

**END-TERM EVALUATION REPORT OF
MAINSTREAMING MENTAL HEALTH IN NEPAL THROUGH SELF-ADVOCACY
PROJECT (2016 – 2021); FUNDED BY HIMAL PARTNER**

Report Submitted to:

**KOSHISH, National Mental Health Self-Help Organization
Lalitpur, Nepal**

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Finally, the evaluation team is fully responsible of the contents of this report and any discrepancies in it are of the team.

Evaluation team

SHORT DESCRIPTION OF STUDY TEAM

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LIST OF ACRONYMS

CBMH	Community Based Mental Health
CSO	Civil Society Organization
DPO	Disabled People’s Organization
DAC	Development Assistance Committee
DoHS	Department of Health Service
EAT	Empowerment Assessment Tool
EDCD	Epidemiology and Disease Control Division
FCHV	Female Community Health Volunteer
FGD	Focus Group Discussion
GoN	Government of Nepal
HFOMC	Health Facility Operation Management Committee
IEC	Information, Education & Communication
INGO	International Non-government Organization
KII	Key Informant Interview
MoE	Ministry of Education
MoHP	Ministry of Health & Population
MoSD	Ministry of Social Development
MoWCSC	Ministry of Women Children & Senior Citizen
NCD	Non Communicable Disease
NGO	Non-governmental Organization
NHRC	Nepal Health Research Council
NPR	Nepali Rupees
PIL	Public Interest Litigation
PSA	Public Service Announcement
SHG	Self-help Group
SSDP	School Sector Development Plan
ToR	Terms of Reference
ToT	Training of Trainer
UNCRPD	United Nations Convention on Rights of Persons with Disabilities
WHO	World Health Organization

EXECUTIVE SUMMARY

Mainstreaming Mental Health in Nepal through Self-Advocacy (2016 – 2021) project implemented by KOSHISH with the overall goal to increase the national budget to the need of mainstreaming mental health into general health. The key components of the project consisted of sensitization of state agencies and political parties and influencing them to review and adopt laws, policies, and programs that promote and protect the human rights of persons with mental health problem.

A 2-member team of independent consultants commissioned by KOSHISH conducted the final evaluation of the project between January 21 – March 26, 2021. The evaluation followed a mixed method approach using both quantitative and qualitative data for analysis. Relevancy, effectiveness, efficiency, impact - contribution to change, sustainability, and empowerment were the key criteria used for the evaluation. The key findings of the evaluation are presented below in summary.

Relevancy of the project: The project found relevant in relation to the context, country policy environment and the methodology used. Project was successful in organizing and building advocacy capacity of people who experienced mental health problems. Moreover, the strategy working with different stakeholders at national and local level was relevant. Despite of the appropriate approach applied by the project, it was found that there was a wide gap in the application of strategy with the activities focused on federal level with limited horizontal and vertical links at subnational and local levels.

Effectiveness of the project: The project found with ambitious indicators and targets at both outcome and output levels. However, the project has achieved most of the log-frame targets. A few indicators exceeded the targets while some others were under achieved. Measuring changes in awareness level, reduced stigma and changes in attitudes towards mental health among the public and policy planners could be the important indicators in mental health project, which the evaluators noticed missing in this project. Nonetheless, as reported by the study participants, it was found that the project was successful to bring some changes in public attitude towards mental health.

The key project activities, such as policy reviews, training, communication and advocacy tools/materials development and their use were reported effective in general. Moreover, all the activities run by the project found relevant and effective. Both duty bearers and right holders expressed that they were benefitted directly and indirectly by the project.

Efficiency of the project: The project spent a total NPR 34,690,497 against plan budget NPR 37,389,882. There was some variation in spending allocated budget at different years with a maximum variation of 19% under expenditure (year 2017). The project was run with a minimum administration and management cost at 3% of the total budget, which the evaluators found quite low. However, the absorption efficiency found satisfactory analyzing the overall budget expenditure.

The evaluators found the project with inadequate allocation of staff positions to perform project activities at desired level of achievement. Due to the reason, the representation at different forums for regular advocacy activities were limited at provincial level. The project had established internal monitoring system for information flow, keeping record and reporting system. However, the social audit – one of the social accountability tools, or any other reviews involving a wide range of stakeholders was not organized by the project during this period.

Impact of the project: Both the beneficiaries and stakeholders including government authorities reported that the project is having an impact in multiple aspect such as influencing on policy planning, increasing mental health service (counselling and treatment) access of person with mental health problem. Moreover, self-help group (SHG) members reported that the project enhanced their capacity for self-advocacy and claiming their rights. However, the evaluation team feels that all those achievements are limited, not realized fully and sustaining change.

In relation to the budget allocation by the government in mental health, considering the first year of the project on 2016 to 2020, it was increased more than double. From the year 2018, budget for health sector had been allocated at the province and local level as well, however, it was not possible to track them down the allocation in mental health.

Sustainability: The project found with some indicators towards continuation of project activities and sustainability of the achievements. It was successful in creating an enabling environment for the long-term viability of project initiatives engaging SHGs and enhancing their capacity. Also, coalition building with various actors including other right-based organizations for advocacy and working with government in service development are good examples towards sustainability.

Empowerment: The empowerment was assessed using Digni's Empowerment Assessment framework. The assessment focused on analyzing the ability of the project including its target group population and their advocates. While analyzing the project documents and the information provided by the study participants, the overall empowerment and the themes – awareness and gender equality are rated at level 4. Strengthening civil society, health and peaceful co-existence theme rated at level 3.

Overall, the project was successful to achieve its objectives. The project had numerous strengths and learning. This offers a number of recommendations (last section) that could help for future project development, implementation, and better address mental health problem promoting the rights of people with mental health problem. More importantly, knowledge production and evidence-based project and their activities could be more influential in advocacy for policy change.

SECTION ONE: INTRODUCTION

1.1 Background

Globally mental health problem is considered as a major public health challenge¹. In 2019, mental health and depressive disorder ranked at top 13 in global burden of disease analysis². Evidence shows that person from any age and sex can be affected from mental health problem. Persons with mental health problems are one of the most vulnerable and marginalized population groups. They are often subjected to stigma, social exclusion and discrimination. However, the mental health issues are poorly address in many low and middle income countries including Nepal.

In Nepal, mental health disorder has been increasing over the past few years due to several reasons. The adolescents' mental health survey Nepal shows that 5.2% adolescents had mental health disorder and 2.8% adolescents had neurotic and stress related disorder³. The adult mental health survey report shows that among the adult patients 10% had any kind of mental health problem in their life time and more than three percent currently have some sort of mental disorder⁴.

Nepal has ratified number of international human rights conventions and documents including UNCRPD showing its commitment to promote and protect rights of every citizen. On the other hand, discriminatory legal provision against those vulnerable populations still exists in Nepal creating a barrier to enjoy the right to live with dignity. Prevailing stigma and lack of services in the community means that people with mental health problems are often excluded from the community, and from receiving treatment and are deprived of exercising basic rights like right to participate in public decision making process, right to health, right to identity, right to get married, right to vote, right to contest in election, right to education, employment, quality services etc. on an equal basis with others. Moreover, they are considered as a burden to the family, society and nation as well as incapable and unproductive.

1.2 Project Summary

Given the background, KOSHISH developed and implemented "Mainstreaming Mental Health in Nepal through Self-Advocacy" project in 2013. The project continued for the period 2016 – 2021 as a second phase with the working title "Promotion and Protection of Human Rights of Person with Mental Health Problem through Self-Advocacy". The project emphasized advocacy and awareness of human rights of persons with mental health

¹ WHO 2017: <https://www.who.int/en/news-room/fact-sheets/detail/mental-disorders>

² Murray, C. J. L. (2020). Global burden of 369 diseases and injuries in 204 countries and territories , 1990 – 2019 : a systematic analysis for the Global Burden of Disease Study 2019. *Lancet*, 396, 1204–1222. [https://doi.org/10.1016/S0140-6736\(20\)30925-9](https://doi.org/10.1016/S0140-6736(20)30925-9)

³ <http://nhrc.gov.np/publication/national-mental-health-survey-nepal-2020-factsheets-adolescents/>

⁴ <http://nhrc.gov.np/publication/national-mental-health-survey-nepal-2020-factsheets-adults/>

problems in order to promote equal human rights and to reduce all forms of barriers against them. The project anticipated effective implementation of the National Mental Health Policy 1997 and Mental Health Strategic Approach adopted by Nepal government's Multi-sectoral Action Plan for the Prevention and Control of Non Communicable Diseases (2014-2020) 2014. The overall objective of the project is to increase national budget to the need of mainstreaming mental health into general health. The intended outcomes of the project are increased awareness of state agencies and political parties; taken steps and reformed/adopted discriminatory laws, policies and programs that promote and protect human rights of persons with mental health condition or psychosocial disability.

In order to achieve the objective, the project carried out policy reviews on existing legal provisions of Nepal in relation to various cross cutting issues including Women, Children, migration, healthcare, workplace, education, employment, electoral rights, and mental health in line with the Constitution of Nepal 2015, Convention on the Elimination of all Forms of Discrimination Against Women, Convention on the Rights of Persons with Disabilities (CRPD) and other international and regional human rights standard documents. Further, it has sensitized, raised awareness, and influenced engaging government high authorities, members of parliament, and political parties to reform, and adopt Mental Health Legislation, to amend existing discriminatory laws/policies/plan programs and practices, to implement existing mental health policy and Multisector Action Plan related to mental health. Other components of the project included capacity building of self-advocates (self-help group members) and human right defenders on issues related to mental health and human rights to involve them in the advocacy efforts with the duty bearers. Simultaneously, the project raised awareness among duty bearers and right holders through community radio programs, Public Service Announcement (Audio and Visual), and distribution of IEC materials.

1.2.1 Project Target Group

Persons with mental health problem and their family members regardless of the age, caste, area, religion and ethnicity, bureaucrats of various Government Ministries (Health, Women, Children and Senior Citizen, Law and Justice, Finance, Labor, Education, Local Development and Home Affairs), Constitutional Bodies (National Human Rights Commission and Election Commission, National Women Commission), Human Rights defenders, General public, civil society working in mental health and human rights, Parliamentarian/member of legislatures, Academic institution and general public.

1.2.2 Impact, Outcome and Outputs

The overall objective of the project is "The government has increased national budget to the need of mainstreaming mental health into general health".

Outcome: Increased awareness to state agencies and, political parties have taken steps and reformed, adopted and implemented laws, policies, plans and quality programs that

promote and protect human rights of person with mental health condition or psychosocial disability.

Outputs: 1) State agencies and political parties sensitized through regular dialogue on rights and issues of persons with mental health condition. 2) Advocacy capacity of executive members/self-advocates, staffs and human rights defenders strengthened for effective engagement in human rights policy dialogue of persons with mental health condition/ psychosocial disability.

1.3 The Evaluation

This 6-year project (2016 – 2021) was the continuation of a 3-year (2013 – 2015) project in partnership with HimalPartner. The evaluation purpose and scope is stated below.

1.3.1 Purpose of the evaluation

- Evaluate fulfillment of the project’s purpose, assess KOSHISH’s success in delivering outputs and outcomes and the approaches used, empowerment of self-advocates for rights based advocacy, evaluate strengths and weaknesses, highlight lessons and use evidence to make recommendations to improve KOSHISH’s work in the future and possible way forward.
- Make an analysis of public resources used on mental health during the project period.

1.3.2 Scope of the evaluation

As stated in the ToR, the study assessed the project for the period from January 2016 to December 2020 covering the project area – Bagmati and Gandaki province with focus to Kathmandu valley and Kaski. The evaluation used the DAC evaluation criteria of relevance, effectiveness, efficiency, impact and sustainability.

1.3.3 Evaluation measure and questions

The study assessed the key indicators related to the objectives above. It compared the end-line data with the baseline data/indicators wherever possible. However, the evaluation focused on the project relevance, effectiveness, efficiency, impact, sustainability, and empowerment of the target group/population.

The study covered the evaluation themes (criteria) answering the questions for each theme stated below.

Relevance

- Was the project and project approach relevant to bring about the envisioned change?
- To what extent have the right holders and duty bearers been involved in the planning and design of the project?
- Did the project approach and activities suit the priorities and needs of the target groups?

Effectiveness

- To what extent has the results been achieved, in relation to project results framework?

- What factors were crucial for the success or failure to achieve the project objectives?
- How effective has the policy review documents been as an advocacy tool for sensitization and advocacy with the stakeholders?
- How effective have the awareness materials (PSA, IEC Materials, Radio Program) been in raising awareness among right holders and duty bearers?
- To what extent did the right holders and duty bearers benefited from the project considering the capacity building approach for the right holders and sensitization approach for the duty bearers?
- What are the strengths and weaknesses of the approaches adopted to implement the project? How might the project's approaches have been improved?
- What are the resources allocated by the government agencies in areas relating to mental health and are they effectively utilized?

Efficiency

- Have the funds been utilized in the best possible and efficient way to achieve results?
- Has the project made best use of the resources?

Impact

- To what extent have project outputs and outcomes been achieved and how has it contributed to the fulfillment of the project purpose?
- Have there been any unplanned consequences of the project, whether positive or negative?
- To what extent have the positive unplanned consequences shaped the program/ implementation?

Sustainability

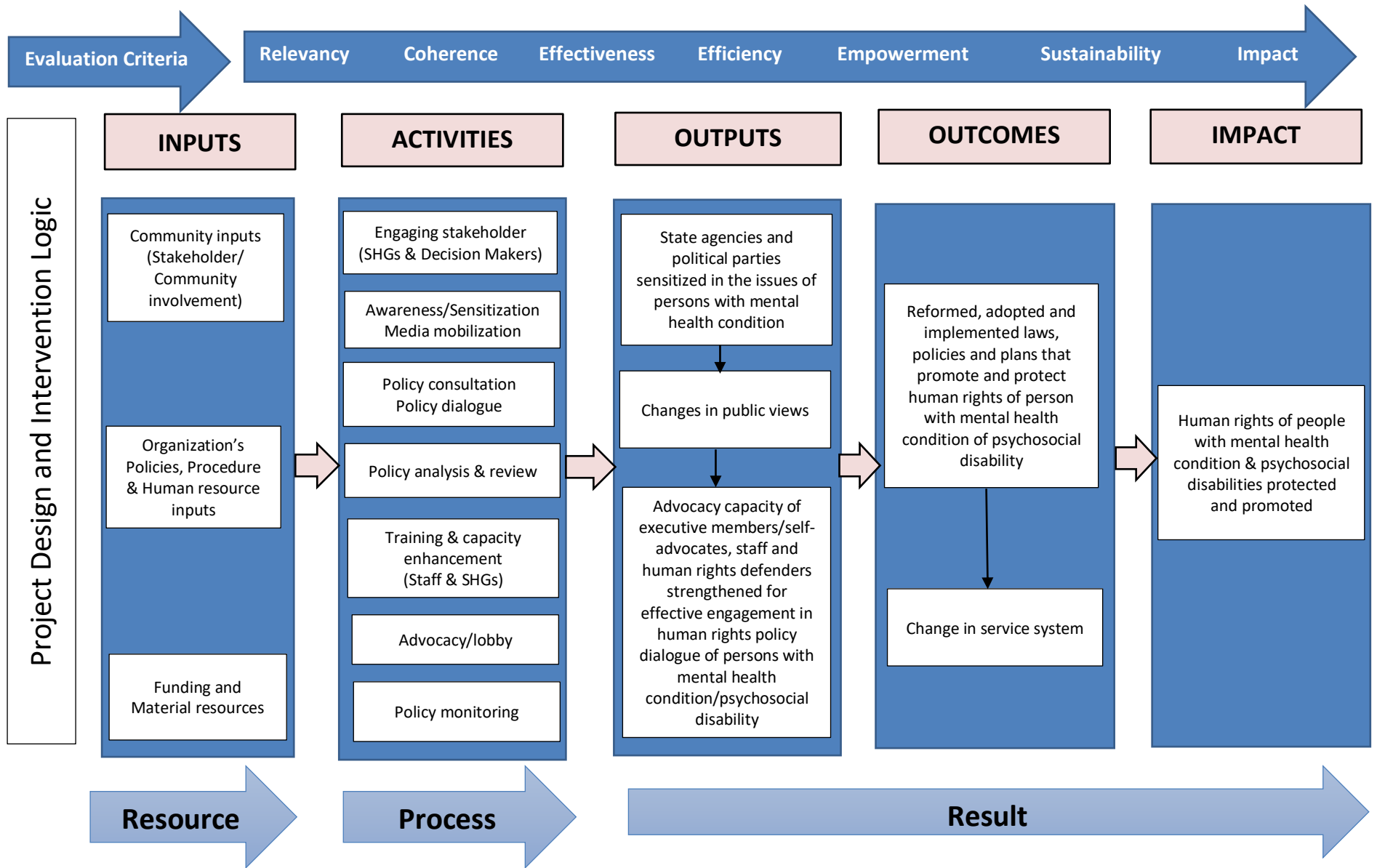
- Did the capacity development activities result in sustainable capacity within KOSHISH and of self-advocates and has it supported and developed towards rights based advocacy?
- To what extent are the changes brought by the project likely to be sustained beyond 2021?
- Which partnerships have been created (both at federal, provincial and local levels) and how are the newly created relationships between the various actors and their respective roles likely to be sustained beyond the project?
- What structures are put into place in the government to address mental health and what are the trends in regard to budget allocation by the government over the years?

Empowerment

The empowerment was assessed using Digni's Empowerment Assessment Tool (EAT).

- To what degree is there change in empowerment- at output, outcome or impact level?
- At what level is the empowerment taking place - individual, community or society?
- Are there differences in empowerment with regard to "themes/areas of work" in the project?

1.3.4 Evaluation Framework



SECTION TWO: METHODOLOGY

This evaluation study used quantitative and qualitative approach of data collection. The study focused in Bagmati and Gandaki provinces of Nepal for the collection of data. However, the national information related to the project were collected through desk reviews and interviews of national and federal stakeholders.

As defined by the project, the study population in this evaluation were people with mental health problem, government officials, political leaders, human rights defenders, community representatives, self-help group members and self-advocates at federal level and province reached by the project. The empowerment of self-help group members and service users (people with mental health problem) were assessed with the information from the focus group discussions with beneficiaries and using Digni Empowerment assessment tool⁵.

2.1 Data collection methods

The data were collected through the review of relevant program documents, government policy documents, and conducting interviews (Survey and Key informant interviews) and focus group discussions.

Table 2.1: The data collection methods and participant distribution

SN	Methods	Target group/Respondents	No.
1.	In-depth Interviews, Key Informant Interviews (Qualitative)	Project stakeholders such as government officials at different levels, policy makers, political leaders, CSOs, Journalist, human rights advocate, and project staff.	15 Individuals
2.	Focused Group Discussion* (Qualitative)	Local health facility operation and management committee, Female Community Health Volunteers and Self-help groups or service users.	4 Groups
4.	Documents Review (Qualitative)	Project documents such as project proposal, budget and logical framework, annual reports, national policies and guidelines.	Variable

* This will include beneficiaries and stakeholder representatives includes both male and female from different social groups.

2.2 Sampling and Data Collection Technique

Participants for KII and FGDs were selected purposively from relevant stakeholders at national, provincial and local level in project districts. The consultants themselves approached and conducted KIIs and FGDs. Face-to-face interviews were conducted with most of the participants, while few interviews were conducted over phone and skype due to the risk of COVID – 19 and also the practical problem arranging meeting schedule with them. The average time for each interview and discussion was 45 minutes.

⁵ Digni and Lilliann E. Razafimandimby Vâje. The abilities A tool for organisational self-assessment in the Digni chain. 2018.

2.3 Data Collection Tools

The data collection tools included KII and FGD topic guides and different forms and formats to be filled by the project staff. The tools, forms and formats are presented in the annex of the report.

2.4 Ethical consideration

Due to the involvement of vulnerable population in the study, this evaluation obtained ethical approval from the Nepal Health Research Council (NHRC) and the permission for study from local level authorities. Verbal or written informed consent were obtained from each participant before starting the interview and discussions. The interviewers explained the study purpose, their voluntary participation and right to withdrawal or drop interview or discussion at any time or not to answer any question to all participants before the interview. The anonymity and standard research ethics were strictly maintained throughout the evaluation process.

2.5 Limitation of the evaluation study

One of the important limitations of this evaluation study is the inadequately defined project log-frame indicators and baseline that limited to assess the actual success of the project in all areas. The study collected data using different methods such as face to face interviews and also telephone interviews which may have limited creating comfortable interview environment between interviewer and interviewee.

2.6 Organization of the report

This report is organized into four sections. **Section one** lays out the background, context, evaluation objectives and the scope of the study. It also outlines the evaluation criteria and provides information about the study team composition. **Section two** describes the methodology that included study design, data collection methods, data collection tools, data collection procedure, data processing and analysis, and ethical consideration. Moreover, this section presents briefly the study limitation, and organization of the report. **Section three** presents the key evaluation findings. It followed the evaluation criteria – relevancy, efficiency, effectiveness, project impact, sustainability and empowerment. This section also included the analysis of planning, right holder's participation in planning and decision making process. Finally, the section presents the strengths of the project. **Section four** summarizes the evaluation findings, outlines the conclusion and offers recommendation for future improvements. Finally, the **Annex section** provides the study schedule, data collection tools/formats, and ToR for the study.

SECTION THREE: KEY FINDINGS

This section presents the key evaluation findings on the basis of the evaluation criteria; relevancy, effectiveness, efficiency, impact – contribution to change, sustainability, and empowerment. Information gathered from evaluator’s observation, review of the project documents and interaction with stakeholders including the right holders at different level made the basis for the findings that we summarize below. The evaluation considered the study questions and scope of the evaluation as stated in the previous sections (**section 1.3.2 & 1.3.3**) while analyzing and presenting the findings.

3.1 Relevancy of the project

The relevancy of the project was assessed in relation to country policy environment, project approach relevancy to bring about the envisioned change, suitability of project approach and activities with the priorities and needs of target groups, and the extent of right holders and duty bearer’s involvement in planning and designing the project.

3.1.1 Relevance to country policy environment

In consultation with the stakeholders at different levels and the review of government policy, the evaluators found the project relevant in the context and existing policy environment. The project, advocating for mainstreaming mental healthcare and delivery of services through the primary healthcare system comply with the government health policy. Moreover, the project was implemented at the right time as the country's health system was in transition for restructuring along with the federalization that provided the project an opportunity to influence the government in policy change at different levels.

During the consultation, the interview participants reported that mental health is a neglected issue due to the stigma associated complex problem and limited understanding among the policy and decision makers. Due to the reasons, this has not been the priority of the government even though the constitution of Nepal has ensured health as a fundamental right of every citizen. One of the interview participants stated that,

“As I know this project interact with different stakeholders, such as policy makers, parliamentarian, human right activists and journalist all these activities are useful to provide pressure in policymaking and awareness rising about mental health that is why this program has relevancy.”

He further added,

“People do not know mental health problem can be addressed, recovers with medicine and counselling. Also, people do not talk about this issue openly like other diseases. There is stigma associated with it. People with mental health problem are discriminated not only in the society and family but also by state (law). KOSHISH is trying to reach them and help state party addressing this issue, and the project implemented is truly relevant”

- KII, Human Rights Commission

3.1.2 Relevancy and suitability of project approach to bring envisioned change

WHO states that advocacy is an important means of raising awareness on mental health issues and ensuring that mental health is on the national agenda of governments. Advocacy can lead to improvements in policy, legislation and service development.⁶ It further describes that mental health advocacy includes a variety of different actions aimed at changing the major structural and attitudinal barriers to achieving positive mental health outcomes in populations. Thus, the principles of advocacy are applicable to anyone whose rights and wishes are ignored or overruled. Generally, people with mental health problems (the consumers) themselves are the right persons to organize themselves and claim their rights. The evaluators found the project following this principle, which is verified as successful approaches in mental health to bring the changes as envisioned by this project. The project document stated four main elements of project approach: continuous advocacy and awareness, intensify networking with other stakeholders, empowerment of persons with mental health problems for self-advocacy, and mobilize mass media to create awareness.

Despite of the appropriate approach applied, it was reported that there was a wide gap in the application of strategy with the activities focused on federal level only with limited horizontal and vertical links with some drip-down effects of the project at sub-national and local levels. One of the interview participants stated his view in-relation to project approach as,

“It should be bottom up approach in such program, but in general, that practice is very poorly applied in our context. Developing local capacity is important in addressing such issue, however, participatory approach is not applied very often even by the NGOs and it can’t be expected in government program.”

- KII, Human Rights Commission

However, the project methods and activities whatever are implemented at any level found suitable and addressing the needs of the target groups. One of the interview participants said,

“I do not have that much knowledge about this particular project, but as I know KOSHISH’s work since the last couple of years, I found them very suitable and relevant. There are no other organizations working in this sector and they support in service strengthening as well as to the mental health patients directly who are poor, marginalized and deprived.

– KII, Psychiatric doctor, Tertiary Hospital

3.1.3 Extent of right holder’s involvement in planning and decision making

KOSHISH, in its policy document emphasizes on promoting the rights of persons with mental health problem through their meaningful participation in planning and decision making. With this principle, the project attempted involving the right holders while designing their own projects/activities and also ensuring their participation in public planning and policy process in the areas of their concern. In the consultation with different stakeholders and discussions

⁶ World Health Organization (2003). Advocacy for mental health. Geneva. Mental Health Policy and Service Guidance Package. https://www.who.int/mental_health/policy/services/1_advocacy_WEB_07.pdf

with self-help group (SHG) members, we found that involvement of KOSHISH itself at national level found encouraging. It was also reported that right holders from outside KOSHISH were involved during planning and designing the project. However, right holder's participation in government planning, implementation and monitoring particularly in the provincial and local level found completely ignored. Also, the project did not have any specific activities planned to promote and ensure their participation beyond federal level.

The study participants stated that,

“I was not involved in the planning and designing process of this program, and also we are never invited to participate in government planning. Generally, there is no trend involving general public in the planning and design process especially at province and national level. I hope KOSHISH may have included to the right holders, local representatives and other organization in their planning process.”

- KII, Human Right Commission

Another participant, one of the government officials supplemented with his similar view. He stated that,

“Involving the general public or target groups in provincial planning process is lacking. Generally, we involve those who have expertise knowledge in the program and training but there is very less practice to involve public to develop such program and policy”

– KII, Social Development Ministry

3.2 Effectiveness of the project

The evaluation explored effectiveness of the project (i.e. the extent to which the project's stated objectives have been or are being achieved) with the criteria: activities' contribution to the outcome; activities and outputs of the project consistency with the intended results; status of plan and implemented activities. Moreover, a brief analysis of the project strength and the approaches adopted to implement the project is also highlighted. The analysis of project effectiveness is presented below by components.

3.2.1 Outcome level project achievement

The evaluators found that the project has ambitious targets at both outcome and output levels. Also, many of the indicators are not specific (ambiguous) and quantifiable, that challenged assessing the project achievement exactly in quantifiable terms. While analyzing the information from available documents and project reports, the project has achieved most of the log-frame targets. A few indicators exceeded the targets while some others found underachieved. For example, the target of mental health service distribution to subnational and local level by the project period has not been achieved. Similarly, the amendments of undignified or discriminatory words used in various acts and laws has not been changed yet. (Table 3.1).

There were no indicators set by the project measuring some of the important outcomes in this project such as changes in awareness level, reduced stigma and changes in attitudes towards mental health among the public and policy planners. Nonetheless, as reported by the study participants, the evaluators found that the project was successful to bring some changes in public attitude towards mental health raising awareness. One of the participants said that,

“There are some changes over the year to see this issues but I have no idea those changes happed only due to the KOSHISH program. However, they are advocating this issue and pressurizing to different stakeholders to integrate mental health into mainstream health system”

– KII, Social Development Ministry

We noticed that the project conducted number of policy reviews (**Project Annual Reports**) and distributed some of its printed documents as a supporting advocacy materials to stakeholders including SHG members. Similarly, the project developed and used number of IEC materials for raising awareness among project stakeholders and the wider community. In relation to its effectiveness, only a few interview participants reported that they were aware of the policy reviews. However, most of them were known about IEC materials and use of media in awareness raising and promoting rights of people with mental health problem. Except a few exceptions, the majority of study participants said that those materials used for communication were useful and effective particularly at community level. One of the interview participants said that,

“The IEC materials are useful for wider population but all materials are not appropriate to all types of disabled population, such as people with hearing and visual problem”.

– KII, Disabled People’s Federation

Project strength: While discussing about the project strength at different level interviews and discussions, project stakeholders reported a number of strengths of this project and the approaches adopted implementing the project. One of the strengths is that the project was successful in drawing the attention of policy planners and decision makers to mental health issues. Engaging all the concerned government ministries, constitutional bodies, human rights authorities, and other relevant stakeholders such as media, CSOs and individual human rights defenders generating collective strength for the promotion of rights of persons with mental health problem is another strength of the project. Moreover, this project adopted “two-way” approach i.e. top-level advocacy for mainstreaming of mental healthcare together with awareness and capacity building to claim their rights at community level which is often recommended approach for such advocacy project. Furthermore, the project has reached to vulnerable and hard to reach population. Organizing the right holders, and building their capacity for self-advocacy was the appropriate approach followed by the project. All these are the strengths of the project.

Table 3.1: Outcome level targets vs achievements

Results Hierarchy	Indicators	Baseline	Target	Achievement	Source of Information
Outcome: Increased awareness to state agencies and political parties, taken steps and reformed, adopted and implemented laws, policies, plans and programs that promote and protect human rights of person with mental health condition.	# of Ministries, member of legislative body, parliamentarians, GoN officials, political parties and organizations that participate and express commitment in the events organized for reviewing thematic, acts, policies, plans and programs.	No public commitment expressed.		A total of 138 public commitments have been received from stakeholders	Activity Reports; Program Recordings
		Disability Protection & Welfare Act has been revised and in the process of submission to parliament for approval.	Disability Protection & Welfare Act will be approved by Dec. 2018,	The Act relating to Rights of Persons with Disabilities has been approved in 2017 replacing the Disability Protection & Welfare Act 2039	The Act relating to Rights of Persons with Disabilities, 2017
		National policy and plan of Action on Disability - 2006 is in the process of revision by MoWCSC.	National policy & plan of Action on Disability will be revised by December 2017.	Draft National Policy & Plan of Action on Disability has been developed and submitted to MoWCSC	
		Nepal Health Service Act 1997 is in the process of revision by MoHP.	Revised by 2021.	Public Health Service Act has been endorsed in 2018	Public Health Service Act, 2018
		Integrated service national guidelines for the victim of gender based violence and the affected people is in the process of revision and adoption by MoWCSC.	Revised and approved by 2017	-	-
		School sector Development Plan (SSDP) 2016 - 2022 is in process of revision & adoption by MoE.	Revised and approved by 2017	School Sector Development Plan (SSDP) 2016-2022 has been adopted	School Sector Development Plan (SSDP)
	# of targeted discriminatory laws against persons with mental health problem amended	Undignified or discriminatory words have been used in various chapters of The General Code 2020, 31 thematic acts and thematic rules and regulations.	Discriminatory words will be amended by Dec. 2018.	PIL has been filed in the Supreme Court regarding amendment of discriminatory provision on electoral rights and the case is still under hearing.	Case filed document in Supreme Court
	# of key milestones related to mental health Multi-sectoral Action Plan for the Prevention and Control of Non-Communicable Diseases (2014-2020) implemented.	No key milestones of the mental health strategic approaches implemented.	Zero draft bill on Mental Health revised and approved by December 2019.	National Mental Health Strategy has been endorsed and Mental Health Policy 1996 has been repealed	Ministry of Health and Population
			Nepal Health Sector Implementation Strategy Plan 2015 - 2020 approved and implemented by Dec. 2021.	Nepal Health Sector Strategy Implementation Plan 2015-2021 has been approved and implemented	Ministry of Health and Population
	# of GoN agencies that take initiation to allocate budget for implementation of mental health policy and program.	None	GoN agencies starts favorable practices of Annual budget allocation to implement policy and program every year	MoHP, EDCD; MoWCSC; MoSD (Bagmati and Gandaki Province) and various municipalities have allocated budget for mental health.	Red Book
# of dialogue and interaction meetings between civil society, govt. agencies and political parties held.	None	98 events of dialogue and interaction meetings	74 events of dialogue and interaction meetings have been carried out thus far	Activity Reports, photographs, Finance reports	
# of mental health focal units established at MoHP/DoHS	None	Focal Unit/Focal person established at central level	Non Communicable Disease and Mental Health Section has been established under EDCD.	Ministry of Health and Population	
# of districts reached by MoHP implementing a comprehensive CBMH program.	None	7 districts	Health workers in 41 districts have been provided with mental health training by EDCD to provide community based mental health services	EDCD	
# of government health facilities where mental health services are available.	1 Central level Mental Health Hospital, 4 Provincial level Hospitals (Bharatpur, Pokhara, Birjung, Biratnagar)	Regional and Zonal hospitals will have inpatient and outpatient services by December 2021.	Regional and Hospitals under federal Govt. are providing Outpatient services but Inpatient services are still not available		

3.2.2 Output level project achievement and benefits

The evaluators noted that the project having the same indicators at outcome and output level complicating the measurement of project results. For example, indicator for outcome # 1 and output 1, # 3 is identical. However, most of the targets in the output set by the project found achieved. Table 3.2 shows that a few indicators overly exceeded the targets, while some were under achieved. The project reached to 2187 individuals (human right defenders/self – advocates, government representatives and CSOs) with its activities against the target 600.

The activities run by the project found relevant and effective. Both duty bearers and right holders expressed that they were benefitted by the project activities. One of the interview participants described the project benefits as,

“I think project has positive impact at different levels particularly with awareness raising, and sensitization activities. In my opinion, not only the target beneficiaries, all stakeholders benefitted directly and indirectly from the project activities. We get an opportunity to learn more about mental health issues and its severity attending different activities organized by KOSHISH. With increased knowledge and deeper understanding in the mental health issues, we are now in the better position to provide suggestion to Nepal government for policy change in addressing this issue.”

- KII, Human Right Commission

Similarly, the SHG members stated their experiences as,

“I had long treatment for my problem, stayed in the hospital and took medicine but I was not recovered. When the program started, I joined the group and attended several activities and got the treatment as well. Since then I feel better. They are doing well for us and we are benefitting in multiple ways from the project.

- FGD, Self Help Group

“We are benefitting through training, support for awareness and individual livelihood program. I found this project very useful and relevant for us.

- FGD, Self Help Group

Table 3.2: Output level targets vs achievements

Results Hierarchy	Indicators	Baseline	Target	Achievement	Source of Information
Output 1: State agencies and political parties sensitized on rights and issues of persons with mental health condition through regular dialogue.	# of dialogues and interaction programs facilitated for CSOs, government agencies, and political parties	None	98 (2021)	74 dialogues and interaction programs have been carried out	Activity reports
	# of thematic acts, policies, plan and programs reviewed, analyzed and submitted to members of parliament and other relevant stakeholders.	The disrespectful/undignified words such as "Insane, Mad, Unsound mind, Half-mind, Lunatic are used in various chapters of The General Code 2020, 31 Thematic Acts & 8 Thematic Rules Regulations"	At least 9 discriminatory thematic acts will be reviewed/reformed aligning with Int'l HR Standards by Dec. 2021	9 policy review have been carried out	Policy review document
	# of Ministries, member of legislative body, parliamentarians, GoN officials, political parties and organizations that participate and express commitment in the events organized for reviewing thematic, acts, policies, plans/programs.	No commitments	135 (2021)	We have received commitments from 140 participants from the events that have been carried out	Activity Reports, Recordings
	# of political parties include mental health/ psychosocial disability issues in their election manifestoes	Only CPN (Maoist) showed the commitment in their manifesto.	At least 4 major parties include mental health agenda/issues in their manifesto by Dec. 2021.	The 3 major parties and 3 others have included mental health issues in their election manifestoes.	Review of Election manifestoes
	# of media and civil society activity engaged to increase debate on and response to the human rights of people living with mental health condition,	None	Press-meets and article publications by 2021	10 press meets have been organized and 6 articles have been published till 2020	Event Reports, Articles
	# of public interest litigations filed at the supreme court/high court of Nepal	None	2	3 PIL has been filed in the Supreme Court	PIL document
Output 2: Capacity of executive members/self-advocates, staff and human rights defenders strengthened for effective engagement in policy dialogue.	# of organizations that express solidarity to influence state laws, policies, plans, programs and budget for mental health.	None	120 organizations	157 organizations expressed solidarity in events organized by KOSHISH	Activity reports, recordings of the event
	# of capacity development materials (ToT materials) developed & distributed.	None	225 sets	225 sets of capacity development materials have been developed and distributed	Capacity Building Materials
	# of human rights defenders/self-advocates participated ToT at federal or province level.	None	25 Master Trainers	25 master trainers	Activity Report, Photographs, Recordings
	# of human right defenders/self-advocates facilitated training at provincial level through this project	None	10	10	Activity Report, Photographs, Recordings
	# of executive members, self-advocates human right defenders and KOSHISH staff engaged in policy dialogue.	2	18 by December 2021	27	Activity Reports, Photographs
	# of human right defenders/self-advocates and government representatives and CSOs benefited from project activities.	None	600 Individuals	2187 individuals have participated in events carried out by KOSHISH through this project	Attendance Sheet, Photographs

3.3 Efficiency of the project

The efficiency of the project assessed with the questions – whether the project resources (financial and human) were utilized in the best possible and efficient way to achieve results; and how efficient was the project management delivery and monitoring system.

3.3.1 Utilization of the resource (plan and expenditure of budget)

Table 3.3 presents the year wise budget allocation and expenditure trend. Overall, the project budget was underspent by 7.2% against the allocated budget. The underspent was in each year except in 2019. The first and second year expenditure was quite low at 87.5% and 81% respectively. However, the absorption efficiency found fairly good analyzing the overall budget expenditure which was at 93%.

Table 3.3: Budget efficiency analysis (plan vs expenditure)

Year	Annual Budget (NPR)	Expenditure (NPR)			
		Program Expenditure	Admin Cost	Total Expenditure	% Expenditure
2016	4,125,000.00	3,192,674.88	266,800.00	3,343,994.88	87.53%
2017	7,518,784.00	5,937,566.50	158,279.00	6,095,845.50	81.07%
2018	7,140,000.00	6,772,727.00	126,475.00	6,899,202.00	96.63%
2019	9,651,304.00	9,301,904.00	347,819.00	9,649,723.00	99.98%
2020	8,954,794.00	8,498,882.00	202,850.00	8,701,732.00	97.17%
TOTAL	37,389,882.00	33,703,754.38	1,102,223.00	34,690,497.38	92.78%

Source: KOSHISH finance department

Table 3.3 shows that the project run with a minimum administration and management cost which was calculated at 3%, which the evaluators found quite low. Though, the allocated administration and management budget was spent 100%.

Table 3.4: Budget efficiency analysis (Program vs admin/management)

SN	Items	Year 1	Year 2	Year 3	Year 4	Year 5	Total Amount	Total (%)
1	Program Cost (program + program staff salary)							
1.1	Allocated	3,858,200.00	7,358,784.00	7,012,750.00	9,302,904.00	8,754,715.00	36,287,353.00	97%
1.2	Actual	3,343,994.88	5,937,566.50	6,772,727.00	9,301,904.00	8,701,732.00	34,057,924.38	94%
2	Admin/Management cost (including admin staff)							
2.1	Allocated	266,800.00	160,000.00	127,250.00	348,400.00	200,079.00	1,102,529.00	3%
2.2	Actual	266,800.00	158,279.00	126,475.00	347,819.00	202,850.00	1,102,223.00	100%
TOTAL	Allocated	4,125,000.00	7,518,784.00	7,140,000.00	9,651,304.00	8,954,794.00	37,389,882.00	
TOTAL	Actual	3,610,794.88	6,095,845.50	6,899,202.00	9,649,723.00	8,701,732.00	34,957,297.38	93.5%

Source: KOSHISH finance department

3.3.2 Human resource and management

The project planned four full-time staff positions that included project manager, program officer, and documentation officer, and two part-time positions for providing inputs from KOSHISH executive director and admin/finance staff. It was noted that two positions, project manager and program officer was merged and replaced by a program coordinator at the later stage of the project. The project team found to be well qualified, diligent and efficient. However, while analyzing the work volumes and nature of activities to be performed in order to achieve the project objectives, the evaluators found the allocated staff positions inadequate. In the field consultation it was reported that the representation at different forums for regular advocacy activities were limited due to the absence of field-based staff at provincial level.

One of the interview participants stated that,

“Our participation is very important in different forums and meetings organized by the government and other organizations. As KOSHISH has no field-based staff here (at provincial level), they often missed the opportunities to present this important issue in those meetings. Sometimes we raise their issues and concerns on behalf of them but I feel it was not that effective as they present themselves.”

- KII, DPO representative

3.3.3 Monitoring and Evaluation

This project was the continuation of the previous 3-year project (2013 – 2015). The project implementation started with a brief situation assessment setting up the baseline and project target. The project found with established internal monitoring system for information flow, keeping record and reporting system. A monitoring and evaluation guideline for KOSHISH was developed in 2017 that contributed towards organization development as well (**Annual Report 2017**).

The project had the mid-term evaluation that identified the project progress on track. Moreover, the annual financial audit, DPAC and MPAC were conducted to meet the government requirement. However, the social audit – one of the social accountability tools, or any other reviews involving a wide range of stakeholders was not organized by the project. Overall, the evaluators found M & E system established and followed by the project meeting the basic requirements.

3.4 Impact of the project

The project impact was assessed with the criteria of the extent project outputs and outcomes achieved and contributed to the fulfillment of the project purpose. Along with the changes brought, the evaluation attempted to understand to what extent the project has influenced in policy and changing the attitude and behavior of the government stakeholders towards mental health and integration of services into primary healthcare. Key impact level indicators set by the project were: government budget in mental health increased every year. The

project base-line showed that 0.08% of health sector budget allocated for mental health program in 2015/16. (FY 2072/73).

The project reports and also the verification in the field through interaction with stakeholders found that the most of the project outputs and outcomes have been achieved. Table 3.5 shows that the budget allocation by the government for mental health has increased significantly. Considering the first year of the project on 2016 to 2020, the government budget allocation in mental health has increased more than double. From the year 2018, it was reported that, budget for health sector had been allocated at the province and local level as well, however, it was not possible to track them down the allocation in mental health.

The total budget allocation for mental health for the year 2019/20 stands at NRs. 126,216,000, which is an increase of 138% than the preceding year budget. In the previous fiscal year (2018/2019), the proportion of budget for mental health of the total health budget was 0.15% that increased to 0.18% in 2019/20. However, in the year 2020, the mental health budget has gone down. Thus the budget increase was not constant. Project participants claimed that the budget reduction in year 2020 than in 2019 could be due to the government focus on COVID – 19 responses. However, evaluators did not find any evidence to support this claim.

Table 3.5: Impact level target vs achievement

Results Hierarchy	Indicators	Baseline	Target	Achievement	Source of Information
Overall Objective: The government has increased national budget to the need of mainstreaming mental health into general health	Government budget in mental health increased every fiscal year.	0.08% of health sector budget allocated for mental health program in FY 2072/73 (2015/16)	Budget allocation increase annually.	Budget Allocation for Mental Health 2016: NRs. 51,188,000 2017: NRs. 61,788,000 2018: NRs. 52,800,000 2019: NRs. 126,216,000 2020: NRs. 114,941,000	Ministry of Health and Population; Ministry of Women, Children and Senior Citizen; Ministry of Social Development; Municipalities
		No budget allocated to celebrate mental health day.		Budget has been allocated for celebration of World Suicide Prevention Day, World Mental Health Day and World Alzheimer’s Day	Epidemiology and Disease Control Division

Having interaction with various level stakeholders including the local government authorities, it was found that the project has a great impact at different levels raising awareness and influencing on policy planning, and promoting the rights of people with mental health problem involving SHGs and enhancing their advocacy capacity. Moreover, SHG members reported that their participation in group activities and local advocacy has built their confidence and reduced stigma in the society. Furthermore, they informed that they have better access to mental healthcare services. However, the evaluation team feels that those achievements found not realized fully and sustaining change. There is no evidence of conformity for the continuation of services (e.g. medicines) that they have been receiving after project phase-out.

One of the key informants stated that the project has positive impact influencing in policy level that resulted in budget allocation for mental health, establishment of mental health units at federal and dedicated contacts at provincial ministries. One of the government authorities stated that,

“We did not have budget allocated separately for the mental health issues till now, but we plan from next year. I have heard that some of the local governments have allocated budget in their program to address the mental health problem”.

– KII, Social Development Ministry

Another participant expressed his view about the project impact,

“Although, I can see most of the project activities of this project focused at higher level advocacy, but still this has positive impact at different levels in terms of sensitization and awareness and changing attitude. As far as I know they have reached to target groups as well with their project. In my opinion, KOSHISH and its activities has brought a movement in mental health.”

- KII, INSEC

3.5 Sustainability of the project

The project document stated the capacity development of self-advocates, target groups and other stakeholders as the key strategy for sustainability. The other crucial elements described in the project document for sustainability are awareness raising, demand creation and right holder’s participation. Furthermore, establishment of core funds through (individual) voluntary or government contribution and generating funds producing handicraft items were also envisioned as financial sustainability of KOSHISH.

While analyzing the project reports and stakeholder consultation, the evaluators found those aspects of sustainability far behind to achieve. However, we observed some other indicators towards continuation of project activities and sustainability of the achievements. Firstly, this project has become successful in creating an enabling environment for the long-term viability of project initiatives engaging and enhancing capacity of SHGs. Secondly, the project that built a coalition with various actors including other right-based organizations for advocacy and working with government in service development are good examples towards sustainability. Thirdly, KOSHISH has been developing as a strong, committed, national level self-help organization recognized by government, NGO and local community at different level in the mental health sector. However, the institutionalization of the organization and the capacity of the project target groups, self-advocates needs to be developed further. They were found with strong commitments and project ownership which is the most important aspect towards sustainability.

One of the government officials at federal level expressed his view regarding the progress in mental health so far and role of government and NGOs to take it further and sustaining the achievements that,

“It is not only the role of government to make public health program sustainable, however the government’s role in policy making and implementation is important. In present days, mental health issue is in policy debate and awareness level at policy and community level has gone up. There are some notable achievements so far in mental health, however this is not enough. The role of NGO and civil society is crucial for the continuation of those achievements and take it further with regular follow up and advocacy.”

- KII, Federal MoHP

Similarly, the provincial level stakeholders opined that sustainability as was strategically planned in the project and it was able to voice the issues in different levels. However, the sustainability issue is not paid attention in government planning and policy making.

“This project attempted the engagement of right holders in policy and plan, and has been helping in capacity development at local level, which are the important aspect of sustainability. The government should have a proactive role and government machinery should be accountable for it. However, the government’s effort towards this is very minimal.

- KII, Human Right Commission

Another participant, a high level government official added that,

“We have the problem in the program planning itself. Due to the various reasons we have nominal involvement and engagement of the actual beneficiaries or target groups in planning and policy development. It is important to listen people’s voice while formulating policy and designing program but most often we invite to political representatives and the so called experts in the program, training and planning forums. There are very less practices to involve public in program and policy development process”.

- KII, Social Development Ministry

3.6 Empowerment

The empowerment assessment focused on analyzing the ability of the project including its target group population and their advocates. Basically, it attempted to answer the questions that what degree is there change in empowerment at output, outcome or impact level; what level of empowerment achieved at individual, community or societal level; and are there any differences in empowerment with regard to “themes/areas of work” in the project. We used the Digni’s Empowerment Assessment Tool (EAT) with the information from the project reports and the opinions and experience expressed by the interview and FGD participants to answer those questions.

During the FGD it was reported that the right holders are aware and have increased their knowledge in mental health issues and their rights, but they are still not capable enough to plan independently and raising their voice strongly in different forums. They feel community is still not ready to listen and respect their rights. The entire participants involved in the FGD said;

“People do not trust us in the community even we are recovered after treatment. While we need somebody for recommendation and or as a witness to get the loan from the cooperatives or banks, people do not support us and we are often prevented taking loan. They think we are incapable to pay the loan. Our voice is not heard in the community yet”.

– FDG, Self Help Group

The project was successful in mobilizing number of SHGs in Bagmati province providing them training and skills for awareness raising and promoting self-advocacy in their community. During the FGDs, most of the participants reported that their confidence is increased after joining in the groups and participating in the project activities. One of the participants expressed her view as,

“The training and the information provided to us was very helpful that increased our knowledge and skills about the mental health issues. The counseling sessions were more useful that built our confidence and now we are counselling independently in our neighbors who have mental health problems. In fact, this program has changed our life.”

- FDG, Self Help Group

Table 3.6 presents the level of empowerment by theme that we assessed using the Digni empowerment framework and criteria. As recommended by the Digni guidelines, we applied the following criteria and project themes for assessment.

Themes and criteria for assessment

<p>Strengthening Civil Society</p> <ul style="list-style-type: none"> • Target groups (persons with mental health problem) forming groups (SHGs). • SHGs are able to identify problems and plan together to address the problem. • SHGs’ engagement in advocacy and holding duty bearers accountable. <p>Awareness and sensitization</p> <ul style="list-style-type: none"> • Awareness campaign conducted and use of media and print materials • Knowledge and awareness on mental health issues in the community and among stakeholders • Reduced stigma and changed public 	<p>Health</p> <ul style="list-style-type: none"> • Right holders have access to health services as per their need. • Target groups demonstrate knowledge and conditions affecting their own health. • Target groups openly address stigma related to health <p>Peaceful Coexistence</p> <ul style="list-style-type: none"> • Target groups are able to promote non-violent co-existence • SHGs along with other committee combat gender-based violence in target groups. • SHGs combats against human rights <p>Gender Equality</p> <ul style="list-style-type: none"> • Proportion of women in SHGs/project • Involvement of women in the training and other activities
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attitude towards persons with mental health problem.	conducted by the project <ul style="list-style-type: none"> • Women in leadership
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We rated the project at level 4 for overall empowerment, and the themes – awareness and gender equality. Strengthening civil society is the lowest rated theme at level 2, while health and peaceful co-existence theme rated at level 3. (Table 3.6)

Table 3.6: Digni Empowerment Assessment Table

DEGREE AND LEVEL OF EMPOWERMENT							
THEMATIC AREAS OF RESULT	Theme/Domain	Output		Outcome		Impact	Comments/Justification
		Level 1	Level 2	Level 3	Level 4	Level 5	
	Strengthening Civil Society			X			The project worked with civil society and target beneficiaries at community level mainly involving SHG members, NGOs, human rights defenders and health workers. As the project focused at federal level, civil society strengthening was carried out mostly at the federal level. However, limited activities were carried out with SHG members at Local level. Training of human right defenders and health workers was carried out in 5 provinces in collaboration with NHRC. The SHG members are able to identify problem and implement some local level activities (annual report and KII)
	Health			X			Target beneficiaries have access to health services (medicines and counselling services). However, they often face difficulties receiving their regular medicines through government system. They have to buy from private pharmacy. Target beneficiaries involved in the groups found with their knowledge and conditions affecting their health. In the discussion they expressed that they open and conducting activities addressing stigma.
	Awareness & Sensitization				X		Awareness and sensitization rated quite high. We found high awareness level among SHGs and project stakeholders on the issues. Project used different print materials and media quite well. Target groups reported that they experience their family and also social attitude towards them is changed.
	Peaceful Coexistence			X			SHG members reported that they often experienced abuse and violence in the family and community. However, they feel it is reduced particularly the family violence after they formed groups and fought together against it.
	Gender Equality				X		We found the project promoting gender equality ensuring women's involvement in the project activities. SHGs members/participants in advocacy and rights training found mostly women. Also, the project report shows high participation of women in training and other project activities. Within KOSHISH and its project has 57% female staff, 14% of them hold senior positions.
	Overall project assessment				X		

SECTION FOUR: SUMMARY, CONCLUSION AND RECOMMENDATION

The project found successful maintaining effective planning and coordination with relevant stakeholders at both local and national level. However, some confusion existed in coordination at subnational level due to the changed government structure and their role. Transparency was maintained at all stages of project. The project plan and budget found presented to government and reflected in their local plan.

4.1 Summary and Conclusion

The project and its implementation modality found suitable addressing the problems stated by the project. The project conducted activities at different levels, however advocacy for resource allocation and mental health service development, the core element of this project focused at federal level only, whereas provincial and local government are also equally responsible addressing this issue in the federal government system. Although some of the project targets are underachieved, the project was successful implementing all the planned activities specified in project document.

Mental health problem is a complex and neglected issue that the project attempted drawing attention of policy level stakeholders for the promotion of rights of people with mental health problem through raising awareness and advocacy for policy change. With the given resource, time-frame and organization capacity, the project found successful implementing most of its planned activities that has some influences towards desired changes. However, it is long way to go for achieving the ultimate goal of mainstreaming mental health into primary healthcare services. Organizing the target beneficiaries and built their capacity for self-advocacy is another important achievement of this project. Nonetheless, it was limited in a certain area of the project districts in Bagmati province.

Overall, the project was found effective and having an impact at policy and community level. The project was successful to identify needy area reaching the true beneficiaries. The evaluators found that the project activities and support provided by KOSHISH was well accepted and appreciated by the stakeholders including government agencies. Despite some shortcomings in some of the components, we found the project having its many strengths. In conclusion, the project was successful in achieving project objectives, however, we noted number of areas to be improved for the future projects. Some of the recommendations for improvements are given below.

4.2 Recommendation

Based on the findings from the documents review, field visits and stakeholder's consultation the following recommendations are made for the future project/s.

- The project was well conceptualized, however the project logical framework missed some specific and objectively verifiable indicators and in some cases, some elements were not

clearly defined. Future project/s to be developed with well-defined project components, and project log-frame containing specific and objectively verifiable indicators.

- The project should have set the baseline and milestones/indicators as per the context and local reality before the start of any intervention.
- The project focused on national level advocacy intending to strengthen tertiary care services, whereas the mental health knowledge and service gaps is huge at local levels. It is therefore, the future projects should focus at all levels for advocacy and service development.
- Advocacy needs to influence the media's portrayal of real issues in society, and that is no small task; in fact, it is a continuous process. This process should be designed to help advocacy groups to be more effective in their advocacy and generate the policy change they are seeking.
- The evaluation found that the project involving SHGs where existed, which was appropriate strategy, however they were not developed well and built their capacity for self-advocacy. More attention to be given in capacity building and institutionalization of the group so that they can continue advocacy activities even after the project phase-out.
- It was found that duty bearers especially at local level having poor understanding about mental health issues and have no idea about the health service provision at local level government system. So it is recommended to sensitize local representative and authorities in this issues and help them in local service development integrating with primary healthcare system.
- More awareness program is needed to expand the people's voice. Mental health promotion program, psychological support/counseling is needed to increase or expand at community level.
- Citizen's participation, particularly the involvement of vulnerable and excluded such as persons with mental health problem found completely ignored at local and subnational planning and policy process. It is recommended the future projects to be designed for the promotion of target group participation in government planning and policy process.
- Also, the involvements of relevant stakeholders and experts in the planning and designing the projects by KOSHISH is highly recommended in the future project development.
- **Knowledge production and sharing/dissemination:** as the mental health is a complex issue, stigma associated and there is very limited knowledge and understanding about it among the public and stakeholders, it is strongly recommended for knowledge and evidence production through case studies, research in various aspect of mental health and its sharing/dissemination could be very important and is proved an influential means for advocacy and policy formation.

ANNEXES

ANNEX 1: Work Plan

Activities or task	Weeks	January		February				March			
		3	4	1	2	3	4	1	2	3	4
Meeting with KOSHISH and contract signing											
Desk Research and document review											
Development of tools (Questionnaire, KII, IDI & FGD topic guides, Digni & Roger Scale)											
Proposal writing and application to NHRC approval											
Development and submission of inception report											
Review of tools (KII & FGD topic guides, Digni & Roger Scale) and tools translation											
Field preparation											
Data collection in the Field											
Data transcribe, translate and cleaning											
Data analysis and presentation of finding											
Evaluation report writing											
Presentation and draft report submission											
Feedback incorporation and final report submission											

Annex 2 – Topic Guide – KII/FGD

Questions: Relevance, effectiveness, sustainability, empowerment, changes and project strength	
<p>Relevance of the project/program</p> <p>परियोजना / कार्यक्रमको सान्दर्भिकता</p> <p>(Questions to all participants)</p> <p>सबै सहभागीहरूलाई सोध्ने प्रस्नाबली</p>	<ul style="list-style-type: none"> Do you know about KOSHISH implemented mental health project? How did you find it? If yes, can you describe about the project intervention? के तपाईं KOSHISH ले कार्यान्वयन गरिरहेको मानसिक अपाङ्गता सम्बन्धी कार्यक्रम वा प्रोजेक्टको बारेमा जान्नुहुन्छ? यदि जान्नुहुन्छ भने, तपाईं प्रोजेक्ट/परियोजना को बारे मा वर्णन गर्न सक्नुहुन्छ? In your opinion, was it relevant and effective project? How the project approach and activities suit the priorities and needs of the target groups? तपाईंको विचारमा, के यो परियोजना सान्दर्भिक र प्रभावकारी थियो? कसरी? के यसका कार्यक्रम लक्षित समूहलाई सुहाउने थिए?
<p>Effectiveness of the project</p> <p>परियोजना को प्रभावकारिता</p>	<ul style="list-style-type: none"> In your opinion, how effective was the project? Were the project interventions effective and efficient to increase awareness among right holders and duty bearers, creating demand for psychosocial or mental health care needs and making accountable for duty bearers in the intervention area? Any example? तपाईंको विचारमा यो परियोजना कतिको प्रभावकारी थियो ? के परियोजनाका गतिविधिहरू अधिकारकर्मी र कर्तव्य पालक हरूमा जनचेतना बढाउन को लागि र मनो सामाजिक वा मानसिक स्वास्थ्य आवश्यकताहरूको लागि मांग सिर्जना गर्न प्रभावकारी थियो? कुनै उदाहरण? How effective have the awareness materials (PSA, IEC Materials, Radio Program) been in raising awareness among right holders and duty bearers? जागरुकता/जनचेतना बढाउने सामग्रीहरू कति प्रभावकारी थिए? Are there any changes (policy, laws, system - structural, services, behavioral) in relation to mental health after this project intervention? If so what are they? The example could be of any level – local, provincial, federal? यो कार्यक्रमको लागु भएपछी मानसिक स्वास्थ्यका सन्धर्वमा केही परिवर्तन भएका छन् (नीति, कानून, प्रणाली, सेवा, र बानी व्यवहारमा) ? - उदाहरणको लागी स्थानिय, प्रान्तीय वा संघिय तहमा Do you know that after the implementation of this project, the government (local, provincial, federal) has increased its budget or any action taken to improve healthcare for persons

	<p>with mental health conditions? यो परियोजना लागु भएपछि स्थानिय, प्रान्तीय वा संघिय तहबाट बजेट बढेको छ? वा मानिसिक स्वास्थ्य सुधारका लागी अरु कुनै कार्य गरिएको छ?</p> <ul style="list-style-type: none"> • How are you benefitted by the project? Have you received any training or involved in any activities such as awareness or sensitization or capacity building activities organized by the project? तपाईं यस परियोजनाबाट कसरी लाभान्वित हुनुहुन्छ? के तपाइले कुनै तालीम लिनु भयो? अथवा कुनै गतिविधिमा संलग्न हुनुभयो? • What are the strength and weakness of this project or project approach/model? What could be improved? यो परियोजनाका सबल वा बलिया पक्ष के के हुन? कमजोरी पक्ष के के हुन? के के सुधार गर्न सकिन्छ?
<p>Sustainability स्थायित्व</p>	<ul style="list-style-type: none"> • Were the right holders and duty bearers involved in the planning and design of the project? How they were involved? के अधिकारकर्मी र कर्तव्य पालक पनि परियोजना योजना बनाउदा संलग्न थिए? कहाँ, कसरी? • Do you think the people; community or government have the ownership of this project or its intervention? Any example? के तपाईंलाई स्थानिय जनता; समुदाय वा स्थानीय सरकारको यस परियोजनामा वा यसको गतिविधिहरूमा स्वामित्व छ जस्तो लाग्छ? यदि लाग्छ भने, कुनै उदाहरण?
<p>Questions to project staff only प्रोजेक्ट स्टाफलाई मात्र सोध्ने</p>	<ul style="list-style-type: none"> • How did you review the policy? How effective was the policy review and advocacy in your opinion? Can you give the examples of its effectiveness (Changes brought)? नीति समिक्षा कसरी गर्नु भयो? तपाईंको बिचारमा नीति समिक्षा र वकालत कति प्रभावकारी थिए? प्रभावकारीको कुनै उदाहरण?
<p>Participation (Stakeholder, Citizen) सहभागिता (नागरिक सहित सरोकर वालाहरूको सहभागिता)</p>	
<p>Planning, Budget formulation, Decision making e.g. Participatory planning, budgeting, Public Hearing, Local योजना, बजेट निर्माण, निर्णय</p>	<ul style="list-style-type: none"> • Can you tell me how health plan and budget prepared in your Palika health facilities? How the needs are assessed and who makes the decision? तपाईंको पालिकाको स्वास्थ्य संस्थाहरूमा योजना र बजेट कसरी तयार गरिन्छ मलाई भन्न सक्नुहुन्छ? आवश्यकताहरूलाई कसरी पहिचान र मूल्यांकन गरिन्छ र कसले निर्णय गर्छ? • Do people in your community participate in planning, budget formulation and decision of procurement of drugs, equipment

<p>उदाहरण को लागि: सहभागितामूलक सार्वजनिक सुनुवाई योजना,</p>	<p>and infrastructure development? If yes, how citizen engage? के तपाईंको समुदायका व्यक्तिहरू योजना, बजेट निर्माण र औषधी उपकरणहरू खरीद तथा पूर्वाधार विकासको निर्णयमा भाग लिन्छन्? यदि लिन्छन् भने, कसरी नागरिक संलग्न (Citizen engagement) हुन्छन्?</p> <ul style="list-style-type: none"> Describe the process/stage of decision making for procurement and infrastructure development in your Palika health facilities in which you participate and how participation take place? तपाईंले सहभागि हुनु भयेको वा भाग लिनु भएको पालिकाको स्वास्थ्य स्वास्थ्य संस्थाहरूमा खरीद र पूर्वाधार विकासको लागि निर्णय गर्ने प्रक्रिया / चरण वर्णन गर्नुहोस् र त्यसमा सहभागिता कसरी वा कस्तो हुन्छ? Is there legal framework, policy or regulation that exist that allows for participation by general public (vulnerable groups, especially women, youth and disabled)? के त्यहाँ कानुनी रूपरेखा (Legal Frame-work), नीति वा नियम छ जस्तै सामान्य समुदायका मानिसहरू (General Public), कमजोर समूहहरू, विशेष गरी महिला, युवा र disabled) को सहभागिताको लागि स्थान दिईन्छ?
<p>Transparency (Access to information for citizen) पारदर्शिता (नागरिकका लागि जानकारीमा पहुँच)</p>	
<p>Policy and priority, Government Operation, Budget and expenditure, Public Program</p> <p>e.g. Citizen Charter, Social Audit</p> <p>नीति र प्राथमिकता, सरकारी संचालन (प्रशासन), बजेट र खर्च, सार्वजनिक कार्यक्रम</p> <p>उदाहरण को लागि: नागरिक चार्टर, सामाजिक लेखा परीक्षा</p>	<ul style="list-style-type: none"> In your opinion, should the public be informed in procurement, supply and infrastructure development policy and priority, government operation (distribution), budget and expenditure and public program? If yes, can you tell me how the general public know about it? तपाईंको विचारमा, जनतालाई खरीद, आपूर्ति र पूर्वाधार विकास नीति र प्राथमिकता, सरकारी सञ्चालन (वितरण), बजेट तथा खर्च र सार्वजनिक कार्यक्रमको बारेमा जानकारी दिनुपर्दछ? यदि पर्छ भने, आम जनताले यसको बारे कसरी थाहा पाउँछन् मलाई भन्न सक्नुहुन्छ? Are there any mechanisms through the government to communicate and inform their procurement and infrastructure development plan, budget and budget expenditure and related public program? If yes, what are they? के सरकारमार्फत उनीहरूको खरीद र पूर्वाधार विकास योजना, बजेट तथा बजेट खर्च र सम्बन्धित सार्वजनिक कार्यक्रम सूचित गर्नका लागि कुनै संयन्त्रहरू छन्? यदि छन् भने, तिनीहरू के हुन्?
<p>Monitoring निगरानी/अनुगमन</p>	
<p>Budget, Effectiveness,</p>	<ul style="list-style-type: none"> Are the current mechanisms and practice of monitoring of

<p>Service delivery</p> <p>e.g. Social Audit, Budget tracking, Media investigation</p> <p>बजेट, प्रभावकारिता, सेवा प्रवाह</p> <p>उदाहरण को लागी: सामाजिक लेखा परीक्षा, बजेट ड्याकिंग, मीडिया अनुसन्धान</p>	<p>budget and service delivery in place in the procurement and health infrastructure development? If yes, what are these practices and your perception of their effectiveness?</p> <p>हालको संयन्त्र र अभ्यास खरीद र स्वास्थ्य पूर्वाधार विकासको बजेट र सेवा वितरण अनुगमन गर्नको लागि ठाउँमा छन्? यदि छ भने त्यसको प्रभावकारिताको बारेमा तपाईंको धारणा वर्णन गर्नुहोस्।</p> <ul style="list-style-type: none"> Do you think there are adequate mechanisms currently in place for decision makers in the health sector to evaluate performance? How it is functioning? <p>तपाईंको विचारमा, स्वास्थ्य क्षेत्रमा निर्णय निर्माताहरूका निम्ति (खरीद र स्वास्थ्य पूर्वाधार विकासमा) कार्यसम्पादन मूल्यांकन गर्न पर्याप्त संयन्त्रहरू (नियम, बिनियम, Tool) छन्? तिनीहरू के हुन् र यसले कसरी कार्य गरिरहेको छ?</p>
<p>Response प्रतिक्रिया</p>	
<p>Capacity and Willingness (to identify and respond to citizen needs and preferences), Feedback of citizen complaints</p> <p>e.g. Citizen Charter, Social Audit, Public Hearing...</p> <p>क्षमता र इच्छुकता (नागरिक आवश्यकता र प्राथमिकताहरू पहिचान गर्न र प्रतिक्रिया दिन), नागरिक उजुरीहरूको प्रतिक्रिया</p> <p>उदाहरण को लागी: नागरिक चार्टर, सामाजिक लेखा परीक्षा, सार्वजनिक सुनवाई ...</p>	<ul style="list-style-type: none"> Are there feedback mechanisms established for citizens to claim redress? <p>के त्यहाँ नागरिकहरूको समाधानका लागि प्रिस्टपोषण/प्रतिक्रिया संयन्त्र स्थापना गरिएको छ?</p> <ul style="list-style-type: none"> In your opinion do the authority has capacity and willingness to identify and respond to citizen's needs and preference? <p>तपाईंको विचारमा, पलिकाका पदाधीकारीहरूको नागरिकताको आवश्यकता र प्राथमिकता पहिचान गर्न र प्रतिक्रिया दिन क्षमता र इच्छुकता छ?</p> <ul style="list-style-type: none"> How do they response the public feedback and complaints? <p>तिनीहरूले कसरी सार्वजनिक प्रतिक्रिया र गुनासोहरू प्रतिक्रिया (response) गर्छन्?</p> <ul style="list-style-type: none"> What are the motivation or what are the compelling factors for the (state actors) authorities in addressing public complaints? <p>पलिकाका पदाधीकारीहरू (state- actors राज्य अभिनेता) को सार्वजनिक उजुरी सम्बोधन गर्नको लागि प्रेरणा के हो वा बाध्यकारी के कारकहरू छन्?</p> <ul style="list-style-type: none"> How effectively the stakeholders are contributing from their side to promote good governance and making state party (government) accountable in procurement, supplies and health infrastructure development? <p>सुशासन प्रवर्द्धन गर्न राज्य पक्ष (सरकार) लाई खरीद, आपूर्ति र स्वास्थ्य पूर्वाधार विकासमा उत्तरदायी बनाउन सरोकारवालाहरूले कतिको प्रभावकारी रूपमा योगदान गरिरहेका छन्?</p>

Annex 3: Other Forms and Formats

1. Digni Empowerment Assessment Table (Tool)

डेग्नी ससशाक्तिकरणका लागि मुल्यांकन तालिका

		DEGREE AND LEVEL OF EMPOWERMENT					
		ससशाक्तिकरणको तह र स्तर					
THEMATIC AREAS OF RESULT बिसयबस्तुगत क्षेत्र र परिणाम	Theme/Domain बिसयबस्तु	Output आउटपुट		Outcome परिणाम		Impact प्रभाव	Comments/Justification प्रतिक्रिया/औचित्य
		Level 1 तह १	Level 2 तह २	Level 3 तह ३	Level 4 तह ४	Level 5 तह ५	
	Strengthening Civil Society नागरिक समाजको सुदृढिकरण						
	Health स्वास्थ्य						
	Education/Awareness शिक्षा/चेतना/जागरुकता						
	Peaceful Coexistence शान्तिमय सह-अस्तित्व						
	Gender Equality लैङ्गिक समानता						
	Total assessment of project परियोजनाको कुल मुल्यांकन						

Resource (Conditions – being)

संसाधन (सर्तहरू- भइरहेको)

- Training sessions and meeting events

तालीम र बैठकहरू

- TOT and IEC materials developed and distributed
प्रशिक्षकको प्रशिक्षण र जानकारी र शिक्षा र संचार समंग्री को विकास र बितरण
- Human Right defenders, self-advocates participated training
मानवअधिकारकर्मी र स आत्म अधिवक्ता ले तालिममा भाग लिएको
- Tri-monthly press meet
त्रैमासिक प्रेस बैठक
- Tri-monthly meeting with CSOs
त्रैमासिक सामुदायक सेवा संगठन बैठक
- Community radio broadcasted
सामुदायक रेडियो प्रसारण
- Dialogue, workshops and interaction programs facilitated
संवाद, कार्यशाला र अन्तरक्रिया कार्यक्रम संचालन गरेको

Agency (Process/Power – doing)

एजेन्सी- प्रकृया/शक्ति- कामगर्ने

- Capacity development
क्षमताको बिकाश
- Organizations expressed solidarity
संगठनहरूले व्यक्त गर्ने एकबदता
- KOSHISH staff and members actively engaged in policy dialogue
कोशिसका स्टाफ र सदस्यहरू को नीति को छलफल मा सकृय रुपमा सगलानाता
- Acts, Policies, Plan and Programs reviewed/Analysed
कार्यहरू, नीतिहरू र कार्यक्रमहरूको समीक्षा र विश्लेषण
- Political parties include Mental Health issues in their manifesto
राजनीतिक दलहरूले उनीहरूको घोषणापत्रमा मानसिक स्वास्थ्य मुद्दाहरूको समावेश
- Human rights, Mental health related articles published
मानव अधिकार, मानसिक स्वास्थ्य सम्बन्धित लेख प्रकाशित
- Public interest litigation filed at the Supreme Court
अदालतमा मानसिक स्वास्थ्यका वारेमा मुद्दा दर्ता गर्ने वारेमा सार्वजनिक चासो
- Lobby and advocacy at districts for Mental Health services
मानसिक स्वास्थ्य सेवाहरूको लागि जिल्लाहरूमा पैरवी र वकालत
- Meeting, dialogue and interaction between civil society and state party
नागरिक समाज र राज्य पार्टी बीचबैठक, संवाद, र अन्तरक्रिया

Achievement (Outcomes – capability)

उपलब्धि- (परिणाम-क्षमता)

- Commitments expressed by Ministries, Legislative bodies and Political parties
मन्त्रालयहरूले व्यक्त गरेका प्रतिबद्धताहरू व्यवस्थापकीय निकाय र राजनीतिक दलहरूले
- Initiated reforms
सुधारका पहलहरू
- Adopted laws, policies
अपनाइएको कानून, नीतिहरू
- Implemented laws

कार्यान्वयन गरीएका कानूनहरू

- Mental health strategies implemented
मानसिक स्वास्थ्य सम्बन्धि लागु गरीएका रणनीतिहरू
- Focal unit established at MoHP
स्वास्थ्य तथा जनसंख्या मन्त्रालयमा स्थापित एकाई
- GoN initiated to allocate budget
नेपाल सरकारले बजेट विनियोजन गर्न आरम्भ गरिएको
- Increased Mental Health budget
मानसिक स्वास्थ्य रकम बढेको

2. Forms for Project Budget, Expenditure and Variance

Form A

Year	Annual Budget (NPR)	Expenditure (NPR)			% Expenditure
		Program Expenditure	Admin Cost	Total Expenditure	
2016	00	00	00	00	
2017	00	00	00	00	
2018	00	00	00	00	
2019	00	00	00	00	
2020	00	00	00	00	
TOTAL	00	00	00	00	

Form B

SN	Items	Year 1	Year 2	Year 3	Year 4	Year 5	Total Amount	Total (%)
1	Program Cost (program + program staff salary)							
1.1	Allocated	00	00	00	00	00	00	
1.2	Actual	00	00	00	00	00	00	
2	Admin/Management cost (including admin staff)							
2.1	Allocated	00	00	00	00	00	00	
2.2	Actual	00	00	00	00	00	00	
TOTAL Allocated		00	00	00	00	00	00	
TOTAL Actual		00	00	00	00	00	00	

3. KII/FGD Participant's Record Form

Interview Date: DD/MM/YYYY	
Interview Time	
District	
Municipality	
Province	
Organization name	
Designation of the person	
Month/Year in this position	
Sex	
Age-group	
Education completed	
Permission to record discussion	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Terms of Reference (ToR)
End Term Evaluation
"Mainstreaming Mental Health in Nepal through Self-Advocacy"
(2016-2021; Funded by HimalPartner)**

1. Background

Persons with mental Health problems are one of the most vulnerable and marginalized group in Nepal. They are most often subjected to stigma, social exclusion and discrimination. Even though a comprehensive mental health survey has not been done in Nepal, it is estimated that 18% of the Non-Communicable Disease (NCD) burden is due to mental health. Using the global estimates, approximately 2,65,000 (1%) Nepalese may be affected with severe mental disorder while 3-5 million (10-20%) people have one or other minor mental health problems. The burden may be higher for Nepal due to 10 years of armed conflict, prolonged political instability, mass youth migration, abroad for employment , ageing population , poverty , unplanned organization (Source : Multisectoral Action Plan for the Prevention and Control of Non Communicable Diseases (2014-2020). And, the earthquake in April/May 2015 in Nepal, undoubtedly had a very significant impact on the mental health of its citizen.

On one hand, Nepal has ratified several human rights standard documents to promote and protect rights of every citizen. On the other hand, discriminatory legal provision still exists in Nepal creating a barrier to enjoy the right to live with dignity. Prevailing stigma and lack of services in the community means that people with mental health problems are often excluded from the community, and from receiving treatment and are deprived of exercising basic rights like right to participate in public decision making process, right to health, right to identity, right to get married, right to vote, right to contest in election, right to education, right to employment, right to access quality services and right to run their own organization etc. on an equal basis with others. Moreover, they are identified as a burden to the family, society and nation as well as incapable and unproductive.

Given the background, KOSHISH developed a 3 year project "Mainstreaming Mental Health in Nepal through Self-Advocacy" from 2013-2015 in partnership with HimalPartner. It has continued as a second project phase starting from 2016-2021 with the working title "Promotion and Protection of Human Rights of Person with Mental Health Problem through Self-Advocacy." The project emphasizes advocacy and awareness of human rights of persons with mental health problems in order to promote equal human rights and to reduce all forms of barriers against them. This project envisions effective implementation of the National Mental Health Policy, 1997 adopted by the meeting of psychiatrists, psychologists, representatives of National Planning Commission and Ministry of Health, held on September 21, 1995 at Director General of Health's Office at Teku and Mental

Health Strategic Approach that has been mentioned under Multisectoral Action Plan for the Prevention and Control of Non Communication Diseases (2014-2020) adopted by the government of Nepal on 1-2 September, 2014. The project goal is that *"The government has increased national budget to the need of mainstreaming mental health into general health"*

The project carried out policy reviews on existing legal provisions of Nepal in relation to various cross cutting issues (children, women, employment, electoral rights, workplace, education, community, migration, youth) and mental health in line with the Constitution of Nepal, 2015, Convention on the Rights of the Child, Convention on the Elimination of all Forms of Discrimination Against Women, Convention on the Rights of Persons with Disabilities (CRPD) and other international and regional human rights standard documents. Further, it has sensitized, raised awareness, motivated, encouraged and influenced government high authorities, members of parliament, and political parties to reform, and adopt Mental Health Legislation, to amend existing discriminatory laws/policies/plan/programmes and practices, to implement existing mental health policy and Multisector Action Plan related to mental health. Furthermore, as a key component of the project, self-advocates and human right defenders were capacitated on issues related to mental health and human rights as well and they have been involved in the advocacy efforts with the duty bearers and sensitizing them. Likewise, the project has been able to raise awareness through among duty bearers and right holders through community radio programs, Public Service Announcement (Audio and Visual), and Information, Education and Communication materials. This 6 year project is now due for an end term evaluation.

2. Target Group:

Person with mental health problem and their family members regardless of the age, caste, area, religion and ethnicity, Bureaucrats of various Government Ministries (Health, Women, Children and Senior Citizen, Law and Justice, Finance, Labor, Education, Local Development and Home Affairs), Constitutional Bodies (National Human Rights Commission and Election Commission, National Women Commission), Human Rights defenders, General public, civil society working in mental health and human rights, Parliamentarian /member of legislatures, Academic institution and general public.

3. Impact, Outcome and Outputs:

Overall Objective: The government has increased national budget to the need of mainstreaming mental health into general health

Outcome: Increased awareness to state agencies and, political parties have taken steps and reformed, adopted and implemented laws, policies, plans and

quality programs that promote and protect human rights of person with mental health condition or psychosocial disability.

Outputs:

- 1) State agencies and political parties sensitized through regular dialogue on rights and issues of persons with mental health condition.
- 2) Advocacy capacity of executive members/ self-advocates, staffs and human rights defenders strengthened for effective engagement in human rights policy dialogue of persons with mental health condition/ psychosocial disability.

4. Scope of Evaluation:

The evaluation should evaluate the project of the duration from January 2016 to December 2020 by contacting direct and indirect beneficiaries of the project and also the duty bearers (Bureaucrats from Ministries, Commissions, CSOs) and right holders. The evaluation could use the DAC evaluation criteria of relevance, effectiveness, efficiency, impact and sustainability and provide advice on the possible way forward to KOSHISH and HimalPartner.

5. Purpose for the evaluation:

- Conduct end-term evaluation of the project and write an evaluation report including information from field visits (Within Kathmandu Valley and Pokhara) and participation in programs.
- Evaluate fulfillment of the project's purpose, assess KOSHISH's success in delivering outputs and outcomes and the approaches used, empowerment of self-advocates for rights based advocacy, evaluate strengths and weaknesses,, highlight lessons and use evidence to make recommendations to improve KOSHISH's work in the future and possible way forward.
- Make an analysis of public resources used on mental health during the project period.

The evaluation should consider:

I. Relevance

- What was the relevance of the projects approach and activities in view of the envisioned change?
- To what extent have the right holders and duty bearers been involved in the planning and design of the project?
- Did the project approach and activities suit the priorities and needs of the target groups?

II. Effectiveness

- To what extent has the results been achieved, in relation to the project results framework?

- What factors were crucial for the achievement or failure to achieve the project objectives thus far?
- How effective has the policy review documents been as an advocacy tool for sensitization and advocacy with the stakeholders?
- How effective have the awareness materials (PSA, IEC Materials, Radio Program) been in raising awareness among right holders and duty bearers?
- To what extent did the right holders and duty bearers benefited from the project considering the capacity building approach for the right holders and sensitization approach for the duty bearers?
- What are the strengths and weaknesses of the approaches adopted to implement the project? How might the project's approaches have been improved?
- What are the resources allocated by the government agencies in areas relating to mental health and are they effectively utilized?

III. Efficiency

- Have the funds been utilized in the best possible and efficient way to achieve results?
- Has the project made best use of the resources?

IV. Sustainability

- Did the capacity development activities result in sustainable capacity within KOSHISH and of self-advocates and has it supported and developed towards rights based advocacy?
- To which extent are the changes brought by the project likely to be sustained beyond 2021?
- Which partnerships have been created (both at federal, provincial and local levels) and how are the newly created relationships between the various actors and their respective roles likely to be sustained beyond the project?
- What structures are put into place in the government to address mental health and what are the trends in regard to budget allocation by the government over the years?

V. Impact

- To what extent have project outputs and outcomes been achieved and how has it contributed to the fulfillment of the project purpose?
- Have there been any unplanned consequences of the project, whether positive or negative?
- To what extent have the positive unplanned consequences shaped the program/implementation?

VI. Empowerment

The assessment of degree of empowerment achievement should be based on Digni's Empowerment Assessment Tool (EAT)

- To what degree is there change in empowerment- at output, outcome or impact level?
- At what level is the empowerment taking place- individual, community or society?
- Are there differences in empowerment with regard to “themes/areas of work” in the project?

6. Methodology:

The consultant is expected to conduct a participatory evaluation providing for active and meaningful participation of the target groups and other relevant stakeholders. The evaluator should propose a precise combination of methods to be used in carrying out the evaluation; describe how the methods will be combined; and propose the source of information and data collection procedure. The following is a reference to the types of activities likely to be required:

- **Document review:** The evaluator will review following documents before the evaluation:
 - Original project proposal including results framework,
 - Previous annual report of project, budgets and financial statements for each of the years covered.
 - Implementing partners’ profile
 - KOSHISH’s strategic plan
 - HimalPartner and Digni strategy and Norad requirements
 - Digni’s Empowerment Assessment Tool
- **In person Interviews:** The evaluation team will carry out in person interview with KOSHISH partners involved in the project, KOSHISH board members, Self-Advocates, executive director and project members. In addition, the evaluator will interview Members of Parliament, bureaucrats, members of Human Right Commission, human right defenders and representatives of organizations who were part of the project It is desirable that the interviews are carried out in person with mitigation of risks related to COVID.
- **Virtual Interviews:** Given the COVID pandemic and government guideline to minimize the risk, in person interviews with some of the stakeholders may not be possible. Therefore, the evaluator will carry out virtual interviews if necessary. Some of the disadvantage with virtual interviews might be that the participant might not have access to well functional computer and internet and that there might be delay in responses. Some interview participants might not be comfortable on camera and might not interact as well as they would in a person to person situation.
- **Observation:** The evaluator will, if possible, participate as an observer in a workshop/seminar to get firsthand information of the activities. If possible, the evaluator will carry out interviews with the participants in the workshop/ seminar as well.

- **Focus Group Discussions:** The evaluator will carry out focus group discussions with the right holders/ self-advocates empowered by the project either in person or virtually.
- **Follow up:** The evaluation report will be presented for the staff of KOSHISH and will serve to inform future works of KOSHISH and HimalPartner/Digni.

An internal evaluation has already taken place once during the course of the project; the evaluators shall hence analyze the available information and reports. Evaluators shall use as much as possible participatory methods for data collection. The list of organizations / agencies and persons to be met / interviewed will be finalized with the evaluators after submission of the detailed methodology. Digni's Empowerment Assessment Tool (EAT) should be included in the evaluation as this is a requirement from our funding partner (see annex). Digni's Empowerment Assessment Format has to be filled out and be included in the evaluation report.

The following principles are expected to guide the further development of the methodology:

- **Participation:** Allow for the meaningful participation of right holders, staffs, supporting partners, lead actors and other stakeholders in the evaluation process. In this regard, the project direct beneficiaries shall be involved in the refining of the focus of the evaluation and key evaluation questions.
- **Conflict sensitivity:** The evaluation should be conducted in adherence to conflict-sensitivity principles, while also not raising expectations from direct / indirect beneficiaries.
- **Gender equality:** The proposed approach should as far as possible collect views from both male and female staff of sector stakeholders who have been involved in the project.
- **Data triangulation:** The evaluators will try as far as possible to gather information through different complementary sources.

7. Deliverables:

- Inception report describing the evaluation methodologies, tools, questions, respondents, timelines etc.
- Evaluation Report
- Presentation of key evaluation findings

8. Profile of Evaluation Team:

The evaluation team will consist of 1 external consultant who will be the leader of the team and will perform the evaluation, a representative from HimalPartner as donor and 1 member from KOSHISH who are observer in the team. If the evaluator feels necessary, some interviews can be carried out without KOSHISH and HimalPartner being involved. The consultant will be responsible for:

- Pre-evaluation preparations and coordinating the work
- Facilitating the debrief of evaluation
- Writing the draft and final reports (with contribution from the second evaluator in case of two consultants)

The consultant will ideally have the following skills/experience and qualities:

- Experienced in evaluation design and management
- Experienced in monitoring, evaluation and learning methods and approaches
- Experienced and good command over learning-oriented data processing, information analysis, and report writing
- Solid understanding of participatory processes and issues such as gender and conflict sensitivity
- Commitment to accomplish the work in given deadlines
- Knowledge and expertise in relevant subject matter i.e. mental health, empowerment process, and advocacy in this particular case.

9. Timing:

The evaluation is planned to take place in February 2021

- Preparation: 5 days The evaluator will begin the literature review before reaching the project site.
- Fieldwork: 7 days (Including debrief)
Interviews of some key informants can be conducted before reaching the project site
- Reporting: 7 days
The evaluator will prepare and submit the first draft of the report.

10. Reporting:

Final Report

The final report should be 20 – 30 pages, excluding annexes, and should be written in English. It should contain an executive summary of a maximum 2 pages. The report should follow the following format:

- Title page
- Short description of evaluators
- Acronym list
- Executive Summary
- Introduction/ context
- Objectives
- Methods
- Constraints / Limitations
- Findings (Including the EAT table with assessment)
- Conclusions

- Recommendations and way forward
- Annexes

The report may include quotes, photos, case studies etc.

Draft report will be submitted to KOSHISH's program coordinator, copied to Program Manager, Executive director and HimalPartner for comments and feedback within 2 weeks of the end of collection of information from field. Both KOSHISH and HimalPartner will provide their comments and feedback within 2 weeks of receiving the draft report. A final report will then be returned to KOSHISH by 31st March 2021. KOSHISH will share the final report with HimalPartner and key stakeholders within 1 week after receiving the final report.

- Consideration: The evaluator should keep in mind following things while evaluating the laws and policy advocacy:
 - To bring change in law and policy takes a long time
 - Effective implementation of law and policy depends on the national interest.
 - Conceptual clarity on mental health and recognition of issues on mental health by the stakeholders is more important and also takes extensive time and effort.

11. Ethics of the Evaluation:

This evaluation will maintain confidentiality and anonymity of information providers. Anybody, including direct or indirect beneficiary will not be forced to participate in the evaluation process. The evaluators will not share with or divulge to any person or persons the content of the final report or any of KOSHISH's affairs without written authorization from KOSHISH. The evaluation team will be sensitive to local context and culture while carrying out evaluation and present themselves with modesty and humility while dealing with issues related to women, children, disability and marginalized groups. Any person found guilty in child abuse, gender-based violence, or any other criminal offence in the past will not form part of the evaluation team.

12. Confidential Report:

The evaluation team should primarily be transparent towards the project team, KOSHISH and HimalPartner team. If the evaluators discover issues of a particularly sensitive nature which they do not feel are appropriate to include in the general report, a separate, confidential report can be sent to KOSHISH executive director and HimalPartner.

Annex 5: Management Response

Evaluation of the project “Mainstreaming Mental Health in Nepal through Self-Advocacy”

Overview:

The evaluation report concerning the project “Mainstreaming Mental Health in Nepal through Self-Advocacy” supported by HimalPartner focuses on assessment of results achieved over the duration of 2016-2020. The evaluation is based on the OECD criteria of relevancy, effectiveness, efficiency, impact and sustainability and additional criteria of empowerment as part of the requirement from Digni. It succeeds in highlighting the organization’s progress towards delivering outputs and outcomes, target vs. achievement, approaches used, partnerships developed, strengths and challenges in the intervention and key recommendations that can be considered by KOSHISH in its working modality as well as in development of projects.

The evaluation provides evidence based information on what has worked best and areas that requires improvements and offers an outsiders view and suggestions to next possible steps. It is a timely input considering that we are in the process of applying for the third phase of the project. We appreciate the findings and recommendations provided by the evaluator and are certain that these will enhance our capacities going forward.

Key Recommendations:

1. The project was well conceptualized, however the project logical framework missed some specific and objectively verifiable indicators and in some cases, some elements were not clearly defined. Future project/s to be developed with well-defined project components, and project log-frame containing specific and objectively verifiable indicators.

Management Response: Accepted. KOSHISH, as a growing organization is striving to develop better system, structure and projects and the recommendation pointed out is something we have identified as an area which require improvement. The project under evaluation was developed in 2015 and since then, we have been able to enhance our capacity in terms of project development and its implementation. But we do acknowledge that there are room for improvement and it will be taken into due consideration in future projects.

2. The project focused on national level advocacy intending to strengthen tertiary care services, whereas the mental health knowledge and service gaps is huge at local levels. It is therefore, the future projects should focus at all levels for advocacy and service development.

Management Response: Partially Accepted. The project under evaluation focused on federal level advocacy but it had some components of Province level advocacy as well, specially reflected from our engagements with Province governments in Bagmati, Gandaki and Province 1. We do agree though that we could not engage with Province and Local governments adequately given that all of our staffs were based at the Federal Level. In the future project, we will focus at all levels.

3. Advocacy needs to influence the media's portrayal of real issues in society, and that is no small task; in fact, it is a continuous process. This process should be designed to help advocacy groups to be more effective in their advocacy and generate the policy change they are seeking.

Management Response: Accepted. We completely agree that the media has an important role in raising mass awareness and they have the capacity to influence its audiences (both right holders and duty bearers). Therefore, media engagement will be prioritized in the upcoming projects.

4. The evaluation found that the project involving SHGs where existed, which was appropriate strategy, however they were not developed well and built their capacity for self- advocacy. More attention to be given in capacity building and institutionalization of the group so that they can continue advocacy activities even after the project phase- out.

Management Response: Partially Accepted. The project did not particularly focus on Self Help Groups or its development but on some of its members who were provided with capacity building programs and supported in advocacy. We do agree that it is desired that all members of SHGs had received capacity building but it was organized voluntarily. The same can be said of institutionalization of the group. While we can share the options they have as a group, it is up to the group themselves if they want to be registered.

5. It was found that duty bearers especially at local level having poor understanding about mental health issues and have no idea about the health service provision at local level government system. So it is recommended to sensitize local representative and authorities in this issues and help them in local service development integrating with primary healthcare system.

Management Response: Accepted. We acknowledge that there is lack of awareness and understanding about mental health, especially among local and province level duty bearers. Therefore, KOSHISH will work towards sensitizing local representative and authorities on issues related to mental health.

6. Citizen's participation, particularly the involvement of vulnerable and excluded such as persons with mental health problem found completely ignored at local and subnational planning and policy process. It is recommended the future projects to be designed for the promotion of target group participation in government planning and policy process.

Management Response: Partially Accepted. We do agree that voices of persons with mental health conditions are ignored at local and subnational planning and policy process, we want to stress that it is not due to lack of effort from our part. We have been highlighting the need to involve right holders in the planning process and addressing their needs. Despite receiving commitments from the duty bearers that right holders will be involved, the reality has been different as they are not consulted or their voices considered. We will continue with our demands with the duty bearers in the future though.

7. Knowledge production and sharing/dissemination: as the mental health is a complex issue, stigma associated and there is very limited knowledge and understanding about it among the public and stakeholders, it is strongly recommended for knowledge and evidence production through case studies, research in various aspect of mental health and its sharing/dissemination could be very important and is proved an influential means for advocacy and policy formation.

Management Response: Accepted. We completely agree that stigma, discrimination and lack of awareness on issues relating to mental health makes it difficult for persons with mental health condition. The ground realities and far more difficult for persons with mental health condition in comparison to what comes to light. Therefore, it is important to bring these evidences and stories out in the open and hold the duty bearers accountable towards persons with mental health condition. Therefore, we will focus on evidence generation and its dissemination in the future.