Improving the Physical & Mental Health, Promoting Social Inclusion & Increasing Household Income of Carers of Mentally Ill Individuals in Nepal

End of Project Evaluation Report

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<td>CA</td>
<td>Carers Association</td>
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<td>CBO</td>
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<td>CW</td>
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<td>PWMIE</td>
<td>People living with mental illness and epilepsy</td>
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<td>Rs.</td>
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<td>SHG</td>
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Executive Summary:

This GPAF INN 058 project being carried out in the remote districts of Baglung and Myagdi in the Western Region of Nepal will lead to improvements in physical and mental health of 1500 carers (54% women, 88% from Dalit and indigenous group) of mentally ill people or those with epilepsy and their families. This project is also seen to directly benefit by reducing social exclusion and by increasing household incomes. Working directly with the carers in these communities, they are expected to take up income generating activities alongside their caring responsibilities, they will realize their contributions to their society, and will stand up for their rights demanding inclusion.

The grantee of UK Aid Direct is Carers Worldwide, and the implementing partner in Nepal is LEADS Nepal. The project approach is based on the CW holistic model creating systemic changes for carers. All aspects of the CW model are being addressed in the project. Mannion Daniels is the Fund Manager for the UK AID Direct responsible for assessing the performance of the grantee. Coffey International Development is the Evaluation Manager responsible for assessing the performance of the funding mechanism as a whole.

The three year project end independent final evaluation submitted by the grantee will inform the Fund Manager's understanding of the performance of the grantee at the project level and also be used to inform the Evaluation Manager's assessment of performance at the UK AID Direct fund Level. The key objectives of the evaluation are to assess how the project goals were met as well as assess how well the project applied value for money principles of effectiveness, economy, and efficiency in relation to the delivery of outcomes.

The evaluation focused both on qualitative and quantitative measures, triangulating information by direct verification of documents, field situations or interviews. A field visit to both the districts was undertaken with the ED and PD of CW and LEADS respectively. This allowed for a comprehensive view of all the aspects of the project. Although the project suffered the setbacks from the April 2015 earthquake, and the project had not even completed it 3-year period at the time of the field visits, the gains and achievements despite these challenges were noteworthy. We met with all the project staff of LEADS, several of the carers and their patients, one of the Child Clubs in Baglung, the Myagdi Carers Association and the leaders of the CAs in both the districts, the Toripani Cluster Group in Myagdi, and the Baglung District Health Post and the Carers Self-help Group also located in Baglung.

Our field visits in multiple ways, showed us that the project work had a huge positive impact not only for the carers and their PWMIEs, but also for the local communities at large. We had door-to-door visits for factual verification, meeting with many of the related people, agencies and focused groups and learned the following:

- The overall results for the project, was found to be very good.
- Given the time frame, the project has largely achieved beyond its targets especially from an institutional point of view e.g. the formation of the Carers Associations and
the Carers Cooperatives in both the districts and what they have managed to achieve.

- Now the focus on the carers is an established need in the 2 districts.
- Directly and indirectly the project has also addressed the 3 MDG goals of 1 (eradicate extreme poverty and hunger), 2 (achieve universal primary education) and 3 (promote gender equality and empower women). With the introduction of the SDGs in the project’s lifetime, this was changed to SDG 1 (No hunger) and SDG 3 (Good health and wellbeing).
- The success of this project rests on the previous work of LEADS in the two districts with PWMIEs with the support of Basic Needs.
- Trust had been built with the affected families, the local communities and the government agencies.
- Owing to the understanding and value of this intervention, and the expanding need on the ground, the potential for a nation-wide coverage of a focus on carers is seen to be most likely.

### Assessment of accuracy of reported results

Reported results were all found to be true and in some cases tangibly validated by the visit to the LEADS field offices and the meeting with the direct beneficiaries. The beneficiary incomes have significantly increased. Women carers were seen to be more empowered (high level of confidence and happiness demonstrated) in the process.

### Relevance

The relevance of the project is just as valid for the beneficiaries and the communities as it is for the carers. This is the first time the carers of PWMIEs have been addressed. During the field visit it was repeatedly affirmed that the outcome of the baseline survey conducted at the start of the project was indeed correct. As carers, they themselves earlier suffered isolation, depression, and related health issues. An overwhelming majority of the PWMIEs and their carers were living in poverty prior to the intervention. All these have greatly improved.

### Effectiveness

The qualitative dimensions of this project, has gone beyond its expected achievements moderately or significantly except when the setback has been owing to the effects of the earthquake. This can be said owing to the assets that have been built at the level of the communities. Trust, confidence, and dependability are assets, which are priceless and they were found to be in abundance at the level of the affected communities.

Perceived targets with the PWMIE’s carers economic status, and wellbeing has been met. This has greatly lent to the MDG goals that the project targeted.
• **Efficiency**

The project mentions a four-pronged approach to ensure efficiency e.g. a) recruiting local staffs who live in the project areas, b) conducting multi-purpose field visits, c) use and mobilization of local volunteers, and d) building linkages with the local government/s. All of these are in practice and were seen to be lending greatly to efficiency.

• **Sustainability**

Sustainability has been ensured from the beginning of this project in two aspects. One, working with the government e.g. the District Health Offices, and the FCHVs by working with them for the outreach as well as influencing policy. Second, the emerging structure of the Carers Cooperative and the two Carers Associations have been welcome outcomes. Livelihood initiatives with the carers are grounded in their local environments and are either within their skill level e.g. agriculture, poultry or animal husbandry; or suitable income generating activities related to occupational skills, or they have been adequately trained in a particular income generating skills e.g. tailoring and knitting.

But beyond the project time how can the CAs and the Cooperatives be strengthened and sustained in an ongoing way is a challenge as the project comes to an end as of now. This is both a risk and a challenge. Hopefully an interim transition plan can be arranged urgently, for these are important initiatives taken by the carers themselves.

• **Impact**

The impact of this project beyond the direct positive changes in the carers and their PWMIEs helps address issues of national poverty, health, and school attendances. Carers living below poverty lines are now engaging in productive ways and are supporting families especially the PWMIEs enabling and assisting many of them to also be productive members of society. The project has also enabled the mental health services to expand to those needing care, in accessing necessary medicines, and in enabling better support to the PWMIEs through their carers. Children who dropped out of school owing to caring responsibilities are now going back to schools.

Although the two Associations emerged organically, they clearly value their roles and see that they can change the status quo of the carers in their districts and influence positive change throughout Nepal. They are also already thinking of institutional strengthening by local fundraising and lobbying with the local governance structures. The forthcoming local elections will be particularly conducive towards this.
Recommendations:

Carers Associations in both the Districts urgently need a clear transition plan as LEADS and CW complete the 3 years project, so that they have relevant ongoing support for their growth and long-term sustainability. The Carers Cooperative/s run by both Associations although pre-conceived, have been organic and logical outcomes. At some point a clear demarcation of a line of authority, and modus operandi of the work of the Associations and the Cooperatives needs to be defined. Backstopping support from LEADS and capacity building support from CW is necessary for the Associations to emerge as strong independent entities. This pilot intervention is well made, but there is a need for this work throughout Nepal. Once the Associations gain visibility and its value is recognized, they can model for what may be a rapid growth of CAs and Carers Cooperatives all over Nepal.

The Child Clubs need more ownership from the respective schools and directions and guidance from the CAs. Child carers are the future Association members, and their understanding of their location and politics in the whole mental health condition and positioning in Nepal is critical in their future role as advocates for their positions and rights. The concept of self-help groups is very appropriate and is also useful in strengthening the work of the Association/s, but they are too weak as a structure and their sustainability can be questioned at this point. Their ongoing support in a fortified structure needs to be looked into. Training of a couple of DHP staff in each unit for the support of PWMIE and carers seems to be necessary. The FCHVs need to be used as they have so far been, and orientation and timely training for them needs to be ongoing.

The LEADS field staffs are very committed. They have gained the trust and respect of the communities they serve. Their retention as far as possible is recommended whereby they can give more attention and focus on the Associations, child clubs, cluster groups and self-help groups. Owing to women's predominant role as carers, and their multiple burdens and child-bearing roles there needs to be in-built support for women, either through child day care centers or "shadow volunteers"1 on a case by case basis.

Conclusions:

Given Nepal's weak State, poor infrastructure, and instable environments, what the project has managed to achieve with the carers of the PWMIEs during a relatively short span of time is noteworthy. This project needs continuation to strengthen it institutionally and for its sustained outcomes. The project can model the benefit of focusing on the carers for all programmes related to mental health in Nepal and worldwide.

1 Volunteers who can shadow and support the household work and responsibilities of the carers, e.g. kitchen gardening, laundry, house-keeping and care of children or aged.
Introduction:

This GPAF Community Partnership Project of DFID ([Improving the Physical & Mental Health, Promoting Social Inclusion & Increasing the Household Income of Carers of Mentally Ill individuals in Nepal](https://www.gov.uk)) has been conducted in the remote districts of Baglung and Myagdi in the Western Region of Nepal by LEADS/Nepal in partnership with CW/UK. The intended benefits of the project would lead to improvements in physical and mental health, social inclusion and household income of 1500 (54% women, 88% from Dalit or indigenous groups) carers of people with mental illness or epilepsy. The benefits experienced by the carers was meant to also impact on the relatives for whom they care and the other members of their households. This would happen as a result of sustained substantial increases in household income, improved wellbeing of the carer, and greater awareness amongst community members and local professionals of these vulnerable individuals. Through working directly with these carers in their communities, they are likely to recognize their contributions to society and be able to stand up for their rights, advocate for equity and inclusion, and take up income generation activities and employment alongside their caring responsibilities.

The independent final evaluation of the project is to i) enable the Fund Manager of the UK Aid Direct fund to understand the grantee's performance at the project level, and also ii) be used for the Evaluation Manager's assessment of performance at the UK Aid Direct fund level. As such it needs to be an evidence-based substantive document.

The grantee of UK Aid Direct is Carers Worldwide, and the implementing partner in Nepal is LEADS Nepal. The central aim of this project is to bring about physical and mental health, and social inclusion and household income of 1500 (54% women, 88% from Dalit and indigenous groups) carers of people with mental illness or epilepsy in their families. Through a community-based approach, they will be empowered to advocate for their needs, take up livelihoods that they can pursue alongside caring responsibilities and becoming socially reintegrated.

The project approach is based on the CW holistic model creating systemic changes for carers. This operates at two levels: 1) facilitating the support for carers and their families in improving their health, wellbeing, and economic security and 2) bringing about systemic change in response to the needs of carers among the government and other agencies locally and nationally. The model is comprised of the following elements:

- Creating social networks and supporting emotional wellbeing by creating carers support groups
- Providing access to physical and mental health services including counseling services
- Providing respite by offering a break from caring responsibilities along with the development of high quality care options
• Facilitating access to jobs tailored to coexist with caring responsibilities – with additional education or training, and

• Advocacy – by strengthening the collective voice of carers to advocate for their needs, leading to changes at policy and practice level at the local, regional and national level.

All aspects of the CW model are being addressed in the project in a relevant and a thoughtful way.

**Logic and assumptions of the evaluation:**

Carers Worldwide has been working with family carers since 2012. Their experience of a wide spread consultation exercise with carers, NGOs, government and other stakeholders in India and South Africa (https://www.carersworldwide.org/wp-content/uploads/2016/03/Carers-Worldwide-Consultation-Report-for-publications-page.pdf) along with learning from pilot projects in India informed the basis for this project. For example, the wide range of issues facing carers including the impact of caring on health, social and economic wellbeing were understood as a result of the consultation exercise and led directly to the formulation of the Carers Worldwide model, on which this project is based. The key learning from the experience of the pilot projects in India was the enthusiasm of carers towards their own self-determination and this strongly influenced the prioritisation of the formation of Carers Associations and the Carers Co-operatives in this project. Similarly, the interest from the local government and the need to involve them as key actors was learned both from the prior experiences of Carers Worldwide and the evaluation of the previous DFID funded LEADS/Basic Needs project in the project area.

**Overview of UK Aid Direct funded activities:**

DFID recognises that eradication of poverty cannot be achieved without the full inclusion of those members of the community who are currently marginalised and that social exclusion is a major cause of poverty and insecurity. The anticipated impact of the project was that it would address fundamental causes of the exclusion of family carers of PWMIE by building the capacity of partners and local stakeholders to respond to the needs of carers, identify carers and facilitate needs-based support in the areas of social inclusion, health, education and livelihoods and initiate processes to promote the empowerment of carers through self-help groups and Carers Associations. It would enable carers and their families to move out of poverty and to advocate with local authorities for long-term provision to meet their needs. The following changes were anticipated:

• Strengthened medical and counselling facilities for 1000 carers
• 60 carers mutual support groups formed and operational
• Alternative care and respite arrangements for carers set up and working, including 10 community caring centres
• 70% of carers have access to livelihoods and skills training opportunities
• Support in place to enable 225 child carers to attend school regularly, and
• Capacity of partner staff, government health workers and teachers, volunteers and carers strengthened to promote needs of carers and advocate for policy change.

The anticipated real and practical impact of the project at outcome level would be:

• 70% of carers and 90% of carer households with average income above the Nepal poverty line
• 5 agreements signed with Village Development Committees to provide individual child carer clubs with the financial resources to buy stationary; and 10 carers groups signing MoUs with Village Development Committees for the resources to establish revolving funds for the groups
• 65% of carers who have regular access to services (counselling and health) and as a result do not experience significant physical or mental health difficulties
• 35% of carers feel confident to express their opinions in interactions with local government authorities and in other forums
• 50% of carers regularly accessing respite care when required, and
• 225 child carers attending school.

**Evaluation Methodology:**

The independent evaluation undertook the following methodology to ensure best qualitative and quantitative results:

1. A desk top study of the project document, annual reports, and other related documents provided by the ED of CW and the PD of LEADS
2. Briefings by the ED of CW, and the Project Director of LEADS
3. A clearly drawn out TOR for the evaluator
4. A field visit was made to Baglung and Myagdi districts, where site visits, case studies, focused group meetings, official and formal meetings and key informant interviews were undertaken.
5. Debriefing meetings with field staff of LEADS, and the ED & PD of CW and LEADS respectively were undertaken, to enable a check-in system.

The strengths of this evaluation were that the evaluator was accompanied during the field visit by ED/CW and PD/LEADS. In the field all the staff were present and accompanied and facilitated the entire process. They improvised and adapted when necessary, without curtailing any meetings we had earlier planned even when conditions became unfavourable. The evaluator not only came from thorough development groundings in rural Nepal, but also had conducted the earlier LEADS evaluation for Basic Needs some three years back, thus being familiar with the context and the background of the project. This further allowed for assessing progress or redundancies.
There were opportunities to triangulate the outcome of the evaluation during the field visit by checking in with both the LEADS staff and the carers both individually and in their various organized form.

Baglung District was closed owing to an unexpected blockade, which meant that we had to take the back-alleys, walk more than otherwise required, walk through the rains, and start out early in the morning to cover the grounds and work. Walking the mid-hills of Nepal (ups and down) and incessant rains through the afternoon made our trip more labour intensive. Also since it was a peak agricultural time (rice and millet planting) we needed to be mindful of the time of people we interviewed, which meant that in some cases, we reschedule for early mornings or late evenings when so required.

The Field Visit and Learning Therefrom:

The field visit went on as planned and more or less in a timely manner. They were organized to ensure that there was a good sampling of all the major aspects of the projects. In this way, the evaluator had a chance to meet with all the field staff of LEADS, the leaders of the two Carers Associations, one of the Carers Cluster group, Carers Self-help Group, Carers PWMIEs, Carers themselves, Baglung District health post and a Child Club in a local school in Baglung. Besides we attended the Myagdi district Carers Association meeting and a knitting training being run for the carers by the Cottage Industries.

All together there were 9 LEADS field staff in the 2 districts. Livelihood Education & Development Society (LEADS) Baglung District Contact Office has 4 staff of which Dima Kala Thapa, Rita Siris, Bimala Thapa, are social mobilizers and Shova Kaucha is the district coordinator. In Myagdi District, Pratikshya Bhujel, Radha Poudel, and Gita Jugjali are the social mobilizers, Laxmi Thapa is the District Coordinator and Som Bahadur Thapa Magar is the trainer.

Baglung field staff: Bimala, Dima, Shova, & Rita (L to R)

Some of them have worked with LEADS for over 7 years, while others for a shorter period of 3 or 1 year/s. They have learned the work on the job with excellent mentorship from the Coordinator/s or LEADS center office programme staff. Although earlier they felt scared and intimidated by the mentally ill people, in their own words, they soon overcame apprehensions and grew in their empathy and understanding. All the capacity building trainings that they have received, too, have been very helpful for deepening their
knowledge and for their self-development. They said they were very happy to work with LEADS and have developed deep relationships with the communities they serve gaining their trust and respect.

Just in Myagdi alone, they said that they had reached out to over 700 PWMIEs. They have noticed the transformations, which has happened with the patients and their carers. There is reduced stigma and as a result, marriages and other social transactions are happening more openly for patients and carers. The additional income generated from IGA activities have largely lifted off the financial responsibilities of buying medicines and other necessary goods. The staff expressed their concern that although there was great potential in the Associations and the Cooperatives, at the moment, they were too young now and needed ongoing support for a while.

I observed that the community had excellent rapport with the staff of both districts. The staff were efficient and worked hard to ensure intended outputs. They successfully improvised and adjusted programme at the very last minute. This was requiring of networks, skills and sustained relationships.

Note: In Myagdi, I was astonished to meet the president Nisha Kumari GC Mahat. I had met her 3 years back during my evaluation mission with Basic Needs. She was then depressed, lacking in confidence, and dejected. Today Nisha was oozing with self-confidence and was providing excellent leadership to the Myagdi Carers Association.

The Leaderships of the Baglung and Myagdi Carers Associations were impressive and capable women. But they were worried that LEADS was ending its project and felt that they were very young organizations to manage on their own from fundraising to managing their newly formed wide networks.

We went to meet the Toripani Cluster group in Mygdi District. The cluster groups are formed of 5/7 self-help groups who come together. They meet before the meeting of the Association and the Cooperative. Savings are collected by the cluster group leaders, who also deal with any arising issues, and collectively make a decision as to who are deserving of upcoming loans, to be shared during the Carers Association/s meeting. This meeting
was extraordinary where their regular business was not carried out. Most members spoke of increased confidence and courage with the support of the group. Some of the issues that they highlighted are as follows:

- there are many mentally ill people in their communities, who are not disclosed
- medicine and doctors are not readily available, and
- they lack the ability to invest adequately in the Cooperative.

They all felt that they were not yet ready to be left alone on their own when LEADS withdraws.

We visited the **Carer's Self-help Group** in Narayansthan, Baglung. About 15/16 members of the self-help group came together despite their pressing agricultural work. All of them spoke of improved lives through the IGA programme they had chosen for themselves. They had some carrom boards for games, and used the space for day care services for their patients. They also saved on time and energy as they took turns with caring responsibilities. All of them felt that without LEADS, it would be very difficult to run the center. They said they were about 200 PWMIEs in their community. But they were many more who were not disclosed so it was difficult for them to have a clear picture. They were also worried about support for medicine or the provision of free medicine, as they had received 2 years back, which could further lessen their burdens.

**Carers Patients** and **Carers** were sometimes one and the same. 70% of the carers were women whereas the patients were almost equally men and women. 7 varied case studies of patients and carers and in some cases both rolled into one are presented in the annex. They have cut across diversity of caste, ethnicity and age. Only two carers of these case studies here are men although during our meetings we came across many men who are carers of their wives or other family members.

We visited the **Child Club** (Sreejansheel Balclub), in the Sree Janata Dhan Higher Secondary School Baleba, Narayansthan Ward no. 4 of Baglung District. Nine girls and 10 boys ranging from class 10 to 6 met with us with a teacher who coordinated the child...
club – she however had just assumed this responsibility and was not aware of her roles yet. The Head master of the school also stayed in the meeting despite his busy schedule. They were all very familiar with the LEADS social mobilizers and had received support like uniforms and books for child carers in the school at different times. The Head master was very appreciative of the programme and the support and wished that there would be a continuation of such support in the future.

A visit was also made to the Narayansthan Health Post. As the health post staff gathered around us, we learnt that some of them had worked for over 22 years while others for 10/12 years. They said that they had 27 registered mental health patients at the moment. They also said they knew of many others who were taking medicine but chose to remain incognito. They shared that even at present a husband was taking medicine from the DHP but the wife did not know about it. They said over the years many had stopped coming to the center and were well. They had suitable livelihood programmes. But there are also patients who could not afford the medicines, but the government did not have such a provision so it became very difficult at times. They felt that a carers unit could be located at the Health Post, and there needed to be upgraded training for at least 2 of the Health Post staff on a regular and an ongoing basis.

On speaking to the FCHVs as to how much this additional duty added to their burdens, they responded by saying that they did not mind. They were committed as volunteers and they felt that it was their duty to serve! Their spirits of service was exemplary.

In Myagdi District we also visited an ongoing knitting training, which was being conducted by the Cottage Industries for the carers. This training was entirely funded by the Cottage Industries from the raw materials, to the full time trainer. It was the networking ability of the Myagdi District Carers Association President Nisha GC Mahat that enabled this training. The trainees said that they appreciated the opportunity very much.
We had a meeting with the **Carers Association, Mygdi.** The PD of LEADS, the ED of CW, and the Myagdi LEADS staff were all present. 14 members of the CA were present – some of whom walked for a good ¼ hours to attend the meeting. They were predominantly women which an exception of 1 man.

Despite of having been registered for less than a year, they had accomplished many projects e.g. a health camp, a training programme, and had also collected over Rs. 270,000 in their savings and credit programme. They also said that all these were possible owing to the ongoing support of the LEADS leadership and staff. The President Nisha GC Mahat emphasized that the carers have had a hard life and will eventually need some economic autonomy and suitable skills building, which ultimately they were committed to securing for the wider group of carers.

Padam the PD of LEADS affirmed his personal and organizational ongoing support for both the Associations that are now in existence. He committed to handing over the office equipment and match the Rs. 50,000 which the CW had pledged. This would help pay for office rents in the initial months. Based in Pokhara but working with the Association members he would help write proposals and raise money for the Association. He expressed confidence that although the project was over for now, the relationships would strengthen and deepen.

When it was time for Anil Patil the ED of CW to address the meeting, he expressed that it was a momentous day for CW to witness, for they could not have foreseen all that had happened when the began the project some 3 years back. 3 years ago there was no concept of the word "carer" but now the word is established and owned. He said that he could support in 3 ways:
1. The advocacy and networking work would continue through ongoing training and capacity building,

2. CW will facilitate the federation of carers regionally and globally, and

3. With every step forward that the Associations will take, CW will support those steps in best ways it can.

He reassured that the project was ending but process of the programme had taken seed and its growth was ongoing. Anil Patil from CW also pledged Rs. 50,000 as seed money to the Myagdi Carers Association as he had done earlier in Baglung for the Baglung Association. He said that this is a commitment to walk together to make a globally recognized movement for the carers of the PWMIEs.

During the programme, the welcoming and congratulatory programme for the newly elected Mayor of Myagdi district Mr. Hari K. Shrestha took place. The Mayor was accompanied by the newly elected Ward Chairman Mr. Ram K. Baraili. Both office bearers acknowledged that the concept of carers was new for them, but pledged their support in the future. In a short and a sweet programme he was warmly felicitated by the Myagdi Carers Association and all present. Considering that this whole programme was reorganized for a day earlier in the previous afternoon, it was very impressive that the Myagdi staff and Association leadership were so efficient and that they carried considerable clout and had useful networks as well as having good cooperation and support in their organization.

The Association meeting reconvened to finish up their remaining agenda. At the end the Association members felt very reassured and energized. They were also happy with the further warm reassurances they received from the field staff of LEADS who committed to providing voluntary support as needed, even if they were off jobs with LEADS.

Finally the meeting ended with a vote of thanks by Nisha GC Mahat. She said the team most valued the moral support besides the new reassurance for financial support. She promptly requested Padam and Anil including the evaluator Rita, and named a few doctors to come on board as advisors in the Association. Padam accepted while the other two declined. Pledging support, they suggested that more locally relevant people may be more useful for the Association.

Thus ended a very useful and an enlightening field visit.
Findings:

- **Overall results**

  The overall results for the project, was found to be very good. Given the time frame, the project has achieved beyond its targets especially from an institutional point of view e.g. the formation of the Carers Association. Now the focus on the carers is an established need in the 2 districts, ensuring better care and wellbeing for the carers themselves and ultimately the PWMIEs who they care for.

  Despite the relatively short duration of the project, this success of this project rests on the previous work of LEADS in the two districts with the support of Basic Needs. Trust had been built with the affected families, the local communities, and the government agencies.

  Despite government's apathy, there is hope with the recent local elections that there will be necessary focus and support for the carers and their structures (cluster groups, self-help groups, child clubs and the two associations and the two cooperatives). Owing to the understanding and value of this intervention, and the expanding need on the ground, the potential for a nation-wide coverage of a focus on carers as well, is not unlikely.

  Directly and indirectly the project has addressed all the prioritized MDG goals that it identified and listed in the project report. Helping eradicate extreme poverty and hunger, achieving universal primary education, promoting gender equality and empowering women, and developing a global partnership for development, are directly addressed by the project. With the introduction of the SDGs in the project’s lifetime, this was changed to SDG 1 (No hunger) and SDG 3 (Good health and wellbeing) quite successfully.

- **Assessment of accuracy of reported results**

  Reported results were all found to be true and in some cases tangibly validated by the visit to the LEADS field offices and the meeting with the direct beneficiaries. The family incomes of carers have increased significantly compared to when they started. Everyone we visited in his or her homes, and those we met individually or in groups confirmed this. Women carers have become more empowered in the process. One excellent example of this is that of the Chair of the Myagdi district Carer's Association, Nisha GC Mahat herself, who is highlighted in this report. Besides, all the Association members, the focused group discussions and all the key informants – who were predominantly women, affirmed this. Now, in some of the leader's own words, taking leadership positions and advocating for their cause now seems natural to them. This was not the case earlier, as they shared.

- **Relevance**

  The relevance of the project is just as valid for the beneficiaries and the communities.
This is the first time the carers of PWMIEs have been addressed. During the field visit it was repeatedly affirmed that the outcome of the baseline survey conducted at the start of the project was indeed correct. They themselves earlier suffered isolation, depression, and related health issues. An overwhelming majority were living in poverty prior to the intervention, is also found to be true. With the project they were earning enough to buy the medicines and have some surplus for pressing needs or improved nutrition.

- **Effectiveness**

The qualitative dimensions of this project, has gone beyond its expected achievements. This can be said owing to the assets that have been built at the level of the communities. Trust, confidence, and dependability are assets, which are priceless and they were found to be in abundance.

For example, LEADS, in close coordination with the regional agriculture office was currently implementing livelihoods programme similar to the CW Model in **Palpa** and **Nawal Parasi** districts. They organized self-help groups of carers and people with mental illness, giving them further capacity building trainings, which built on the overall empowerment process of the carers and mentally ill people. The changes happening in the economic lives of the carers and people with mental illness was one of the most influencing part of the programme. The government Regional Director appreciated this very much, and had requested LEADS to continue full-fledged carers livelihood programme in these two districts.

Rural Municipalities have also requests to work together in such interventions, and they have extended their support both organizationally and also express commitments to contribute financially to the livelihood programme/s in the future.

- **Efficiency**

The project mentions a four-pronged approach to ensure efficiency:

- Recruiting local staffs who live in the project areas
- Conducting multi-purpose field visits
- Use and mobilization of local volunteers, and
- Building linkages with the local government/s.

All of these were seen to be lending greatly to efficiency. Besides this approach also strengthened the project and helped ensure sustainability e.g. the training of FCHVs on mental health issues ensured that they could put their skills to practice since they remained in their local communities.
**Sustainability**

Livelihood initiatives with the carers are grounded in their local environments and are either within their skill level e.g. agriculture, poultry or animal husbandry; or they are trained in a particular income generating skills e.g. tailoring and knitting. These initiatives will go well beyond project time frame.

In one-way sustainability has been ensured from the beginning of this project in primarily two aspects. One, working with the government e.g. the District Health Offices, and the FCHVs by working with them for the outreach as well as influencing policy. Second, the emerging structure of the carers Cooperative and the two Associations have been welcome outcomes. Although the Associations express themselves as being weak at the moment, the cooperatives are active in their savings and credit activities and it can be envisaged that with some level of support, it will only be months before they can be sustainable.

In the other-way, how can the CAs and the Cooperatives be strengthened and sustained in an ongoing way is a challenge as the project comes to an end as of now. This is a risk and a challenge. Hopefully an interim transition plan can be arranged urgently, for these are important initiatives taken primarily by the carers themselves.

**Impact**

The impact of this project beyond the direct positive changes in the carers and their PWMIEs helps address national poverty, health, and school attendances. Carers living below poverty lines are now engaging in productive ways and are supporting families especially the PWMIEs enabling and assisting many of them to also be productive members of society. The project has also enabled the mental health services to expand to those needing care, in accessing necessary medicines, and in enabling better support to the PWMIEs through their carers. Children who dropped out of school owing to caring responsibilities are now going back to schools.

Although the two Associations emerged organically, they clearly value their roles and see that they can change the status quo of the carers in their districts and influence positive change throughout Nepal. They are also already thinking of institutional strengthening by local fundraising and lobbying with the local governance structures. The local elections will be particularly conducive towards this.
Conclusions:

Given Nepal's weak State, poor infrastructure, and instable environments, what the project has managed to achieve with the carers of the PWMIEs during a relatively short span of time is noteworthy. This project needs continuation to strengthen it institutionally and for its sustained outcomes. The project can model the benefit of focusing on the carers for all programmes related to mental health in Nepal and worldwide.

Have you had to change your Theory of Change over the course of the project?

The logic behind the project log-frame and behind the CW model itself has not had to change. Adaptations were made to certain project activities and the ways in which they were delivered as a result of feedback from partner, staff, beneficiaries, and other stakeholders (these are outlined in the Learning section of this report). But these were changes in delivery rather than in the underlying concept and principles of the project.

What have you achieved? What is your impact? What does your change look like?

The project has met expectations in all areas – improving mental and physical health of carers, promoting their social inclusion and reducing poverty amongst families of carers and individuals with PWMIEs. LEADS Nepal succeeded in slightly exceeding the number of targeted beneficiaries (105%) and achieving or moderately exceeding all the desired outcomes. 75% of carers are now earning sustainable income for the first time since becoming carers, bringing their households above the poverty line. 67% can access health services to promote their physical and mental wellbeing. 55% have effective alternative care options in place, enabling their social and economic reintegration into the community. 41% of beneficiaries report confidence in expressing their opinions and needs. 285 child carers (original target 225) are now reintegrated into school and are gaining practical support for their caring responsibilities. Carers Associations and Carers Co-operatives have been formed, with carer representatives participating in a structured programme of empowerment and advocacy training and are now interacting directly with the government authorities. This latter achievement, is a significant impact since these carer-led independently registered organisations are poised to continue their work in the project areas, raising the profile of carers as a group and advocating for carer-specific services and provisions that they are confident will continue after the project ends.

Summary of Achievements against Rationale for UK Aid Direct Funding:

Who has benefitted and why? Why are you using this approach or intervention? What kind of changes have taken place? Is this what you expected to happen?

1578 carers of PWMIE living in rural and isolated areas of the Western Region of Nepal have directly benefitted from the project. They were targeted owing to their exclusion from mainstream society and standard development programmes. They were also unable to access medical and educational services due to caring responsibilities, and the significant barriers facing them in the area of livelihood and income generation opportunities. The project sought to take a holistic approach to promoting carers’ social, physical, mental and
economic wellbeing, by adapting the Carers Worldwide model. This was already tested in India and showed promising results. In Nepal, this project was the first of its kind. The project builds in sustainability and a self-empowerment approach from the beginning by emphasizing on the benefits of peer support and by utilizing and enhancing locally available community support and existing government structures.

At the start of the project, a baseline data showed that 97% of carers and their households were living below the poverty line and 93% were worried about their financial situation. 69% experienced physical ill health and 77% of the carers reported anxiety or depression. However most of them were unable to seek support for these needs due to lack of access to medical services or insufficient personal time. 29% of carers thought counseling would be helpful. 25% felt isolated with 88% reporting that they had no time for themselves and 97% reported that they were unable to take a break from caring duties. 61% said they would welcome support to establish IGA and 26% identified access to alternative care options as critical in order for them to be able to take up a livelihood.

Data gathered in the final phase of the project and documented in the PCR Section 2 demonstrates the range of changes that have taken place that directly address all of these issues, thus demonstrating that the project was focusing on areas that were relevant to carers and that significant and meaningful changes were achieved. 75% of carers are earning and 83% of the households are now living above the poverty line. 67% of carers have access to improved medical services, which are responsive to their needs, and for the first time to they have received counseling support. 58% of carers attend support groups regularly and 55% have access to alternative caring options to allow them time for livelihoods activities and needed respite. These changes are unlikely to have taken place if the project had not been in place. Carers would have remained marginalized in their homes, without a voice.

The services and activities set up specifically for carers, which have resulted in these significant changes would not have been initiated since the contribution and conditions of carers was not recognized by the community or the local government. In addition, it is highly unlikely that relief efforts put in place after the earthquakes that devastated the region in April 2015, or the year 2 of the project, would have reached these families, thus exacerbating their experiences of exclusion and poverty. The project has also benefited the 1578 cared-for PWMIEs since healthier, more resilient carers provide better care. In addition, increases in household income have meant that families can afford to buy necessary medicines regularly, thus improving the stability of the mental health conditions and stabilizing PWMIE so that they are once again able to participate in community and economic activities. The additional 7566 family members of the carer beneficiaries have benefited from their families being better accepted in their communities, increased family support being available and rises in household incomes.

LEADS and CW anticipated these changes, based on the previous testing of the CW model in India, but they had expected that the change in community and demography, compounded by the challenges of the inaccessible locations could impact on the scale of success. In addition, the earthquakes and subsequent disruption presented challenges to project delivery. The fact that the project has met, and in some areas exceeded, expectations
is testament to the drive of carers, once empowered, to achieve change in their own lives and those of their family members, to the commitment and energy of the implementing partner staff and to the appropriateness and adaptability of the CW model.

LEADS has its systems and policies in place and as such the compliance of theses with additional vigilance gives them the best value for money. Purchase of equipment, use of local transportation and walking, recruitment of local staff at the community level, linkages with government staff to avoid overlaps and for expanded services were very sound and astute while allowing for transparent means of implementations.

Both in their use of local staffs and FCHVs they were multi-tasking so that several tasks could be coordinated and achieved whenever field visits has to be made saving time and money (I had a chance to witness this during my field visit). Over 80% of carer households rising above the poverty indicators is also a good indication of the best value for money.

**Key achievements: Project Level:**

An increase in the percentage of carers earning from 20% pre-project to 75% at the project end with a corresponding increase in households living above the poverty line from only 3% pre-project to 83% at the project end has been significant achievement. In addition to the economic security that these increases in sustainable income have brought, their return to being contributors to household income and also re-entering the local economy has resulted in an increase in self-esteem and community recognition for these carers. Opportunities to take part in training for a particular livelihood and then pursuing new livelihood options has allowed carers time away from caring responsibilities. This has promoted their self-worth as well as providing a form of respite and offering opportunities to interact outside the home. This in turn has promoted mental and emotional wellbeing, alongside the economic benefits. Increases in household incomes have offered families greater food security and resilience, access to medicines required for the PWMIE in the family, the chance to repay loans, save and/or reinvest income into further strengthening their livelihoods activities. The factors contributing to these significant reductions in poverty amongst carers and their families has been owing to the project’s process of conducting individualised livelihoods assessments and matching carers with appropriate training and livelihood opportunities, which are compatible with their specific caring responsibilities as well as being sustainable.

Provision of training by local providers, both private and government, that took account of carers’ specific needs and situation as well as rigorous follow up by project staff via home and group visits to ensure carers were able to implement their chosen livelihoods and to resolve any arising challenges had greatly helped. The setting up of the Carers Cooperatives allowed to channel loans for the benefit of individual carers and ultimately the group and was said to be most beneficial. The Carers Association’ ability to facilitate access to government and bank services, local government departments such as the District
Small Cottage Industries department to organise training and access to livelihood promotion activities were felt and seen to be very beneficial by the carers.

**Key achievements: Policy Level**

There was an involvement of government staff and authorities from the start of the project, which intensified as the project progressed. The project successfully interacted with government officials across a range of departments from VDCs to DDCs to specific departments, including District Health Authorities, District Education Authorities, Department of Women, Department of Children and Social Welfare, District Agriculture and Livestock Office and the District Small Cottage Industries departments in each project district. The involvement ranged from assisting with project implementation, for example, providing FCHVs to undergo training and carry out project activities such as group facilitation, barefoot counseling, supporting child carers and offering livelihoods training. A total of 994 carers underwent training in areas such as livestock rearing, mushroom and vegetable production, working with bamboo and basket weaving, pigeon rearing, incense stick and candle production, through to advocacy level work carried out by both LEADS Nepal staff and carer representatives from the CAs and carers co-operatives. This latter has resulted in increasing recognition of the role of carers, the impacts of caring and the resulting vulnerability of carers as a group. In practical terms, this has translated into registration of the CAs and carers co-operatives in each district, positive responses at VDC level to approaches from carers groups for financial support and provision of resources to child carer clubs, totaling Rs. 6.15 lakhs, practical support to the carers co-operatives to establish revolving funds and increase access to livelihoods, and participation by government officials in Carers Day celebrations and workshops, which has demonstrated their support to the project and to the carers. The wide ranging support and participation from local and district level government authorities has meant that a key factor of our sustainability strategy has been achieved enabling carers as a vulnerable category who are now placed firmly on the development agenda in the project areas. This has also registered CAs and Cooperatives as having created a new civil society space that will continue to advocate on behalf of carer inclusion, their increased access and their provision to services.

The factors contributing to these achievements included the existing presence and good standing of LEADS Nepal in the project area prior to the project; the consistent and persistent approach by CW and LEADS Nepal to the relevant authorities to advocate on behalf of carers and bring in their active participation; and the growing voice from the carers themselves which demonstrated to the authorities the level of need and the willingness amongst carers to empower themselves when given the right opportunities.

**Key achievements: Sector Level**

At the sector level, the forming, registering and increasingly effective functioning of two district level CAs and two district level carers co-operatives have been significant achievements. This has also resulted in a corresponding increase in knowledge, skills and confidence of carer representatives at cluster and district level. A key aim of the project was to promote 2 district level Carers Associations to bring about awareness for recognition of carers, their inclusion and empowerment. It was to advocate for carer-specific services.
and the provision of these services to the carers. These autonomous bodies would also support the project’s sustainability strategy by continuing to work for change for carers. The level of interest carers were ready to make and their commitments were so overwhelmingly high that CW and LEADS Nepal adapted the way in which this aspect of the project developed. This decision was based on beneficiary feedback as well as LEADS Nepal judgment of the potential for positive involvement of government authorities and the significant contribution that strengthened the empowerment processes in this way which would ensure the ultimate sustainability of the project benefits. Two important changes were therefore made. First, **cluster level carer groups** were formed at a level in between villages and districts. This allowed more carers to be actively involved in advocacy efforts, increased the spread of knowledge and skills amongst a broader pool of carers, allowed for meaningful and regular interaction at more levels of the government structures and increased recognition of carers and their needs amongst a wider community. This network of 293 carers (68% women) is now well placed to continue to support the village level groups, identify new carers and families, run and maintain their network in partnership with the district level CAs and advocate at VDC level for increased recognition and provision for carers. Second, carers expressed the need for a **Cooperative** system to run alongside the CAs, with the CAs engaging in awareness and advocacy activities with the community, government and private sector and the co-operatives focusing on income generation and livelihoods activities for carers, interacting with government for training, ensuring access to livelihood schemes and funding, bringing in banks for financial services and the private sector for training and marketing opportunities. The co-operative system is well established in Nepal, recognized by government, banks and the private sector as a legitimate way of empowering local communities, and so this was judged to be a suitable way to evolve the project’s activities around livelihoods, whilst promoting local ownership and sustainability. This has therefore resulted in the project promoting two district level CAs and two district level carers co-operatives, all four of which are registered with the relevant authorities, have elected members and constitutions which comply with Nepali regulations and are functioning effectively. The two CAs have already succeeded in raising funding of Rs. 1 lakh each from Tewa, a women's fund and a Nepali philanthropic organization. All carer representatives at district and cluster level have taken part in a structured training process, facilitated by an external training expert in the development and growth of grassroots people’s organizations. This understanding is now embedded in the local area. The factors contributing to this achievement were the willingness of CW and LEADS Nepal to act on beneficiary feedback, the interest of key local government officials in championing the carers cause, supporting the registration processes and providing the CAs and co-operatives access to relevant schemes and funds, and the development of an expert and structured training process for carer representatives, which have all proven to be very successful.
Lessons learnt:

there has been much direct and cross learning at all the levels of the project.

Project level: at the level of the project the main hypothesis of CW and LEADs that a focus on the carers was essential for the sustained well being of the mentally ill people has been proven right. This has significantly increased household incomes of the PWMIEs and the carers, pulling them over and above the poverty graph.

Policy level: At the policy level there was an involvement of the government staff and authorities at various levels from the very beginning. This relationship deepened with the ongoing process. The involvement ranged from assisting with project implementation (for example providing FCHVs to undergo training and carry out project activities such as group facilitation, barefoot counseling, supporting child carers and offering livelihoods training) A total of 994 carers underwent training in such areas such as livestock rearing, mushroom and vegetable production, working with bamboo and basket weaving, pigeon rearing, and incense stick and candle production. They also did advocacy level work supported by both LEADS Nepal staff and carer representatives from the CAs and carers co-operatives. This latter has resulted in increasing recognition of the role of carers, the impacts of caring and the resulting vulnerability of carers as a group. In tangible and significant ways, this has translated into registration of the CAs and carers co-operatives in both the district. There is also now a positive response from the VDC level in approaches from carers groups for financial support. VDCs have provided resources to child carers clubs, totaling NRs 6.15 lakhs and practical support to the carers co-operatives to establish revolving funds and increase access to livelihoods. They have added their support to the project and to carers by their participation in Carers Day celebrations and carers workshops. Carers as a vulnerable group is now placed firmly on the development agenda in the project area with the registered (and increasingly independent) CAs and co-operatives creating a new civil society space that will continue to advocate on behalf of carers inclusion, access, and service provision.

The factors contributing to these achievements includes the existing presence and good standing of LEADS Nepal in the project area prior to the project; the consistent and persistent approach by CW and LEADS Nepal to the relevant authorities in advocating on behalf of carers and in bringing about their active participation; and the growing voice from the carers themselves which demonstrate to the authorities the level of need and the willingness amongst carers to empower themselves when given the right opportunities.

Sector Level: The formation and eventually the registration of the two CAs and the two carers cooperatives have been significant learning. This will be a big step towards the ongoing sustainability of the project beyond its project duration. At present they have been effective in awareness raising, advocacy, resource mobilization and in strengthening their constituencies. Their institution building needs strengthening and support especially with the closure of the project.
UK Aid Direct management:

This UK Aid Direct (formerly GPAF) funded project was Carers Worldwide’s first experience of working with DFID and with a fund manager – firstly Triple Line and then Mannion Daniels. It was a steep learning curve but overall, the organization felt supported and commented that they had received training, feedback and support at all stages of the process. This was particularly true at the time of the 2015 earthquakes. They also noted that understanding the Fund Managers’ and DFID’s requirements and complying with those was a very useful learning experience and has enhanced their project management and evaluation, which will be of benefit to their future work.

Recommendations:

1. Tremendous and unexpected beneficial results are seen from this project in a relatively short time. For example, the formation of the Carers Association in both the Districts is remarkable. They urgently need a clear transition plan as LEADS and CW complete the 3 years project, so that they have relevant ongoing support for their growth and long-term sustainability. Governance policies and modus operandi needs to be clearly defined and operationalized.

2. The Cooperative/s run by both Associations although pre-conceived, have been organic and logical outcomes. They are also legal entities with significant financial responsibilities. At some point a clear demarcation, line of authority, and modus operandi of the work of the Association and Cooperative needs to be defined other than the provision provided by the constitutional framework for the cooperatives by the Nepal government. How can it be ensured that a conflict of interest does not emerge at any given time since the members are the same in both the institutions in both the districts.

3. Backstopping support from LEADS and capacity building support from CW is necessary for the Associations to emerge as strong independent entities. This pilot intervention is well made, but there is a need for this work throughout Nepal. Once the Associations gain visibility and its value is recognized, they can model for what may be a rapid growth of CAs all over Nepal.

4. The Child Clubs need more ownership from the respective schools and directions and the CAs need to provide these Child Clubs with more guidance and supervision. Child carers are the future Association members, and their understanding of their location and politics in the whole mental health condition and positioning in Nepal is critical in their future role as advocates for their positions and rights.

5. The concept of self-help groups is very appropriate and is also useful in strengthening the work of the Association/s, but they are too weak as a structure and their sustainability can be questioned. But they provide excellent platforms for solidarity and support. Their ongoing support in a fortified structure needs to be looked into.

6. Training of a couple of DHP staff in each unit for the support of PWMIE seems
to be necessary. The FCHVs need to be used as they have been so far, and orientation and timely training for them needs to be ongoing.

7. The LEADS field staffs are very committed. They have gained the trust and respect of the communities they serve. Their retention as far as possible is recommended whereby they can give more attention and focus on the child clubs, cluster groups and self-help groups and support the institutionalization of the CAs.

8. 70% of the carers are women and the Associations have 95% women representatives. While women are being empowered in the process especially as carers, and as members of their Associations, but non-the-less, they are carrying extraordinary burdens. Owing to women's multiple burdens and child-bearing roles there needs to be in-built support for women, either through child day care centers or "shadow volunteers" on a case by case basis.
Annexes:

Case Studies:

**Tika Sapkota** lives with her parents-in-law in Baglung VDC - 4. Earlier she had symptoms of crying, blabbering, sleeplessness, wandering off, and lack of appetite. She is on medication and cannot stay without it. Her husband was abusive, but is now staying outside the home. She has a grown up daughter Ishwori who is studying in Kathmandu. Her parents-in-law, Tulsiram and Harikala, are understanding and love her as their own. The family has an organic vegetable farm and Tika goes to sell vegetables on most of the days. LEADS provided them with Rs. 4000 to begin this income generation activity. Today she can buy her medicine from this income and it is no longer a financial pressure on the family.

Tika who could not even speak coherently earlier, now also takes responsibility for her cooperative group. Although Tika is a PWMIE herself, she provides care to her elderly in-laws and looks after the household affairs responsibly.

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**Sukumaya Ruchal** is a labourer living with her mason husband Raju, and 4 children (3 girls and 1 boy) who range from 11 to 6 years old. She received Rs. 3000 from LEADS with which she raises some ducks. She is dependent on Rs. 1500 worth of medicine each month. She buys this with the sale of her ducklings (she retains parents ducks and sells off the ducklings to manage space) or her earnings from her labour work. On learning about the end of LEADS work she was very concerned and felt that the carers
society could not otherwise function. She said she has a hard time buying her own medicine, and paying for rent of the Carers Association will be a daunting task for them. She too is a responsible homemaker looking after the household, and working as a labourer with her husband when she has the time.

........................

In the Baglung bazaar, we also met with **Sashi Ram Kisan** who is a cobbler and runs a shoe shop. He is on a smaller dose of medication now. But for stressful situations, he carries the medicine on himself at all times. He is expecting to get a loan from the carer's association so that he can expand his shop. He said he had tensions owing to his 2 sons who did not study well. Although his older son does help him in the shop and is a skilled cobbler when he does works. Sashi Ram's older son is also a PWMIE, so he provides for medicine as well as guides him in his work when the son is up to working.

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**Bhabana BK** works in a tailoring shop on her own sewing machine given to her by LEADS. She is the carer for her brother Bhabindra who is bipolar and is on medication. He was a very talented goldsmith, but now with the medicine he feels drowsy and finds it difficult to focus on work. She is now happy that she can buy her brother's medicine worth about Rs. 500 on a monthly basis. Although the father too works as a goldsmith in someone else's shop it is difficult to make ends meet and Bhawana worries about her brother if she goes (since the family is putting a pressure on her to marry).
Bhawana is working in Tara Sirish's tailoring shop. Through the support of the project, she got training and is practicing for the past 2 months. Tara provides her good apprenticeship and also tailoring work for which she gets paid. Bhawana does not want to marry until she is very good in her work and has a stronger financial position. Earlier her father used to beat her brother, now he understands. She could have never bought the sewing machine without LEADS help. Bhawana wants to help the Carers Association when she begins to get good income.

.................

In Narayansthan in Baglung we visited the carers self-help group. Here we met with many amazing carers. One of them is Kul Devi Dhakal (the woman in the red saree). She is a carer for her daughter, son-in-law, and her brother-in-law. She provides medicine for all of them – including her married daughter and son-in-law. She received a loan from the project promoted Carers Cooperative to do vegetable farming. Selling vegetables, she managed to buy a few buffaloes. Now she has a successful small-scale vegetable and a dairy business. Besides she is a very active member of her local carers cluster group.

.................
**Yamuna Bania** lives in Toripani of Beninagarpalika – 9. She is under medication. But she is a carer as well for her husband who is also helping her out a little bit with farm work. She has 4 children, three girls and 1 boy. Few months back she took a Rs. 5000 loan from the cooperative, went for a week long training for making incense sticks, and is already beginning to sell her product. She estimates that in 3 months time she will be able to repay her loan. She says the benefits of this craft are that it is home based, she does not have to do hard labour, and she uses mostly local resources which are available in her own home, e.g. charcoal and bamboo. She is happy that she can take care of her medicine by the sale of incense sticks. She is an active member of the local carer group and cluster


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**Renu Khatri** also lives in Toripani. Renu's husband Dambar is on a high dose of medication and she also has a college going daughter with a polio disability. There days he has been looking after the goats, but he is not contributing to farm work. She shuttles her time between caring for her daughter in another city and her home.

Renu took Rs. 5000 loan from the project promoted cooperative and began a goat raising income generation activity. She sells her goats on a biannual basis and can run her household expenses on it. Today she has some 15 goats and kids. Renu represents her cluster on the Carers Association and she is a very active member at both the levels.

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# People Met During the Field Visit

**8 – 12 June, 2017**

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<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Role/Position</th>
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<tbody>
<tr>
<td>1.</td>
<td>Anil Patil</td>
<td>Executive Director Carers Worldwide</td>
</tr>
<tr>
<td>2.</td>
<td>Padam Shrestha</td>
<td>Project Director, LEADS</td>
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<tr>
<td>3.</td>
<td>Rita Siris</td>
<td>Social Mobilizer</td>
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<td>4.</td>
<td>Dima Kala Thapa</td>
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<td>5.</td>
<td>Bimala Thapa</td>
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<td>6.</td>
<td>Shova Kaucha</td>
<td>Field Coordinator - Baglung, LEADS</td>
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<td>7.</td>
<td>Som Bahadur Thapa Magar</td>
<td>Trainer, LEADS</td>
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<td>8.</td>
<td>Pratikshya Bhujel</td>
<td>Social Mobilizer</td>
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<td>9.</td>
<td>Radha Poudel</td>
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<td>10.</td>
<td>Gita Jugjali</td>
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<td>11.</td>
<td>Laxmi Thapa</td>
<td>Field Coordinator – Mygdi, LEADS</td>
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<td>12/group</td>
<td>Narayansthan Health Post</td>
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<td>13/group</td>
<td>Sri Janata Dhan Higher Secondary</td>
<td>Head master and teachers</td>
</tr>
<tr>
<td>14.</td>
<td>Sharmila Thapa</td>
<td>President CA, Baglung</td>
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<tr>
<td>15.</td>
<td>Indra Sharma Sapkota</td>
<td>VP CA, Baglung</td>
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<td>16/group</td>
<td>Toripani Cluster Group</td>
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<tr>
<td>17.</td>
<td>Nisha Kumari GC Mahat</td>
<td>President, Carers Association, Myagdi</td>
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<td>18/group</td>
<td>Carers Association members</td>
<td>Mygdi</td>
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<tr>
<td>19.</td>
<td>Hari Prasad Shrestha</td>
<td>Newly elected Mayor, Myagdi</td>
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<tr>
<td>20.</td>
<td>Ram K. Baraili</td>
<td>Newly elected Ward Chair</td>
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<tr>
<td>21.</td>
<td>Meera</td>
<td>Cottage Industries</td>
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<tr>
<td>22.</td>
<td>Trainees of Knitting class</td>
<td>Galeshwor, Myagdi</td>
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## Final Evaluation visit in Baglung and Myagdi
8th to 12th June, 2017

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Date</th>
<th>Programme</th>
<th>Place</th>
<th>District</th>
<th>Time</th>
<th>Remarks</th>
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<tbody>
<tr>
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<td>8th June, 2017</td>
<td>IGA (Goat)</td>
<td>Kudule</td>
<td>Baglung</td>
<td>11:00 am.</td>
<td>15-20 minutes travel by public vehicle</td>
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<td>9th June, 2017</td>
<td>IGA (Shoe making)</td>
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<td>Baglung</td>
<td>1:30 pm</td>
<td>Around market</td>
</tr>
<tr>
<td>3.</td>
<td>9th June, 2017</td>
<td>IGA (Tailoring)</td>
<td>Bazaar area</td>
<td>Baglung</td>
<td>3:00 pm</td>
<td>Around market</td>
</tr>
<tr>
<td>4.</td>
<td>10th June, 2017</td>
<td>Health centre visit (Meeting with health workers and FCHVs)</td>
<td>Narayansthan</td>
<td>Baglung</td>
<td>10:00 am.</td>
<td>2 hrs. travel by reserved vehicle (On the way of Amalachour)</td>
</tr>
<tr>
<td>5.</td>
<td>10th June, 2017</td>
<td>Child club visit at school</td>
<td>,,</td>
<td>Baglung</td>
<td>11:30 am.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>10th June, 2017</td>
<td>Cluster level meeting</td>
<td>Amalachour</td>
<td>Baglung</td>
<td>1:00 pm.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>10th June, 2017</td>
<td>Moving to Myagdi</td>
<td></td>
<td></td>
<td>5 PM</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>11th June, 2017</td>
<td>IGA (Goat and scent stick)</td>
<td>Toripaani</td>
<td>Myagdi</td>
<td>10:00 am</td>
<td>1 hour travel by reserved vehicle</td>
</tr>
<tr>
<td>9.</td>
<td>11th June, 2017</td>
<td>Care centre visit</td>
<td>Singa, Tatopaani</td>
<td>Myagdi</td>
<td>10:00 am</td>
<td>1 hour travel by reserved vehicle</td>
</tr>
<tr>
<td>10.</td>
<td>12th June, 2017</td>
<td>Visit at Municipality, small cottage industry</td>
<td>Beni Bazaar</td>
<td>Myagdi</td>
<td>2:00 pm.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>12th June, 2017</td>
<td>Meeting with Carers association and cooperative</td>
<td>,,</td>
<td>Myagdi</td>
<td>9:00 am.</td>
<td>At hotel Dolphin</td>
</tr>
<tr>
<td>12.</td>
<td>12th June, 2017</td>
<td>Return Pokhara</td>
<td></td>
<td></td>
<td>12.15 PM</td>
<td>Rita back to Kathmandu</td>
</tr>
</tbody>
</table>

**Note:** without compromising on the meetings, some schedules were moved owing to the strike and unavailability of the people to be interviewed.
Bibliography:

1. GPAF Annual Progress Report 2015
3. GPAF Community Partnership Proposal Form (Round 2)
4. Log-frame April 2016
5. UK AID DIRECT Annual Review – June 2016
7. Risk & Mitigation Document

Rita Thapa - Brief Bio

Rita Thapa founded and led Tewa (1995/2001), the innovative Nepal Women's Fund and Nagarik Aawaz (2001/2009) the peace-building initiative. She envisioned the Tewa Center and led all related fundraising campaigns for the same (2011 - now). She has over thirty-five years of experience as a feminist educator and a community activist. Some of her volunteer associations include being on the International Committee of the Regional Center for Strategic Studies, Colombo/Sri Lanka, and SACEPS (South Asia Center for Policy Studies), Sangat, and SWAF – the South Asian Women's Fund. She is a former board member and Chair of the Global Fund for Women, and served on the Executive Board of the Urgent Action Fund. She currently serves the Board as Chair of the Global Fund for Community Foundations.

She has facilitated, trained and designed development programmes, conducted evaluation and appraisal missions for international organizations, and has authored research papers and chapters in books relating to women and peace.

She was named an Ashoka Fellow (1997-98), Dame Nita Barrow Distinguished Visitor at the University of Toronto (2003), and a 1000 Peace Women across the Globe.