



# **FIVE-YEAR STRATEGY**

## **(2025-2029)**



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## **TPO Nepal Five Year Strategy (2025-2029)**

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## **LIST OF ABBREVIATIONS:**

AERM: Adverse Event Reporting and Management.

AGM: Annual General Meeting

CAAC: Continental Children Affected by Armed Conflict

CAAFAG: Children Associated with Armed Forces and Armed Groups

CB: Community Based

DRR: Disaster Risk Reduction

EMERALD: Emerging Mental Health System in Lower and Middle Income Countries

GBV: Gender Based Violence

HR: Human Resource

HSH: Helping Survivors Heal

IASC: Inter-Agency Standing Committee

IOM: Institute of Medicine

IRCT: International Rehabilitation Council for Torture Victims

KAHS: Karnali Academy of Health Sciences

MEAL: Monitoring, Evaluation, Accountability and Learning

MER: Monitoring, Evaluation & Research

MhBeF: Mental Health Beyond Facilities

MhGAP: Mental Health Gap Action Programme

MHPSS: Mental Health and Psychosocial Support

MoHP: Ministry of Health and Population

MoWCSW: Ministry of Women, Children and Social Welfare

NCD: Non-Communicable Disease

OD: Organizational Development

PRIME: Programme for Improving Mental Health Care

PWLE: People with Lived Experience

RMS: Resource Mobilization Strategy

RG: Reference Group

SOP: Standard Operating Procedure

TUTH: Tribhuvan University Teaching Hospital

# CHAPTER ONE



## 1. INTRODUCTION

TPO Nepal is one of Nepal's leading psychosocial organizations, established in 2005 with the aim of promoting psychosocial well-being and mental health of individuals and communities. Our organization is knowledge-driven, innovative and working in areas disrupted by inequalities, violence, disaster, and poverty. We strive to develop local psychosocial, mental health capacity and systems that promote community resilience, quality of life and self-reliance through education, research, service delivery and advocacy. During the strategy period (1st January 2025 to 31st December 2029), our organization will aim to foster a resilient communities by implementing Mental Health and Psychosocial Support (MHPSS) initiatives that will be fair, sustainable, evidence-based, and culturally relevant. This plan will focus on supporting the community by emphasizing and integrating key priorities and guiding principles, which also align with the vision and mission of TPO Nepal and the programs of Government of Nepal (details in annex ).

### 1.1 VISION:

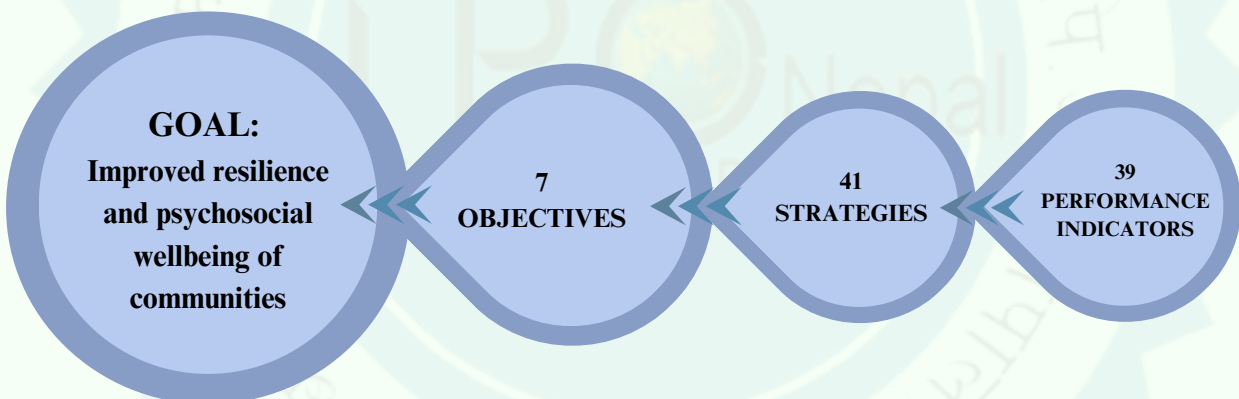
- To build resilient communities where local populations have equitable access to comprehensive mental health and psychosocial care systems.

### 1.2 MISSION:

- To promote psychosocial well-being and mental health for individuals and families through sustainable, culturally appropriate, and community-based support systems.

## 1.3 STRATEGY OVERVIEW

TPO Nepal will monitor 39 performance indicators annually to track strategy progress, implement 41 strategies to achieve the objectives, and ensure each of 7 objectives contributes to the overarching goal.



*Fig i: Strategy Overview*

## 1.4 KEY MILESTONES

This roadmap shown below demonstrates the journey of TPO Nepal and its key milestones over the years.

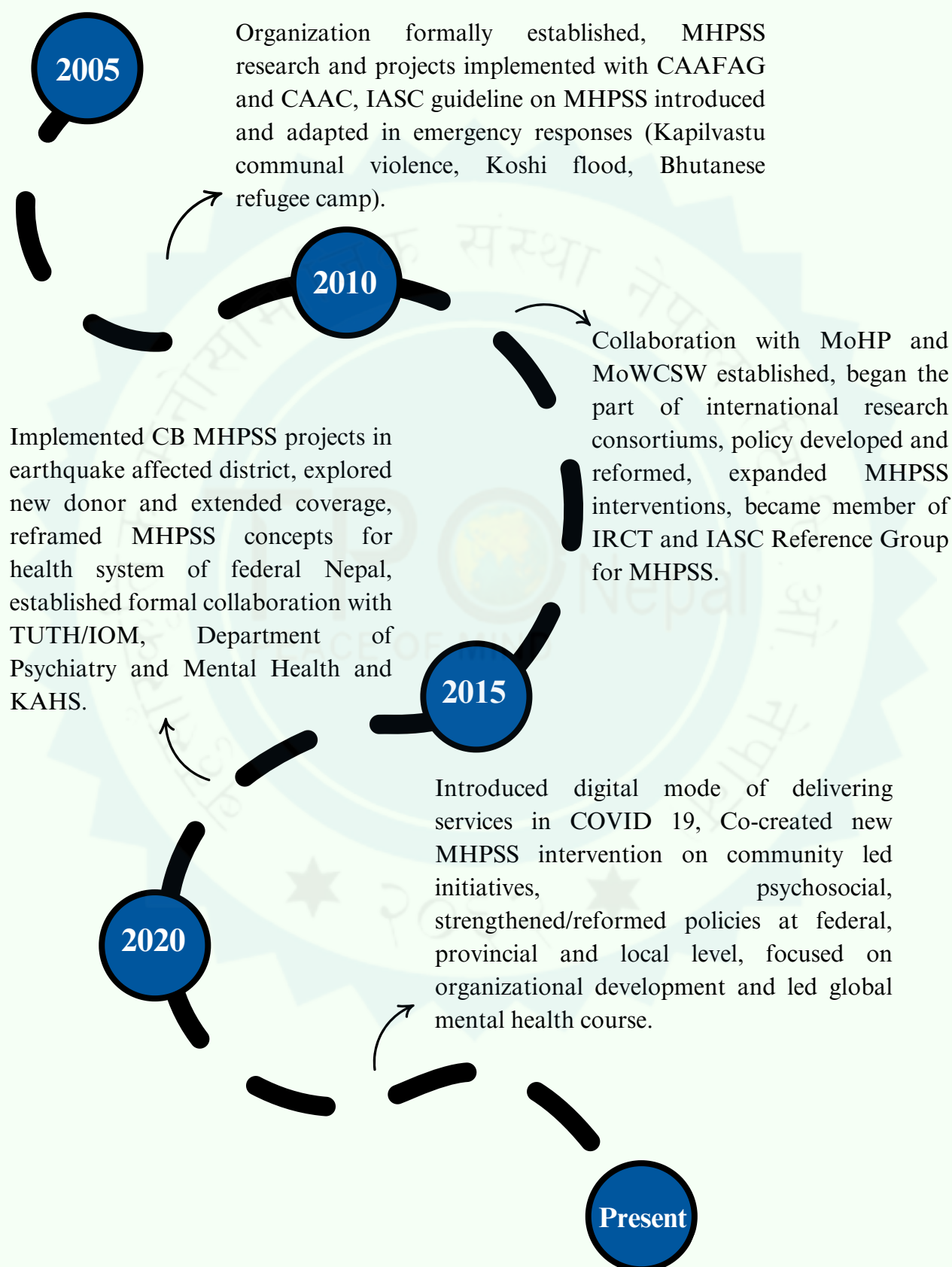


Fig ii: Key milestones



## 1.5 GOVERNANCE

TPO Nepal has three main bodies of governance. The highest body of governance is the Annual General Meeting (AGM) of 48 members. Held annually, the AGM nominates/elects the Executive Board of 7 Members comprising the Chairperson, Vice-Chairperson, Secretary, Treasurer and 3 Members with a tenure of 3 years.



Our Board meets every 2 months and intermittently for decision making, reviewing progress updates, and providing guidance on important organizational issues when required.

At the second tier, a Management Committee of 5-7 members exists to execute daily operations of the organization. It meets once a month and as per need. To ensure the effective functioning of the MC, three departments have been formed: 1) Admin and Finance, 2) Program and 3) Monitoring, Evaluation & Research (MER). At the third tier, there are staff members who meet once a month to discuss- programmatic or administrative issues, project implementation, share updates and any other pertinent concerns from the staff. The issues and concerns undergo proceedings from the staff meeting to the MC and the Executive Board depending on the need and intervention. The technical advisors and coordinator groups support management, board and staff by providing technical input and guidance for organizational development. This governance system of TPO Nepal will facilitate to execute the 2025-29 strategy of the organization.

## 1.6 GOVERNANCE SYSTEM

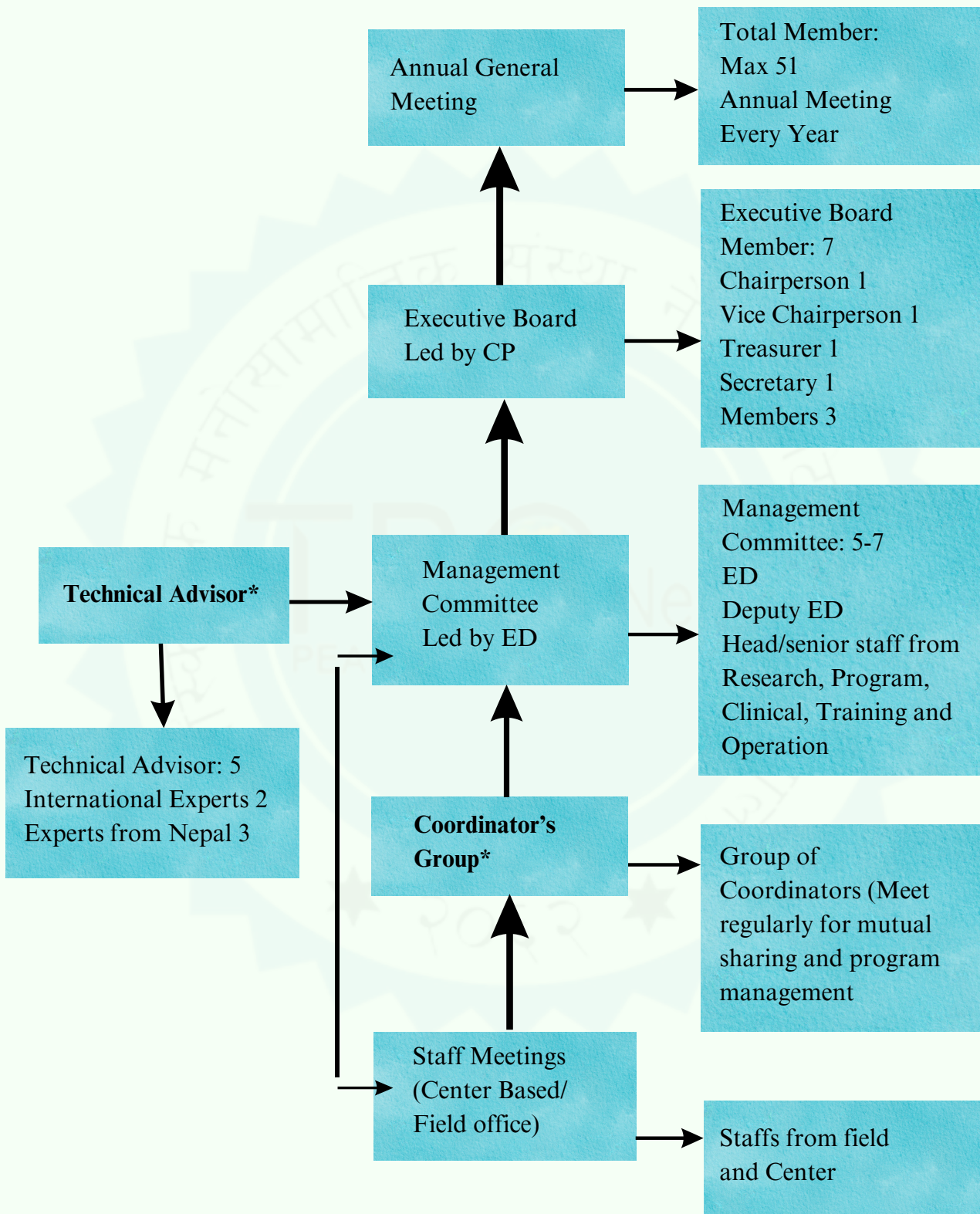


Fig iii: Governance System

\*Note: Technical advisors and Coordinator's group are to provide strategic guidance to Board and Management Committee but not a body to make decisions.

# CHAPTER TWO

## 2. SITUATIONAL ANALYSIS

### 2.1 BACKGROUND AND CONTEXT

In today's world, mental health and psychosocial well-being of individuals has become a critical global issue considering the global impacts of MHPSS conditions over individuals and communities across all demography.

The table 1 below outlines the current context of MHPSS practices in Nepal:

DOMAINS	CONTEXT
PREVALENCE OF MENTAL HEALTH AND PSYCHOSOCIAL ISSUES:	<ul style="list-style-type: none"><li>• 10% of adults and 5.2% of adolescents in Nepal have experienced at least one type of mental health problem in their lifetime.[1]</li><li>• The prevalence of lifetime mental disorders was highest among adults in Koshi Province(13.9%), among 40-49 years old (13.3%) and among males (12.4%) [1]</li></ul> <p>[1] National Mental Health Survey, 2020</p>
SUICIDALITY:	<ul style="list-style-type: none"><li>• 7.2% of adults and 3.9% of adolescents have prevalence of suicidality.</li><li>• The fiscal year 2080/081 shows total 7,223 suicidal death records where 52.9% were men, 34.2% were women, 4.58% were boys and 8.19% were girls.[2]</li></ul> <p>[2] Nepal Police Headquarter.</p>

#### EMERGENCIES:

- 39.4% had depression, 38.4% anxiety, 25.5% alcohol use issues, and 21.7% suicidal thoughts aftermath of 2015 earthquake.[3]
- Increased in depression to 40.6%, anxiety to 47.7%, with 14.1% during political violence. [4]
- 50% of respondents had at least one psychosocial problem, with 32% experiencing two or more during COVID 19.[5]

[3] TPO Nepal & American Red Cross (2017).

[4] Political violence and mental health in Nepal

[5] COVID 19 Social Media Survey, TPO Nepal.

#### SERVICE SEEKING BEHAVIOR:

- 90% of people avoided treatment for depression and alcohol use disorder due to socioeconomic challenges[6]
- 49% of people with severe mental illness had their first contact with faith healers, then met medical doctors(13%) and psychiatrist (28%).[7]

[6]Treatment gap and barriers for mental health care: A cross-sectional community survey in Nepal

[7] Pathways to mental health care in Nepal: a 14-center nationwide study. Int. Mental Health Syst. 2020

#### HUMAN RESOURCES AND INFRASTRUCTURES:

- Estimated 254 psychiatrists, 37 registered clinical psychologists, in private/public practice, approx. 75 psychiatric nurses and approx. 1300 lay counselors in public sectors.[8]
- 1 specialist public-sector psychiatry hospital and 4 private sector psychiatry hospitals. [1]
- Out of total health budget, only 0.2% budget allocated for mental health. [1]

[8] WHO. (2021). Nepal—WHO Special Initiative for Mental Health

This strategy is based on thorough research and evidence-based practices to effectively bridge these gaps, overcome barriers and ensure an impactful approach in enhancing the mental health and wellbeing of Nepalese communities.

## 2.2 SWOT ANALYSIS

In developing the strategic plan, we performed a comprehensive analysis to evaluate the overall strengths, weaknesses, opportunities, and threats related to MHPSS practices in Nepal and within our organization. This exploration provides essential insights for both implementing and evaluating our strategy. Here, the SWOT analysis can be considered crucial in making sure that our approach is well-founded and addresses important factors effectively in providing quality mental health care and psychosocial support.



*Fig iv: SWOT Analysis*

Note: A detailed analysis of this plan is available in the annex 1.

# CHAPTER THREE

## 3. KEYS TO SUCCESS

We have been following key principles in our strategy to achieve the organizational goal.



**Community-Led:** Our strategic plan aims for a community-led approach which significantly enhances resilience by encouraging local participation and creating interventions tailored to the community needs. By involving community members in the design and implementation of MHPSS programs, we can ensure that these initiatives are culturally relevant and address specific needs of the community. This approach encourages active MHPSS care, reduces stigma, and creates lasting support systems within the community.

**Culturally Appropriate:** Our strategic plans also align with the initiative of incorporating culturally appropriate and contextually relevant practices, languages and local belief systems into our MHPSS initiatives. By doing so, our services can be more acceptable and effective, fostering greater community resilience and participation.



**Inclusiveness:** Inclusiveness ensures that all individuals, despite their backgrounds (such as race, gender, ethnicity, religion, caste and geographical and cultural diversity etc.) have equal access to MHPSS services and support. By addressing diverse needs and promoting fairness in policies and practices, our strategic plan aims to foster a sense of belonging, empower individuals, and enhance overall well-being.



**Evidence Based/Informed:** Our strategic plan prioritizes evidence-based/informed methods to ensure interventions are effective and reliable. By leveraging solid evidence, MHPSS practitioners can better address community needs and deliver high-quality care. Continuous evaluation and adaptation keep the plan relevant and impactful, enhancing individual outcomes and fostering sustainable, resilient community support systems.

**Trauma Informed:** One important part of our strategic plan is adoption of trauma-informed principles. This means creating a safe and supportive environment for MHPSS practitioners, building trust, and avoiding retraumatization. Our goal is to improve recovery outcomes and strengthen community resilience.

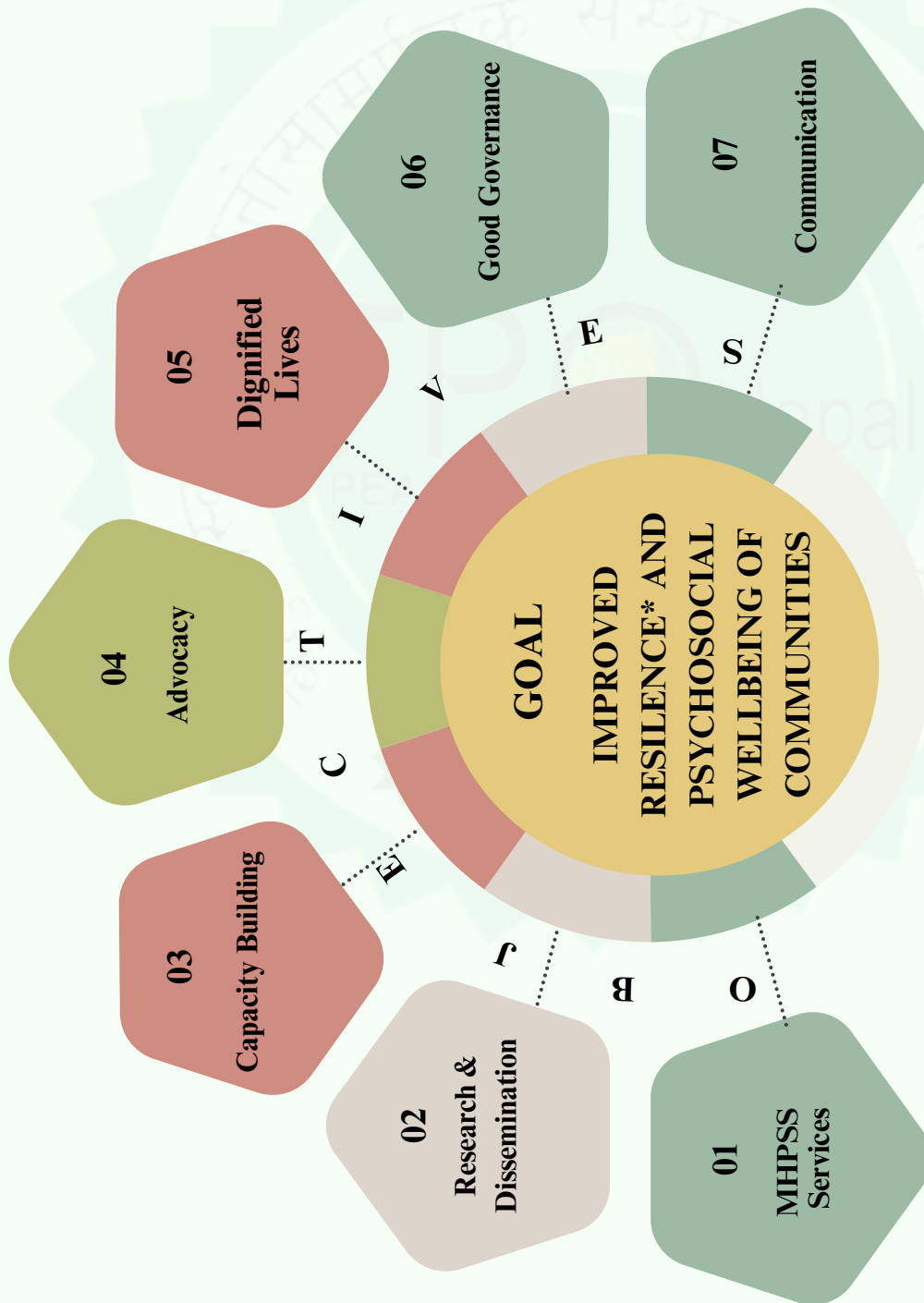


**People-centric:** A people centered approach prioritizes the rights and dignity of survivors and people with lived experience ensuring they are respected and involved in their recovery process. By focusing on their needs and keeping them informed and engaged throughout program design and implementation, this action plan shall minimize harm, support empowerment, and build trusting relationships.

# CHAPTER FOUR

## 4. STRATEGIES AND PERFORMANCE INDICATORS

To achieve the organizational goal, we have outlined 7 objectives, 41 strategies and 39 performance indicators as explained in the tables 4 below.



*Fig: Strategies and Performance Indicators*

*\*Resilience is defined as strengthening and promoting the capacity to deal with adversity at community level through quality MHPSS initiatives i.e equitable, accessible, sustainable, evidence-informed and culturally appropriate understanding*





## **OBJECTIVE: 1**

### **MHPSS SERVICES**

**MHPSS SERVICES:** Communities have access to appropriate, evidence-based/informed MHPSS services consistent with their unique needs and circumstances.

### **STRATEGIES:**

1. TPO Nepal will have evidence based/informed and culturally appropriate MHPSS program/package (school and community based) for vulnerable groups.\*

2. People with lived experiences (PWLE) and their families will receive quality clinical services and therapies from mental health experts/professionals.

3. Service providers from health, education and protection sectors will deliver basic MHPSS services at community level.

4. TPO Nepal will continuously provide MHPSS support to people at risk of suicide and self-harm.

5. Community will have access to MHPSS services through tele-mental health and other online platforms.

*\*Vulnerable groups refer to GBV survivors, torture survivors, refugee, people with lived experiences, disaster affected community, socially/culturally isolated community*

## PERFORMANCE INDICATORS:

1. More than 5,000 people experiencing trauma will receive MHPSS services annually from trained human resources\*

1.1. Among 5,000, at least 30% (1,500) children and adolescents will receive MHPSS support from trained human resources annually.

1.2. Among 5,000, at least 50% (2,500) women will receive MHPSS support from trained human resources annually.

1.3. # of individuals exposed to emergencies will receive MHPSS support annually.

2. Content on suicidality will be included/ revised in NHTC training modules, CPSW training modules, Trauma Informed Care Curricula, Psychological First Aid training modules in year 1 and 2.

3. More than 500 individuals experiencing psychosocial problems will receive MHPSS services annually through helpline and other online platforms.

4. % of individuals will be referred to medical/ legal/ social/ livelihood services.

*\*Trained human resources refers to counselors, health workers, teachers, social mobilizers, Community Psychosocial Workers who have received the training on delivering mental health and psychosocial services.*

## OBJECTIVE 2

### RESEARCH AND DISSEMINATION

**RESEARCH AND DISSEMINATION:** TPO Nepal shall generate and disseminate knowledge while building capacity for the provision of evidence-based/informed MHPSS services.



#### STRATEGIES:

1. The intervention will be co-created by integrating factors such as non-communicable diseases (NCDs), climate change, social and cultural barriers, and livelihood challenges, ensuring a comprehensive and effective approach.

2. TPO Nepal will continue to test and evaluate the MHPSS interventions through applying scientific research design/methods in both health and non-health sectors.

3. TPO Nepal will evaluate its interventions through established methods.

4. Publications will include articles in peer-reviewed journals, websites, local newspapers, and social media platforms.

5. Each project of TPO Nepal will have a dissemination strategy/plan.

6. TPO Nepal will have regular interaction between research and program teams to complement each other and generate evidence based/informed MHPSS.

## PERFORMANCE INDICATORS:

1. TPO Nepal will develop at least two research proposals on NCD/climate change/livelihood/social and cultural barriers impact on MHPSS annually.

2. A minimum of 10 research articles will be published in peer-reviewed journals annually.

3. 1 annual report will be produced.

4. # of project/research dissemination events will be organized annually.

5. Project and research team will have joint meetings at least 2 times per year.

6. # of publications as blogs, articles in newspaper and other online platforms will be made public.



## OBJECTIVE 3

### CAPACITY BUILDING

Capacity Building: Skilled and competent human resources will be available for delivering quality mental health and psychosocial support services.

#### STRATEGIES:

1. The organization will have a system in place to promote knowledge sharing and provide opportunities for professional growth through mentoring, clinical supervision and training.

2. Training guidelines, protocols and courses that are context-specific and culturally appropriate will be available.

3. TPO Nepal will train service providers from health, education, protection and DRR sectors.

4. TPO Nepal will have integrated training modules including the chapter of suicidality.

5. All TPO Nepal staff/member/consultant will be trained on suicide prevention, adverse event reporting and trauma informed care.

## PERFORMANCE INDICATORS:

1. # of MHPSS intervention/training modules guidelines will be reviewed/ developed.

2. # of health workers will be trained on MHPSS NHTC training modules.

3. # of teachers will be trained on child and adolescent MHPSS issue.

4. # of CPSW will be trained (from NGO and Government agencies) on delivering basic psychosocial support.

5. # of TPO Nepal's clinical staff will be trained on additional skills and tools for mental health and psychosocial support (including suicide prevention and trauma informed care).

## OBJECTIVE 4

### ADVOCACY

**ADVOCACY:** MHPSS services will be effectively facilitated by robust, responsive and efficient systems at all levels of government.



### STRATEGIES:

1. The organization will review and formulate MHPSS policies at all levels of government.

2. TPO Nepal will form a technical/advisory group of community stakeholders for MHPSS promotion at local level.

3. TPO in collaboration with advisory groups including Lived Experience will conduct advocacy events for integrating MHPSS programs and resources at all levels of government.

4. TPO Nepal will collaborate with local government and other agencies to form basket funds for MHPSS initiatives annually.

5. TPO Nepal will continuously be supporting government initiatives (such as 24 hr. national suicide prevention helpline) and campaigns on suicide prevention.

## PERFORMANCE INDICATORS:

1. At least one advocacy event (workshops, meetings, campaigns, formal submission of memorandum (gyapan patra) etc.) will be organized in collaboration with technical/advisory groups in each project location.

2. # of advocacy event will be organized at all level of government.

3. Approx. 2 of the local government where TPO Nepal has projects will establish basket funds for MHPSS initiatives annually.

4. TPO Nepal will participate in # of campaigns (organized by TPO Nepal or relevant government authorities) on suicide prevention and mental health.





## OBJECTIVE 5

### DIGNIFIED LIVES

**DIGNIFIED LIVES:** Through survivors led initiatives and community engagement.

#### STRATEGIES:

1. Formal advisory groups consisting of the people with lived experiences will be formed at the organizational level.

2. Self-help group will be formed at community level and mobilized in all MHPSS projects/interventions.

3. TPO Nepal will create formal and informal platforms for survivors to have their meaningful engagement on social, political and economic activities.\*

4. TPO Nepal will encourage people with lived experiences and their families to lead campaigns for reducing stigma and discrimination against mental health and psychosocial problems.

5. TPO Nepal will consider survivors at the central part of the intervention (planning, implementation and evaluation) following core human rights and ethical standards.

\* Social activities define as cultural events, local festivals; political activities define as election, campaigns, dialogue; and economic activities define as saving and credit groups, entrepreneurship, vocation training, small scale business, employment, seed grants.

## PERFORMANCE INDICATORS:

1. Each project at TPO Nepal will have an advisory group consisting of people with lived experiences.

2. The survivors/community will be consulted 1-3 times during the project cycle to address their concerns and issues.

3. # of meeting of the self-help group will be convened.

4. Approx. 20,000 people will be sensitized on stigma and discrimination against MHPS problems through community awareness and social media campaigns annually.

5. At least 25 Community health workers will be trained on dealing with their perceived stigma (such as RESHAPE package) on mental health problems annually.

6. Formal meetings with OCMC, lawyers, hospitals/health facilities, shelter home will be organized for holistic rehabilitation of survivors 2 times in a year.

## OBJECTIVE 6

### GOOD GOVERNANCE

**GOOD GOVERNANCE:** TPO Nepal is an effective, efficient and sustainable organization capable of responding to emerging needs with evidence-based interventions.



### STRATEGIES:

1. TPO Nepal will conduct annual general meetings and exercise transparent process for selecting governing bodies.

2. TPO Nepal will regularly update its policies to follow good governance principles and make sure all staff, board, and executive members are informed about them annually.

3. TPO Nepal will create a scheduled plan to ensure timely meetings of all layers of organizational governance system (board, management, staffs and advisory groups).

4. TPO Nepal will conduct both organizational and project specific financials audits annually.

5. TPO Nepal will conduct regular reviews of its programs and finances jointly on quarterly basis.

6. TPO Nepal will provide all new staff with job descriptions, contracts, ID cards, and policy handbooks and safeguarding measures at the time of recruitment and then orient them annually.

7. TPO Nepal will conduct annual performance appraisals for all staff.

8. TPO Nepal will hold social audits, public hearings, and review events. address/handle complains and grievances and receive approvals from the government bodies to ensure it's accountability towards beneficiaries, staff members, donors and government.

9. TPO Nepal will maintain a safe workplace by organizing team-building events, conducting workshops and supervisions, and ensuring safeguarding practices are in place.

10. TPO Nepal will secure adequate resource to maintain its MHPSS intervention (program, research and operation).

## PERFORMANCE INDICATORS:

1. Number of meetings will be conducted annually:

- Staff meeting: at least 12
- Management meeting: xxx
- Board Meeting: 6
- Annual General Meeting: 1

2. At least 1 team-building events and workshops will be conducted annually.

3. # of staff will attend conferences, training, workshops, and meetings annually.

4. # of policies will be reviewed and updated.

5. % of staff will complete performance appraisal process annually.

6. # of staff will attend on in-house technical sessions (MHPSS intervention design, research and evaluation, supervision) annually.

7. # of social audits and other relevant activities will be conducted.

8. # of review meetings between program/research and finance department will be conducted quarterly.

9. The organization will be able to receive \$1.5 Million annually from development partners and other sources.\*

10. # of complaints and grievances will be received and addressed annually.

11. # of local governments will be provided pre-approval for the projects annually.

12. # of projects will be submitted and approved from the Social Welfare Council annually.

13. # of research will be submitted and received ethical approvals from the authorized agencies annually.

*\* Separate Resource Management Strategy will be developed and implemented to ensure adequate funding for MHPSS initiatives for TPO Nepal.*



## OBJECTIVE 7

### COMMUNICATION

COMMUNICATION: TPO Nepal will generate efficient internal and external communication mechanism, ensuring consistent and transparent dissemination of information with all relevant stakeholders.

#### STRATEGIES:

1. TPO Nepal will develop a clear and tailored communication channel for streamline information flow among all the members of the organization.

2. The work and innovation of TPO Nepal will gain significant recognition among its all relevant stakeholders.

3. Emergency/crisis communication chain will be introduced for swift and effective response and support.

4. TPO Nepal will strengthen its communication channels, such as email, social media platforms, websites, publications and other public portals, by incorporating well-defined operational guidelines.

## PERFORMANCE INDICATORS:

1. # number of audience will reach through on social media platforms

- Facebook (# of followers),
- LinkedIn ((# of followers)
- Instagram ((# of followers),
- YouTube ((# of subscribers)
- Website ((# of visitors/ downloads)

2. Standard Operating Procedure (SOP) for effective handling of social media platforms will be developed and reviewed annually.

3. # of materials (audio, video, messages) following the SOP will be produced and disseminated quarterly.

4. # of calls will be received for psychosocial support via social media and helpline services monthly.

5. Organizational communication strategy will be developed and reviewed annually to ensure effective communication and streamline information flow among the members.

This tabulated strategic plan outlines a clear roadmap for TPO Nepal's commitment to enhancing psychosocial well-being and resilience in Nepalese communities over the next five years. By setting defined objectives, actionable strategies, and measurable performance indicators, we aim to foster a robust MHPSS framework that is responsive to emerging needs and grounded in evidence-based/informed practices. This plan will serve as a foundation for continued progress and adaptation, ensuring that our mission aligns with the evolving needs of those we serve.

*Note: Logical framework matrix of TPO Nepal's MEAL framework has incorporated outcomes level indicators of MHPSS services, research, capacity building and advocacy.*

# CHAPTER FIVE

## 5. MONITORING MECHANISM

TPO Nepal's strategic plan will be monitored through our MEAL (Monitoring, Evaluation, Accountability and Learning) framework, with a practical approach for annual assessments to keep us on track and adaptable to any necessary changes. In each indicated timeline, project leads will report their progress to their supervisors, who will then compile these insights for a management team review. This review helps us to learn and understand whether we've met our targets and identify areas for improvement.

Our assessment approach includes conversations at different levels, starting with management, then moving through project leaders and coordinators, and finally involving all project team members including project participants. Project participants will be actively engaged throughout the feedback process, ensuring that their perspectives and experiences are integral to the evaluation. This approach will provide valuable insights into the on-the-ground impact of the project, enhancing the overall understanding of its effectiveness and relevance. This layered, top-to-bottom flow ensures that feedback and insights are shared across all team levels.

To make tracking easier, we have developed an Excel-Based Tool to monitor our targets in the mentioned timeline. Management and project leads are well-versed in using this tool, which allows us to see both our achievements and any areas needing more attention. This structured yet flexible approach ensures our strategic plan stays effective, helping us continuously grow and succeed as an organization.



## ANNEX 1:

### SWOT ANALYSIS:

#### STRENGTHS:

- **GOVERNMENT INITIATIVES:** In Nepal, the Basic Health Service Package (2018) has made a provision to avail free treatment for mental health conditions like depression, anxiety, psychosis, epilepsy and alcohol use disorder. The mental health strategy and action plan of MoHP offers strategic guidance to address mental health issues. Additionally, the Ministry of Health and Population leads coordinated emergency mental health responses using a cluster approach, ensuring integrated care through collaboration with national and international stakeholders.
- **INTEREST OF DEVELOPMENT PARTNERS IN MHPSS:** With MHPSS gaining global recognition, development partners like WHO, bilateral donors, universities, NGOs, and UN agencies are increasingly focused on improving Mental Health and Psychosocial Support (MHPSS). This heightened interest has resulted in more international funding and support, enhancing mental health care access worldwide.
- **STRUCTURED AND SPECIALIZED SERVICES:** Nepal has a tiered referral system for healthcare with mental health related services including primary hospitals, secondary level hospitals and tertiary levels, along with the subspecialty clinics and child/adolescent psychiatry units.

#### WEAKNESS:

- **STIGMA AND CULTURAL PERCEPTION:** It also acts as barriers to seeking mental health care treatment.
- **INSUFFICIENT WORKFORCE:** There are only 0.1 neurologists per 100,000 populations, only 0.5 psychiatrists, and about 75 psychiatric nurses available, only one mental hospital in Nepal, while the number of clinical psychologists is even lower. It is really a challenge to make MHPSS service available in the rural areas of Nepal.
- **INSUFFICIENT DEPARTMENTS:** Insufficient number of dedicated in- patient unit for child, adolescent, and geriatric psychiatry.

- **FINANCIAL BARIERS:** The mental health services including therapy, psychiatric consultation and medications can be costly which cannot be afforded by everyone.

#### **OPPORTUNITIES:**

- **POLICY AND LEGISLATION:** Strengthening mental health policies can create a robust framework for protection of mental health rights and regulation of MHPSS services more effectively.
- **TRAINING AND EDUCATION:** Enhanced training, developed curricula and guidance along with expert supervision for MHPSS workers at all levels can improve early detection, referral and treatment of mental health conditions.
- **INVOLVEMENT OF DIFFERENT BODIES:** Collaboration with local, provincial, and federal governments.
- **FUNDING:** Increasing interest from international funding agencies on MHPSS research along with climate change, multi-sectoral approaches and system strengthening.
- **RESEARCH BASED:** high quality and accurate care can be provided with the use of evidence-based methods and intervention strategies.

#### **THREATS:**

- **SOCIAL WELFARE GAPS:** The lack of a comprehensive social welfare net means that many people may still struggle to afford necessary mental health care.
- **GEOGRAPHICAL BARRIERS AND DISASTER-PRONE AREAS.**
- **SUBSTANCE AND ALCOHOL ABUSE:** It has been a big challenge that substance and alcohol abuse are clearly connected with mental health and psychosocial problems. Lack of awareness and availability of sustainable intervention leaving the community in dilemma.
- **POLITICAL INSTABILITIES:** Protest, frequent changes in the government, bureaucratic hassles, corruption, etc. pose threat to MHPSS initiatives.

## ANNEX 2:

### NATIONAL POLICIES, PLANS AND PRIORITIES:

The Government of Nepal has formulated a number of policies and provisions to promote MHPSS throughout the country. They are listed below:

- Mental health was recognized nearly three decades ago by formulating the first national mental health policy in 1996.
- Nepal constitution 2072 clearly indicates that the basic health services are the fundamental rights of the citizen and Public Health Act 2075 defined mental health services as the basic health services.
- Disability Act 2074 included psychosocial disability and ensure social safety and protection, free health care and counseling and financial and social rehabilitation to the person with psychosocial disability.
- National Health Policy 2074 emphasized integrating mental health and psychosocial services into the primary health care system.
- National Mental Health Program developed by Ministry of Health and Population guided community based interventions and activities.
- National Health Training Center developed several training packages for the health care providers.
- NCD-Multi sectoral action plan 2021-2025 targeted to reduce the death due to disability including psychosocial disability and promote mental health treatment and strengthen the capacity of emergency response.
- 24-hour suicide prevention helpline 1166 has been established and operationalized by Mental Hospital and MoHP.
- Various MHPSS policies adopted or developed at Provincial and Local level to execute programs on mental health treatment and psychosocial support.

## ANNEX 3:

### DEVELOPMENT AND REVIEW PROCESS:

The development of this strategy manual followed a participatory and consultative approach, engaging diverse stakeholders to ensure relevance and effectiveness. The process was carried out in the following steps:

1. Initial planning and scoping: The initial draft was prepared with an internal meeting with working team defining the scope and objectives of the strategy manual.
2. Stakeholder consultations and reviews: The draft underwent multiple rounds of iterative reviews with key stakeholders including board members, management committee, OD advisor, MEAL Advisor and MHPSS Advisors of HSH/CVT, to ensure alignment with organizational goals and compliance with national and international strategy frameworks.
3. Finalization: After incorporation of all the opinions and feedback from the experts, the manual was finalized.
4. Review and update: The strategies and achievement will be reviewed annually and updated.

### CONTRIBUTORS TO THE PROCESS:

This strategy is a reflection of the collective effort and dedication of all those involved in its development, including Board Members, Management Committee, Advisors from HSH/ CVT and Technical Working Group.