



COMMUNITY CARE

NEPAL

Community-based Rehabilitation (CBR) for People with Disabilities and Mobile Mental Health Outreach Program (Post- 2027 in Nepal)

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Project Overview

This ambitious project aims to address the critical gaps in healthcare services for people with disabilities and those suffering from mental health challenges in Nepal. The approach is twofold: establishing Community-Based Rehabilitation (CBR) for people with disabilities and launching a Mobile Mental Health Outreach Program to serve remote and underserved areas. Both components are designed to bring services directly into the community, where access to health, rehabilitation, and mental health services is often limited or nonexistent. These programs are expected to be initiated post-2027, but extensive planning and research are required before their launch, ensuring sustainability and long-term impact.

Nepal, like many developing countries, has struggled to provide adequate services for these marginalized groups, particularly in rural regions where infrastructure, medical personnel, and financial resources are scarce. This lack of services perpetuates cycles of poverty, inequality, and social stigma for individuals with disabilities and mental health conditions, exacerbating their exclusion from educational, economic, and social opportunities. The project is structured to tackle these challenges head-on through community-driven solutions that are sustainable, scalable, and in alignment with Sustainable Development Goals (SDGs), including SDG 3: Good Health and Well-being, SDG 8: Decent Work and Economic Growth, SDG 10: Reduced Inequalities, and SDG 11: Sustainable Cities and Communities.

<https://communitycarenepal.org/project/>

Goal and Objectives

The primary goal of this project is to strengthen Nepal's health and social systems to provide accessible, inclusive, and sustainable services for people with disabilities and those experiencing mental health challenges. The project will focus on:

- Enhancing community-based rehabilitation services for people with disabilities.

- Expanding mental health services through a mobile outreach program targeting remote and underserved areas.
- Promoting policy changes and government-led initiatives to support the long-term integration of CBR and mental health services into national strategies.

Key Components

The project is built on the premise that health and well-being are human rights and that sustainable development can only be achieved if these rights are realized for all, including the most vulnerable members of society. It is designed to focus on four main SDGs to ensure a multi-dimensional approach to improving the quality of life for people with disabilities and mental health challenges.

Community-Based Rehabilitation (CBR) for People with Disabilities:

The CBR model is recognized globally as an effective strategy to meet the needs of people with disabilities, offering access to healthcare, education, and vocational training at the community level. In Nepal, where centralized health services are often inaccessible due to geographical and infrastructural barriers, this approach ensures that people with disabilities can receive essential services without the need to travel to distant cities. Additionally, CBR promotes social inclusion by working with local communities to raise awareness about the rights of people with disabilities and by advocating for policies that foster accessibility and equality in public spaces, education, and the workforce.

Rehabilitation Services: The project will establish community centers equipped to offer physical therapy, occupational therapy, and vocational training, allowing people

with disabilities to regain mobility and enhance their independence. These services will also focus on improving employment prospects by providing individuals with the skills needed to enter the workforce.

Education and Awareness: Families, caregivers, and community leaders will be educated about disability rights and inclusive practices. The goal is to foster a supportive and enabling environment where people with disabilities are viewed as active and valuable contributors to society.

Income Generation and Employment: Through vocational training programs, entrepreneurial skills development, and income-generation opportunities, the project aims to empower individuals with disabilities to achieve financial independence. This aligns with SDG 8, which focuses on promoting decent work and economic growth.

Inclusive Policy Advocacy: Working closely with the Nepalese government, the project will advocate for disability-friendly policies that prioritize accessibility, inclusive education, and employment opportunities. These efforts are aligned with SDG 10 on reducing inequalities by ensuring that people with disabilities have equal opportunities to participate in all aspects of life.



Mobile Mental Health Outreach Program:

Nepal's mental health system faces severe limitations, especially in remote and underserved areas where access to mental health professionals is often nonexistent. The Mobile Mental Health Outreach Program is designed to address these gaps by delivering mental health services directly to the communities most in need.

Mobile Clinics: Mobile health units staffed with psychologists, social workers, and counselors will provide on-site mental health diagnosis, counseling, and treatment services. These clinics will be equipped to deal with various mental health issues, ranging from common conditions like depression and anxiety to more complex disorders such as schizophrenia and bipolar disorder. By bringing services directly to

the community, the project removes geographical and financial barriers to mental health care.

Capacity Building: To ensure sustainability, the project will train local health workers in mental health first aid and early detection of mental health issues. This will allow communities to manage mental health challenges proactively and ensure that people receive help before their conditions become severe. Additionally, local health workers will be trained to provide ongoing support and follow-up care.

Awareness Campaigns: Community-based outreach programs will focus on destigmatizing mental health issues through education and public campaigns. This is crucial in a country like Nepal, where mental health is often misunderstood and stigmatized, preventing many individuals from seeking help. The program will use a range of communication tools, including radio, social media, and in-person workshops, to raise awareness about mental health and encourage people to seek help without fear of judgment.

Emergency Helpline: A national helpline will be developed to offer immediate support during mental health crises. This service will be critical for individuals in remote regions who may not have access to physical health facilities. The mobile units will provide follow-up care for those who seek help through the helpline, ensuring that people in crisis receive the necessary support and treatment.



Why This Project is Critical for Nepal

1. Addressing Existing Gaps in Disability and Mental Health Services

Nepal's current health and social support systems are inadequate when it comes to meeting the needs of people with disabilities and individuals facing mental health challenges. Several factors contribute to this, including a lack of infrastructure, trained personnel, and awareness about these issues, especially in rural and underserved regions. The following outlines some of the most pressing gaps in these areas:

Disability Support:

In Nepal, people with disabilities face significant challenges that extend beyond physical limitations. Social isolation is one of the primary issues. Many individuals with disabilities are stigmatized, excluded from community activities, and denied opportunities for meaningful participation in society. The stigma surrounding disabilities, compounded by a lack of education about the rights of disabled individuals, means that many are often kept out of school, unable to access vocational training, and excluded from employment opportunities.

This lack of access to rehabilitation services, education, and economic opportunities has far-reaching consequences. Without proper rehabilitation, individuals are unable to regain physical mobility or learn adaptive techniques that could improve their quality of life. Educational barriers further limit their ability to gain the skills needed for employment, making economic independence unattainable for many. This creates a vicious cycle of poverty and exclusion that affects not only individuals but also their families and communities.

Mental Health Services:

Nepal's mental health care system is even more underdeveloped than its disability services. Currently, mental health care facilities and professionals are largely concentrated in urban centers, leaving vast rural areas without any access to mental health services. This is particularly concerning as mental health issues often go undiagnosed and untreated in these regions. Many individuals face significant mental health challenges, ranging from anxiety and depression to more severe conditions like schizophrenia and bipolar disorder, without the support or intervention they need.

The lack of services in remote areas exacerbates the problem, as individuals with mental health issues are often isolated, both geographically and socially. This leads to

a high level of untreated mental illnesses, which can manifest in severe personal, familial, and community-level consequences. The social stigma surrounding mental health conditions further discourages individuals from seeking help, even when services are available. The result is a growing mental health crisis that remains largely hidden and unaddressed in many parts of the country.

2. Alignment with the Sustainable Development Goals (SDGs)

The proposed project to implement Community-Based Rehabilitation (CBR) and a Mobile Mental Health Outreach Program is aligned with multiple Sustainable Development Goals (SDGs) that are globally recognized as critical to achieving social equity, well-being, and inclusive development. This alignment reinforces the long-term impact of the project, as it addresses several interconnected goals.

SDG 3 (Good Health and Well-being):

The overarching focus of this project is improving access to quality health services, particularly for underserved and vulnerable populations. By providing accessible rehabilitation services for people with disabilities and improving mental health care through mobile outreach programs, the project addresses the health disparities in Nepal. This directly contributes to achieving SDG 3, which aims to ensure healthy lives and promote well-being for all. Rehabilitation services, including physical therapy, occupational therapy, and mental health support, will improve overall health outcomes and the quality of life for many marginalized individuals.

Moreover, the project's emphasis on early detection and treatment of mental health conditions will help reduce the long-term burden on the healthcare system, preventing severe cases that require more extensive interventions. By increasing awareness and reducing stigma around mental health, the project will encourage individuals to seek

help earlier, which can lead to better health outcomes and well-being for both individuals and their communities.

SDG 10 (Reduced Inequalities):

One of the project's primary objectives is to ensure that people with disabilities and mental health challenges have equal access to services, opportunities, and social participation. The project works to eliminate barriers that prevent these populations from participating fully in society by focusing on localized services that are accessible, inclusive, and tailored to their needs.

SDG 10 aims to reduce inequality within and among countries, and this project contributes to that goal by working to ensure that marginalized populations have the same opportunities as others in society. Through initiatives like vocational training, inclusive education, and policy advocacy, the project will help to break down the systemic barriers that perpetuate inequality for people with disabilities and mental health issues in Nepal. By promoting social inclusion and ensuring equal access to services, the project will foster a more equitable society.

SDG 8 (Decent Work and Economic Growth):

Economic empowerment is another crucial aspect of this project, as people with disabilities and mental health challenges often face significant barriers to entering the workforce. The project will provide vocational training and entrepreneurial programs designed to equip these individuals with the skills needed to gain employment or start their own businesses. This, in turn, will enable them to achieve financial independence and contribute to economic growth in their communities.

By aligning with SDG 8, which promotes sustained, inclusive, and sustainable economic growth, full and productive employment, and decent work for all, the project

helps create a more inclusive labor market in Nepal. People with disabilities and mental health challenges will not only be able to support themselves financially, but they will also contribute to the overall productivity and development of the nation. This economic participation is vital for poverty reduction and enhancing the country's workforce diversity.

SDG 11 (Sustainable Cities and Communities):

The project's advocacy for inclusive public infrastructure and services is aligned with SDG 11, which seeks to make cities and human settlements inclusive, safe, resilient, and sustainable. By promoting the inclusion of people with disabilities and mental health challenges in urban planning and infrastructure development, the project will help make both urban and rural communities in Nepal more accessible and resilient.

The focus on policy changes that promote accessibility in public spaces, transportation, and education will ensure that people with disabilities can navigate their environments more easily and participate fully in community life. Additionally, by addressing the mental health needs of underserved populations in rural areas, the project will help create more resilient communities capable of supporting the well-being of all their members.



3. Economic and Social Benefits for Nepal

Beyond aligning with global SDGs, this project promises significant economic and social benefits for Nepal. As the country continues to recover from past conflicts and natural disasters while striving for long-term development, improving the quality of life for marginalized populations, such as people with disabilities and those with mental health challenges, will be crucial for social harmony and economic prosperity.

Increased Workforce Participation:

One of the most significant economic benefits of this project is the potential for increased workforce participation among people with disabilities and mental health challenges. By providing vocational training, rehabilitation, and mental health support, the project will empower individuals to become more self-reliant and participate in the labor force. This not only improves their financial independence but also contributes to national productivity. Increased participation in the workforce helps to reduce

poverty, particularly in rural areas where opportunities for employment are limited, and many families rely on informal and seasonal work.

By increasing the employability of people with disabilities and individuals with mental health challenges, the project will help create a more inclusive economy, where diverse talents and abilities can contribute to the country's growth. This aligns with Nepal's broader development goals of reducing poverty and promoting economic resilience.

Reduction in Healthcare Costs:

Another important benefit is the potential reduction in long-term healthcare costs. Mental health issues, when left untreated, can lead to more severe health problems, which require extensive and costly interventions later. By providing early detection, treatment, and ongoing support for mental health challenges through community-based outreach programs, the project can reduce the need for emergency care and hospitalization.

Similarly, effective rehabilitation for people with disabilities can reduce the burden on the healthcare system by improving individuals' ability to live independently and reducing their reliance on medical care. Preventing complications and promoting better health outcomes for these populations can help reduce the overall cost to the national healthcare system.

Enhanced Social Inclusion:

Social inclusion is one of the most critical outcomes of this project. By addressing both physical disabilities and mental health challenges, the project aims to foster an inclusive society where all individuals are valued, and their contributions recognized. Social inclusion not only improves the quality of life for individuals with disabilities and

mental health challenges, but it also promotes social harmony and cohesion within communities.

Reducing stigma around disabilities and mental health, and creating environments where these individuals can participate fully in community life, will help promote a more equitable and supportive society. This, in turn, can lead to stronger community bonds, reduced social tensions, and greater overall well-being.

Project Implementation Timeline

The Community-Based Rehabilitation (CBR) for People with Disabilities and Mobile Mental Health Outreach Program is structured into a comprehensive timeline spanning over seven years, with each phase carefully designed to ensure sustainable development, scalability, and integration into Nepal's healthcare system. Below is a detailed breakdown of each phase of the timeline:

Year 1-2: Planning, Research, and Pilot Implementation

1. Planning and Research:

The first two years of the project are critical for laying the foundation for future success. This phase involves comprehensive planning and research, essential to identifying key areas of intervention, understanding the needs of people with disabilities and those facing mental health challenges, and tailoring the services accordingly.

National Needs Assessment:

A national needs assessment will be conducted to gather data on the current status of disability services, mental health care, and the healthcare infrastructure in Nepal, especially in rural and underserved regions. This assessment will focus on identifying

gaps in service provision, existing barriers to access, and the geographical areas most in need of intervention.

This process involves collaboration with local communities, health workers, and government agencies to ensure an accurate, holistic understanding of the needs on the ground. Special attention will be given to gender, age, and socio-economic disparities within the disabled and mentally ill population.

Focus Areas:

The assessment will help prioritize regions for the initial implementation of the pilot programs, focusing on areas with the highest prevalence of disabilities and mental health issues but the lowest access to services.

Resource Mapping:

Along with needs assessment, resource mapping will be conducted to identify existing resources, including healthcare facilities, community organizations, and human resources such as trained healthcare professionals who can support the program.

2. Partnerships:

Establish Partnerships:

The success of the program is contingent on forming strategic partnerships with local and international NGOs, government agencies, and donors. Partnerships will ensure that resources, expertise, and networks are efficiently pooled to maximize the program's reach and impact.

Local NGO Collaboration:

Collaboration with local NGOs will ensure that community-driven approaches are embedded in the project. These NGOs will help mobilize community support, advocate for policy changes, and assist in training local caregivers, leaders, and health workers.

International Donors and Organizations:

International organizations such as the World Health Organization (WHO), the International Committee of the Red Cross (ICRC), and other global disability and mental health networks can provide financial, technical, and logistical support.

3. Pilot Program:

The first practical step will be the launch of pilot programs to test the effectiveness and scalability of the CBR and mobile mental health services.

Pilot CBR Centers:

A limited number of pilot CBR centers will be established in regions identified through the needs assessment. These centers will offer rehabilitation services like physical therapy, occupational therapy, and vocational training. The pilot phase will allow for a controlled environment to test the model's effectiveness, make improvements, and gather feedback from service users and stakeholders.

Mobile Mental Health Units:

Simultaneously, mobile mental health clinics will be introduced in a few selected regions to bring mental health services to remote and underserved communities. These mobile units will include mental health professionals who will offer diagnosis, counseling, treatment, and follow-up care. The pilot will allow the program to refine logistical details, staffing, and service delivery models.

Performance Monitoring:

During the pilot phase, rigorous performance monitoring systems will be established to track the outcomes of both the CBR centers and mobile clinics. These metrics will include patient health outcomes, community satisfaction, service reach, and economic impact.

Year 3-5: Scaling-Up and Capacity Building

Once the pilot programs have demonstrated effectiveness, the next phase will focus on scaling up the initiative to other regions, building local capacity, and working

towards integrating CBR and mental health services into the broader healthcare system.

1. Scale-Up:

Regional Expansion:

Based on the lessons learned from the pilot programs, CBR centers and mobile mental health units will be expanded to additional regions, particularly rural and marginalized areas where the need for services is most urgent.

Geographical Reach:

The expansion phase will cover more geographically diverse regions, with the goal of reaching a significant portion of Nepal's population, especially those living in areas with little to no access to healthcare services. This includes mountainous, remote, and conflict-affected areas where the population faces substantial challenges in accessing care.

Service Diversification:

In addition to expanding geographically, the scale-up will focus on diversifying services, such as offering specialized rehabilitation for children with disabilities, mental health services tailored to specific communities (e.g., postpartum depression in women, PTSD support for conflict survivors), and integration of telehealth services.

2. Training and Capacity Building:

Training Local Health Workers:

To ensure sustainability and localization of services, a key component of the scale-up phase will be training local healthcare professionals, social workers, and community members. Training programs will focus on mental health first aid, early detection of mental health conditions, disability rights, and rehabilitation techniques.

Community Engagement:

Community leaders and members will also be trained to create a supportive environment for individuals with disabilities and mental health conditions. This will include training in basic caregiving, mental health advocacy, and organizing support networks for affected families.

Knowledge Transfer:

Knowledge transfer from international organizations and experienced NGOs will be critical in building local expertise. Training programs will aim to make local stakeholders self-reliant in service provision and management, reducing dependency on external actors over time.

3. Policy Advocacy:

Influencing National Policy:

During this phase, there will be a concerted effort to advocate for the integration of CBR and mental health services into national healthcare policies. The advocacy will involve collaborating with government ministries and presenting the evidence and outcomes from the pilot phase to demonstrate the necessity of scaling these services nationwide.

Government Engagement:

Building strong relationships with policymakers and government agencies will be crucial for securing long-term support and funding. Advocacy efforts will focus on promoting disability inclusion, mental health funding, and healthcare reforms.

Year 5-7: National Integration and Sustainability

The final phase of the project is focused on integrating the CBR and mental health services into Nepal's national healthcare framework and ensuring their long-term sustainability through evaluation and adaptation.

1. National Integration:

Integration into the Healthcare Framework:

By this phase, the goal is for the CBR and mobile mental health services to be formally integrated into Nepal's public healthcare system. This integration will ensure that these services are available as part of the standard healthcare offerings across the country.

Long-Term Funding:

Securing long-term funding from the government will be a priority. This may include government budget allocations, international donor support, and partnerships with private-sector stakeholders to ensure that the program continues beyond its initial seven years.

Institutionalization:

The services initiated by the program will become institutionalized within Nepal's healthcare infrastructure, with CBR centers and mobile units operated and managed by the Ministry of Health and Population.

2. Monitoring and Evaluation:

Comprehensive Evaluation:

Continuous monitoring and evaluation will be conducted to assess the effectiveness of the services provided. This evaluation will focus on the health outcomes of people with disabilities, the impact of mental health services on communities, economic empowerment through vocational training, and the reduction of stigma around disabilities and mental health issues.

Data-Driven Adjustments:

Based on the findings from monitoring and evaluation, necessary adjustments will be made to improve service delivery, streamline operations, and ensure that the program continues to meet the needs of the target populations.

Sustainability Plans:

Strategies will be developed to sustain the impact of the project, such as training local government health officers, community ownership of CBR centers, and ongoing capacity-building programs to ensure that service quality is maintained.

3. Community Ownership and Local Leadership:

Empowering Communities:

Throughout the implementation, one of the key objectives will be to empower local communities to take ownership of the CBR and mental health programs. This will be achieved by fostering leadership within communities and ensuring they have the skills and resources to manage these services locally.

Building a Supportive Environment:

Training community leaders and members to advocate for mental health and disability rights will create a sustainable support system. This will help ensure that the services continue even after the project concludes, fostering a self-reliant, inclusive society.

By the end of the seven-year project, Nepal's health and social services will have undergone significant transformation. The introduction and scaling of CBR and mobile mental health units will create a more inclusive, accessible, and supportive environment for people with disabilities and those facing mental health challenges. The integration of these services into the national healthcare system will provide long-term sustainability and contribute to achieving key Sustainable Development Goals (SDGs), ultimately improving the quality of life for marginalized populations in Nepal.

Collaboration with the Government



**Government
of
Nepal**

Collaboration with the Nepalese government is essential for the successful implementation, scalability, and sustainability of the Community-Based Rehabilitation (CBR) for People with Disabilities and Mobile Mental Health Outreach Program. The program's goals align with national health and social priorities, and government involvement at various levels will ensure that the project becomes an integral part of Nepal's health and social service delivery framework. The program envisions working closely with both the central government and local authorities to advocate for policy reforms, secure funding, and integrate services into existing public health systems.

1. Policy Development

One of the primary focuses of collaboration with the Nepalese government is the advocacy and development of comprehensive national policies that support disability inclusion, mental health care, and the expansion of rehabilitation services.

A. Disability Inclusion Policies

The project will advocate for policies that ensure people with disabilities have equal access to health care, education, employment, and public spaces. This includes pushing for legislation that mandates accessible public infrastructure, promotes inclusive education systems, and enforces anti-discrimination measures in workplaces. Nepal has ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), and this project will work closely with the government to fulfill the commitments under the convention by integrating disability rights into national and local policy frameworks. By advocating for the mainstreaming of disability in all sectors, the project can help create a more inclusive society where people with disabilities are no longer marginalized but are fully participating members of society.

B. Mental Health Policies

Currently, Nepal's mental health policy framework is underdeveloped, with mental health care receiving limited attention within the broader public health system. The project will advocate for the development of a National Mental Health Strategy that prioritizes both urban and rural populations. This strategy will call for the incorporation of mental health services into Nepal's existing public health infrastructure, ensuring these services are accessible to all, particularly underserved and remote areas. The project will lobby for the inclusion of mobile mental health clinics as a core element of this national strategy, enabling mental health care to reach even the most isolated regions.

C. Integration into Health and Social Protection Frameworks

One of the project's key objectives is the integration of CBR and mental health services into Nepal's health and social protection frameworks. This means embedding these services within the existing public health system, ensuring that they are not standalone programs but are part of a holistic, government-backed healthcare delivery model. The project will collaborate with relevant government ministries—such as the Ministry of Health and Population and the Ministry of Women, Children and Senior Citizens—to ensure the long-term sustainability of rehabilitation and mental health services through policy support, operational guidelines, and government oversight.

Through these collaborations, the project will strive to shape policies that improve the accessibility, affordability, and quality of services for people with disabilities and those with mental health challenges. These policies will also facilitate the inclusion of CBR and mental health programs in government healthcare budgets and planning processes, ensuring their longevity and impact.

2. Government Funding

For the long-term success of the CBR and Mobile Mental Health Outreach Program, securing government funding is critical. While initial funding may come from international donors, NGOs, and development partners, integrating these services into the national healthcare framework will require a shift towards domestic financing.

A. National and Provincial Funding

The project will work with national and provincial governments to secure direct budget allocations for the expansion of CBR centers and mobile mental health units. The aim is to ensure that rehabilitation services and mental health care are part of Nepal's public health financing, receiving consistent funding through the national budget. This will involve detailed planning, advocacy, and the presentation of cost-benefit analyses to government stakeholders, highlighting the long-term economic benefits of investing in preventive and rehabilitative services for people with disabilities and those with mental health challenges. By demonstrating the potential cost savings associated with early intervention and community-based care—such as reduced hospital admissions, lower long-term healthcare costs, and improved workforce productivity—the project can build a compelling case for sustained government investment.

The project will also explore alternative funding mechanisms such as social impact bonds, where the government, private investors, and non-profit organizations collaborate to achieve specific health and social outcomes. These models could be particularly useful in scaling up services in remote areas where costs are higher and immediate government funding may be limited.

B. Integration into National Health Insurance

To ensure sustainability, the project will advocate for the inclusion of rehabilitation services and mental health care within Nepal's National Health Insurance system. This would allow people with disabilities and those experiencing mental health challenges

to receive subsidized or free care, ensuring that services are not limited to those who can afford private healthcare. By aligning the project's goals with national health financing schemes, the project can ensure that services continue to be delivered in the long term, even after external funding has decreased.

3. Partnership with Local Governments

Given the decentralized nature of governance in Nepal, local governments play a crucial role in the successful implementation of community-based initiatives. The project will form partnerships with municipalities, rural municipalities (gaunpalikas), and provincial authorities to ensure the smooth rollout and management of both the CBR and Mobile Mental Health Outreach Program.

A. Inclusion in Municipal Development Plans

Local governments are responsible for the development and management of their communities, and the project will work to ensure that CBR and mental health services are included in municipal development plans. By aligning the project's objectives with local development priorities, the program can benefit from local government support, including access to local infrastructure, personnel, and resources. Municipal governments will be key partners in identifying local needs, recruiting health workers, and ensuring that services reach the most marginalized populations.

The project will also advocate for local policy changes that promote accessibility in public spaces, inclusive educational practices, and job opportunities for people with disabilities. By working with municipalities, the project can create locally tailored solutions that address the unique challenges faced by each community, whether in rural areas or urban centers.

B. Capacity Building of Local Governments

Local governments will play a crucial role in sustaining the project over the long term. The project will invest in capacity building for local government officials, training them on disability rights, inclusive policies, and the importance of mental health care. This will enable local governments to take ownership of the services and ensure their continuity beyond the project's lifecycle.

Through these partnerships, local governments will become key stakeholders in the delivery of CBR and mental health services, providing oversight, resources, and long-term support.

C. Community Health Workers and Local Leaders

Local governments also have strong connections with community health workers and other local leaders. The project will work with local governments to leverage these connections and integrate community health workers into the program's delivery model. By empowering local leaders and health workers, the project can create a grassroots movement for disability inclusion and mental health support, ensuring that services are not just delivered top-down, but are built upon strong community foundations.

Building a Sustainable Partnership with the Government

The collaboration between the project and the Nepalese government will ensure that the Community-Based Rehabilitation (CBR) and Mobile Mental Health Outreach Program becomes a sustainable part of Nepal's health and social service infrastructure. Through policy advocacy, securing government funding, and partnering with local governments, the project will not only meet its immediate goals but also lay the groundwork for long-term integration of CBR and mental health services into Nepal's national frameworks.

By working closely with government stakeholders, the project will ensure that people with disabilities and those experiencing mental health challenges are included in national health policies, receive the necessary funding for continued support, and benefit from services tailored to meet their unique needs.

Impact on Policy-Making

The Community-Based Rehabilitation (CBR) for People with Disabilities and Mobile Mental Health Outreach Program in Nepal holds the potential to influence national policy significantly by addressing key gaps in disability rights, mental health services, and overall inclusivity. This project's initiatives, while directly benefiting individuals with disabilities and those with mental health challenges, also foster an environment conducive to systemic policy reform. The program, by promoting inclusion, accessible services, and community-based solutions, can drive broader changes in how Nepal approaches disability and mental health services. Below is a detailed examination of how the project will influence policy-making in these areas.

1. National Mental Health Strategy

One of the most critical policy outcomes from this project will be the development and advocacy of a National Mental Health Strategy that includes mobile outreach services, specifically aimed at underserved and rural areas. Nepal's mental health infrastructure is currently underdeveloped, with services largely concentrated in urban areas, leaving significant portions of the population without access to mental health care. This imbalance exacerbates existing mental health issues in rural and remote communities, where the stigma around mental illness often discourages people from seeking help.

The project's advocacy for mobile mental health services will be a game-changer for underserved populations, as it provides access to care in areas that previously had none. The mobile outreach model will offer on-the-ground services such as counseling, diagnosis, and treatment by trained mental health professionals. These

mobile units can reach remote communities that traditional healthcare systems have not been able to penetrate, thus addressing geographical disparities in healthcare access.

How it Will Influence Policy:

Creation of Inclusive Health Policies: The program will push for national policies that acknowledge mental health as a critical component of overall healthcare, specifically emphasizing the need for accessible services in rural areas. The government will be encouraged to adopt a mobile outreach model as part of the national healthcare system.

Integration into National Health Systems: By showcasing the effectiveness of mobile mental health outreach during the project's pilot and scale-up phases, the program will provide compelling evidence for integrating such models into Nepal's public health systems.

Addressing Social Stigma through Awareness Campaigns: The program's mental health awareness campaigns will complement policy changes by addressing the social stigma surrounding mental illness. This, in turn, will inform policies that foster a supportive and non-discriminatory environment for individuals seeking mental health services.

The ultimate goal is for the government to adopt the mobile mental health outreach program within the broader healthcare framework, making mental health services more accessible and integrated into national healthcare planning and delivery.

2. Disability Rights and Access

Nepal has made significant strides in disability rights, but many barriers to full inclusion still exist. People with disabilities often face limited access to education, employment, and public services. Additionally, infrastructure in both urban and rural settings remains largely inaccessible to individuals with physical disabilities. This project will advocate

for comprehensive policies that promote disability-friendly practices, ensuring that people with disabilities enjoy equal rights and opportunities.

The Community-Based Rehabilitation (CBR) component of the project will focus on enhancing rehabilitation services for people with disabilities, improving their quality of life through physical therapy, vocational training, and social inclusion initiatives. The CBR approach also emphasizes empowerment and participation, ensuring that people with disabilities are not passive recipients of aid but active contributors to their communities and the broader society.

How it Will Influence Policy:

Implementation of Accessibility Standards: The project will advocate for national standards in public infrastructure that prioritize accessibility for people with disabilities. This includes policies related to transportation, public buildings, and urban planning, ensuring that cities and rural communities are designed to be accessible to everyone, regardless of ability.

Education and Employment Opportunities: By pushing for policies that promote inclusive education and vocational training, the project will support the integration of people with disabilities into the workforce. Vocational training programs under CBR will provide individuals with the skills they need to enter the labor market, and policy changes will be needed to ensure that workplaces are inclusive and that people with disabilities are given equal opportunities in employment.

Promotion of Disability Rights: Advocacy for the full implementation of disability-friendly policies will go beyond infrastructure and employment. It will also involve pushing for greater representation of people with disabilities in decision-making processes. The project will work with local and national governments to ensure that disability rights are incorporated into legal frameworks and government policies, in line with international standards such as the UN Convention on the Rights of Persons with Disabilities (CRPD), to which Nepal is a signatory.

By pushing for systemic changes, this project will drive the adoption of policies that ensure equal access to education, public services, and employment opportunities for people with disabilities, contributing to the realization of SDG 10: Reduced Inequalities.

3. Sustainable Financing

One of the most challenging aspects of implementing large-scale health and social services is ensuring sustainable financing. Without consistent and reliable funding, initiatives like CBR and mobile mental health outreach programs run the risk of being short-lived. The project will engage with the government to develop a sustainable financing mechanism that can support these services in the long term.

How it Will Influence Policy:

Allocating Budgetary Resources: The project will advocate for the allocation of a portion of the national healthcare budget to be dedicated to CBR and mental health services. This is crucial for ensuring that these services are not dependent solely on external funding from NGOs or international organizations, but are instead recognized as a core part of the national healthcare infrastructure.

Public-Private Partnerships: The project will explore opportunities for partnerships between the public and private sectors, particularly in areas such as vocational training and infrastructure development. This approach would allow for a more diversified and resilient financing model that leverages both government funding and private investment to maintain services over the long term.

International Donor Engagement: Given Nepal's status as a developing country, international donors and development agencies play a crucial role in funding health and social programs. The project will engage with international donors, including the World Health Organization (WHO), the United Nations Development Programme (UNDP), and other key stakeholders, to secure funding commitments. However, the

ultimate aim is to transition towards sustainable, government-led financing, reducing reliance on external sources over time.

Insurance Models: The project can also advocate for health insurance models that include coverage for disability rehabilitation services and mental health care. Expanding healthcare coverage to include these critical areas could ease the financial burden on families and individuals, ensuring that CBR and mental health services are available to all who need them, regardless of financial status.

By engaging in advocacy for sustainable financing, the project will not only ensure the long-term viability of its services but also create a model for how health and social programs can be sustainably integrated into Nepal's national budget and policy framework.

The Community-Based Rehabilitation for People with Disabilities and Mobile Mental Health Outreach Program will have far-reaching impacts on policy-making in Nepal. By advocating for a National Mental Health Strategy, promoting disability rights and access, and working towards sustainable financing, the project will drive systemic change. These changes will lead to more inclusive health policies, improved infrastructure, better employment opportunities for people with disabilities, and a more sustainable healthcare system. Through this initiative, Nepal will take significant strides toward achieving Sustainable Development Goals (SDGs) related to health and well-being (SDG 3), reduced inequalities (SDG 10), decent work (SDG 8), and sustainable communities (SDG 11), ultimately creating a more equitable society for all its citizens.

Long-term Sustainability

Long-term sustainability is crucial to ensuring that the Community-Based Rehabilitation (CBR) for People with Disabilities and Mobile Mental Health Outreach Program continues to function effectively and deliver its intended outcomes long after the initial implementation phase. For a project of this scale and significance, integrating sustainable mechanisms within Nepal's public health and social support systems is

critical to ensuring its longevity and widespread impact. The long-term sustainability of this project will be secured through two primary approaches: government integration and community ownership.

1. Government Integration

For this project to be sustainable beyond the immediate funding period, its services need to be embedded within Nepal's existing public health and social service infrastructure. This process would involve close collaboration with the Nepalese government at multiple levels—from local municipalities to national policymakers. Key aspects of government integration include:

Policy Integration: The project will advocate for CBR and mental health services to be incorporated into national health policies. This will require the development of comprehensive frameworks that ensure disability and mental health services are prioritized and supported by future government health strategies. By working closely with government agencies, the project will push for the creation of a National Mental Health Strategy and Disability Inclusion Policies that mandate the availability and funding of these essential services.

Government Funding: Once services have been demonstrated to be effective and valuable through the pilot programs and scaling phases, the project will seek sustained funding from the Nepalese government. This could involve advocating for a portion of the national healthcare budget to be allocated specifically for disability rehabilitation and mental health outreach services. Additionally, the project will explore other sustainable financing mechanisms, such as leveraging international aid and development funding or forming partnerships with multilateral organizations like the World Health Organization (WHO) and the United Nations Development Programme

(UNDP). Government funding would ensure that the programs continue to operate even after external donors exit.

Institutional Capacity Building: Another key component of government integration will involve building the capacity of public health institutions to deliver CBR and mental health services. This will require significant investment in training healthcare providers, social workers, and government employees to manage and sustain these programs. By integrating the project's services into the public health system, these services will become part of the government's routine service provision, ensuring that they remain available to the public without the need for ongoing external support.

Policy Advocacy and Stakeholder Engagement: The project will continue to engage with various stakeholders, including government ministries, civil society, and international organizations, to ensure that disability inclusion and mental health care remain at the forefront of national discussions. Through sustained policy advocacy, the project will push for long-term legislative and policy changes that safeguard the rights of people with disabilities and promote mental health services in underserved regions.

2. Community Ownership

A fundamental principle of this project is that local communities should be empowered to take ownership of the services provided. Community-based approaches have been proven to be highly sustainable, as they create a sense of responsibility, engagement, and accountability within the population. The community ownership strategy will focus on:

Local Leadership Development: The project will invest in developing the leadership capacity of local community members, including individuals with disabilities,

caregivers, and local health workers. This will be achieved through training programs that equip these individuals with the skills and knowledge needed to manage CBR centers and mental health outreach services. By fostering local leadership, the project will ensure that communities can take ownership of service delivery, management, and long-term development.

Building Community Self-Reliance: The ultimate goal of community ownership is to create a self-reliant system where local people feel empowered to continue running CBR and mental health services without external assistance. The project will provide initial support and technical assistance, but over time, communities will be trained to manage these services autonomously. This includes not only service delivery but also aspects such as financial management, resource mobilization, and community engagement.

Integration into Local Health Systems: The project will work to embed CBR and mental health services into the broader local health system. This integration will ensure that even after the project concludes, the services are seen as an essential part of community health provision. Local health workers will be trained in disability and mental health care, and mobile mental health units will work in conjunction with existing health facilities to create a seamless, integrated health service network.

Community-based Monitoring and Evaluation: To ensure that services continue to meet community needs and are delivered efficiently, local communities will be involved in monitoring and evaluating the programs. Community members will be trained to collect and analyze data related to service utilization, health outcomes, and user satisfaction. This ongoing evaluation will allow communities to make data-driven decisions to improve service quality and address emerging needs.

Sustainable Livelihoods for People with Disabilities: A key aspect of community ownership is ensuring that people with disabilities are not only beneficiaries of the project but also contributors. The vocational training and entrepreneurial programs developed under the CBR component will enable individuals with disabilities to become economically independent. This financial empowerment will, in turn, contribute to the sustainability of the project, as individuals with disabilities will have the resources to support their ongoing rehabilitation and mental health needs.

Conclusion

The Community-Based Rehabilitation (CBR) for People with Disabilities and Mobile Mental Health Outreach Program represents a transformative shift in Nepal's approach to disability inclusion and mental health care. By combining community-based solutions with government support, the project will address critical gaps in service provision, particularly in remote and underserved regions.

This project is aligned with Nepal's commitments to achieving the Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being), SDG 10 (Reduced Inequalities), SDG 8 (Decent Work and Economic Growth), and SDG 11 (Sustainable Cities and Communities). Through improved access to rehabilitation services, mental health care, and vocational opportunities, the project will directly contribute to reducing health disparities, eliminating social barriers, and improving economic outcomes for people with disabilities and those experiencing mental health challenges.

The long-term sustainability of the project is anchored in two core strategies: government integration and community ownership. By working closely with the Nepalese government to incorporate these services into the national health system and securing government funding, the project ensures that services will continue to be available long after the initial implementation phase. Simultaneously, by empowering communities to take ownership of the services, the project fosters a self-reliant and resilient system that will thrive independently.

In addition to its direct impact on individuals, the project will have far-reaching social and economic benefits. By enabling people with disabilities and mental health challenges to become economically active and socially included, the project will help break the cycle of poverty and exclusion that many of these individuals face. As a result, Nepal will not only improve its overall health outcomes but also create a more inclusive, equitable, and supportive society for all its citizens.

Through this project, Nepal can set a global example for how to achieve sustainable development through inclusive and community-based solutions, ultimately creating a future where no one is left behind.