



*Annual Report*  
*2014*

**Transcultural Psychosocial  
Organization (TPO) Nepal**  
Post Box No: 8974 CPC 612  
Telephone No: 014431717/4437124  
Email: [tponepal@tponepal.org.np](mailto:tponepal@tponepal.org.np)  
Web site: [http\\www.tponepal.org](http://www.tponepal.org)

## Vision and Mission

TPO Nepal aims to support peace, reconciliation and local capacity by improving psychosocial and mental health care in areas of chronic crises and (post) conflict situations. We believe healthy people, including mental health and psychosocial well-being, are a condition for social healing and poverty reduction. We envision a future of conflict-resolved, resilient communities in which local populations have adequate access to multi-dimensional health, mental health and psychosocial care systems.

TPO Nepal is a knowledge-driven innovative organization working in areas disrupted by violence and poverty. Together with local people, communities and health institutions, we strive to develop sustainable mental health and psychosocial care and support capacity and systems that promote community resilience, quality of life and self-reliance.

## Affiliation

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

## TPO Nepal, Annual Report 2014

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## *Letter from the Executive Manager*

Transcultural Psychosocial Organization (TPO) Nepal has a decade of experience working in the field of psychosocial and mental health care and support in Nepal. During the last ten years period, we provided psychosocial and mental health support for needy people, conducted several research, developed human resources in psychosocial field, advocated in policy reformation, built capacity of community, and conducted community awareness programs. These activities helped to integrate mental health and psychosocial care in the community setting.



In this occasion, I would like to thank all the service users, our dedicated and hard working team, Government of Nepal, national and international donors who have financially and technically supported us as well as other organizations, friends and people who have always helped and supported us in our endeavors. Today I am happy to present the annual report for the year 2014 which highlights some of our major activities.

I would also like to thank Ministry of Health and Population, Ministry of Women, Children and Social Welfare Nepal; Nepal Health Research Council and Social Welfare Council for monitoring our programs and project activities and providing valuable suggestions and feedbacks. This year, TPO Nepal received financial and technical support from USAID through The Asia Foundation (TAF); UK's Department of International Development (DFID) through University of Cape Town, Grand Challenges Canada (GCC) through Makerere University, Kampala; European Union (EU) through King's College, London; United Nations (UN) agencies- United Nations High Commissioner for Refugees (UNHCR) and United Nations Children's Fund (UNICEF); International Rehabilitation Council for Torture Victims (IRCT); National Institute of Mental Health (NIMH) through Duke Global Health Institute (DGHI), Duke University, USA; Heartmind International, USA and HealthNet TPO, the Netherlands. I would like to express my gratitude to all the funders as well as to all the agencies who have collaborated with TPO Nepal for promotion of psychosocial and mental health field in Nepal. We have been able to successfully fulfill our objectives not single-handedly but through the support and cooperation of different organizations and agencies associated with us. I would like to take this opportunity to thank all of them without which our endeavors would have been incomplete. Like in previous years, this year too, the organization contributed in the field of psychosocial and mental health through psychosocial support, counseling services, community orientation and psychosocial and mental health research. At last, I would like to thank all the staffs of the organization whose tireless effort resulted in successful completion of the organization's objectives in 2014. Similarly, I would also like to thank Mr. Sattish Aryal, Mr. Nabaraj Upadhaya, Mr. Pitambar Koirala, Mr. Nagendra Bhandari, Mr. Sauharda Rai and all the other colleagues who supported in preparing this report.

Thanking you.

A handwritten signature in blue ink, appearing to read 'Suraj Koirala'.

Suraj Koirala

Executive Manager

Transcultural Psychosocial Organization (TPO) Nepal  
Baluwatar, Kathmandu, Nepal

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## *Introduction*

Transcultural Psychosocial Organization (TPO) Nepal is a non-governmental organization established in 2005 with the aim of promoting mental health and psychosocial well-being through development of sustainable, culturally appropriate and community based psychosocial and mental health support systems. We provide mental health and psychosocial services, design culturally appropriate interventions, conduct research, develop human resources and advocate for the promotion of mental health and psychosocial well-being. Our services include individual, family and group counseling, problem focused therapies, psycho-education and care for caregivers sessions. Since, 2011, in collaboration with the Ministry of Health and Population and District Public Health Offices, we are providing medical treatment to patients visiting primary health care centers and training to One-stop Crisis Management Centers (OCMCs) and health professionals. Likewise in partnership with Ministry of Women, Children and Social Welfare, we provide psychosocial support to shelter homes and service centers.

Our interventions include Classroom Based Psychosocial Intervention (CBI), Child Led Indicator (CLI), Alternative to Violence (AVP), Effective Parenting (EP), and Tree of Life. Many people, including conflict affected children, former child soldiers, children affected by HIV/AIDS, trafficking survivors, survivors of sexual and gender based violence, refugees, internally displaced people and the people affected by man-made and natural disasters, have benefited from our services. The researches in TPO Nepal range from psychosocial and mental health needs assessment to longitudinal studies on effectiveness of interventions. The findings of our studies have been published in international peer reviewed journals. Capacity building is one of the major components of TPO Nepal. We conduct a range of trainings starting from a few days of basic psychosocial orientation to 6 months psychosocial counseling training. Other modular trainings such as Healthy Activity Program (HAP) for depressive clients and Counseling for Alcohol problems (CAP) are also offered. In addition to these, tailor made training packages are offered to national and international organizations. Acknowledging the cross-cutting nature of psychosocial and mental health issues, TPO Nepal is involved in multi-sectoral advocacy, from community campaigns, radio programs to the national level networks and working groups.

The above mentioned services, trainings and advocacy activities are carried out by a group of dedicated staffs stationed in central office Kathmandu and 9 field offices located in Kanchanpur, Banke, Pyuthan, Chitwan, Makwanpur, Kavrepalanchowk, Sindhupalchowk, Jumla and Jhapa districts. In 2014, more than 4,400 people benefited from psychosocial interventions, around 11,000 community members participated in awareness activities and around 1,800 people received different capacity building trainings on psychosocial and mental health issues and relevant national policies.

## Key Projects in 2014

Name of the Project	Funded by	Objective of the project	Geographic Coverage
Combating Trafficking in Person (CTIP)	United States Agency for International Development (USAID)/The Asia Foundation (TAF)	To promote psychosocial well-being of trafficking survivors and survivors of Sexual/Gender Based Violence (S/GBV)	Kanchanpur, Banke, Kathmandu, Kavrepalanchowk, Makwanpur, & Sindhupalchowk districts
Developing and Evaluating Family Based Intervention for Children with Behavioral Problems in Rural Nepal	South Asian Hub for Advocacy, Research and Education (SHARE), Johns Hopkins University	To develop and evaluate a family-based intervention for children with behavioral problems in Nepal.	Chitawan district
Emergency Psychosocial Support for Flood and Landslide Affected People in Mid-Western Districts.	United Nations Children's Fund (UNICEF)	To provide psychosocial support for the victim of natural disaster	Bardia & Surkhet districts
Emerging Mental Health Systems in Low and Middle Income Countries (Emerald)	European Commission (EU) /King's College, London	To develop and evaluate strategies to strengthen the mental health care system in Nepal	Kathmandu district
Global Holistic Approach to the Fight against Impunity for Torture	International Rehabilitation Council for Torture Victims (IRCT)	Global Holistic Approach to the Fight against Impunity for Torture	Kathmandu district
Jumla Mental Health Project	Duke Global Health Institute ,USA and Heartmind International, USA	To provide mental health services and conduct mental health research in Jumla	Jumla district
Mental Health Beyond Facilities (mhBeF)	Grand Challenges Canada(GCC)/ Makerere University, Kampala, Uganda	To develop and evaluate a mental health care package for severe mental disorders and epilepsy to integrate within primary health care settings	Pyuthan district
Program for Improving Mental health CarE (PRIME)	The Department for International Development (DFID)-UK / University of Cape Town, South Africa	To generate world-class research evidence on the implementation and scaling up of treatment programs for priority mental disorders in primary and maternal health care contexts in low resources settings	Chitwan district
Psychosocial Support to Bhutanese Refugees	United Nations High Commissioner for Refugees (UNHCR)	To improve psychosocial well-being and reduce psychosocial distress among the Bhutanese refugee population	Bhutanese refugee camps in Jhapa & Morang districts
Reintegration of Children/ Youths Formally Associated with Armed Forces & Armed Groups (CAAFAG) and Children Affected by Armed Conflict (CAAC)	United Nations Children's Fund (UNICEF)	To facilitate social reintegration of Verified Minors and Late Recruits (VMLR) through the promotion of life skills, community-based peace building and reconciliation activities	Kathmandu district

Besides the donor funded projects, the organization through its own initiatives has been providing support for individual counseling, community school programs and various short term trainings to Community Based Organizations (CBO) and Non Governmental Organizations (NGO).

## Major Activities

In 2014, TPO Nepal's major activities included psychosocial support and care and support to needy people, community sensitization, advocacy, capacity building and researches on the issue of psychosocial and mental health. These activities were carried out in a holistic approach with multi-stakeholder participation ranging from community people to policy makers.

### a. *Psychosocial Interventions/Service Provision*

TPO Nepal provided psychosocial support and clinical services to at-risk and vulnerable population - such as refugees, survivors of sexual and gender based violence and trafficking, women, children, and natural disaster and conflict affected people through several therapeutic interventions like psychosocial counseling, psychotherapies, support groups, psychiatric consultation and referral for legal, educational, health, vocational and other support. As part of counseling interventions individual, couple, family and group counseling was provided whereas psychotherapies included Emotional Freedom Technique, Behavior Activation Therapy, Cognitive Behavior Therapy, Group Therapy, and Motivational Interviewing for Alcohol Disorder and Relaxation Therapies. People also received psychosocial support through psycho-education, peer support groups, harm reduction group intervention, women empowerment group intervention, group intervention for anger and conflict management as well as Classroom Based Intervention (CBI) for school children. In 2014, altogether 4,429 people benefited from the services provided by the organization. The details are presented in table 1 below.

Table 1: Psychosocial support

Type of service	Female	Male	Total
Family/couple counseling	843	699	1542
Individual Psychosocial Counseling	1013	458	1471
Group counseling	836	562	1398
Psychiatric consultation	11	07	18
Total	2703	1726	4429

**A mental health patient reunites with her family after family counseling support:** A female mental health patient of Kathmandu had severe mental health problems and needed psychiatric treatment. However, due to her poor economic condition and unsupportive family environment, she couldn't receive the treatment. But, sessions of family counseling helped to convince the family about the severity of her problem and their roles and responsibilities. After the support of her family, psychosocial counselor, and other people in the treatment circle, she received 85 days of treatment at hospital and after recovery, reunited with her family.

### b. *Capacity Building Activities*

Developing knowledge, skills and capacity in psychosocial and mental health issues has been an integral part of TPO Nepal's activities. Continuing to this trend, in 2014, the organization provided training to the health workers working in primary health care centers. It also provided training on basic psychosocial care and support to the Female Community Health Volunteers (FCHVs) and shelter home staffs. Besides the basic training, modular trainings such as Healthy

Activity Program (HAP), Counseling for Alcohol Programs (CAP) and Group Intervention (GI) were conducted to service providers. Altogether 1,799 individuals received trainings on issues related to psychosocial and mental health support, service delivery and referral mechanisms. These trainings were able to integrate psychosocial components in topics related to health, protection and shelter support which is expected to facilitate the sustainable development of psychosocial and mental health system.



Workshop on Promotion of Psychosocial and Mental Health at Mahendranagar, Kanchanpur

*"Before the training I used to recommend 'Paracetamol' to any kind of clients, having physical complaints. But, now I ask about their feelings, talk about informal things, sleep, food etc. The flow of pregnant women before one year was around 70-80 per month and now it has reached around 100." - A participant of Health Professional Training.*

Table 2 below provides the breakdown of trainings provided.

Table 2: Capacity Building Activities (trainings)

Type of Trainings	Type of participants	Female	Male	Total
Group Intervention	Community people	752	494	1246
Psychosocial and mental health	Health workers: ANM,CMA,FCHV	256	04	260
CIDT* Training	FCHV	89	00	89
Psychosocial training to Teachers	Teachers of community schools	33	45	78
Psychosocial training to Protection	Protection works	49	06	55
Psychosocial training to CPSW**	Community based psychosocial worker	23	10	33
Psychosocial training to OCMC***	Staffs of OCMC*** service providers hospitals	24	02	26
Clinical Peer Support	Staffs of different organization working with refugee	06	06	12
<b>Total</b>		<b>1232</b>	<b>567</b>	<b>1799</b>

\* Community Informant Detection Tool \*\* Community Psychosocial Workers \*\*\* One Step Crisis Management Center

### c. Community Sensitization/ Awareness Program

TPO Nepal conducts different awareness raising and community sensitization programs on psychosocial and mental health issues through activities like community orientation, cultural programs, interaction programs, publications,



Patient support group, Sapdanda, Pyuthan

*"After receiving training, I have counseled 5 couples regarding their domestic violence issues." -A participant of Psychosocial Orientation Program*



posters, brochures and other IEC materials. In 2014, the organization was able to reach 10,983 community people through various awareness activities.

#### d. *Research*

Research Title	Research Objective	SA: Study Area, SS: Sample Size, TG: Target group	Major findings
A Perspective Study on Supply Chain Management of Psychotropic Drugs in Nepal	To analyze the procedures and mechanisms for psychotropic drug demand, supply, delivery, prescription, administration and uses system in Nepal.	SA: Kathmandu, Chitwan & Pyuthan districts TG: Service providers, service users, policy makers, government staffs, producers, promoters & distributors SS: 81	There are no special provisions for the supply chain management of psychotropic drugs. Stigma, negative attitude towards effectiveness of drugs, unavailability of services, challenges in procurement & lack of awareness are the major barriers. (Draft Report)
Developing and Evaluating Family Based Intervention for Children with Behavioral Problems in Rural Nepal	To develop and evaluate a family-based intervention for children with behavioral problems in Nepal.	SA: Chitwan district TG: Children, aged 8-15 years SS: 22 KIIs & 4 vignette-based FGDs	Disobedience, drug and alcohol use, failure to fulfill academic expectations, involvement in “mischief” & disrespectful were major behavioral problems of children. Family factors were most commonly mentioned as causal factors for behavioral problems. (Draft Report)
Formative Research for Development of a Fatherhood Preparedness Intervention in Rural Nepal	To develop a fatherhood preparedness intervention with ultimate goal of improving father-child, father-spouse, and father- family interactions.	SA: Jumla district TG : Adolescents, their parents and secondary level teachers SS: 56	Discrepancies among parental modes, boy’s models and girls’ models of life-course highlighted the potential areas for interpersonal conflicts. There is increasing use of alcohol among youths and increasing acceptability of alcohol across castes and genders. Alcohol was the strongest risk factor for domestic violence which is again the major risk factor for suicide.
Health Management Information System (HMIS) Cross Country Situation Analysis	To study routine information systems and systematically assess the functionality of existing systems in consortium countries.	SA: Ethiopia, India, Nepal, Nigeria, South Africa and Uganda, TG: Government HMIS staffs SS:	The study found that there are limited indicators for mental health in exacting HMIS, limited human resources in HMIS, quality of data are not reliable, data verification and feedback procedure are in place but not fully implemented.(Final Report)
Institutional, Legal and Policy Contexts that Contribute or Constrain Mental Health System Strengthening Initiatives in Nepal	To identify the institutional, legal and policy level contexts, and system level processes for the implementation of mental health services in Nepal.	SA: Kathmandu, Chitwan district TG: policy makers and planners SS:28	Mental health is getting greater attention in policy debates. There is no coordinating unit for mental health in MoHP. The policy and mechanisms are on paper but not fully implemented. (Final Report)
Service Users' Involvement in Mental Health System Strengthening in Nepal	To explore capacity-building needs to enable service users' participation in mental health system strengthening.	SA: Kathmandu & Chitwan district TG: Service users and family members SS: 24	No meaningful involvement of service users in the policy, planning, monitoring and research of mental health sector because of lack of awareness and opportunities. (Draft Report)

## Ongoing research

Research Title	Research Objective	SA: Study Area, TG: Target group SS: Sample Size
Buddy intervention	To assess the feasibility of a buddy intervention to address the stigma associated with mental health service users and their family members.	SA: Kathmandu district TG: Service users SS: 20
Cohort Study	To know whether the symptom of mental disorder is minimized or not after taking Mental health care treatment package	SA: Chitwan district TG: PHC attendance of 10 VDC's of 16 or more then 16 years old who had got Mental Health care treatment package. SS:1400
Cohort Study on Severe Mental Disorders and Epilepsy	To develop an evidence-based Comprehensive Community based Mental Health Services (CCMHS) Package, in accordance with the Mental Health Global Action Program (mhGAP), for Persons With Severe Mental Disorders and epilepsy (PWSMD).	SA: Pyuthan district TG: Patients with epilepsy, psychosis and bipolar disorder SS: 220 (Program Arm: 169, Control Arm: 51)
Community Informant Detection Tool (CIDT) Evaluation Study	To know how many people visit Health post through CIDT and among them how many were proper diagnosed.	SA: Chitwan district TG: People (Mental disorder) who were identified through CIDT SS: 250
Delphi Study	To develop realistic and feasible mental health indicators to be integrated in to routine health management information systems.	SA: Kathmandu district TG: Mental health and HMIS experts SS:25 (Ist round) and 22 (II round)
Economic Impact of Mental Disorders on Households in Chitwan District of Nepal	To assess the impact of inadequate mental health service access on household consumption and production, as well as the economic consequences of improved access to appropriate care in Nepal	SA: Chitwan district TG: Service users households SS: 1400 (treatment 700/ control 700)
Evaluation Study of the CIDT	To evaluate the effectiveness of the Community Informant Detection Tool in increasing help seeking among people with mental health problems.	SA: Pyuthan district TG: People referred by Community Resource Persons (CoRPs) through CIDT SS: 271
Facility Detection Survey T2	To know the knowledge of health worker of 10 health facilities for proper diagnosis and treatment of mental disorder after Mental Health GAP training.	SA: Chitwan district TG: PHC attendance of 10 VDC's who are 16 years and above SS:1500

### e. *Support in emergency*

In 2014 TPO Nepal provided psychosocial and mental health care support to the populations affected by river floods in Bardiya, Surkeht and Sindupalchock districts. In total 7,549 people benefitted from services such as community psycho-education, individual and group counseling and focused therapeutic group interventions.

## Admin and Finance Status

### Statement of Financial Activities

Annual grant/expenses	Amount (NRs)
Total grant received	65,082,156
Human resources	15,961,616
Program expenses	19,280,406
Research expenses	16,978,922
Training/Capacity building expenses	7,654,427
Administrative expenses	5,389,296
Advance grant( surplus/deficit for the FY)	182,511

In 2014, there were altogether 117 staffs working throughout the organization's different centers. Among them 9 were working in Admin/Finance, 42 in research, 37 in clinical services and 29 in different project activities.



TPO Nepal, Kathmandu Team

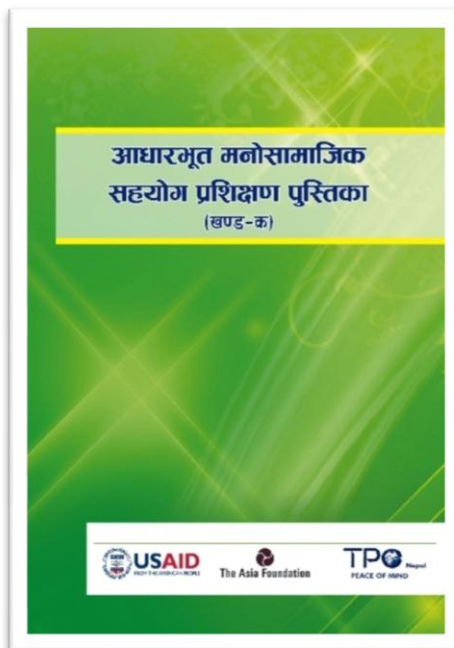
#### Executive members:

Ms. Manju Adhikari  
Mr. Nabin Lamichhane  
Mr. Sunil Shankar Shrestha  
Mr. Krishna Bahadur Karki,  
Mr. Trilochan Pokharel  
Mr. Sanjeev Dhungel  
Ms. Ratna Maya Lama

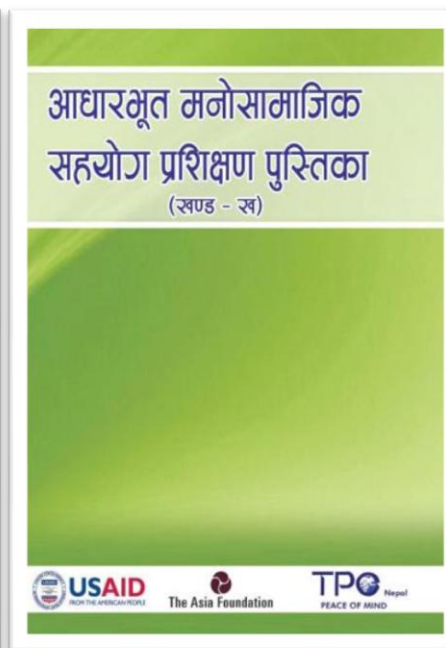
#### Management Board:

Mr. Suraj Koirala (Executive Manager)  
Mr. Raam Katwal (Finance Admin Manager)  
Mr. Nagendra Prasad Luitel (Research and M & E Manager)  
Ms. Jamuna Maharjan (Clinical Manager)  
Mr. Bijaya Sharan Acharya (Program Officer)  
Ms. Jananee Magar (Assistant Research Officer)  
Mr. Saligram Bhattarai (Senior Project Coordinator)  
Dr. Mark Jordans (Technical Advisor, HealthNet TPO, Amsterdam)

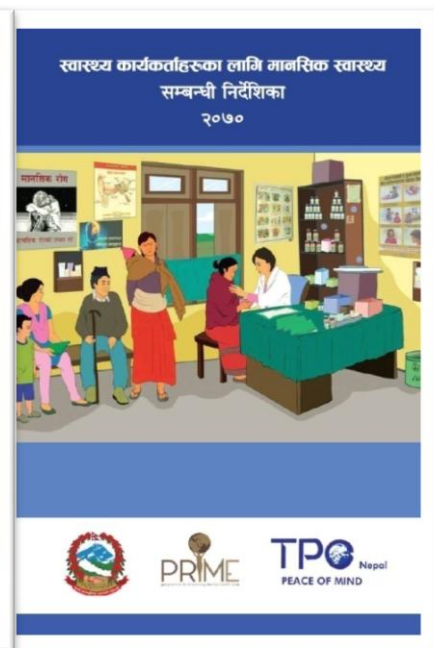
## Publications



Basic Psychosocial Training Manual (A)



Basic Psychosocial Training Manual (B)



Mental Health Guidelines to Community Health Workers

- Adhikari, R. P., Kohrt, B. A., Luitel, N.P., Upadhaya, N., Gurung, D. & Jordans, M.J.D. (2014). Protective and risk factors of psychosocial wellbeing related to the reintegration of former child soldiers in Nepal. *Intervention*, 12 (3):367 - 378.
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