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Global Humanitarian Assistance Report 2021

Development Initiatives has released Global Humanitarian Assistance Report 2021. The report reveals the number of UN humanitarian appeals rose from 36 in 2019 to 55 in 2020. Yet, international humanitarian assistance has flatlined for a second consecutive year. In 2020, an estimated 243.8 million people living in 75 countries were assessed to be in need of humanitarian assistance. Between 2010 and 2020, extreme poverty in fragile states grew 8% while falling 63% in non-fragile states. Fragile countries now account for two thirds of the world’s people experiencing extreme poverty. Between 2019 and 2020, international humanitarian assistance from governments and EU institutions stagnated at US$24.1 billion, as the UK reduced contributions by almost a third (29%) and Saudi Arabia reduced contributions by more than half (53%).

Read more about the report here.
AIN Case Studies on Community Resilience Initiatives

On the occasion of 25th Anniversary of Association of International NGOs in Nepal (AIN), AIN published a special compilation of case studies titled, 'Resilience in Action: Community Voices from the field'. The publication was led by Task Group on Disaster Management and Climate Change (TGDMCC). The document will further foster a common knowledge and understanding of the changing context of the country, DRR and development, opportunities for increased impact, and ways of working in emergencies among AIN members and other relevant stakeholders. The stories from the community have showcased contribution by AIN members in terms of reaching the unreached and in building disaster resilient communities including the most venerable women, children, people with disability and the aging population. Case studies by AWO International, CARE, DCA, DPNet Nepal, Good Neighbors, Islamic Relief Worldwide, Mercy Corps, People in Need, Plan, Practical Action, Shapla Neer, Save the Children, TearFund, VSO, WHH and World Vision International.

Read more of the publication here.

Nepal Macroeconomic Update: September 2021

This Macroeconomic Update published by Asian Development Bank (ADB) provides forecasts for fiscal year (FY) 2022 growth, inflation and current account balance while analyzing Nepal's macroeconomic performance in FY2021. Nepal's economy is anticipated to expand by 4.1% in FY2022, up from an estimated growth of 2.3% in FY2021, primarily owing to ongoing vaccination campaign against COVID-19. Annual average inflation edged up to 3.6% in FY2021 and is forecast to rise modestly to 5.2% on the back of higher global oil prices and a gradual recovery in domestic demand. Even with continued strong growth in exports and remittances, the current account deficit will remain high, at an estimated 5.0% of GDP, though down from 8.0% a year earlier.

Read more of the publication here.
The Asia-Pacific region has achieved notable success compared to the North Atlantic region in controlling the pandemic, with far lower mortality rates and greater successful implementation of Non-Pharmaceutical Interventions to stop the spread of the disease, such as border controls; face-mask use; physical distancing; and widespread testing, contact tracing, and quarantining (or home isolation).

The successes of NPI implementation in the Asia-Pacific region resulted from measures that were both top-down, with governments setting strong control policies, and bottom-up, with the general public supporting governments and complying with government-directed public health measures.

The more individualistic culture of the North Atlantic countries compared to countries in the Asia-Pacific region and the relative looseness of social norms may also have contributed to lower public support for NPIs. Assertions of “personal liberty” and demands for privacy in the North Atlantic contributed to the reluctance of individuals in the North Atlantic countries to comply with public health measures such as contact tracing.

Nepal ranks in 87th position with overall score of 5.269 (Finland ranks in first position with 7.842 score). Specific to Nepal’s performance, statistics from 2006-8 in comparison to 2017-19 on three indicators (WELLBY, Wellbeing and Life Expectancy) show as such:

**Well Being Adjusted Life Year (WELLBY)**
2006-8: 303.8
2017-19: 354.6

**Wellbeing**
2006-8: 4.6
2017-19: 5.0

**Life Expectancy**
2006-8: 66.3
2017-19: 70.5

Read more about the report [here](#).
Meet Mental Health Evidence Champion: Prasansa Subba

Prasansa has been working in the mental health sector since 2011. Over these years, she has been engaged in multiple mental health research projects through Transcultural Psychosocial Organization (TPO) Nepal such as Programme for Improving Mental Health (PRIME), assessment of mental health problems in the post-earthquake context, validation of post-traumatic growth inventory, feasibility testing of mHealth for the detection and referral of mental health problems, and adaptation of community programmes for maternal depression. Likewise, at United Mission to Nepal (UMN), she examined the integration of mental health in the remote areas of Nepal, understanding mental health as a development agenda. Prasansa has an MPhil in Public Mental Health from the University of Cape Town and is currently doing her PhD from the University of Liverpool. In her PhD project called “Enhance”, she will be focusing on the adaptation of the Thinking Healthy Programme (THP) and will be evaluating its effectiveness for maternal depression. Her key research interest areas include maternal mental health, cultural adaptation, mHealth, and task-shifting.

What has motivated you to conducting research in the health sector, especially on mental health?
"Mental health” had always been such a daunting topic for me until I entered in this field. The stigma associated with mental health within me was so strong that although I was really interested to continue my studies in Psychology for my Master’s programme, I chose to go for social science instead. In between my gap year, I had an opportunity to engage in a short research project on psychosocial wellbeing of trafficking survivors. It was a great myth buster and learning experience for me. Soon after, I got involved in an eight-year research project where we had to develop a basic mental health care package to be integrated in the primary health facilities. These 8 years were crucial in helping me understand the burden of mental health problems, treatment gap and fragile health system. Moreover, I started understanding the social determinants of mental health problems and how the burden is disproportionately higher among women, and underprivileged groups. The more I started delving into, the more questions I had. This is how I started my journey and now there's no turning back.

What are the specific areas you are interested in writing/publishing?
Mental health is such a broader issue. Initially, my interest started with the health system but later on, I got more interested in the socio-cultural aspect of it. Initially we thought having mental health service in place would solve the problems however that was not the case. Different socio-cultural factors come into play on deciding whether to seek help or not. This led our team to develop community strategies to promote the demand of care. Also, the use of local idioms to express mental health problems is another area that fascinates me. Recently, I am more focused on maternal mental health. Globally, evidence suggests women are 2-3 times more vulnerable to common mental health problems than men and suicide is the leading cause of death for women in reproductive age in Nepal but there is a dearth of studies in this particular area. In the past, I developed community strategies to promote awareness and identification of maternal depression followed by integration of psychosocial care in the health facility level. My current study focuses on adapting community-based intervention and assessing its effectiveness in treating maternal depression. Apart from this, my interest also lies in mHealth, gender disparity in global health workforce, and cultural adaptation.

You have been conducting and publishing research on mental health consistently. What have been your major lessons and achievements?
I still struggle to write and publish. It is not an easy task, but it is not as daunting as it may seem. One of the things that I mostly enjoy working and publishing is that you are never alone, and you don’t have to know everything to write a paper. There are people to help you, critic you, and build you. Research and publications are all about collaborative effort. Having someone's back in a work that I do is such a relief to me. It is not the number of publications or awards that I count as an achievement but the support that I have from my colleagues and the collaboration across the globe is what I celebrate the most.

Any recommendations or tips you would like to share for those interested to contribute for mental health evidence in Nepal.
It is only in the recent years that we see evidence on mental health from Nepal. While there are many contributing actors recently, I see a lack of networking and collaboration within the local researchers. If we could have or build a network, or initiate peer-learning, or a mentorship programme, we can build a strong cadre of future researchers. The resources we have are not just only to be treasured but to be shared as well.

Follow Prasansa on LinkedIn: https://www.linkedin.com/in/prasansa-subba/