Monitoring, Reporting and Evaluation Guideline for Psychosocial Counselling and Support Services (PSS)

May 2014

Developed in technical support from International Organization for Migration, Nepal
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Monitoring, Reporting and Evaluation guideline for Psychosocial Counselling and Support Services for Conflict Affected Person’s in Ten Pilot Districts

1. Background:

Government of Nepal, Ministry of Peace and Reconstruction (GoN/MoPR) has been contributing in peace process by supporting Conflict Affected Persons and their families with interim cash transfers and rehabilitation services through various relief and rehabilitation projects. Additionally, the ministry is now introducing psychosocial counselling services for conflict affected persons as an integral component of rehabilitation package to victims. Thus, after numerous national and regional consultations with various stakeholders working on peace, rehabilitation and psychosocial counselling the Ministry developed Psychosocial counselling guideline, named as “Guideline for Conducting Psychosocial Counselling Services 2070”.

This monitoring, reporting and evaluation guideline is fundamentally based on the peripheral ground of MoPR’s “Guideline for Conducting Psychosocial Counselling Services 2070”. It primarily focuses on the monitoring and evaluation plan recommended in the guideline. Thus, the document basically mentions three layers of Monitoring and Evaluation of the program through National, District and Community level. The program will be implemented through selected service provider at the ten selected Conflict affected districts across the country. MoPR through its Project Implementation Unit at central level will coordinate with Recommendation and Monitoring Committee as mentioned in the Operation Guideline for effective programme monitoring. An external monitoring and evaluation will also be carried during the mid and end of the project period.

Monitoring and evaluation (M&E) is a process that helps improving performance and achieving results. Its goal is to improve current and future management of outputs, outcomes and impact. It is mainly used to assess the performance of projects, institutions and programmes that links between the past, present and future actions\(^1\).

\(^1\) http://en.wikipedia.org/wiki/Monitoring_and_Evaluation
2. **Objective of the guideline:**

The general objective of Guideline is to standardize the Monitoring & Evaluation processes of the Psychosocial Counselling and Support Services program for ensuring quality results. It will also guide to observe, manage and analyze the project interventions systematically. The specific objectives are as follows:

- To share descriptive information on the various tools and techniques of M&E to be adopted in the Psychosocial Counselling and Support Services program at the district and national level

- To ascribe the roles and responsibilities of various stakeholders in terms of monitoring and evaluation of the Psychosocial Counselling and Support Services program

- To track Psychosocial Counselling and Support Services program activities throughout its different phases, resolve problems and issues in timely manner and provide feedback for improvement.

3. **Importance of Monitoring and Evaluation**

Monitoring & Evaluation is an ongoing process. It is important because it consolidates the sources of information, deriving the project progress to date and helps learn from the experiences, building on expertise and knowledge. In various circumstances it discloses errors and offers ways for learning from them and improving future interventions. It is more of a check and balance tool for a program. Also, it helps in generating reports that contribute to assessing the project progress by identifying achievements, challenges, and moreover provides feedback with lessons learned. Those lessons learned are thus improved and are expected to be incorporated into future activities to avoid discrepancies. It delivers a medium to gauge the link established between the service provider, beneficiaries and donors. Mostly, M&E contributes to maintaining and developing institutional memory by adding value to the project. Monitoring is most effective when there is flexibility in the project design to change the project to respond to the findings of monitoring processes.

4. **Limitation of Monitoring and Evaluation in psychosocial programme:**

A monitoring and evaluation plan should consist of both quantitative and qualitative tools. It is important to have clear and measurable objectives and indicators that need to be established at the initial stages of a psychosocial support intervention. However, to
design monitoring and evaluation tools for a psychosocial program is somehow difficult. The evaluation of a psychosocial program tends to be largely descriptive and remains at the output level rather than measuring change at the outcome and even impact levels. It is so because of the program nature and the interventions may only have an effect over a longer period of time as its nature is relatively subjective. Nevertheless taking that into considerations indicators and tools which will gauge short and long term results are developed for this purpose.

5. **Monitoring, Reporting and Evaluation Mechanism, Roles and Responsibilities:**

Monitoring, reporting and evaluation will be carried out based on the three core psychosocial domains, i.e. skills and knowledge, emotional well-being and social well-being. Following the psychosocial counselling and support services program activities, the different types of program monitoring and evaluation plans will be as follows:

5.1 **Monitoring and Evaluation by MoPR (National level):**

Ministry of Peace and Reconstruction and its Project Management Unit (PMU) will carry out close supervision and monitoring of activities at district and community level with support\(^2\) from IOM. The monitoring, reporting and evaluation of the program will be carried out on the basis of this guideline developed by IOM. Various M & E tools and techniques have been defined in the guideline which is based on program design of psychosocial counseling and support services. There will be an internal monitoring as well as mid-term evaluation conducted from the ministry in coordination with NPTF. MoPR/PMU at the central level will be responsible to carry out the following tasks:

- Develop and update, as necessary, the monitoring and evaluation framework and guidelines
- Assist the Public Information/Communication Specialist in establishing and maintaining the Management Information System (MIS) to ensure effective collation and recording of monitoring, reporting and evaluation information including tracking of beneficiaries receiving various level of counselling services
- Compile and analyze the data and field information submitted by the service provider
- Compile monthly, quarterly and annual reports submitted by the service provider

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\(^2\) The support of IOM depends upon the implementation of Psychosocial Counselling Services program by MoPR with availability of fund
• Prepare field monitoring plans/schedules to monitor the quantity and quality of the psychosocial counselling services at the field level in coordination with the Recommendation and Monitoring Committee
• Conduct training and capacity building activities of LPCs, District Coordination Committees (DCCs) and service provider on monitoring, reporting and evaluation
• Establish grievance handling mechanism
• Update the information in the MIS and monitor the quality and accuracy of the MIS and relevant processes including maintenance of confidentiality
• Review and enhance outreach programs/materials based on feedback
• Prepare project completion reports including lessons learned on the program implementation
• MoPR will hire third party evaluators to evaluate the performance of the service provider in the final project evaluation

5.2 Monitoring and Evaluation by Recommendation and Monitoring Committee (District level):
Based on the provision in the Guideline for Operation of Psychosocial Counselling Services, a Recommendation and Monitoring Committee will be established at the district level. The committee will be steered by the Chief District Officer as the coordinator along with members from various line agencies namely Local Development Officer, Coordinator-LPC, Chief/Representative-District Hospital, Chief-District Public Health Office, CAPs representative from LPC(preferably at least two women), Chief-District Police Office, Women Development Officer and an officer recommended by the CDO as the Member-Secretary. They will be responsible in carrying out regular monitoring of the Service Provider beginning from the outreach and intake of the victims for service seeking. A monthly meeting will be convened in order to assess the services and to verify the specialized services documents for further medical treatment. RMC will submit its report to MoPR/PMU at National level.

The Recommendation and Monitoring Committee will be responsible to carry out the following duties:
• The committee will be responsible to monitor and evaluate the program delivery at the district level with necessary feedback as required
• The committee will visit the service centers and observe the project activities delivered by the service provider. The committee members will use the monitoring checklist for this purpose (Annex I)
The coordinator will be responsible to call the meetings of the committee which should be convened at least once a month and additional meetings can be called as needed.

5.3 Monitoring by Service Provider (Community Level):

Based on the Guideline for Operation of Psychosocial Counselling Services, the service provider will be procured as per Government of Nepal’s Public Procurement Act 2063 and Public Procurement Regulation 2064. Likewise, the selection of the service provider is solely based on evidence of relevant past experience and competency of resources for the completion of psychosocial counselling and support services. The forms and tools developed below in the guideline will be the basis for assessing and analyzing their services. The Service Provider will coordinate and involve PMU (district level) and RMC while conducting the activities ensuring their accountability.

The selected service provider is responsible to carry out the following tasks in terms of monitoring and evaluation during the program implementation at the district level:

- The service provider is first and foremost responsible to submit monthly updates and quarterly reports (Annex II) to the MoPR.
- The service provider is responsible to conduct perception surveys (Annex III) on existing knowledge of psychosocial counselling of the CAPs and communities at large.
- The SP will be responsible to track out the number of male/females attending the outreach campaign.
- The Community-based Psychosocial Worker recruited by the Service provider is responsible to track out the CAPs in the community and verify and register the victims in reference to the MoPR/EPSP database.
- While carrying out community based counselling, an assessment of needs such as community, individual, legal, social and family needs will be carried out using the client information sheet (Annex IV). For this CPSW will be given an orientation for carrying out assessment of needs.
- During focused counselling, the service provider maintains individual case files (Annex V) of the clients seeking services, which are bound to confidentiality.
- The service provider will update and maintain the same individual case files while carrying out specialized services with other relevant medical documents as per the service required maintaining confidentiality.
- The service provider will conduct quarterly client satisfaction and coping scale surveys (Annex VI & VII) to assess the clients’ feedback and progress and report to the MoPR in quarterly reports.

5.4 Third Party Monitoring (TPM)

The Psychosocial Counselling and Support Services program will hire services of independent firm/s to carry out Third Party Monitoring (TPM) of the program on a regular basis. Such TPM shall be conducted at least twice during the project period.

5.5 PSS Management Information System

The PSS team shall develop a registration database that will be used to ensure effective collation and monitoring, reporting and evaluation information including registration of beneficiaries to the service, frequency, location, date and type of services taken by the beneficiaries in the districts. Furthermore, the PSS team shall assist MoPR to update the MIS to include the psychosocial component and integrate data from the districts to the MIS System in MoPR.
6. Monitoring and Evaluation Flow Chart

Outreach/Orientation conducted by MoPR/IOM

Monthly/quarterly reports (Annex II)

Program Orientation by Service Provider

Registration/Verification

Outreach at community level by Service Provider

Perception Survey (Annex III)

Community based service

Peers Support Group

Participatory Group Intervention (PGI)

Discussion Group

Client information sheet (Annex IV and V)

Medium Service

Specialized Service

Individual case files (Annex V)

Satisfaction Survey (Annex VI)

Individual case files (Annex V)

Satisfaction Survey (Annex VI) & Coping scale (Annex VII)

Medical reports from psychiatrist
7. Results Framework for psychosocial counselling and support services project

<table>
<thead>
<tr>
<th>Set of Objectives</th>
<th>OVI</th>
<th>MOV</th>
<th>Baseline/Target</th>
<th>Risk/Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychosocial support needs are satisfied with the reach, quality and effectiveness of psychosocial services provided</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50% out of the total CAPs receiving services are satisfied with improved coping mechanism and managed existing resources for psychosocial well being</td>
<td></td>
<td></td>
<td>Baseline</td>
<td>Short span of project period can be a risk to achieve targeted goal</td>
</tr>
<tr>
<td>Improved mental and psychosocial health status of CAPs</td>
<td></td>
<td></td>
<td>MIS database</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Project Report</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Satisfaction survey</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Final Program evaluation report</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Baseline</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No service available in regards to psychosocial and support services by Ministry of Peace and Reconstruction (MoPR) till date</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Target</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td># no. of CAPs received services</td>
<td></td>
</tr>
</tbody>
</table>

**Output 1: Informed CAPs and community on psychosocial counselling and support services.**

<table>
<thead>
<tr>
<th>Activities</th>
<th>OVI</th>
<th>MOV</th>
<th>Baseline/Target</th>
<th>Risk/Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Two days program orientation on psychosocial counseling and support services for CAPs</td>
<td></td>
<td></td>
<td>Baseline 0</td>
<td>Community members are interested in the services and challenges to access services are overcome through project design</td>
</tr>
<tr>
<td>b. Outreach activities at community level</td>
<td># of orientation conducted</td>
<td>Attendance sheet</td>
<td>Target</td>
<td></td>
</tr>
<tr>
<td></td>
<td># of CAPS and community reached (Disaggregate data on gender and ethnicity)</td>
<td>Monthly update</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quarterly report</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td># of orientations conducted</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td># no of CAPs participating in orientations (disaggregated)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Output 2: Increase in number of CAPs participation, practice of referral for further services and reduced psychosocial problem with improved coping mechanism and daily functioning with knowledge enhancement on psychosocial and mental health issues and problem management skill

<table>
<thead>
<tr>
<th>Activities</th>
<th>OVI</th>
<th>MOV</th>
<th>Baseline/target</th>
<th>Risk/Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>c. Community Based Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Participatory Group Intervention</td>
<td># of group formation</td>
<td>Attendance sheet, Client information sheet, Perception survey, Coping method scale, Service detail form, Satisfaction survey, Quarterly report</td>
<td>Baseline 0</td>
<td></td>
</tr>
<tr>
<td>ii. Discussion group</td>
<td># of CAPs participated in self-help, discussion and peer support group meeting</td>
<td></td>
<td>Target # of groups formed; # of CAP participants; # of referrals and % of referrals that are accessed</td>
<td></td>
</tr>
<tr>
<td>iii. Peer support group</td>
<td># of victims referred to psychosocial counselling services who access referral services</td>
<td></td>
<td>50 % out of the total CAPs receiving services perceive knowledge on psychosocial and mental health issues</td>
<td></td>
</tr>
<tr>
<td>d. Medium Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Specialized Services</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Increased knowledge with coping mechanism adopted to manage existing resources for psychosocial well-being
ANNEX I

Background Information:

<table>
<thead>
<tr>
<th>Description</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verification document</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration of the victim</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Database filled in by CPSW</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly update</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarterly report</td>
<td></td>
<td></td>
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<tr>
<td>Others</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

1. Checklist on service delivery:
   (Based on the evidences available during the time of monitoring)

2. Interaction with beneficiaries/clients
   (Following Focus Group Discussions (FGD) questions will be referred while interacting with beneficiaries. A total of 6-8 participants will be participating in FGD. Further analysis will be carried in support of IOM) (this will be a random selection of service recipients at least 50 % of the people should be female)

   i. Do you think psychosocial counselling has brought change in your lives? How?
   ii. How are CPSWs supporting the community in providing psycho social support services?
   iii. Is the help/service from the counselor sufficient?
   iv. Is referral being helpful for receiving services?
   v. What is the procedure of getting to the psychiatrist or other service provider at the district level (For participants receiving specialized services)
   vi. What needs to be improved?
1. PROJECT SUMMARY:

<table>
<thead>
<tr>
<th>Project number and Title:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Districts:</td>
<td></td>
</tr>
<tr>
<td>Reporting Period:</td>
<td></td>
</tr>
<tr>
<td>Total funding amount approved for the project:</td>
<td></td>
</tr>
<tr>
<td>Name of the Service Provider:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Name of the project Coordinator:</td>
<td></td>
</tr>
<tr>
<td>Names of the other project partner if available:</td>
<td></td>
</tr>
<tr>
<td>Overall Objective of the project:</td>
<td></td>
</tr>
<tr>
<td>Key expected results for the reporting period:</td>
<td></td>
</tr>
<tr>
<td>Key activities conducted during the reporting period:</td>
<td></td>
</tr>
</tbody>
</table>
2. Over view of project Implementation:

2.1 Key challenges:

2.2 Past quarter activities:

2.3 Progress per activities:

I. One day Program orientation on Psychosocial counselling and support services
   Program Description:
   Achievements:

II. Community based Services (General services)
   a. Participatory Group Intervention
   b. Discussion group
   c. Peer support group
   Program Description:
   Achievements:

III. Medium Services
    Program Description:
    Achievements:

IV. Specialized services
    Program Description:
    Achievements:

3. Case studies/Success stories

4. Priority activities for next quarter

5. Management report
6. Process Monitoring Sheet (PMS):

<table>
<thead>
<tr>
<th>Activities</th>
<th>OVI</th>
<th>MOV</th>
<th>Achieved</th>
<th>Not Achieved</th>
<th>Reasons/Remedies</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Two days program orientation on Psychosocial counselling and support services</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>b. Outreach activities at community level</td>
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<tr>
<td>c. Community Based Services (General services)</td>
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<td>iii. Peer support group</td>
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<td></td>
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<tr>
<td>d. Medium Services</td>
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<td></td>
<td></td>
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<tr>
<td>e. Specialized services</td>
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</table>
ANNEX III

Perception Survey

(The questions below will be asked during the two days orientation on psychosocial counselling for CAPs)

1. Have you heard about psychosocial support and counselling? If yes, what do you understand by this term ‘psychosocial support and counselling’?

2. What are the main psychosocial problems faced by you and your family?

3. How has this problem impacted on your general functioning?

4. To which extent do you feel connected with neighbors and rely on each other and participate in activities that are being organized in your community?

5. Have you realized your own capabilities and realistic views on own strength, interest and values to overcome barriers? How?
ANNEX IV

Client information sheet

For Male Clients:

1. In the past two weeks, how difficult was it for you for getting up in the morning?

   Not at all..............................0
   Sometimes ................................1
   Most of the times........................2
   Always..................................3

2. In the past two weeks, how difficult was it for you for taking meal/tea/breakfast?

   Not at all..............................0
   Sometimes ................................1
   Most of the times........................2
   Always..................................3

3. In the past two weeks, how difficult was it for you for maintaining personal hygiene? (e.g. going to toilet/ taking bath / washing hands and mouth/brushing the teeth/ combing hair/ doing dress-up)

   Not at all..............................0
   Sometimes ................................1
   Most of the times........................2
   Always..................................3

4. In the past two weeks, how difficult was it for you doing farm-related work and looking after cattle?

   Not at all..............................0
   Sometimes ................................1
   Most of the times........................2
   Always..................................3

5. In the past two weeks, how difficult was it for you to help in household/domestic work? (e.g. cleaning the house, to help preparation of food, etc)

   Not at all..............................0
   Sometimes ................................1
   Most of the times........................2
   Always..................................3

6. In the past two weeks, how difficult was it for you to take care of your children and other family members?

   Not at all..............................0

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3 Validated and used by Centre for Victims of Torture Nepal on Community Mental Health Promotion Programme (CMHP)
7. In the past two weeks, how difficult was it for you for attending community meetings?

Not at all.................................0
Sometimes ....................................1
Most of the times..........................2
Always.........................................3

8. In the past two weeks, how difficult was it for you for attending or assisting in religious activities and festivities? (e.g. doing and attending marriage, Bartabanda (Sacred Thread ceremony), Nwaran (baptize), doing Puja (Pray or worship) etc)

Not at all.................................0
Sometimes ....................................1
Most of the times..........................2
Always.........................................3

9. In the past two weeks, how difficult was it for you for helping neighbour or community people?

Not at all.................................0
Sometimes ....................................1
Most of the times..........................2
Always.........................................3

10. What are the other activities that you found difficult to do in the past two weeks?

(Note: Please write one most important activity and ask them how difficult it was for them in the past two weeks)

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

Not at all........................................0
Sometimes ....................................1
Most of the times..........................2
Always.........................................3
For Female Clients

1. In the past two weeks, how difficult was it for you for helping in/doing household work? (e.g. preparing food, going to the market, cleaning the house, collecting the firewood, washing clothes etc)

   Not at all........................................0
   Sometimes ....................................1
   Most of the times............................2
   Always...........................................3

2. In the past two weeks, how difficult was it for you for making and having a meal/breakfast/tea?

   Not at all........................................0
   Sometimes ....................................1
   Most of the times............................2
   Always...........................................3

3. In the past two weeks, how difficult was it for you for maintaining personal hygiene? (e.g. going to toilet/taking bath / washing hands/ combing hair)

   Not at all........................................0
   Sometimes ....................................1
   Most of the times............................2
   Always...........................................3

4. In the past two weeks, how difficult was it for you to enjoy or entertain yourself (e.g. watching television, listening to radio, roaming around, doing make ups, chatting with children)?

   Not at all........................................0
   Sometimes ....................................1
   Most of the times............................2
   Always...........................................3

5. In the past two weeks, how difficult was it for you for taking care/loving children and family members?

   Not at all........................................0
   Sometimes ....................................1
   Most of the times............................2
   Always...........................................3

6. In the past two weeks, how difficult was it for you for doing farm or looking after cattle?

   Not at all........................................0
   Sometimes ....................................1
   Most of the times............................2
   Always...........................................3

7. In the past two weeks, how difficult was it for you for attending or assisting religious or cultural activities? (e.g. doing and attending marriage, bartabanda, nwaran, puja etc)

   Not at all........................................0
Sometimes ........................................1
Most of the times..................................2
Always..................................................3

8. In the past two weeks, how difficult was it for you for participating community /club meeting? (e.g. mother group, community forest group meeting etc)

Not at all.................................................0
Sometimes ..........................................1
Most of the times.................................2
Always..................................................3

9. In the past two weeks, how difficult was it for you for helping neighbor or community people?

Not at all.................................................0
Sometimes ..........................................1
Most of the times.................................2
Always..................................................3

10. What are the other activities that you found difficult to do in the past two weeks?

(Note: Please write one most important activity and ask them how difficult it was for them in the past two weeks)

Not at all.................................................0
Sometimes ..........................................1
Most of the times.................................2
Always..................................................3
ANNEX V

(A) **Demographic Details Form**

Name: …………………………  DOB: ………………………

Age: ………………  Gender: Male ☐ Female ☐ Others ☐

Zone: ……………………  District: ……………………

VDC/Municipality: ……………  Ward no.: …………………

Citizenship no.: …………………  ESES Training: Yes ☐ No ☐

Marital Status:  Single ☐ Married ☐ others ☐ if others, (Specify) …………………

Religion:  Hindu ☐ Buddhism ☐ Islam ☐ Kirat ☐ Christianity ☐ Others ☐ if others, specify …………………

Size of Family: …………………  Family Type: Nuclear ☐ Joint ☐

Ethnicity:  Brahmin ☐ Chhetri ☐ Janjati ☐ Dalit ☐ other religious minorities ☐

CAP ID: ……………………  Relation with CAP: …………………

Employment Status:  Employed ☐ Unemployed ☐

Occupation:  Student ☐ Business ☐ Agriculture ☐ Service ☐ Others ☐ if others, (Specify) …………………

Education Level:  Primary ☐ Secondary ☐ Intermediate ☐ Bachelor ☐ Master ☐ None ☐ Others ☐ if others, (Specify) …………………
(B) Psychosocial Counselling Detail Form

1) Physical problems:

2) Social problems:

3) Psychosocial problems:

4) Idioms of distress:

5) Observation:

6) Case status: Ongoing ☐ Follow up ☐ Closed ☐

7) SP intervention:

8) Changes (Impact):

9) Client opinion on psychosocial problem:

10) Referred to: Counselor ☐ Others ☐ if others, specify…………………

11) Case closed: Yes ☐ No ☐
(C) Psychosocial Counselling Follow-Up Detail Form

1) Physical problems:

2) Social problems:

3) Psychosocial problems:

4) Idioms of distress:

5) Observation:

6) Counselor impression:

7) Case status: Ongoing ☐ Follow up ☐ Closed ☐

8) Service Plan:

9) SP intervention:

10) SUD of psychosocial problem (1-10): ............

11) Changes (Impact):

12) Client opinion on psychosocial problem:

13) Referred to: Counsellor ☐ Others ☐ if others, specify................

14) Case closed: Yes ☐ No ☐
ANNEX VI

Client Satisfaction Questionnaire for Psychosocial Counselling

Name of the Client: ___________________________ Date: ___________________________

Name of the Counselor: ___________________________

I. Demographic Question

D1. Gender ............................................................
D2. Age .............................................................
D3. District .........................................................
D4. VDC ............................................................
D5. Ethnic group ..................................................
D6. Marital status ................................................
D7. Do you go to school?  Yes/No
   If yes, in which standard? ...................................
D8. Do you have children? Yes/No
   If yes, how many children do you have? ..............

II. Questions about psychosocial counselling

P1. How do you feel about psychosocial counselling?
   ........................................................................
   ........................................................................
   ........................................................................

P2. Did you face any difficulties during psychosocial counselling?
   Yes/No ..............

P3. If P2 is Yes
   What were the difficulties you faced during the psychosocial counselling?
   ........................................................................
   ........................................................................
   ........................................................................
P4. To what extent has the psychosocial counselling satisfied your needs?

- All of my needs have been met 5
- Almost all of my needs have been met 4
- Most of my needs have been met 3
- Only few of my needs have been met 2
- None of my needs have been met 1

P5. In overall, how satisfied are you with the service you have received?

- Fully satisfied 5
- Highly satisfied 4
- Medium satisfied 3
- Low satisfied 2
- Not at all satisfied 1

P6. What are the things you like about the psychosocial counselling?

________________________________________________________________________

________________________________________________________________________

P7. What are the things you dislike about the psychosocial counselling?

________________________________________________________________________

________________________________________________________________________

P8. Which one of the following was present during the psychosocial counselling?

- Confidentiality □
- Friendly counselor □
- Not disturbed by others □
- Comfortable room □
- Nice treatment by other staff □
- Use of creative activities □
P9. How long did you get psychosocial counselling? How many sessions?

Months/Week/Days


P10. In your opinion, how can we improve our psychosocial counselling service?


P11. If you feel anything that has not been covered in the above-mentioned questions, please feel to write here. You valuable suggestion regarding counselling services will be highly appreciated.


