



About TPO Nepal

Transcultural Psychosocial Organization (TPO) Nepal is a non-governmental organization established in 2005 with the aim of promoting psychosocial wellbeing and mental health through development of sustainable, culturally appropriate and community based psychosocial and mental health support systems. Key working areas of the organization are:

Intervention design and service delivery through culturally appropriate, community based and sustainable approaches.

Research on psychosocial and mental health needs, existing systems of care, and effectiveness of interventions.

Building capacity of community members and staffs of governmental and non-governmental organizations to provide psychosocial and mental health care and support.

Advocacy on promotion of psychosocial wellbeing and mental health.



TPO Nepal, Annual Report 2016

Published by	:	TPO Nepal
Publication date	:	February, 2017
Published No.	:	04/074
Copies	:	300
©	:	TPO Nepal
Cover Photo	:	TPO Nepal
Design & Layout	:	Maheysh Ranabhat
Printed @	:	Annapurna Printing Press Samakhushi, Baikunthapuri, Kathmandu Tel: 01-4388806

बहुसांस्कृतिक मनोसामाजिक संस्था नेपाल (टि.पि.ओ. नेपाल)



Message from the Executive Manager

It is my immense pleasure to present the annual report of the preceding year. The report documents TPO's implemented activities and achievements in the year 2016. It also reflects what we are and how we have been working as a team to contribute in improving in the areas of mental health and psychosocial support which have not been adequately dealt in the context of Nepal under one pretext or the other.

In 2016, we were able to reach out to 43,196 people including 16,110 male and 27,086 female in the community through integrated support such as counseling services, community orientation, training, specialized care and mental health researches. Likewise, TPO Nepal also conducted several researches as part of the project and published in both national and international acclaimed journals. On the other hand, with policy advocacy dialogues with government agencies, we were able to bring changes in the mental health related services and policies of the government. While implementing the activities in different settings and context, we were able to learn many lessons that could be instrumental in executing similar activities in future. The project has not only benefited our beneficiaries but also helped us to take our understanding and knowledge on relevant issues and themes to a new level.

It needs to be mentioned here that we were able to achieve the desired result of the project mainly due to the support from the concerned government stakeholders. Their strategic guidance, inputs and suggestions have played a significant role in accomplishing our set objectives. At the same time, the network with the like-minded organizations was a key factor in making the project a success. Therefore in the capacity of Executive Manager, I would like to thank Nepal Government especially the Ministry of Health and Ministry of Women, Children and Social Welfare, and non- governmental organizations working in our project areas, for their tireless and unwavering support. Without their support, the objective set by the organization was not possible to achieve. I sincerely hope that we will be able to work hand in hand and jointly put our efforts in bringing the positive changes in the lives of the people with mental health problems in future as well.

It would be unjustifiable if I do not put into record the financial support of our funding agencies and donors. Their trust and support have helped us to undertake several assignments and contribute in improving the mental health and psychosocial wellbeing of the concern communities through several engagements. I would also like to express my sincere gratitude to community people and stakeholders for their co-operation and support in achieving our desired goals. Finally, I would like to thank my board members and all the TPO staffs for their hard work, dedication and commitment. I hope that we will work meticulously in the days to come as well, and contribute in ameliorating the situation of people in terms of mental health and psychosocial support. Finally, I would like to thank Pitambar Koirala, Prasansa Subba, Dr. Kamal Gautam, Deepak Joshi Pokharel, Trishna Thapa, Damodar Rimal and other colleagues who lent their helping hands to prepare this report.

Thank you all

Suraj Koirala
Executive Manager
TPO Nepal

List of Abbreviations

ANM	:	Auxiliary Nurse Midwife
CIDT	:	Community Informant Detection Tool
CTIP	:	Combating Trafficking In Persons
CPSW	:	Community Psychosocial Worker
DBT	:	Dialectical Behavior Therapy
DFI	:	The Data in the Fight against Impunity
DFID	:	Department for International Development
D(P)HO	:	District (Public) Health Office
EESB	:	Early Exposure to child Sexual Behavior
ELRHA	:	Enhancing Community Resilience in the Acute Aftermath of Disaster
EMERALD	:	Emerging Mental Health Systems in Low and Middle Income Countries
FCHV	:	Female Community Health Volunteers
HA	:	Health Assistant
HBCWs	:	Home Based Care Workers
IEC	:	Information Education and Communication
IASC	:	Inter Agency Standing Committee
IMC	:	International Medical Corps
I/NGO	:	International/ Non-Governmental Organization
mhGAP-IG	:	mental health Gap Action Programme-Intervention Guide
MHPSS	:	Mental Health and Psychosocial Support Services (MHPSS)
MoH	:	Ministry of Health
OCMC	:	One Stop Crises Management Centre
PHCC	:	Primary Health Care Centre
PRIME	:	Programme For Improving Mental health Care
PTSD	:	Post Traumatic Stress Disorder
TAF	:	The Asia Foundation
TPO	:	Transcultural Psychosocial Organization
UNICEF	:	United Nations Children's Fund
USAID	:	United States Agency for International Development
WCDO	:	Woman and Child Development Office
WHO	:	World Health Organization

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Introduction



Photo: TPO Nepal Central Office Building, Baluwatar, Kathmandu

Transcultural Psychosocial Organization (TPO) Nepal is one of Nepal's leading organizations working in psychosocial and mental health. It was established in 2005 with the aim of promoting psychosocial well-being and mental health of children and families affected by conflict and other humanitarian crisis and vulnerable communities. Further, TPO Nepal is a knowledge-driven, innovative organization working in areas disrupted by violence and poverty. We strive to develop local psychosocial, mental health and conflict resolution capacity and systems that promote community resilience, quality of life and self-reliance through education, research, service delivery and advocacy.

Our services include individual, family and group counseling, problem focused therapies, psycho-education, specialized psychiatric and psychological services, and care for caregivers. Since 2011, in collaboration with the Ministry of Health and concerned District (Public) Health Office, the organization has been providing treatment to people with mental health problems in line with World Health Organization's mental health Gap Action Programme Intervention Guide (mhGAP-IG). TPO Nepal also capacitated the staffs of One-Stop Crises Management Centers (OCMCs) stationed in different government health facilities of the districts. Likewise, in partnership with the Ministry of Women, Children and Social Welfare, the organization provided psychosocial support to residents of shelter homes, counseling centres and other service centres.

TPO Nepal translated, validated and adapted the Inter-Agency Standing Committee (IASC) Guidelines on mental health and psychosocial support in humanitarian settings in Nepal in delivering community mental health services in earthquake affected districts. The guideline has been applied in health and protection clusters of the earthquake affected districts. At the same time, we give due consideration to the right as well as need-based approach while implementing the programs at the grass root level.

The organization also conducts research studies on the areas of psychosocial and mental health. The findings from these studies have been instrumental in refining our services as well as in building evidence for strengthening mental health systems.

Our Key Projects in 2016

Table 1: Project Details

Name of the Project	Project period	Funded by	Objective of the project	Geographic Coverage
Combating Trafficking in Persons (CTIP)	2010-2017	USAID/ The Asia Foundation	To promote psychosocial well-being of trafficking survivors and survivors of Sexual/Gender Based Violence	Kanchanpur, Banke, Kathmandu, Kavre-palanchowk, Makwanpur, Sindhupalchowk,, Ramechhap, Dolakha, Lalitpur, Nuwakot, Dhading&Rasuwa
Emerging Mental Health Systems in Low and Middle Income Countries (EMERALD) http://www.emerald-project.eu/	2012-2017	European Commission/ King's College London	To develop and evaluate strategies to strengthen the mental health care system in Nepal	Kathmandu
Enhancing Community Resilience in the Acute Aftermath of Disaster (ELRHA) : Evaluation of a Disaster Mental Health Intervention	2015-2016	University of Colorado, DFID and Wellcome Trust	To examine the effectiveness of a culturally-adapted mental health intervention designed to lessen the impact of a natural disaster among disaster-prone communities in Nepal	Kailali, Bhaktapur, Sindupalchowk, Ramechhap and Sindhuli
The Data in the Fight against Impunity (DFI) Project	2014-2017	International Rehabilitation Council for Torture Victims	To build evidence based approaches to mobilize the public and government to take action against impunity	Kathmandu
Jumla Mental Health Project	2014-2019	Duke Global Health Institute , USA and Heartmind International	To provide mental health services and conduct mental health research in Jumla	Jumla
Adoption and evaluation of DBT- informed Mental health promotion intervention for adolescent in Nepal	2015- 2016	Heart-mind International	To develop and test Dialectical Behavior Therapy (DBT)-informed intervention in a school setting in Kathmandu	Lalitpur
Program for Improving Mental health CarE (PRIME) http://www.prime.uct.ac.za/	2011-2017	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

Provision of Psychosocial Support and Substance Abuse Prevention Support to Refugees from Bhutan	2008-2017	UNHCR	To improve psychosocial wellbeing and reduce psychosocial distress among the Bhutanese refugee population	Bhutanese refugee camps in Jhapa & Morang districts
Integration of Mental Health and Psychosocial Support services in Primary Health Care Facilities and Community Settings in the Post Earthquake Context of Three Earthquake Affected Districts in Nepal	June 2015- Feb 2017	International Medical Corps	To promote mental health and psychosocial wellbeing through integration and co-ordination of mental health and psychosocial support services (MHPSS) into the existing primary health care system	Gorkha, Sindhuli & Dhading
Psychosocial Response to Earthquake Affected People in Nepal	May 2015- December 2016	UNICEF	To provide psychosocial support to the women and children affected by earthquake in Nepal.	Sindhupalchowk, Makwanpur, Okhaldhunga, Nuwakot, Bhaktapur and Kathmandu
Support to Transition and Recovery of Nepal's Health System in post Earthquake Situation	July 2015 to July 2016	Nepal Health Sector Support Program / Option/DFID	To integrate mental health and psychosocial support services into primary health care system	Ramechhap, Dolakha, Kavrepalanchowk, Nuwakot
One month Crash Course Training in Psychological Counseling	June 2015 to July 2016	Australian Embassy	To increase the access of psychological support to the earthquake affected people in the community by developing skilled community- based psychosocial workers.	Nuwakot
Community Based Psychosocial Capacity Building (CBPCB) Project	January 2016 to May,2017	AmeriCares through Isra Aid	To improve mental health and psychosocial resilience and coping capacity of EQ affected communities in Nepal	Sindhupalchowk, Nuwakot and Dolakha
Psychosocial Support to Internally Displaced Populations (IDPs)	July 2016 to March 2017	Cordaid	To restore the psychosocial wellbeing and enhance resilience through Psychosocial support	Rasuwa

Major Activities

TPO Nepal undertook several programs aimed at improving the mental health and psychosocial well-being of the communities. Project includes research and assessment, capacity building and policy dialogues among others. The major activities the organization conducted during last year are summarized below:

Integration of Mental Health and Psychosocial Support Services (MHPSS)

Since 2011, in collaboration with the Ministry of Health (MoH), TPO Nepal has been working to integrate MHPSS services into primary health care centers in Chitwan and Pyuthan districts of the country. In this year alone, trained 415 health workers in line with WHO’s task shifting approach based on mental health Gap Action Programme-Intervention Guide (mhGAP-IG) in mental health and psychosocial care. The mental health care package developed under PRIME project was later replicated in 5 earthquake affected districts namely Gorkha, Sindhuli and Dhading, Dolakha and Ramechhap. Following the intervention, the trained health workers provided basic mental health treatment and psychosocial support to 4,310 people in 2016. Similarly, the psychosocial counselors provided individual counseling to 2,321 people including 915 male and 1,406 female on psychosocial support. In the community, the Female Community Health Volunteers (FCHVs) have been playing a vital role as a facilitator in the process of detection and referral of people with mental health problems through Community Informant Detection Tool (CIDT). In this year alone, we trained 595 FCHVs who detected and referred, 2,371 people including 1,336 male and 1,035 female to different health centres for further evaluation and management. Likewise, the traditional faith healers who are often consulted for health problems were trained in mental health.

SN	Name of drugs	Forms	Strength	Group	District Hospital	PHC	HP	District Hospital	PHC	HP
1	Metformin	Tablet	500 mg	Anti-diabetic	✓	✓		✓	✓	✓
2	Hydrochlorothiazide	Tablet	25 mg	Diuretics, Anti hypertensive	✓	*	**	✓	✓	✓
3	Amlodipine	Tablet	5 mg	Anti-hypertensive	✓	*	*	✓	✓	✓
4	Furosemide	Tablet	40 mg	Diuretics	✓	✓	*	✓	✓	✓
5	Atenolol	Tablet	50 mg	Anti-hypertensive	✓	*	*	✓	✓	✓
6	Digoxin	Tablet	0.25mg	Cardic-glycoside	✓	*	*	✓	✓	✓
7	Aspirin	Tablet	75/150/300 mg	NSAID, Cardic	✓	*	*	✓	✓	✓
8	Glibenclamide	Tablet	2.5/5 mg	Antidiabetic	*	*	*	✓	✓	✓
9	Enalapril	Tablet	5/10 mg	Antihypertensive	*	*	*	✓	✓	✓
10	Atrovastatin (Statin)	Tablet	10 mg	Anti cholesterol	*	*	*	✓	✓	✓
1	Phenobutone	Tablet	60 mg	Anti-epileptic	✓	*	*	✓	✓	✓
2	Alprazolam	Tablet	0.25 mg	Depression (Anxiety disorder Panic Disorder)	✓	✓	*	✓	✓	✓
3	Chlorpromazine	Tablet	100 mg	Anti Psychotic	✓	*	*	✓	✓	✓
4	Amitriptyline	Tablet	10/25 mg	Mental stimulant	✓	*	*	✓	✓	✓
5	Diazepam	Injection	5 mg per 2ml	Tranquilizer	✓	✓	*	✓	✓	✓
8	Carbamazepine	Tablet	200/400 mg	Antiepileptic	✓	*	*	✓	✓	✓
7	Risperidone	Tablet	1/2mg	Antipsychosis	*	*	*	✓	✓	✓
8	Fluoxetine	Capsule	10 /20mg	Antidepressant	*	*	*	✓	✓	✓
9	Valproic Acid (sodium Valproate)	Tablet	200/300mg	Antiepileptic	*	*	*	✓	✓	✓
10	Trithexiphenidyl	Tablet	2 mg	Antipsychotic	*	*	*	✓	✓	✓
11	Thymine	Tablet	100 mg	Vitamin	*	*	*	✓	✓	✓
12	Diazepam	Tablet	2 mg/5mg	Tranquilizer	*	*	*	✓	✓	✓

Photo: Revised Mental Health Drug List



Photo: FCHV Training in Dhading District

Capacity Building: Since our inception, TPO Nepal has been building human resources in psychosocial and mental health mainly through trainings. TPO Nepal, in the year 2016, conducted training on several issues such as psychosocial care and support for health professionals (Prescribers and Non-prescribers), FCHVs, police personnel, social workers, government officials from line ministries, staffs of OCMCs and Shelter homes. Likewise, the duration of the training ranged from five days to six months comprehensive psychosocial care and support. It also organized training on specific issues of psychosocial and mental health problems such as suicide, substance abuse, human trafficking and child sexual behavior, counseling and pharmacotherapy.



Photo: Ten Days TOT to Police personnel in Kathmandu.

Table no : 2 Beneficiaries of Capacity Building

Activities	Male	Female	Total
6 Months (780 hrs) Psychosocial Counseling Training	9	32	41
Seven days to Fifteen days CPSW level Psychosocial care and support training to FCHVs / ANMs / CPSWs/ refugee	19	237	256
Psychosocial Care and Support Training to Staff of One-Stop Crisis Management Centers (OCMCs)	3	43	46
Ten days Training of Trainers (TOT) on Psychosocial Care and Support for Police Officers	19	1	20
Five days training to police personnel working in Women and Children Office	7	32	39
Four days mental health research training to public health and psychology students	10	14	24
Community Based Disaster Mental Health Interventions Training	120	714	834
Early Exposure to child Sexual Behavior (EESB) –Trainings to Parents, People With Disabilities and Community Based Organizations	93	173	266
Three Day Suicide Prevention Training	27	42	69
Care for Care Givers Training	19	13	32
Specialized Training to Psychosocial Counselors	29	22	51
Twenty days CPSW level Psychosocial care and support Training	38	80	118
FCHVs training	0	1,234	1,234
Mental health care and treatment training to prescribers	232	183	415
Psychosocial care and support training to non-prescribers	50	164	214



Photo: Health Workers' Training in Gorkha

Policy Dialogue and Talks with Government Representatives: TPO Nepal in collaboration with concerned stakeholders technically facilitated in identification of existing gaps and put forth recommendations and suggestions to address those shortcomings. TPO Nepal succeeded in the revision of the standard treatment protocol for delivery of mental health services in primary health care setting and addition of six new generation psychotropic medications in the existing Essential Drug List (EDL) of the government of Nepal. Likewise, the dialogue also mounted pressure on government to review the national mental health policy and to subsequently amend it as per the changed socio-cultural and psychosocial aspects.



Photo: Discussion on mental health issue with policy level stakeholder



Photo: Discussion on draft STP in Kathmandu.

Community Awareness and Sensitization Programs: TPO Nepal has been actively involved in raising awareness of the community people on mental health and psychosocial component related issues. Several community awareness activities have been organized as a part of the projects to orient and sensitize people on psychosocial and mental health related issues. These activities have been found enriching their understanding and widening knowledge on relevant issues and themes. Likewise,



Photo: Psychosocial support center, Kathmandu



Photo: Psycho education to community members.

several Information Education and Communication materials (IEC) have been developed and disseminated to reach out to wider audiences. Similarly, TPO Nepal published 50,000 copies of leaflet on psychosocial issues in this year. In 2016, the sensitization and orientation program on mental health and psychosocial related issues benefited 19,201 people in which 7,134 are male and 12,067 female.



Photo: Community orientation in Jhapa.

Table no : 3 Number reached out through community awareness activities.

Activities	Male	Female	Total
Community Stakeholder Sensitization Program on Mental Health and Psychosocial care	2,372	4,523	6,895
Frontline Workers' Orientation	924	589	1,513
MHPSS awareness programs to community	3,015	4,197	7,212
Community Orientation on Psychosocial issues and suicide	66	93	159
Community Orientation on Psychosocial and GBV Issues	757	2,665	3,422

Media Campaign: In collaboration with several FM stations across the country TPO Nepal developed and aired more than 30 weekly episodes highlighting the key issues related to mental health and psychosocial support focusing on the existing health related policies, mental health and psychosocial problems and its situation in Nepal. Similarly, special radio episodes were prepared and broadcasted through local and central level FM stations on the occasion of World Mental Health Day, World Suicide Prevention Day and other important days. The radio programs aired by the projects were able to make a remarkable achievement in terms of raising the awareness level of people on mental health and psychosocial support.

Similarly, a number of articles on mental health and psychosocial support and different activities conducted by TPO Nepal during the year were published in local and national level newspapers. A number of experts from TPO team were interviewed by radio stations and national and local TV channels and broadcasted. These activities have been expected to disseminate messages on contextual and relevant issues of mental health and psychosocial support and the related.



Photo: Media program in Jhapa.

Service Delivery: TPO Nepal has been providing services to the people as per their need and context at three levels: individual, family and group. The services include psychosocial support services to vulnerable populations including refugees, survivors of sexual and gender based violence and human trafficking.

We also provided counseling services, psycho-therapy, group intervention to people with psychosocial problems. The organization embraces solution focused interventions using psychotherapies like Mindfulness Techniques, Educational Freedom Technique, Behavior Activation, Family Intervention, Common Threads, Cognitive Behavior Therapy, Group Therapy and psychiatric and psychological services. The above mentioned therapeutic approaches have been found to be effective for the individuals in humanitarian context affected by natural or man made disasters, refugees (Bhutanese and Urban) and their host communities. In 2016, we were able to reach out to 5,768 people including 2,089 male and 3,679 female with our services.



Photo: Chain game performed by children in Jhapa

Table no : 4 Psychosocial services.

Service Provision	Male	Female	Total
Individual Psychosocial Counseling/Support	1,284	2,102	3,386
Group Psychosocial Counseling/Support	320	885	1,205
Family Psychosocial Counseling/Support	485	692	1,177

Major Studies in 2016

In 2016, TPO Nepal conducted several studies highlighting issues related with mental health and psychosocial wellbeing. Under the larger research program PRIME, several studies were conducted to evaluate the effectiveness of the mental health care plan. These studies were conducted both at the community (community survey) and health facility level (cohort study, facility detection survey, and process evaluation).

Similarly, under the Emerald project, which aims to strengthen mental health systems, studies were conducted to evaluate the effectiveness of training materials developed to build capacities of service users/caregivers and health workers. Baseline assessment on acceptability, feasibility, and utility of mental health indicators developed under Emerald project was conducted in 2016, along with household economic survey to understand the economic consequences of improved access to appropriate care.

Further the findings of the research have helped the government to conceptualize the program and policies and implement accordingly. In short, it has laid the foundation for government to take further action aimed at bringing changes among the lives of the people with mental health and psychosocial problems. The publications and research have also been found very useful for those who are pursuing their studies in mental health and psychosocial problems at different levels.

The following were the peer-reviewed papers published by TPO Nepal in international journals in the year 2016:

Kohrt B, Luitel NP, Acharya P, Jordans MJD. Detection of depression in low resource settings: validation of the Patient Health Questionnaire (PHQ-9) and cultural concepts of distress in Nepal. *BMC Psychiatry* (2016) 16:58

Rathod SD, De Silva MJ, Ssebunnya J, Breuer E, Murhar V, Luitel NP, et al. Treatment Contact Coverage for Probable Depressive and Probable Alcohol Use Disorders in Four Low- and Middle-Income Country Districts: The PRIME Cross-Sectional Community Surveys. *PloS one*. 2016;11(9):e0162038.

Kohrt BA, Worthman CM, Adhikari RP, Luitel NP, Arevalo JM, Ma J, et al. Psychological resilience and the gene regulatory impact of posttraumatic stress in Nepali child soldiers. Proceedings of the National Academy of Sciences of the United States of America. 2016;113(29):8156-61

Baron EC, Hanlon C, Mall S, Honikman S, Breuer E, Kathreen T, Luitel NP, Nakku J et al. Maternal mental health in primary care in five low- and middle-income countries: a situational analysis. BMC Health Services Research (2016) 16:53

Adhikari RP, Upadhaya N, Pokhrel R, Suwal BR, Shrestha MP and Subedi PK. Health and Social Vulnerability of Adolescents in Nepal. SM J Public Health Epidemiol. 2016; 2(3): 1032

Baron EC, Hanlon C, Mall S, Honikman S, Breuer E, Kathree T, Luitel NP, Nakku J, Lund C et al. Maternal mental health in primary care in five low- and middle-income countries: a situational analysis. Baron et al. BMC Health Services Research (2016) 16:53

Upadhaya N, Jordans MJD, Abdulmalik J, Ahuja S, Alem A, Hanlon C, Kigozi F, Kizza D, Lund C, Semrau M, Shidhaye R, Thornicroft G, Komproe IH, Gureje O. Information systems for mental health in six low and middle income countries: cross country situation analysis. International Journal of Mental Health Systems (2016), 10:60

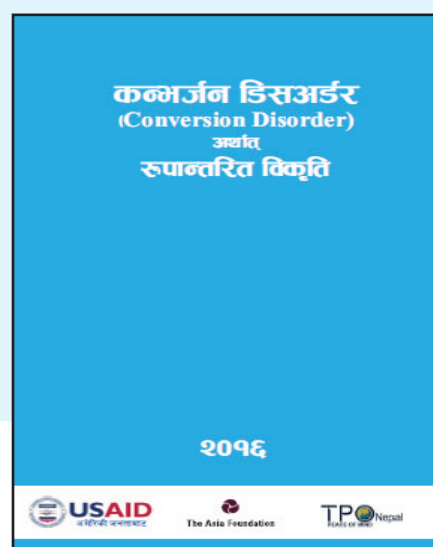
Jordans, M. J., Chisholm, D., Semrau, M., Upadhaya, N., Abdulmalik, J., Ahuja, S., ... & Petersen, I. (2016). Indicators for routine monitoring of effective mental healthcare coverage in low-and middle-income settings: a Delphi study. Health policy and planning, 31(8), 1100-1106.

Burkey, M. D., Ghimire, L., Adhikari, R. P., Kohrt, B. A., Jordans, M. J., Haroz, E. E., & Wissow, L. S. (2016). Development process of an assessment tool for disruptive behavior problems in cross-cultural settings: the Disruptive Behavior International Scale–Nepal version (DBIS-N). International journal of culture and mental health, 9(4), 387-398.

Kohrt, B. A., Yang, M., Rai, S., Bhardwaj, A., Tol, W. A., & Jordans, M. J. (2016). Recruitment of child soldiers in Nepal: Mental health status and risk factors for voluntary participation of youth in armed groups. Peace and Conflict: Journal of Peace Psychology, 22(3), 208.

Burkey, M. D., Ghimire, L., Adhikari, R. P., Wissow, L. S., Jordans, M. J., & Kohrt, B. A. (2016). The ecocultural context and child behavior problems: A qualitative analysis in rural Nepal. Social Science & Medicine, 159, 73-82.

Similarly, the organization also published manuals and booklets on mental health and psychosocial related issues during the year.



S N	Publication	No of copies
1	Community Based Disaster Mental Health Interventions Training Manual	1,000
2	Conversion Disorder Booklet	3,500
3	Psychosocial Hand Book	2,500
4	Basic Psychosocial Training (Reading) Booklet	1,000
5	Basic Psychosocial Training (Trainer) Booklet	1,000
6	Standard Treatment Protocol	1,100

Workshop & Dissemination

TPO Nepal organized a number of workshops wherein practice and evidence based knowledge were disseminated among the participants in an effective manner. The workshops served as a platform and offered a space to express the concerns of the stakeholders and suggested doable measures to overcome them. The key among them was MHPSS Thematic Workshop which provided a space to converge and identify the challenges and gaps in the existing health policy and also came up with possible solution to that end. This included functional MHPSS unit in MoH, policy/Act/ Guideline to regulate MHPSS, improvement in the co-ordination unit between the government and non-government actors. The workshop succeeded in taking the understanding of issues on mental health to a new level and at the same time it was able to disseminate the findings of the research and our achievements to the wider audience.

On the occasion of TPO Nepal's 11th anniversary, a consultative meeting was organized in June, 2015. The event was successful in bringing different funding agencies together and expressing their views on the working approaches and suggested measures to work even better in upcoming days as well.

Additionally, DGHI and TPO Nepal jointly organized a workshop on 18th November, 2016 with the aim of exploring opportunities and challenges of mHealth in Nepal and find out ways of possible collaborations between the Duke University and Nepal. The workshop was attended by the representatives from Government of Nepal, academic institutions, UN agencies, I/NGOs, and IT companies.

Further, TPO Nepal organized a dissemination workshop on 24th October, 2016 under the ELRHA project, a research which was conducted in one of the earthquake affected districts - Bhaktapur, and flood affected communities in Kailali district. Results demonstrated that the intervention was effective in improving disaster preparedness, mental health, and social cohesion among community members



Photo: Consultative Meeting on Sharing Approaches and Practices on Mental Health and Psychosocial Intervention in Lazimpat, Kathmandu.



Photo: Participants at the workshop on 'Building Duke-Nepal Collaboration: mHealth and Beyond'

affected by disasters. Seventy participants representing policy makers, academicians, and donor agencies attended the dissemination workshop, representing policy makers, senior government level officers, academicians and I/NGOs participated in the workshop.

Another dissemination workshop was conducted on integration of mental health

and psychosocial support services in primary health care facilities and community settings in the post-earthquake context.

The workshop discussed the key issues such as amendment of the national mental health policy 1996, integration of mental health and psychosocial support services into the existing primary health care delivery system, review of the existing essential/free drug list and addition of new generation psychotropic medications,

establishment of a separate mental health division/focal point in the MoH/DoHS, regular supply of psychotropic medications in the community, sustainability of MHPSS programs at the local level and wider coverage of such programs in the districts.

TPO Nepal hosted the 4th annual Project Co-ordination Group meeting at Kathmandu between 12th to 15th September, 2016. Participants from the Emerald consortium consisting of 12 partner institutions from



Photo: ELRHA research dissemination in Kathmandu



Photo: Review Meeting with international expert and Nepali policy maker in Kathmandu

the Europe, Ethiopia, Nigeria, Uganda, South Africa, India and Nepal attended the meeting. Professors, academicians, and researchers from King's College London, Universidad Autonoma de Madrid, World Health Organization, Addis Ababa University, Public Health Foundation India, University of Ibadan, University of Cape Town, University of KwaZulu Natal, Butabika National Referral and Teaching Mental Hospital, GABO:mi, and HealthNet TPO that comprises the Emerald consortium convened to discuss and plan about Emerald project activities in each implementing countries. The meeting was chaired by the project co-ordinator- Professor Graham Thornicroft of King's College London.

With an objective to formulate interaction between national level policy makers, journalists and Emerald consortium about key mental health issues in Nepal, an interaction program was organized where 12

policy makers (from Ministry of Health and Department of Health Services) and two academicians from Tribhuvan University, Department of Psychology attended. A total of three key presentations were delivered by the Executive Manager of TPO Nepal, Professor Graham Thornicroft and a representative from MoH respectively. Dissemination program was organized on the third day of the meeting where nine journalists from various local and national papers and radio media attended.



Photo: Discussion on anti-torture bill.

Similarly, a number of workshops were organized by TPO Nepal in districts as Kanchanpur, Banke, Makwanpur and Kathmandu under CTIP project especially related to issues like discourse of mental health and psychosocial issues, achievements, challenges, and way forward wherein more than 100 government officials, NGO staffs, journalists and human rights' activists participated.

Conferences

In 2016, TPO Nepal presented its research findings in the several national and international conferences. The major international conferences included The 12th Biennial Asia Pacific (AsPac) International Mental Health Conference (24-26 October 2016) Queensland Australia; World Psychiatrists Association (WPA) International Congress, (18-22 November 2016) Cape Town; The 8th International Conference on Social Work in Health and Mental Health (19-23 June 2016) Singapore; International Rehabilitation Council for Torture Survival (IRCT) General Assembly and Scientific Symposium (5-9 December 2016), Mexico and International Conference On Nurturing University Community Engagement: Integration, Innovation and Impact (27-29 April 2016), Kathmandu Nepal. The important national conferences included Second National Summit of Health and Population Scientists in Nepal (11-12 April 2016), Kathmandu and The Annual Kathmandu Conference on Nepal and the Himalaya (27-29 July 2016).

Academic Development of Staffs through TPO Nepal's Program

One of the staffs completed her Master's Degree in 2016 in Global Mental Health run by King's College London and London School of Hygiene and Tropical Medicine. The award was granted by Emerald program. Likewise, another staff completed 2 years course in Masters of Philosophy in Public Mental Health at the University of Cape Town through the PRIME project. As a part of the course, she conducted a study on maternal depression as a result of which a detection tool as well as community sensitization programme for antenatal and postnatal depression was developed.

One of the research coordinators is pursuing his doctorate degree from Utrecht University, Amsterdam through the Emerald project on "Opportunities and challenges on for mental health system strengthening in Nepal".

Research Manager of TPO Nepal is also pursuing his doctorate degree from Utrecht University, through the PRIME project on "Integration of Mental Health into Primary Health Care System in Nepal".

Some Glimpses of Foreign Delegates Visited TPO Nepal:



Photo: His Excellency Glenn White, Australian Ambassador in a meeting at TPO Nepal



Photo: Michael H. Merson, M.D. Director; Duke Global Health Institute during a visit to TPO Nepal.



Photo: Signing the MoU between TPO Nepal (Suraj Koirala, Executive Manager) and HealthNet TPO (Willem van der Put, Director)



Photo: IRCT team in Kathmandu

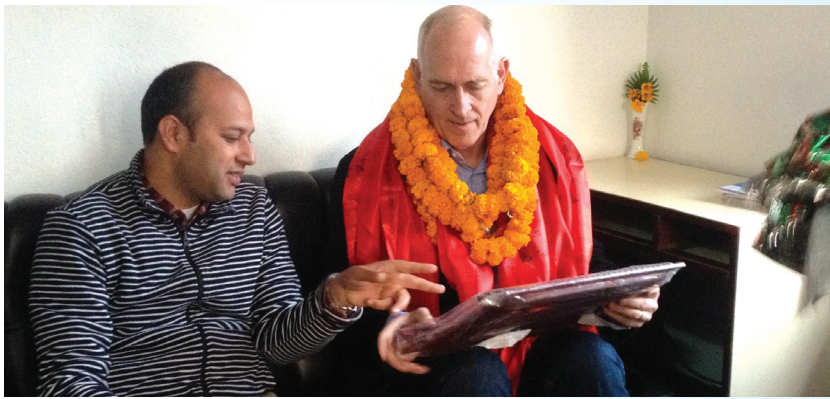


Photo: Deputy head of DGHI, Randall Kramer at TPO Nepal.



Photo: Prof. Dr. Vikram Patel, Co-Founder and former Director of the Centre for Global Mental Health at the London School of Hygiene and Tropical Medicine (LSHTM) during a visit to a PHCC in Chitwan.



Photo: Prof. Dr. Lavanya Vasudevan (DGHI, Duke University) presenting on mHealth.

Case Story

After social instability from ethnic conflict in Bhutan, a man came to Nepal along with his then second wife and children in 1990 seeking an asylum in an international refugee camp in Jhapa district. He was initially kept in Maidhar and was later shifted to Beldangi. As a refugee, the life was striving in terms of financial responsibility and identity in a foreign country. The family felt humiliated and discriminated by the native citizen. The man yet went through a crisis when he lost his wife as a result of heart disease during pregnancy. He remarried but his second wife was unable to conceive which added a huge setback. His agony and painful situation did not end here and it seemed it was just the beginning of new era of pain and sorrow. One night, his children from first wife told him that they have opted for third country resettlement which was very distressing to him.

After their departure, he began feeling lonely, sad and restless, had sleeping difficulty, though his wife tried to console him. At some point, he felt hopeless and even thought of ending his life but somehow changed his mind.

His wife embraced all possible measures to help him psychologically though her relentless efforts turned out unsuccessful. He started getting irritable and often quarreled with her on petty issues. His wife finally decided to seek for medical attention. The attending doctor assessed him and diagnosed him to be suffering from depression. The doctor psycho-educated him on the illness and advised him to visit TPO Nepal for psychosocial interventions.

Without any delay, he reached out to the TPO and expressed his problems in detail with the concerned counselor. The counselor listened to his concerns attentively and counseled him on relevant issues. He also provided some useful tips on behavioral activation and asked him to embrace it as a daily routine. He counseled him to engage in pleasurable activities and take part in social events. Further, he took part in trainings, programs and camps which widened his understanding and horizon on issue related with depression. This helped to re-stabilize his life which was derailed as a result of depression.

"I wouldn't have come this far without the enduring support of TPO Nepal and the attending doctor and owe my life to them."

Major contributions of TPO Nepal for the promotion and development of MHPSS in 2016:

- Ministry of Health revised and endorsed Standard Treatment Protocol (STP) for delivery of mental health services in primary health care setting. The STP was revised based on WHO mhGAP- IG. TPO Nepal technically facilitated Primary Health Care Revitalization Division (PHCRD) and other stakeholders in the process of revision and endorsement of the protocol.
- With the initiation and constant advocacy, the National Mental Health Policy is under revision and likely to be approved by the cabinet in near future. TPO Nepal worked as the core committee member for the revision of the policy.
- A number of representatives from government, I/NGOs, stakeholders and community people participated in mental health promotional activities such as workshops, meetings and consultations.

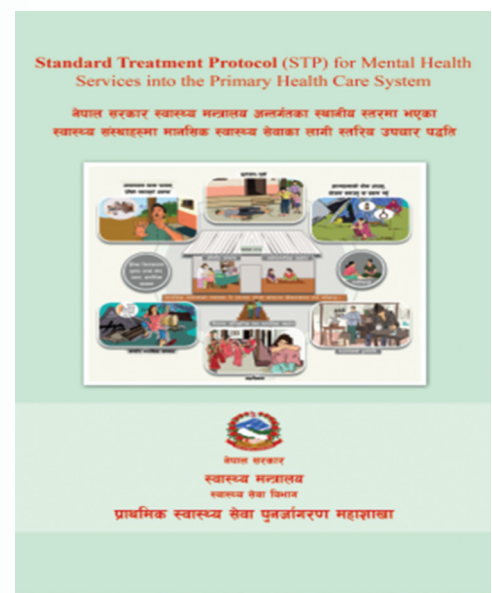


Photo: Standard Treatment Protocol

- Six new generation psychotropic medications (Fluoxetine, Risperidone, Trihexyphenidyl, Sodium Valproate, Thiamine and tablet Diazepam) were included in the existing Essential Drug List of Ministry of Health. TPO Nepal together with PHCRD contributed by facilitating the process.
- Training manuals and booklets on mental health and psychosocial support services have been developed which are evidence based and contextual to the existing scenario of the country.
- Psychosocial hub and mobile application (manosamajiksuswasthya: www.manosamajik.com.np) on mental health and psychosocial issues were developed for the first time in the country. So far approximately 5,277 people have visited the website till the end of the year.
- Integration of psychosocial support within the protection system: TPO Nepal enhanced the technical capacity of counseling centers newly established under Women and Children Office in 7 earthquake affected districts.

TPO Team

TPO Board & Management Team

Board

Ms. Manju Adhikari (Chairperson)

Mr. Nabin Lamichhane (Co-Chairperson)

Mr. Krishna Bahadur Karki (Secretary)

Ms. Pushpanjali Dhakal (Treasurer)

Ms. Salita Gurung (Member)

Mr. Trilochan Pokharel (Member)

Mr. Satish Kumar Aryal (Member)

Management Team

Mr. Suraj Koirala

Mr. Raam Katwal

Ms. Jamuna Maharjan

Mr. Pitambar Koirala

Ms. Parbati Shrestha

Ms. Ambika Balami

Technical Advisor team

Dr. Mark Jordans, PhD

Dr. Brandon Kohrt, MD, PhD

Prof. Shishir Subba, PhD

Dr. Rishav Koirala, MD Psychiatry

Our Team in 2016

In 2016, there were altogether 262 staff members (70% female and 30% male) working in different districts. Among them, 58 were working in clinical services, 42 were working in different project activities, 44 were from research and 25 were from Admin /Finance and remaining were CPSWs and home based care workers.

Admin and Financial Statement

TPO Nepal Admin and Finance Status (Year 2016)

Our Financial Statement 2015-2016

Statement of Financial Activities, (FY 2015/2016)	Amount In NPR	
TOTAL GRANT RECEIVED:	189,182,610	
Human Resource	42,069,981	22%
Program Cost	48,704,900	26%
Research Cost	28,403,074	15%
Publication	5,716,583	3%
Training/Capacity Building Expenses	37,521,458	20%
Administrative Cost	15,767,342	8%
	178,183,339	
Advance Grant (Surplus/Deficit for the FY)	10,999,271	6%

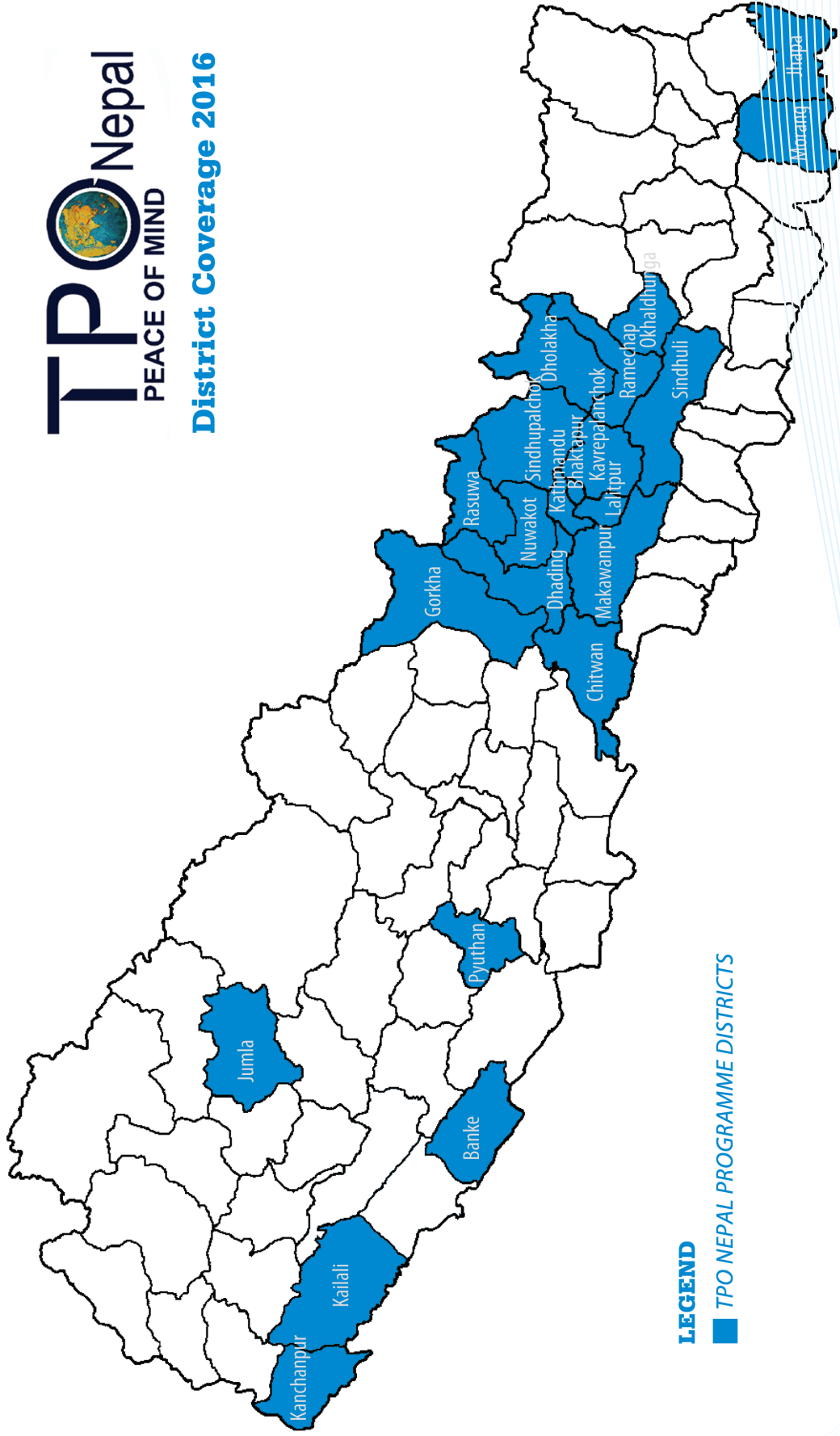
Analysis/Description of Financial Situation

** Based on BS 2072/73 Audit Report*

In 2016, TPO Nepal worked in 22 out of 75 districts directly, and other additional districts through partner organizations. TPO Nepal's central office is located in **Baluwatar, Kathmandu, Nepal.**



District Coverage 2016



LEGEND

■ TPO NEPAL PROGRAMME DISTRICTS

Transcultural Psychosocial Organization (TPO) Nepal

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Email: tponepal@tponepal.org.np

Website: <http://www.tponepal.org>