

Peace of Mind



Annual Report
2011



Transcultural Psychosocial Organization (TPO) Nepal is one of Nepal's leading psychosocial organizations. It was established in 2005 with the aim of promoting psychosocial well-being and mental health of children and families in conflict-affected and other vulnerable communities, through development of sustainable, culturally-appropriate, community-based psychosocial support systems.

TPO Nepal is affiliated with Healthnet TPO, an Amsterdam based international organization that works in conflict and disaster settings, with the aim of re-establishing and improving public health and mental health care systems.

Letter from the Chairperson



Dear Friends,

It is our pleasure to present TPO Nepal's Annual Report for 2011. This year was very important for us because TPO Nepal expanded its psychosocial approach into new areas including nutrition, working with the police, and working with Female Community Health Volunteers (FCHVs). This report highlights our major services, interventions and achievements in the field of psychosocial and mental health in Nepal in 2011.

In 2011, TPO Nepal received financial support from 6 international donors including the UK's Department of International Development (DFID), UN agencies (UNHCR and UNICEF), and INGOs (Terre des hommes and The Asia Foundation). We are deeply appreciative of the commitment and support of our donors. We also thank our partner organizations for their collaboration in strengthening psychosocial and mental health services in Nepal. Without our donors and partners, our work would not be possible. Similar to previous years, our major activities included research, capacity-building, psychosocial service provision and advocacy on psychosocial and mental health. Our interventions and services included community sensitization through psychosocial orientations, cultural programs, and psychosocial radio programming, and psychosocial support services including counseling, support groups, classroom-based interventions (CBI), and focused psychosocial care. Through these activities, we reached more than 22,000 direct beneficiaries in 2011.

TPO Nepal is increasingly recognized as one of Nepal's leading psychosocial and mental health organizations by different communities, local partners and donor agencies. This reputation and success is a result of the valuable support provided by those communities, partners and donors. Thus I would like to take this opportunity to thank all individuals, groups and institutions that collaborated with and provided support to TPO Nepal. We hope that this cooperation will continue in the future.

Finally, I would like to acknowledge and thank Mr. Nagendra Luitel, TPO Nepal's Research Coordinator and Mr. Ramesh Prasad Adhikari, Assistant Research Coordinator for writing this report, as well as the Executive Manager, all Project Coordinators, Management Team members, Clinical and Training Team members, and Finance and Administrative staff for their valuable contributions to this report.

Thank you all.

A handwritten signature in black ink, appearing to read 'Manju Adhikari', with a horizontal line underneath.

Manju Adhikari
Chairperson

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Our Vision

We envision conflict-resolved, resilient communities where local populations have adequate access to multi-dimensional (mental) health care systems.

Our Mission

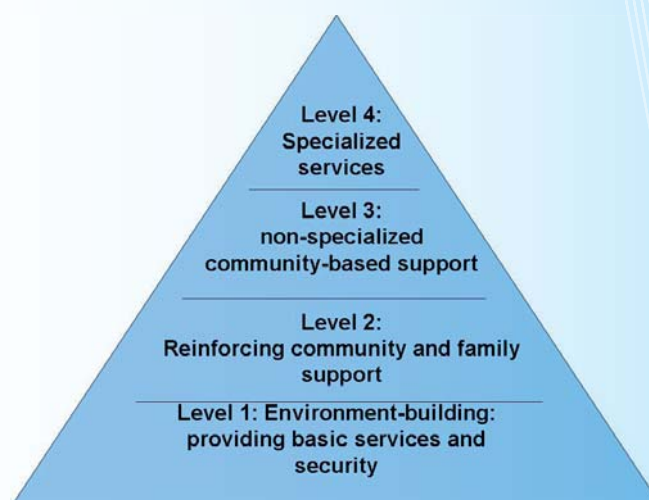
TPO-Nepal is a knowledge-driven innovative organization working in areas disrupted by violence and poverty. We strive to develop local public health, psychosocial and mental health, and conflict resolution capacity and systems that promote community resilience, quality of life and self-reliance through education, research and service delivery.

Our Approach

TPO Nepal's approach is compatible with the public mental health model used in the Inter Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergencies.

Level 1: Environment building and providing basic services. TPO coordinates with partners and other local organizations, conducts orientations and psycho-education to families, communities, and front-line workers by aiming to identify and refer those who needs services, and also supporting establishment of social support groups (youth, parents, women, etc).

Level 2: Reinforcing community and family support. TPO provides training, supervision and mentoring to build the capacity of community members and frontline workers to undertake screening and provide effective short-term basic emotional support to those who need it.



Level 3: Non-specialized community

based support. Through teams of Community and Classroom-Based Psychosocial Workers and Psychosocial Counselors, TPO provides services for more vulnerable individuals and families through targeted interventions including: screening/assessment of those needing counseling, therapeutic group work, individual, family and group counseling, structured group interventions (e.g. class-room based intervention for vulnerable children, self-help groups for recovering addicts etc.)

Level 4: Specialized services. TPO conducts in-depth assessments and establishes a referral mechanism for those in need of specialized mental health/psychiatric care.

Bimala's Story

Bimala (name changed) is 40 years old and has three children. Her husband is a teacher. She met TPO Nepal's Psychosocial Counselor in a state of great anxiety about failing to cope with life, despite her efforts to do so over many years. After the initial assessment and listening to her concerns, it was clear that she had a profoundly negative perception of her own potentiality, skills, and knowledge of dealing with situations she encountered. Her symptoms indicated anxiety of a moderate to severe level.

The Counselor sought to provide Bimala with gradual exposure to the everyday situations that she was afraid of. She used to be very fearful of getting on the bus, riding her bicycle, talking to people, walking alone, or going to buy vegetables etc.

Bimala was provided with relaxation therapy and gradual exposure sessions to help balance her mind and physical coordination. The first few sessions primarily emphasized relaxation and gradual exposure techniques, such as supporting her to place her feet on the bicycle pedals and both hands on the handle bar, and balancing so that she didn't veer off track. Significant improvements were observed by the end of the fourth session. She could ride a bicycle without any fear when she followed the instruction given. The middle sessions focused on encouraging Bimala to walk alone to buy household things. At first, her family members accompanied her. By the end she was able to go out on her own.

The last several sessions focused particularly on practicing her new behaviors and encouraging her to continue them. The Counselor also provided Bimala's husband with psycho-education, including how to be supportive to her, particularly when she actually sought out support. By this time, Bimala was able to travel by bus.

"You saved my life when I was at a crossroads: confused all the time, unable to go out of my home, travel by bus or by plane. My thoughts would be racing, and I used to be restless, sweat excessively and be fearful of any kind of noise or strange sound in my surroundings. I used to be preoccupied for hours and days with some small problem, yet I could never come up with a solution. Now I can go out to places and meet with people I want. This is a new dawn in my life." Bimala shared this in a mood of happiness, positive thinking, and hope.

Who We Serve/Our Target Population

When TPO Nepal was established in 2005, the decade long Maoist-State conflict was at its height, and the focus of our program was on mitigating the psychosocial impact of the conflict on children and families. TPO Nepal continues to serve its original constituency of conflict affected groups, including children associated with armed forces and armed groups (CAAFAG) and ex-combatants. But since 2007, we have gradually expanded our services to many other vulnerable groups in Nepal:

- Communities affected by disasters and emergencies such as riots, fires, flood and earthquake
- The large Bhutanese refugee population in the southeastern part of Nepal
- Urban refugees from Somalia, Pakistan, Myanmar, Afghanistan and Tibet
- Children and families affected and infected by HIV/AIDS
- Commercial sex workers, trafficking survivors and victims of other forms of gender-based violence and exploitation (domestic violence, sexual violence)
- School children
- General community

Our Key Projects in 2011

Psychosocial Support to Bhutanese Refugees, supported by UNHCR. Objective: Improve psychosocial well-being and reduce psychosocial distress among the Bhutanese refugee population.

Psychosocial Support to Children Affected by Conflict and Verified Minors and Late Recruits (VMLR), supported by UNICEF. Objective: Facilitate social reintegration of VMLR through the promotion of life skills, community-based peace building and reconciliation activities.

Combating Trafficking in Person (CTIP), supported by USAID and The Asia Foundation. Objective: Ensure quality of care and protection services for trafficking survivors.

Program for Improving Mental Health Care (PRIME), supported by DFID/UCT. Objective: Generate new knowledge to inform the development of mental health programs that improve health and socio-economic outcomes, in particular of the poor and mothers.

Psychosocial Support to Survivors of Sexual and Gender based Violence, supported by UNICEF. Objective: Promote psychosocial well-being of vulnerable girls, women and families, by reducing psychosocial distress resulting from the experience of sexual violence.

Psychosocial Support to Children and Families Affected by HIV/AIDS (CABA), supported by UNICEF. Objective: Improve psychosocial well-being of children and families affected by HIV/AIDS.

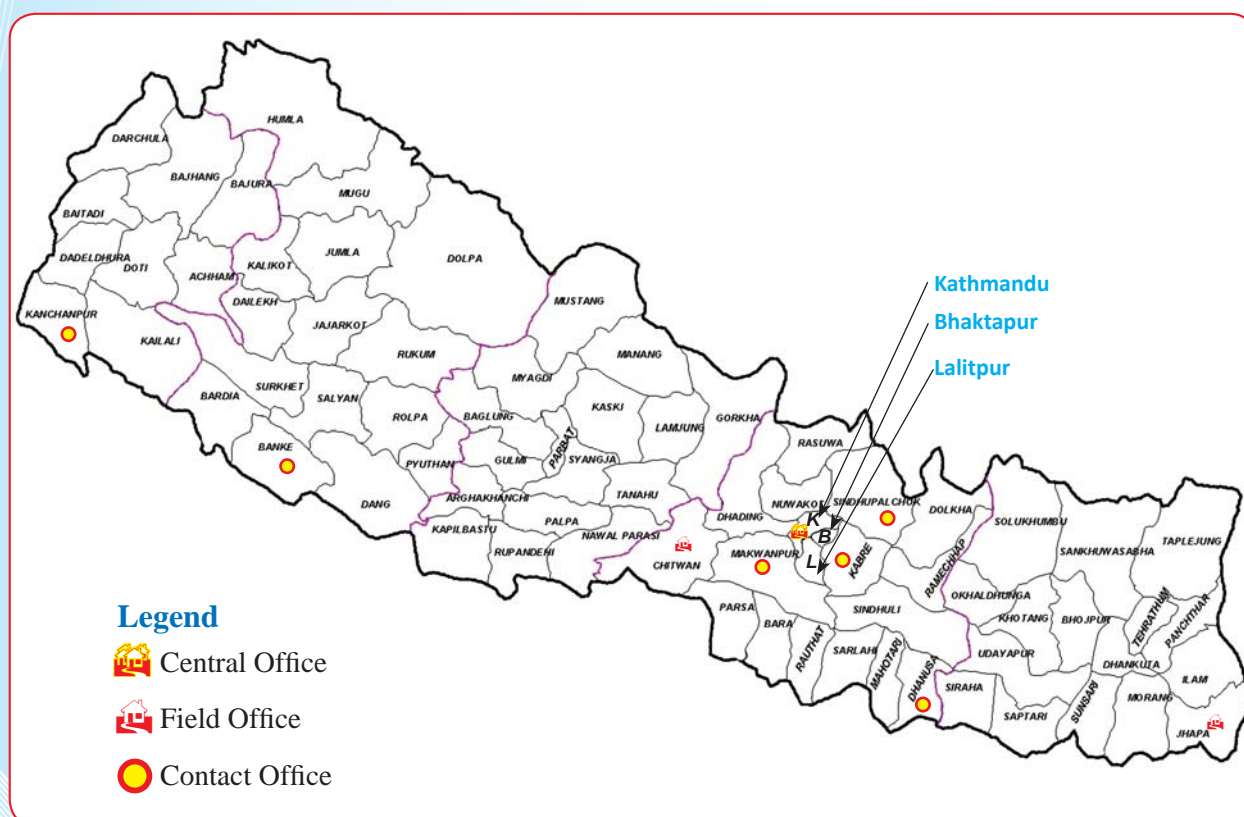
Care for Care Giver Training for Nepal Police Working in the Women and Children Service Center (WCSC), supported by UNICEF. Objectives: To sensitize police to their own psychosocial needs as well as the psychosocial needs of vulnerable individuals in their care and custody.

Psychosocial Support to Women and Children Working in the Entertainment Sector, supported by Tdh. Objective: Strengthen professional capacity and emotional resilience of counselors working with girls and women in the urban commercial sex and entertainment sector.

Our Coverage

In 2011, TPO Nepal worked in a total of 45 of Nepal's 75 districts, either directly or through partner organizations. We operated projects and services in 24 districts.

In addition to our headquarters in Kathmandu, TPO Nepal has field offices in Jhapa and Chitwan districts. The Damak (Jhapa) field office was established for implementing the Psychosocial Support to Bhutanese Refugees project. The Chitwan field office carries out PRIME project activities. TPO Nepal also has contact offices in Dhanusha, Makawanpur, Sindupalchowk, Kavreplanchowk, Banke and Kanchanpur.



What We Do

In 2011, TPO Nepal worked in 6 thematic areas: conflict, sexual and gender based violence, refugees, HIV/AIDS, human trafficking, and strengthening psychosocial/mental health systems. Within these thematic areas, TPO takes cutting edge psychosocial interventions and contextualizes them for Nepal through an integrated program of research, capacity building, service provision and advocacy on psychosocial and mental health issues.

Community Sensitization

In Nepal, mental health is highly stigmatized and low on the government's list of health priorities. Due to stigma and discrimination associated with psychosocial and mental health, people who need psychosocial and mental health services do not seek them. Awareness of mental health is crucial to decrease stigma and increase the demand for mental health services.



Community people observing the cultural program on HIV/AIDS in Kailali

TPO Nepal undertakes community sensitization and awareness raising through cultural programs, drama, community orientation, and psychosocial radio programs. This year, TPO Nepal introduced a fortnightly psychosocial radio program targeting Bhutanese refugees and adjoining host communities in Jhapa and Morang districts. In 2011, 13,677 people participated in our psychosocial awareness programs including psycho-education sessions and community orientations.

Capacity building

Building local capacity is critical to sustain community-based psychosocial support systems. TPO Nepal builds capacity of community members and staff of local organizations to better understand psychosocial needs and provide psychosocial care and support. We provide a variety of training packages ranging from one day orientation programs to six month paraprofessional psychosocial counseling training.



Police Participating in Psychosocial Care Training

In 2011, we trained 11 paraprofessional Psychosocial Counselors (six month training); 70 Community Psychosocial Workers (8-10 day training); and 91 CBI facilitators (10 day training). Ninety four (94) community members received orientation on basic psychosocial counseling (5-6 days); 178 Female Community Health Volunteers received 3 days of psychosocial orientation; and 214 frontline workers received Care for Care Giver training including 197 police. In addition 137 TPO and partner Counselors as well as frontline staff of other organizations received specialized training on substance abuse, suicide prevention, narrative therapy, and inter-personal psychotherapy. Finally, 97 staff of local organizations participated in a one-day orientation to the mental health gap action program (mhGAP), which seeks to integrate basic mental health care into primary care. In total, 892 individuals received training on psychosocial issues and care and support skills during this year.

Several TPO Nepal staff participated in international trainings in Goa and Bangkok on development and evaluation of complex health interventions, leadership on mental health, community based psychosocial support in emergencies, and gender based violence (GBV).

Psychosocial service provision

TPO Nepal has been providing context specific and culturally acceptable psychosocial services since its establishment in 2005. In 2011, TPO Nepal provided services to trafficking survivors, Verified Minors and Late Recruits (VMLRs) among the Maoist combatants, children affected by conflict, children and families affected by HIV/AIDS, refugees (Bhutanese, Pakistani and Somali), survivors of domestic, sexual and gender based violence, and women and children working in the entertainment sectors. TPO Nepal's services include coordination and networking with other available services, providing psycho-education, psychosocial counseling (individual, group and family counseling), problem focused support (alcohol use and suicide prevention), and a classroom based intervention (CBI) for school children.



School Children Participating in Class-room based intervention (CBI), Lalitpur

In 2011, 4,169 people received psychosocial services from TPO Nepal. Eight hundred forty one (841) people received counseling services (642 individual counseling, 121 family counseling, 78 group counseling), and 858 children participated in CBI interventions. Another 76 individuals received specialized psychosocial care through substance abuse interventions, women's empowerment groups, and suicide prevention and response. In addition, our Community Psychosocial Workers provided basic emotional support to 1,071 people. In addition to direct services provided by TPO Nepal staff, another 594 individuals received psychosocial services through our partner organizations.

Assessment and Research

Research provides the **evidence base** that informs TPO Nepal's intervention and project design process. We conduct research - from need assessments to scientific studies on psychosocial needs, mental health status of vulnerable populations, coping mechanisms, existing systems of care and support, and effectiveness of psychosocial interventions. This year, 4,070 individuals were respondents in our psychosocial assessments and research studies.

PRogram for Improving Mental health carE (PRIME). In 2011, TPO Nepal initiated the Nepal portion of a multinational research project, PRIME, which aims at generating world-class research evidence on implementation and scaling up of treatment for priority mental disorders in primary and maternal health care in low resource settings. PRIME is being implemented in collaboration with the Dutch INGO HealthNet TPO, and with support from the Ministry of Health and the District Health Office in Chitwan. The six year project is funded by the UK government's Department for International Development (DFID), and is being implemented in five countries (Ethiopia, India, Nepal, South Africa and Uganda).

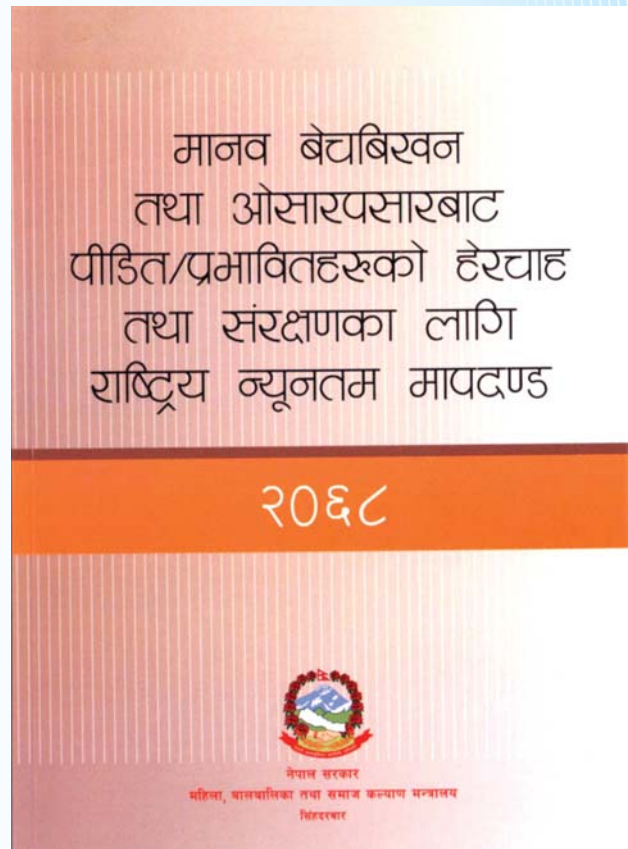
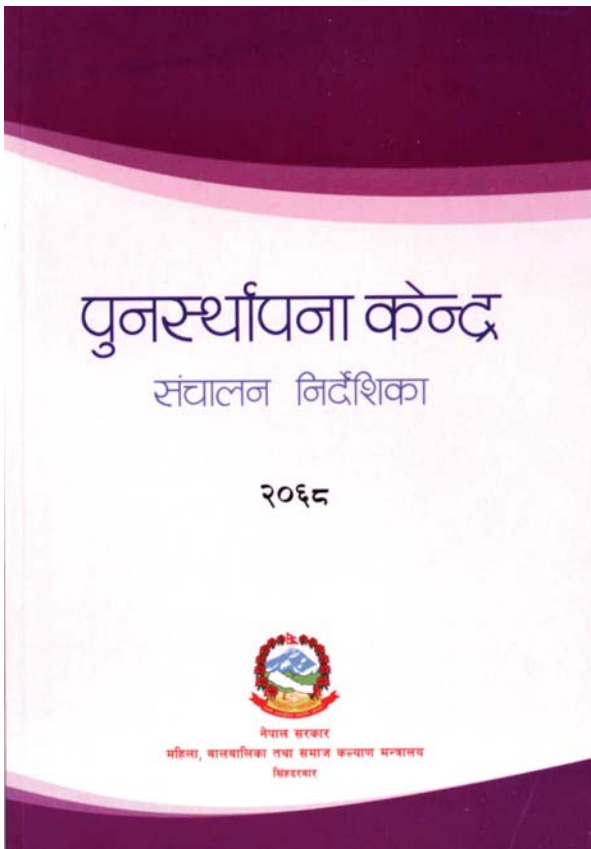
Longitudinal Psychosocial Assessment of VMLRs during the Reintegration Process. TPO Nepal conducted a psychosocial assessment among 400 VMLRs during the reintegration process to identify the protective and risk factors associated with reintegration and to monitor psychosocial well-being of VMLRs over time. The findings of this study show that rejection by the community, lack of support from friends and family, and short and insufficient training packages were the major risk factors interfering with effective reintegration. In the baseline, more than two fifths (42%) of VMLRs presented symptoms of at least one psychosocial or mental health problem, slightly higher than the 34% in the general population in a mental health prevalence study conducted in 2007/08.

Psychosocial Assessment and Perceptions of Mobile Health Service. TPO Nepal conducted an assessment among 397 women who participated in mobile reproductive health camp services in Siraha and Surkhet districts. The results show high satisfaction of the participants on the mobile health camp. The prevalence rates of anxiety and depression among the participants were 47% and 40% respectively, again, significantly higher than the 22.9% and 27.5% respectively seen in the general population.

Studies with Trafficking Survivors. TPO Nepal conducted a brief study in six districts (Sindupalchowk, Kavrepalanchowk, Kathmandu, Makwanpur, Banke and Kanchanpur) to assess the extent of male trafficking in Nepal. Study findings showed that Kavre had a high incidence of organ trade, bonded labor was significant in Banke, and males from Kanchanpur were exploited for foreign labor to India. TPO Nepal also conducted another study to explore factors associated with successful re-integration of trafficking survivors. Family/social acceptance and support, having an existing support system, support from an organization, and economic status influenced the successful reintegration of the trafficking survivors.

Our Achievements in 2011

Policy Reformation. To ensure the quality of care and protection services for trafficking survivors, TPO Nepal provided technical support to the Ministry of Women, Children and Social Welfare (MoWCSW) to develop **National Minimum Standards (NMS) and Standard Operating Procedures (SOP)** for care and protection of trafficking survivors. Development of the NMS and SOPs involved collaboration with government bodies and I/NGOs. Both the NMS and SOP were endorsed by the Government of Nepal in 1 April 2012. These policy documents provide a foundation for advocating for and monitoring the quality of care and protection for trafficking survivors in Nepal.



Building and Strengthening Local Capacity. TPO Nepal trains community members, staff from other organizations and institutions including teachers and health workers, to ensure that psychosocial services are sustained even after a particular project is phased out. In 2011, TPO Nepal trained nearly 900 people including 11 paraprofessional Psychosocial Counselors and 70 Community Psychosocial Workers.

Transforming Lives through Psychosocial Care and Services. TPO Nepal follows holistic approaches which include coordination and linkage with existing supports and services, provision of basic psychosocial services and problem-focused specialized care. In 2011, TPO Nepal worked to improve psychosocial well-being for 4,169 people with psychosocial and mental health problem.

Community Sensitization. Stigma and discrimination associated with people having mental health problems are added burdens that can hamper the recovery process. Health improvements may remain insignificant without family and community acceptance.

TPO Nepal understands that eliminating stigma is essential in breaking the cycle of illness. Therefore we combine our services with family and community sensitization on psychosocial and mental health problems. In 2011, TPO Nepal conducted cultural programs, community orientations, street dramas and psychosocial radio programs that reached more than 13,000 people directly.

Knowledge Dissemination. TPO Nepal believes that research plays a vital role in developing sustainable, culturally-appropriate, community-based psychosocial support systems. In 2011, TPO Nepal conducted studies to identify protective and risk factors for the re-integrating of VMLRs, and factors affecting successful re-integration of trafficking survivors in their families and communities. The results of these studies were very useful in revising the ongoing support systems for the VMLRs and trafficking survivors.



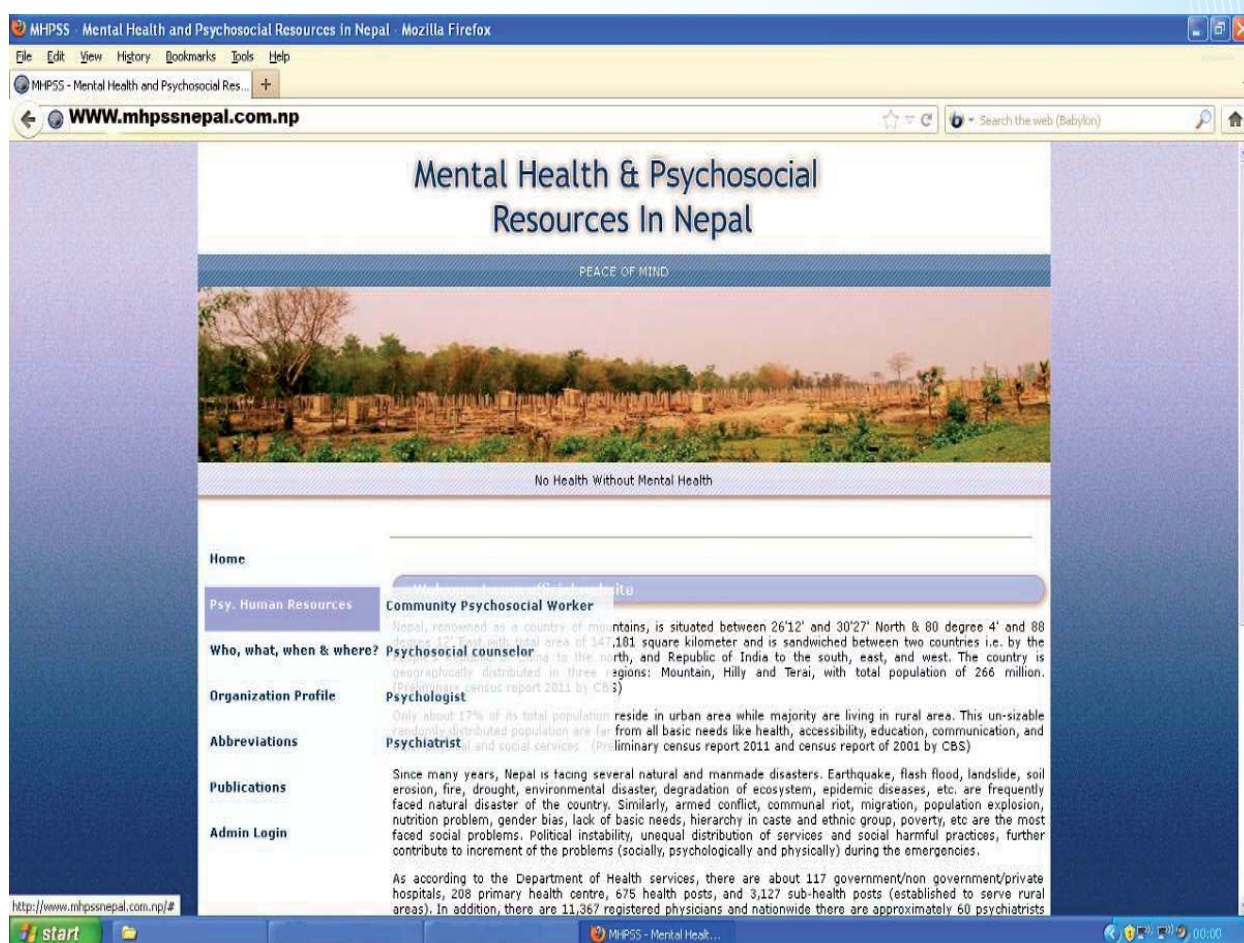
A Workshop on Development NMS and SOPs for Care and Protection of Trafficking Survivors

Integrated Psychosocial Approach in Other Sectors. In 2011, TPO Nepal provided a short training program on psychosocial issues to the Nepal police working in the Women and Children Service Center (WCSC). Eight trainings (5 in Eastern Nepal and 3 in Kathmandu) were conducted with 200 police personal benefitting from the training.

TPO Nepal also developed a training guideline on mainstreaming psychosocial care and support in nutrition services in emergency settings. This guideline provides actors in the nutrition cluster in emergency response with information and skills related to addressing psychosocial issues, including educating parents/caretakers during emergency situations.

Operationalization of Inter Agency Standing Committee (IASC) Guidelines. TPO Nepal advocated for the integration of mental health and psychosocial support (MHPSS) components within the existing government structure and updated the national MHPSS contingency plan. We provided Psychological First Aid (PFA) training to frontline workers of government and non-governmental organization staff, and developed Information Education and Communication (IEC) materials to increase community understanding of PFA. This training program built capacity of police officers, staff from Women Development Offices, and the Nepal Red Cross Society (NRCS) to provide Psychological First Aid in case of emergency situations. Currently, TPO Nepal is co-chair of the Psychosocial and Mental Health Reference Group.

Developed Mental Health and Psychosocial Data Base. TPO Nepal developed a website for MHPSS (Mental Health and Psychosocial) resources in Nepal, to provide essential information on psychosocial human/physical resources. This data base system includes detailed information about psychiatrists, psychologists, psychosocial counselors, and community psychosocial workers. Website: www.mhpssnepal.com.np



Developed and Pilot Tested Trauma Healing Cards. TPO Nepal has translated “Trauma Healing Cards” into Nepali. These cards have been developed especially for members of traumatized communities and are useful for community support groups. TPO Nepal is currently in the process of implementing this approach with selected community support groups.

Built Capacity of TPO Staff. Capacity building of TPO's own staff is essential in maintaining and improving quality of services. In 2011, TPO Nepal provided opportunities to staffs to attend international training programs on development and evaluation of complex health interventions, leadership on mental health, community based psychosocial support in emergencies, and gender based violence (GBV).

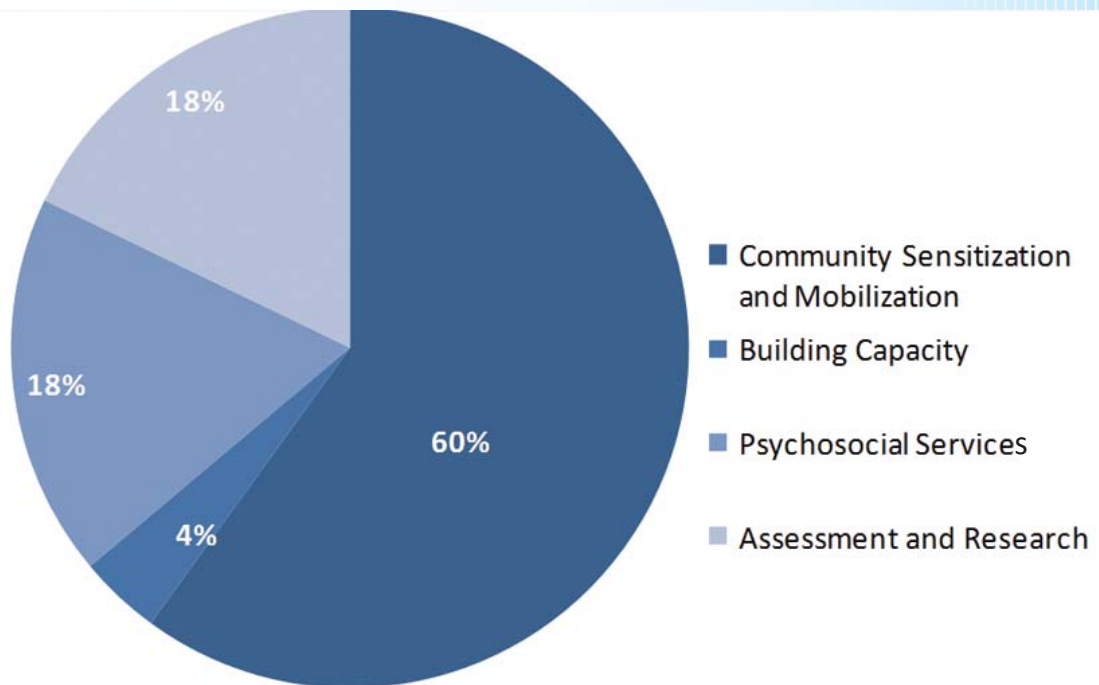
Membership in International Networks/Consortia. In 2011, TPO Nepal became a member of the International Rehabilitation Council for Victims of Torture (IRCT). TPO Nepal is also a member of two international consortia for mental health research: PRIME, a six year project lead by the University of Cape Town, and the South Asian Hub for Advocacy, Research & Education on Mental Health (SHARE), a three year project lead by the London School of Hygiene and Tropical Medicine. These two research consortia will be instrumental in strengthening mental health services and systems in Nepal by developing evidence-based, context-specific and culturally appropriate mental health services.



1st PRIME meeting, Cape Town, June 2011

Our Service Statistics in 2011

In 2011, 22,808 people received our services or participated in our assessment and research programs.



Our Team in Kathmandu



TPO Nepal, Kathmandu Team

In 2011, TPO Nepal employed a professional staff of 127, including:

- A management team of 4, plus 6 Project Coordinators
- A clinical team of 5
- Forty-two (42) Psychosocial Counselors, 40 Community Psychosocial Workers (CPSWs) and 11 CBI Facilitators
- A research team of 16
- A training team of 3
- An administrative and support team of 13

Healthnet TPO Netherlands supports the technical, clinical and research development of TPO Nepal through deployment of expatriate technical advisors.

Our Financial Statement

Statement of Financial Activities, FY 2010-2011

	Amount
Total Income	30,373,595.00
Expenses	
Human resource	(8,301,210.00)
Program expenses	(15,371,548.00)
Research expenses	(1,808,171.00)
Publication	(390,435.00)
Training/Capacity building expenses	(3,608,743.00)
Administrative expenses	(2,678,995.00)
Total Expenses	32,159,102.00
Deficit/Surplus for the Year	(1,785,507.00)

Our Board

Ms. Manju Adhikari, Chairperson (Educator/Social Worker)

Mr. Nabin Lamichhane, Vice-Chairperson (Psychosocial Professional/Development Program Manager)

Mr. Ram Katwal, Treasurer (Non-Profit Manager)

Mr. Sarba Raj Thapa, Secretary (Social Activist)

Mr. Krishna Bahadur Karki, Member (Researcher)

Mr. Trailochan Pokharel, Member (Researcher)

Mr. Sanjib Dhungel, Member (Social Activist)

Our Research and Publications in 2011

Luitel NP, Jordans M. J. D., Sapkota R.P., Kohrt B.A, Tol W.A., Thapa SB, Komproe IH, Sharma B. (In press) **Conflict and Mental Health: Cross Sectional Epidemiological Study in Nepal**, Social Psychiatric and Psychiatric epidemiology

Jordans, M.J.D; Luitel NP et al (in press) **Evaluation of a brief training on mental health and psychosocial support in emergencies: a pre and post assessment in Nepal**. Prehospital and Disaster Medicine

Kohrt BA, Jordans MJD, Tol WA, Luitel NP, Maharjan SM, Upadhaya N (2011). **Validation of cross-cultural child mental health and psychosocial research instruments: adapting the Depression Self-Rating Scale and Child PTSD Symptom Scale in Nepal**. BMC Psychiatry 2011, 11:127 doi: 10.1186/1471-244X-11-127

Kohrt BA, Hruschka DJ, Worthman CM, Kunz RD, Baldwin JL, Upadhaya N, Acharya NR, Koirala R, Thapa S, Tol WA, Jordans MJD, Robkin N, Sharma VD, Nepal MK (In press). A prospective study of political violence and mental health in Nepal. British Journal of Psychiatry

Thomas FC, Roberts B, Luitel NP, Upadhaya N and Tol W.A. (2011). **Resilience of refugees displaced in the developing world: a qualitative analysis of strengths and struggles of urban refugees in Nepal**. Conflict and Health 5:20 doi: 10.1186/1752-1505-5-20

Ghimire L, Smith WCS, Teijlingen ERV, Dahal S, Luitel NP (2011). **Reasons for non- use of condoms and self- efficacy among female sex workers: a qualitative study in Nepal**. BMC Women's Health 2011, 11:42 doi: 10.1186/1472-6874-11-42

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