 5 days customized training package on technical support of CMC-Nepal and requested to conduct only after the TOT for CMC-Nepal's project staff. We will provide TOT for staff in early next year and they will conduct this activities in first quarter..

Activity 2.1.5 Joint meeting/interaction among OPDs, SHGs, Service providers, employers and local governments for the actions to ensure the rights	17 health institutions interactions	1 event in each health institutions for 340 participants	Not conducted	Due to local, provincial and federal level elections, we had pressure to conduct other activities related to continuation of mental health and psychosocial service.
Activity 2.1.6 Provide livelihood support to the persons with lived experiences through SHGs	through 5 SHG	32 persons with mental health problems	102 persons with mental health problems benefitted from livelihood support activities. Additional support was provided in 5 SHGs in Udayapur. The existing 9 SHGs also managed to provide such support to the members of SHGs in this reporting year.	CMC-Nepal is promoting the concept of Revolving Fund, and provides seed money in the beginning. The SHGs decides who to receive and collect principle from those who receive, and again provide new one.
Output 2.2 SHG are formed, empowered and advocated for their rights guaranteed by policy and legislation related to mental health and disability.				
Activities to achieve result 2.2				
Activity 2.2.1 Form and enhance organizational capacity, leadership and self-advocacy skill of community and district level SHGs.	16 SHGs will 2 times capacity building events	320 SHG members will attend in the capacity building meetings from 16 SHGs.	6 new and 10 old SHG members received regular support from psychosocial counsellors in this year. 2 District SHG networks and 1 ad hoc committee of District SHG network received knowledge on strengthening organizational capacity, leadership and self-advocacy.	181 SHG members received received knowledge on strengthening organizational capacity, leadership and self-advocacy.
Activity 2.2.2 Orientation to SHGs and DPOs on policies/legislation related mental health and disability	4 SHGs of new project location will receive information on policy and legislation related mental health and disability (one time)	60 SHG members will get knowledge on policy and legislation on disability	150 members from 7 SHGs received orientation on policy and strategy related to mental health and disability.	

Activity 2.2.3 Media training for SHGs to be able to contact media and get stories out sa part of advocacy at government level	40 SHGs members will receive knowledge on media publication of their own stories (2 events)	40 SHG members will get knowledge on media for publish their stories	Not completed	Due to election and other priority, we did not able to work on this training.
Activity 2.2.4 Build capacity of SHGs to form and function support groups with skills in basic psychosocial support and networking	80 SHGs members (5 members from each SHG) will receive knowledge on basic psychosocial support, referral and networking. .	80 SHG members will receive knowledge basic psychosocial support, referral and networking	Not completed	Due to election and other priority, we did not able to work on this training
OUTCOME 3				
Government of Nepal upscale community based mental health program at national, province and local level				
Output 3.1				
CMC-Nepal has increased collaboration with all three layers of the Government of Nepal (federal, provincial and local) to formulate either separate or include mental health or education or other policy and endorse from authorities.				
Activities to achieve results 3.1				
Activity 3.1.1 Organizing regular meetings with the federal and provincial health authorities and other related stakeholders	There will be at least one meeting at provincial and federal level and that will help to increase cooperation in project implementation. The government will take actions to mainstream mental health into the existing health care delivery system	1 meeting at provincial and 1 meeting at federal level	1-event of meeting conducted in MoHP and more than 10 events of meeting attended by CMC Nepal organized by NHTC, NCD section of EDCCD. More ever, CMC-Nepal conducted 4 events of coordination and review meetings at Karnali Province.	

Activity 3.1.2 Joint monitoring visit in the project districts from the federal provincial and local level for integrating best practices in health system	At least one joint monitoring visit will be organized, that will help to increase better understanding on the need of integration of mental health into the existing health care delivery system.	1 joint monitoring visit	One monitoring visit conducted by health department of Karnali province.	Mental health focal person was involved in the monitoring of the program.
Activity 3.1.3 Experience sharing conference/workshop with government authorities/(I)NGOs	At least one experience sharing meeting will be organized or CMC-Nepal's staff join in conference related to mental health	1 conference for sharing of the project	Attended in ICCAMH conference	More than 20 staff from CMC-Nepal joined in ICCAMH conference in year 2022.
Output 3.2 CMC-Nepal has strengthened partnership at local level to plan, implement, monitoring and upscale community mental health program				
Activities to achieve output 3.2				
Activity 3.2.1 Orientation/interaction with the local elected bodies and concerned authorities of Local Level about mental health issues.	240 municipalities elected members, government officials and right holders understand mental health issues and cooperate in project implementation.	1 event of project orientation meetings at local level (total 16 events)	16 events of project orientation meetings were conducted in all palikas where 192 local level representatives, government officials and SHG members attended meeting.	
Activity 3.2.2 Municipality level strategy and mental health action plan preparation workshop	30 municipalities elected members, government officials and right holders understand mental health issues and	2 events of workshops in 2 local level	Not conducted	Due to election and newly elected bodies in all palikas, we did not able to conduct the workshop in this reporting period.

	cooperate in preparing the mental health action plan (in 2 local level).			
Activity 3.2.3 Review meeting at local level	240 municipalities elected members attended in the meeting and understand mental health issues and cooperate in project implementation.	1 event of review meetings at local level (total 16 events)	16 events of review meetings were conducted in all palikas which was merged with orientation to elected bodies (activity 3.2.1).	

4.3 Rights-holders and duty-bearers / beneficiaries

Type of rights-holder and duty-bearer / beneficiary	New since the previous report	Those continuing from the previous reporting period	Total for the reporting period*	Total since the beginning of the project (cumulative)
TOTAL	5370	3845	9215	9215
*Total for the reporting period includes:	F	M	How did they participate?	
A. Girls	819		Girls participated in in mental health orientation conducted at schools, suicide prevention and early marriage prevention sessions. They actively participated such orientation and sessions and referred people with mental health problems at health facilities for the treatment of mental health and psychosocial problems.	
B. Women	4578		Women participated in interaction, awareness campaigns, referred the cases at health facilities and women are leading SHGs as well.	
C. Persons with disabilities	337	209	The people with physical disability participated in project activities implementation and project monitoring. The project is bringing people with mental health problems and physical and other forms of disability together and they are coming out to visible and raising their voice to promote mental health and disability movement. The also participated in the joint meeting with the SHGs and local government and creating awareness of in different types of disability and social benefits.	
D. People living with hiv and aids	NA	NA	We do not have disaggregated data of people living with hiv and aids.	
E. Indigenous peoples and ethnic minorities	2200	1547	They participated in awareness-raising and advocacy at local level. 41% beneficiaries are from indigenous and ethnic minorities communities	
F. Dalit	1042	628	18% beneficiaries are from the dalit communities	
G. Other (Brahmin, Cheetri and Others):	2155	1643	41% beneficiaries are from higher caste communities	

5. Project management

5.1 Roles and responsibilities

Program is managed as per the project organogram presented with the project proposal. The psychosocial counsellor is appointed for Okhaldhunga district from July onward. The post title of Mental Health Social Worker is changed to psychosocial counsellor as they completed 6 months psychosocial counselling training course and practiced adequately counselling service in the project. They are further made responsible for the local level coordination, empowering SHGs, providing supportive supervision to the trained ANMs and reporting of the project activities of the districts. The mental health coordinator was involved for training and supervision of the prescribers and non-prescribers and building capacity of psychosocial counsellors in mental health, psychosocial approach and right-based in mental health. Executive director and outsourcing resource persons were also engaged in capacity building of district level network of self-help group and monitoring of the project at outcome level. Monthly team meetings, quarterly review meeting and half-yearly review meeting was inbuilt in the project which helped to discuss plan, share progress and review the achievement of the project activities. Monitoring and evaluation officer lately recruited in August and provided 20% time in this program in monitoring of the project activities and data management.

This program is being implemented in partnership with the local government. Local government have been involved in review and planning, monitoring, and upscaling mental health and psychosocial activities in other health facilities of the local level. The chief of health section of the respective (rural) municipalities played a key role and involved in providing guidance to the trained health workers, monitoring of the project activities and continuation of mental health service through planning and allocation of the budget. The representatives of SHGs have been engaged in awareness campaigns, seeking mutual support with the OPDs to promote mental health and lobby with the local level for addressing mental health and psychosocial needs of the people with the mental health problems.

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

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

6. Finance Report

The total expenditure of the project was NPR 11,149,210.33 in this reporting year. The local and provincial contributed NPR 2,173,250. CMC-Nepal received NPR 9,585,294.10 from Tearfund Australia and had NPR 1,117,315.31 positive fund balance of the year 2021. CMC-Nepal utilized NPR 11,149,210.33 (84.2%) of total budget available in this reporting year and the closing balance of the year 2022 is NPR NPR 1,726,649.08. The positive balance will be utilized by June 2023 for the training of teachers in child and adolescent mental health, media training to SHG, meeting with HFOMC, Municipality and other concerned stakeholders, psychotropic drugs support to the persons with mental health problems, orientation at family, schools, local CBOs and service providers level in preventing suicide, GBV and early marriage, municipality level strategy and mental health action plan preparation workshop and monitoring and evaluation of the program from Social Welfare Council.

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

7. Updated Risk Assessment

Type of risk	A. Likelihood	B. Impact	Total (AxB)	What are the risks? Describe. Also, comment on the numbers given.
	1-not likely 2-low, 3-medium, 4- considerable 5-high	1-no impact, 2-low, 3-medium, 4- considerable 5-high		
A. Project Internal Risks:				
Project implementation and quality of work ³	2	2	4	The local, provincial and federal level election restricted almost one and half month for the field visit and activity implementation. We did not manage to complete some of the planned activities. Further, it provided less time to the trained health workers to deliver the service.
Project management ⁴	2	2	4	Planning, implementation, monitoring and reporting is followed as per plan. Coordination at local, provincial and central level was maintained. No significant risk has been observed.
Organizational administration and culture ⁵	2	2	4	COVID-19 pandemic situation restricted to conduct face to face review meeting with the project team members and that limited live discussions. However, regular meeting was continued and sharing culture was developed.
Financial administration ⁶	2	2	4	E-copy of supporting documents was collected during covid pandemic situation and that impacted in verification of the documents and error in the figure between the reported and original documents.
Resources ⁷	1	1	1	Project staffs are comparatively well equipped with necessary materials, including computer and travel mechanisms. There is no specific risks and impact observed.
Action to prevent or mitigate future risks? (Must be filled for all issues that amount up 6 or more in total risk level):				

³Incl. sustainability of results, targeting the vulnerable, participation, equality of opportunity, relevance, skills and expertise, not increasing workload of beneficiaries, not causing dependency, coordination etc.

⁴Incl. planning, monitoring, evaluating, learning, meeting deadlines etc.

⁵Incl. decision-making, transparency, participation, equality, learning organization, making adjustments to plans, cultural and conflict sensitivity resolving conflicts etc.

⁶Incl. transparency, accuracy, documentation, segregation of duties etc.

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

B. Project External Risks:				
Political situation,	2	2	4	Local, provincial and central level election limited to implement project activities almost 6 weeks. The health workers, community leaders and concerned stakeholders were busy in election activities and in political meetings at community level.
Status of the civil society / church organizations	1	1	1	There is no significant risk and impact observed.
Changes in legislation, or requirements of registration, permits etc.	1	1	1	There is significant and impact observed in legislation and requirements of registration/renewal.
Financial /Global fiscal situation	2	1	2	There was risk no significant risk observed in project in the management of the funds.
Physical environment and climate	2	1	2	There was no significant risks and impact observed at project beneficiaries due to effects of physical environment and climate change effect.
Other related actors and stakeholders	1	1	1	There was no risk observed working with the rights holders and duty bearers.
Action to prevent or mitigate future risks? (Must be filled for all issues that amount up to 6 or more in total risk level):				

8. Sustainability

Areas of sustainability	How is it ensured in the project? What are the main challenges? What should be done differently to overcome these challenges? What changed during the reporting year?
Economic/financial	<p>This program aims to promote mental health wellbeing for all community people, with primary focus to the people with mental health problems and their families. The recovery of the people with mental health problems is increased from 75% to 85%. All the recovered cases, treated from the local health facilities have improved mental health wellbeing and they are mostly engaged in daily household activities. Psychotropic drugs are managed by the local, provincial and federal government. Mental health and psychosocial service is made freely available in local facilities and the people with mental health problems are treated at local level. All these resources and availability of service at local level has contributed to reduce the economic burden caused by mental health problems. 102 people with mental health problems and their families received livelihood support in this year and they all have been engaged in income generating activities. The involvement of family members in daily activities and livelihood activities supported to regain of economic performance and thereby contributed for the economic sustainability at individual and family level..</p>
Institutional	<p>The health workers working in government health facilities have been capacitated through training, regular clinical mentoring and supervision at health facility and distance supervision. At least two prescribers and one non-prescriber from each facility is developed to provide mental health and psychosocial counselling service. As explained above in 4.2 Progress towards Project Outcome, the local government allocated NPR 21,73,250 and implemented mental health related activities.</p> <p>Further, the Ministry of Social Development of Karnali Province is also giving priority in expanding mental health service, with allocation of budget in training, awareness campaigns and supply of psychotropic medicines.</p> <p>14 local government (LG), with support of provincial and central government managed almost 90% medicine of the total demand. The increasing trends of the supply of the psychotropic medicine from the local, provincial and federal level has reduced the burden of purchasing of the medicine by the people with mental health problems and their family members.</p>

Socio-cultural	<p>The interaction conducted at family, community and duty bearers' level has brought positive changes on the behaviours, attitude and relationship of the family members, community people and duty bearers towards people with mental health problems. The service seeking attitude from the individual and families is increased and thereby the referrals of the people with mental health problems is increased to 75%. People with the mental health problems and their families have attended regular meeting of the SHG, celebrated world mental health day, world suicide prevention day and disability day etc. There is culture of sharing and listening others established among the people with mental health problems, community people and duty bearers. The change in attitude and supporting behaviour has contributed to reduce social stigma associated with mental illness. There is increased cooperation from the family members and community in treatment, care and support of the people with mental health problems. The leaders of SHG has been recognized by the health facility and local level and support has been provided to the SHG.</p> <p>Trained health workers, FCHVs, mother groups, teacher, students and person with the lived experience have increasingly involved in promotion of mental health well-being and prevention of mental health problems in the community.</p> <p>The right based approach in mental health is helpful to support to the people with mental health problems and their families and community to stand in solidarity to raise the voice for the rights and inclusion of persons with mental health problems into the development initiatives.</p>
Environmental	<p>This program does not directly address the environmental issues but closely works with the health workers and SHGs and sensitize them about the less use of plastic and protecting nature.</p>
Political/legal	<p>The regular interaction and involvement of elected representatives and government officials, along with the chief of health division of the local level in the project monitoring, review meeting and MPAC meeting has created positive impact in sustaining mental health and psychosocial service. The need of programmatic approach at local level is increased and that supported to include mental health components into the programs and budgets in most of the (rural) municipalities.</p>

9. Challenges in Project Implementation

CMC-Nepal faced challenge this year due to two major elections held in May and November and that affected the implementation of the planned project activities. The training and clinical mentoring and supervision to the health workers was delayed due to the local level election and we only managed to conduct mhGAP training and basic psychosocial counselling training in new project location only in June 2022.

In Surkhet, Jajarkot, Udayapur & Okhaldhunga districts, CMC-Nepal is visibly recognized and its expertise in mental health and psychosocial counselling has been acknowledged. CMC-Nepal received request from the provincial government (Karnali Province), health service office as well as local level for the mhGAP training, suicide prevention, mass conversion management, mental health supervision and camp, teacher's trainings in non-project districts. CMC-Nepal, somehow is managing those requests through sending its staff for technical support to conduct mass conversion management and camps, mhGAP training & clinical supervision, but it again put the staff in pressure to complete the planned activities.

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

Section C. Monitoring and Evaluation

10. Project Monitoring

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

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

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

Semi-annual plan of action was prepared based on the log frame and annual plan presented in the project proposal and planning meeting organised in January and July 2022. Based on the activity plan, mental health coordinator and M/E officer monitored the progress from analysing the quarterly report submitted by Psychosocial Counsellors. The international program officer from Tearfund Australia also visited project location as part of project monitoring and interacted with the right-holders, duty bearers and interviewed with the person with lived experience. There was practice of organising quarterly review meeting at project level, where we monitored the progress and budget utilization situation of the project and documented the progress and prepared further plan if targets by that were not achieved. The financial report is prepared in quarterly basis and submitted to the Tearfund Australia. Likewise, CMC-Nepal also prepared progress report in semi-annual and annual basis and submitted to Tearfund Australia.

The information from the monitoring is used to evaluate the effectiveness of project activities and its impact at duty-bearers and right-holders. The learning from the project monitoring is capitalized in revision of strategy and project activities.

11. Reviews and Evaluations

There was no review and evaluation planned in this reporting period. However, we conducted baseline study in new project location and brief report was shared to Tearfund Australia in July 2022.

Section D. Lessons learned & future plans

11. Lessons learned

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

- The review meeting and regular coordination with health, education & women section in the local level and their engagement in project activities and review meetings help to include mental health into regular program and budget of the local level as well as in integration of mental health into the regular activities of health, education and women and children.
- The mental health clinical supervision from telephone and virtual platform is also effective in emergency case management by the health workers in mental health and counseling service, which was validated after field level visit.
- The orientation on suicide prevention, GBV prevention and early marriage prevention in community level is essential to find the early signs of suicidal thoughts, GBV problems and prevent them from those risks. The mobilization of the adolescent's girls and boys, youth clubs, FCHVs and SHG representatives is important to prevent suicide and GBV. If they have been capacitated in suicide prevention, care and support, they can save the life of the people and prevent suicide.
- Different level of interaction meeting among the people with mental health problems, their families, community people, health service providers, elected representatives and officials of the local government contributes to change the attitude, behavior, relationship and policy. That brings real understanding on the need of mental health and psychosocial service and thereby it contributes to include into the programming and budgeting at local level
- Inter-project coordination helps to improve access of mental health service and also support to conduct activities effectively as well.
- Formation of SHG help to increase referral of people with mental health problems at health facilities.

12. Future plans

This project aims to protect the rights of mental health and psychosocial wellbeing of the people of the project locations through increasing access of mental health services and closely working with the people with mental health problems and their families, communities, disabled people organisations, service providers and local governments for promotion of mental health wellbeing.

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

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

CMC Nepal will focus in promotion of child mental health and closely works with the teachers through training and supervision on child and adolescent mental health. CMC-Nepal conducts workshop at local level on strategy and action plan related to mental health and support at least 5 local level to develop local level mental health and psychosocial policy.

Section E. Project Highlights

This project has contributed to build the access of mental health and psychosocial service in 17 health facilities of 16 (rural) municipalities. Further, the 3-local government upscaled mental health service in 3 health facilities. 4256 people received mental health service and 386 people with psychosocial problems received psychosocial service from the trained prescribers and non-prescribers respectively.

The project has brought positive change to sensitize the family members, community people, health service providers and local government on mental health promotion and bring change in attitude and behaviours towards people with mental health problems. The referrals of the people with mental health problems at health facilities is increased to 75%. Further, the collaboration with OPD and NFDN Karnali Province and Province No 1 was continued to jointly work in the psychosocial disability movement.

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

The local government has continued allocation of the budget in mental health awareness, training and supervision, psychotropic drug management and suicide prevention activities. The federal and provincial government put effort in management of psychotropic medicine.

Signature:

A handwritten signature in black ink, appearing to read 'Ram Lal Shrestha', written over a horizontal line.

Name: Ram Lal Shrestha
Position: Executive Director

Date: 28th February 2023

CMC-Nepal
Staff List (Updated on 31st December 2022)

Project Name: Community Mental Health and Psychosocial Support Programme

S.No	Staff Name	Sex	Designation	Employed in CMC-Nepal	% of salary shared by Tearfund Australia in 2022
1	Ram Lal Shrestha	M	Executive Director	18/08/2003	20%
2	Bishnu Prasad Prajapati	M	Mental Health Coordinator	14/08/2007	20%
3	Indira Pathak	F	Admin and Finance Manager	04/02/2005	12%
4	Srijana Shrestha	F	Administrative Officer	16/07/2012	25%
5	Rup Sunder Shrestha	M	Driver	/05/04/2018	10%
6	Dharma Kumar Rai	M	Security Guard	17/10/2004	25%
7	Laxmi Maharjan	F	Office Helper	01/01/2014	25%
8	Alsoda Rai	F	Psychosocial Counsellor	01/02/2014	100%
9	Kali Bahadur BK	M	Psychosocial counsellor	01/02/2014	100%
10	Kopila Basnet	F	Psychosocial Counsellor	01/07/2022	100%

Annex-2

Name list of trained health workers in mental health and psychosocial service in year 2022

Name of the health facilities	Name of health workers	Name of the (rural) municipality	mhGAP	Psychosocial Counselling	Budget shared by (CMC-Nepal or Government)
Salkot PHC, Surkhet	Srijana Puri	Panchpuri Municipality		√	CMC Nepal
	Ganga Koirala	Panchpuri Municipality		√	CMC Nepal
	Rajendra Adhikari	Panchpuri Municipality	√		CMC Nepal
Dasrathpur PHC, Surkhet	Lila Rijal	Lekbesi Municipality		√	CMC Nepal
	Tika Khadka	Lekbesi Municipality		√	CMC Nepal
	Tanka Prasad Pangen	Lekbesi Municipality	√		CMC Nepal
Mehelkuna Hospital, Surkhet	Chandra Budha	Gurvakot Municipality		√	CMC Nepal
	Chandra Poudel	Gurvakot Municipality	√		CMC Nepal
	Dr. Bimal Shahi	Gurvakot Municipality	√		CMC Nepal
Awalching, PHC, Surkhet	Amrita Rana	Chingad RM		√	CMC Nepal
	Alissa Chaudhary	Chingad RM		√	CMC Nepal
	Shanti Psd. Upadhyaya	Chingad RM	√		CMC Nepal
	Bhakta Bahadur Rana	Chingad RM	√		CMC Nepal
Barekot Basic hospital, Jajarkot	Kalpana Rokaya	Barekot RM		√	CMC Nepal
	Dr. Santosh Chapai	Barekot RM	√		CMC Nepal
Gutu HP	Uttima Hamal	Chaukune RM		√	CMC Nepal
	Indra Bdr. Jaisi	Chaukune RM	√		CMC Nepal
Chhedagadh Nagar Hospital Jajarkot	Juna Budha	Chhedagadh Municipality		√	CMC Nepal
	Nabin Khadka	Chhedagadh Municipality	√		CMC Nepal
Beltar PHC, Udayapur	Bemsari Rai	Chaudandigadhi municipality		√	CMC Nepal
	Menuka Poudel	Chaudandigadhi municipality		√	CMC Nepal
	Madan Karki	Chaudandigadhi Municipality	√		CMC-Nepal
	Gobinda Khadka	Chaudandigadhi Municipality	√		CMC-Nepal
Rampur HP, Udayapur	Sabnam KC	Belaka municipality		√	CMC-Nepal

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

Success case story

Deepak living a dignified life and free from social stigma

Deepak Giri, 29 years old and a resident of Panchapuri Municipality – 7 in Surkhet district is a person with mental health problem. He has 4 family members; a wife, a daughter & a son and himself. Since childhood, he used to faint frequently and it gradually increased with his age. His family took help from traditional healers but instead of minimizing, he fainted 3-4 times in a day. Once his problem increased, his relatives & neighbours started ignoring him and asked him to not to come near to them saying that it is communicable disease. They also said that he will not get marry and how unfortunate his life is. Due to such statements from his family & friends, he used to think a lot and was very restless and sat alone.



After the CMC-Nepal's program started in Salkot Primary Health Care Centre (PHCC) in Panchapuri, Deepak came to know that a Psychiatrist visits in that PHCC for treatment of mentally ill people. He visited the PHCC and started taking medicine and gradually the medicine worked him and his mental health wellbeing started to improve. He joined SHG and group elected him as secretary of SHG. He also received disability card of “B” category and started to receive social benefits from the government. He regularly attended the SHG meeting, shared his feelings and listened to others' problems, participated in trainings, learned how to be happy and his illness gradually cured. He shared that he obtained a loan from SHG & INF for income generating small business which helped him for his personal expenses. Now, his family, friends & neighbours are very happy to see changes on him and knowing that his illness is not communicable, it can be cured. Everyone around him includes him in the events. He is very happy, grateful & thankful towards CMC-Nepal.

"New life"

43 years old Bimala BK (pseudo name), member of Kalika Mental Health Self Help Group, is a mother of 3 daughters. In the first meeting of SHG, she cried a lot. The member of SHG brought her and engaged her in the SHG meeting in monthly basis as she used to star gaze, unresponsive behavior, sad face, weak & tired body, and numbers of sleepless nights. After the meeting with the psychosocial counsellor from CMC-Nepal, mental health issues & thoughts of suicide attempts were seen with her. Due to high symptoms & high risks of suicidal attempt, she was referred to the trained health worker in Chaudandigadhi hospital and her medication & treatment was started. Also, the suicidal risk was shared to her family members and psycho-education was provided to her family members for better care and support. This way the SHG had supported for her treatment & counselling.

Along with the medication, counselling service was provided to her. She was frustrated and mentally weak due to weak financial situation, second marriage of her husband & separating from her son. She began to depend on alcohol and was living a miserable life. Due to mental illness & alcohol intake, she had stopped working and her financial situation had weakened. But after the regular medication & counselling service from CMC-Nepal, positive changes were seen in her. The regular counselling service has helped in building her confidence, and energy to live her new life. She began to attend the SHG meeting regularly and shared her problems without any hesitance. In the meeting, listening to the problems of other members began to lessen her way of looking at and taking problems seriously which minimized her alcohol intake as well. Her family & friends, who ignored and didn't listened to her in the past were very happy to see a new Bimala and they began to help her in her chores, inviting her to the social events to ask for her help which helped in generating some income. After the treatment, she started working and the way of looking at her by her family & friends had changed and started supporting her & encouraged her to normalize her life.

She is grateful & thankful towards CMC- Nepal, its Psychosocial Counsellor & Self Help Group who helped her emotionally & financially. She had taken her new life as a boon and shares that "If CMC- Nepal hadn't been sensitive to my issues and hadn't supported me, I wouldn't have survived and been alive in this world. Everyone has problem, I too had problems. I didn't want to live but after participating in the SHG meeting, I could see other members who were living with serious problems than mine. This encourages me to live my life and we feel very lucky that program of CMC – Nepal, community mental health & psychosocial support program has reached our village". Since then, she has been continuing supporting the people with mental illness through the Self Help Group being active member. CMC- Nepal, working actively in minimizing suicide attempts, has an important role in life of Bimala who had high risk of suicide attempt and met her at the right time. 7 months of regular medication & counselling had given her a new life and she is self-prepared if her illness relapses.

After recovery, starting of School by Chetan

Chetan Bdr. Rana is a 14-year-old adolescent studying in grade 9. His father is out of contact since 10 years. Nainsara Rana is his mother, and has one sister. 2 years ago, Chetan used to eat whatever he finds, wandering here & there, and his mother was sadder seeing his situation. Since, 10 years, her sadness due to her husband, and additionally, mental problems of Chetan has saddened her and the people around her shows more sympathy to her. This led Nainsara stressed more and symptoms like anxiety, restlessness, no hunger and thinking a lot were seen. Chetan was taken to traditional healers but it didn't help him a bit. Due to situation of Chetan, his mother couldn't go to work which helped in weakening their financial situation as she had to look after her. The trained health professional Bhakat B. Rana shared that such illness can be cured in Awalaching Primary health care centre and asked Nainsara to take Chetan there for treatment. His medication and treatment started. After regular medication, his illness gradually improved and he started going to school. As symptoms of mental illness were seen in Nainsara as well, she was also asked to take medicine. She also became member of Self-Help Group, regularly attended the meeting and shared her problem and listened to others. After regular medication, her situation also improved. She shares, "now I am very happy, my son has been cured and his medication is also completed. He regularly goes to school and is in class 9 now. Being member of SHG, she took Rs. 8000 as loan to add for purchasing buffalo which has made my life busy and fruitful. My heart is very happy. I am thankful & grateful towards CMC-Nepal for giving me this support."

Photograph



Mental health orientation at school



Discussion on Self Help Group formation



Clinical Supervision at health facility



Monitoring of SHG activities



WMHD celebration by SHG District Network



Stakeholders meeting for strengthening MH issues