

Peace of Mind



Celebrating Five Years of Service 2005-2010

Five years report of TPO Nepal

Published by:

Transcultural Psychosocial Organization (TPO Nepal) Kathmandu

Publication Date: 06, June 2010

Copies: 500

Copy right: TPO Nepal

Design by: Sesraj Gautam, gautamss@hotmail.com

Printed at: Annapurna Offset Press, Lazimpat Kathmandu, Tel: 4412996

Letter from the Manager



Dear Friends,

Welcome to TPO Nepal's five years report which tells the story of our 5 years journey of continued learning and innovation in the field of psychosocial and mental health in Nepal.

In the past five years, momentous political developments have taken place in Nepal which positively and negatively affected the development of the psychosocial and mental health field. The humanitarian and development situation in Nepal continues to be characterized by the fragile political situation, the incomplete peace process, poor security, ever deepening poverty, and ongoing risk of natural disasters such as flooding and earthquakes.

In this context, the work of TPO Nepal is extremely relevant in promoting psychosocial well-being/mental health of children and families in conflict-affected and other vulnerable communities, through development of sustainable, culturally-appropriate, community-based psychosocial support systems. During these five years we have been able to integrate psychosocial and mental health in multiple sectors (HIV/AIDS, Conflict, Refugees and Emergencies), develop community based psychosocial care packages, operationalize international guidelines for mental health and psychosocial support in emergencies, conduct scientific research in mental health, develop trained human resources and play an active role in different working groups and the national mental health network.

Encouraged by the response of the community, local partners, national partners and donors we have developed a medium term strategic plan focused on 4 inter-related strategic priorities (programming, quality control, organizational sustainability and institutional development).

Although only 5 years old, TPO Nepal is rapidly gaining a reputation as one of Nepal's leading psychosocial organizations. This success is a result of excellent support provided by our district, regional and national partners and donors. I would like to take this opportunity to thank all the individuals, groups and institutions that provided support to TPO Nepal.

I would also like to thank you for taking time to explore the psychosocial and mental health field in Nepal through the pages of this five years report.

Sincerely yours,

Nawaraj Upadhaya Executive Manager

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Our Mission

We promote psychosocial well-being and mental health of children and families in conflict affected and other vulnerable communities through development of sustainable, culturally appropriate and effective community-based psychosocial support systems.

Who we are

Transcultural Psychosocial Organization (TPO) Nepal is a Nepali non-governmental organization established in 2005 with the aim of providing psychosocial services to Nepal's most vulnerable groups. We are a knowledge-driven, innovative organization working in areas disrupted by violence and poverty.

TPO Nepal was founded at the initiation of Healthnet TPO International, 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.



Community Interaction in Kapilbastu District.

What we do



Research: on psychosocial needs, existing systems of care, effectiveness of interventions

Intervention design: culturally-appropriate, community-based and sustainable

Building capacity: of community members and staff of local organizations to provide psychosocial care and support

Psychosocial service provision: individual, family, group counseling, self-help and support group facilitation, class-room based interventions

Advocacy: on mental health issues and policy

Who we serve

TPO Nepal has services for; Children Affected by Conflict, Child Soldiers, Children and Families Affected by HIV/AIDS, Victims of Emergencies, Victims of Sexual Violence, Refugees, Commercial Sex Workers, Disabled Children and Families and Human Rights Workers,

Context of our work

Nepal's extremely precarious political, social and economic situation impacts the psychosocial health and well-being of individuals, families and communities all across the country. While there are vast psychosocial needs, and many vulnerable groups, there is limited recognition or understanding of those needs, and few resources to address them.



Dissemination of Psychosocial IEC Meterials in Sarlahi District

Conflict

Nepal experienced 10 years of armed conflict, and now a post-conflict environment exists in many areas. Approximately 50,000-70,000 people were internally displaced and about 11,000 children associated with armed forces and armed groups (CAAFAG) faced reintegration difficulties in their home communities.

In addition to fallout from the Maoist insurgency, Nepal's terai region bordering India is experiencing a violent emerging ethnic and political conflict, with increased numbers of armed political and criminal groups.



Class Room Based Intervention in Kanchanpur District

TPO Nepal has been working with children and communities affected by conflict since 2005.

Integrated Psychosocial intervention: It works! - A case study

Sumina Nepali (name changed) was a 17 year old unmarried girl from Argakhanchi district. She was forced to join an armed group where she performed as an artist in its cultural program. Later on she suffered from different problems such as nightmares, headache, stomach ache, and fear as the outcomes of the forceful enrollment.

A Social Mobilizer referred her to one of the Psychosocial Counselors associated with TPO Nepal. Psychosocial assessment took place to identify the nature of problem. Sumina was provided emotional support, psycho- education, feedback, relaxation and six piece stories for her night mares. At the same time she was enrolled in a sewing and tailoring course.

It was noticed after a few sessions that her level of confidence was higher than before. Her economic situation became stronger. Her problems were reduced and she looked happy after the support.. Community people as well appreciated the changes in her life.

Refugees

109,000 Bhutanese refugees languished in camps in Nepal's Eastern terai for 17 years, are awaiting a return to Bhutan or some other durable solution. While third country resettlement has been underway since 2008, it will take several years and not all refugees will opt for it or qualify.

The existential uncertainty persists for many refugees, as they continue to hope for a return to their home.



Change in life - A case study

I am Ramila Sharma (name changed.) I am 13 years old. I live in Timai camp. Before participating in Srijana /CBI Program, I had much fear. I could not share my problems with others. I used to think that if I share my problem with others then they would tease me. I thought myself only a burden on this Earth. But when I had an opportunity to be involved in this 'Srijana CBI,' they have taken out all my problems from me without my knowledge through different ways of interaction. Now I can manage my protection myself and when I feel problems I can share with TPO's counselor. Now I don't feel any hesitation, fear, anger or shyness to talk with anybody. I can tell my problems easily. I would like to thank such helping organizations like TPO Nepal for organizing such helpful programs. I would also like to give my special thanks to the counselor of this school, because she helped me for my problem thinking as her own and helped me to get rid of it

Emergencies



Nepal is acutely vulnerable to natural disasters. Because of its location in a seismically active region, risk of a major earthquake is ever present. While there are limited national response systems in place, preparedness and risk reduction for psychosocial impact of emergencies is practically non-existent

> TPO Nepal has been active in emergency response since 2007, providing services after communal rioting in Kapilbastu, and in the aftermath of the Koshi River flood which displaced 60,000 people. As co-chair of a Technical Working Group, it is leading the process of context-ualizing and applying global guidelines for the psychosocial and mental health support in emergencies.

Psychosocial Support in Emergency- A case study

When the flood came, Ms. Shila (name changed) was with her family. People shouted and started to flee. Her family started to run with other people and later she knew that her husband and son were missing. Later they were found but they had nothing with them except the clothes they were wearing. She had difficulties sleeping, loss of appetite and many other problems.

During the time in camp she met one of TPO Nepal's counselors. During the 4 sessions with her, the counselor provided emotional support, relaxation exercises like deep breathing and progressive muscles relaxation, emotional freedom technique (EFT), and administered SUDs scale checklist. After the psychosocial intervention Shila opened up and said, "There have been many incidences in my life but they did not affect me much. But this flood brought a lot of problems. I could not sleep because I was worried about my children. When I was sleeping in bed I would get up and look at the empty road and wanted to cry. I was starting to act like

She also expressed the view that the psychosocial intervention has helped her: now she is able to sleep, can balance her state of mind, reflect on her pains and worries, and plan for the future based on the current realities. She was impressed by the psychosocial services and requested that such type of services be made available for all people in the camp on regular basis.

HIV/AIDS

HIV/AIDS in Nepal is now considered a concentrated epidemic, spreading rapidly among high risk groups including migrant workers (and their wives), sex workers (and their clients), and injecting drug users.

UNICEF estimates that there are 13,000 AIDS orphans, and another 111,000 children whose lives have been disrupted by their parents' infection. Despite their extreme vulnerability, it is only recently that attention has been given to the psychosocial needs of these children. TPO Nepal began providing psychosocial services to HIV/ AIDS affected children and families since 2009.



Psychosocial support for HIV/AIDS affected children - A case study

bamboo house made on another person's land. Quarrels occur regularly in the house of Ramesh. His father is a drug addict and he does everything to get drugs. His mother works as a labor in daily wages and earns some money. Sometimes his father sells food stuffs like rice, vegetables, oil etc bought from the small amount of money earned by Ramesh's mother. Both of his parents are HIV infected. An outsider told Ramesh about it, but his parents have not. Ramesh told that his brothers were from his step mother. His father got married with his mother after the death of his first wife. "I feel scared with the beating by my father. I don't like to go to school. I feel like going far away from this house. But I love my mother," Ramesh said. According to his mother, Ramesh doesn't speak to anyone at school. He escapes from school and goes out for no reason. He baths rarely - once in 20 to 30 days.

According to his mother and teachers, these days he speaks to his friends normally. He also gives time for personal hygiene and helps his mother to prepare food.

Violence against women

Around the world, one in 3 women will experience violence or abuse sometime during her life. More often than not, the violence occurs within the home. Nepal is no exception: in one recent study, 35% of Nepali women surveyed had experienced violence at the hands of family members. Among the Nepali organizations working to address family violence against women, most focus on community awareness raising, while a handful are engaged in policy advocacy, shelter/rehabilitation, and legal counseling. Space in shelters is extremely limited, and only a few have staff trained in psychosocial support



TPO Nepal is currently providing clinical supervision to psychosocial staff of organizations working with abused and trafficked women.

In times of conflict and political instability, women in traditional societies are even more vulnerable to abuse and exploitation, particularly sexual violence. TPO Nepal is partnering with UNICEF, UNFPA and human rights organizations to document cases of sexual violence that were committed during the conflict, and provide women with the services they need to heal.

Disabilities

There are no national statistics available on the number of persons with disabilities in Nepal, however, estimates range from 2% up to 20%. What is known is that people with disabilities are one of the poorest and most marginalized groups in Nepal, with women and young girls facing particularly high levels of

discrimination and neglect.

Source: //www.hrdcnepal.org/Contents/PhotoGallery/

The disability movement in Nepal emerged during the 1990s and consists mostly of self-help organizations of people with disabilities, which have made great strides in promoting the rights of persons with disabilities in Nepal. The community rehabilitation approach is now being widely promoted. Services, however, are almost entirely focused on improving the physical well-being of persons with disabilities with little attention to psychosocial needs.

TPO Nepal is partnering with the Hospital and Rehabilitation Centre for Disabled Children (HRDC), Nepal's largest provider of services to children with mobility disabilities, to integrate psychosocial with medical and physical rehabilitation services.

Mental health system



Health services in Nepal are extremely limited. Nepal spends less than 6% of its national budget on health and ranks 133 out of 150 countries in health spending. The estimated population per governmental health institution (including village health posts which offer only the most basic services) is 5,663. There are about 21 physicians per 100,000 people in Nepal.

Within this limited health infra-structure, availability, accessibility, and performance of psychosocial and mental health services are extremely low, although the need for them is growing due to increased

vulnerabilities and the erosion of traditional family and community supports.

TPO Nepal is a founding member of the National Mental Health Network, which is lobbying for the enshrinement of mental health as a right in the new constitution and inclusion of basic mental health services in primary care under the new 5 year National Health Sector Plan. TPO is also partnering with the only Mental Hospital in Nepal to provide psychosocial support to patients and families.



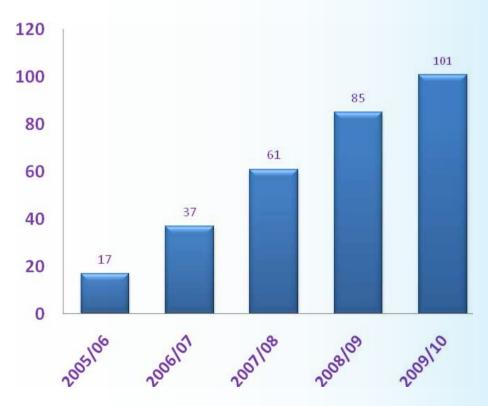
Facts and Figures

Nature of services		Years			
		2007	2008	2009/10	Total
Psychosocial Services	12598	12959	833	12788	39178
Psychosocial orientation/education	7118	14573	3573	23621	48885
Psychosocial capacity	631	178	314	535	1658
Research	397	1887	2909	852	6045
Others	-	-	-	136	136
Grand Total	20744	29597	7629	37932	95902

Other measures of growth

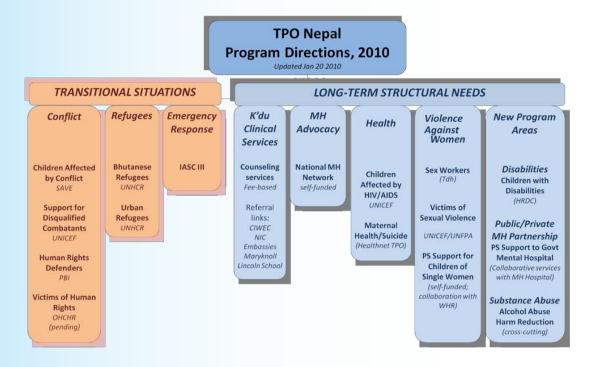


Staffing



Program and project

TPO Nepal responds to both transitional situations and long term structural needs. TPO operated 25 projects funded by 17 donor partners.



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.

Primary prevention of psycho-social problems through:

- Coordination with other agencies
- Orientation, psycho-education for families, communities, and front-line workers, aiding identification and referral
- Establishment of social support groups (youth, parents, women, etc.)
- Basic emotional support provided by Community Psychosocial Workers (CPSWs)

Secondary prevention: For more vulnerable or at-risk individuals and families, targeted interventions include:

- Screening and assessment of those needing counseling, therapeutic group work
- Individual, family and group counseling
- Structured group interventions (e.g. "Sanjeevani," a class-room based intervention for at-risk children; self-help groups for recovering addicts etc.)

Tertiary prevention. Assessment and referral of those with specialized mental health/psychological needs to psychiatric care



Key achievements

- 1) Integration of a psychosocial component in multiple sectors such as, HIV/AIDS, Conflict, Emergencies, Human Rights, Disabilities and Domestic Violence
- 2) Development of community based psychosocial care packages for Contlict Affected Children (CAC), Refugees, Traumatized and vulnerable children, Children affected by HIV/AIDS, Victims of emergencies, Health Workers, Teachers, Social Workers, Community Facilitators and Vulnerable women
- 3) Operationalization of Inter Agency Standing Committee (IASC) guidelines on psychosocial and mental health in emergencies such as Political riots in Kapilbastu, Fire in Bhutanese refugees camp, Koshi flood Sunsari and Flood in Kailali
- **4) Conducted scientific research in mental health** with CAAFAG/CAAC, CABA, Conflict affected population and Conflict affected women
- 5) Publication of TPO Nepal research findings in international journals like JAMA, Social Science and Medicine, Transcultural Psychiatry, International Psychiatry, Human Biology, Intervention and ODC (Organizational Development Center)
- 6) Developed trained human resources in the psychosocial and mental health field. TPO Nepal conducted 6 months Psychosocial counseling training, 28 days Community Psychosocial Workers training, Substance abuse training, Care for care giver training, Alternative to violence Program training and ToT (Training of trainers) for psychosocial trainers
- 7) Mobilized staff to provide international training. TPO Nepal's staff worked as research consultants in Pakistan and Afganisthan to provide training in research methodology, provided Practice oriented psychosocial and mental health course in Netherlands and participated in development of a global mental health research agenda in Netherlands
- 8) Played an active role in different working groups and networks such as CAAFAG working group, Emergency protection cluster, Mine action group, PPCC network, 1612 task force, National Mental Health Network, CTEVT 6 months counseling certification steering committee member and Member of NGO federation Nepal
- 9) Government liaison with Social Welfare Council, Health ministry, Education ministry, Home ministry & DDCs in district levels.



Thank you to our partners and donors: You made our work possible

International partner

Health Net TPO, The Netherlands

National Partners

- 1) 4S Jumla
- 2) Aawaj Surkhet
- 3) AMDA Damak
- 4) Antarang
- 5) Asman Nepal Dhanusa
- 6) BASE Nepal -Dang, Salyan and Kailali
- 7) BISWAS Nepal
- 8) Caritas Damak
- 9) CDO Sunsari
- 10) CDPS Sindhuli
- 11) Change Nepal
- 12) COSDER Gorkha
- 13) CVICT Nepal
- 14) CWIN Nepal- Rukum, Rolpa, Banke
- 15) CWS Makawanpur
- 16) Dharan Positive Group Sunsari
- 17) Diyalo Pariwar Chitwan
- 18) DNGOCC Dang
- 19) ECARDS Dolakha
- 20) HADC Gorkha
- 21) HRDC Banepa

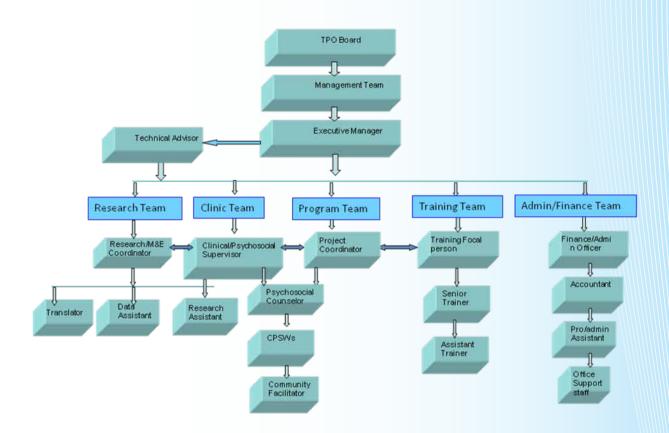
- 22) IRDC Rupandehi
- 23) JAN Sarlahi
- 24) IJCDC Pyuthan
- 25) LWF Damak
- 26) Mental Hospital Patan
- 27) National Mental Health Network
- 28) Nepal Bar Association
- 29) Nepal Human Rights Commission
- 30) NRCS Kailali,,Dadeldhura, Sunsari, Baitadi and Iumla
- 31) OCUC Gulmi
- 32) OTCDC Argakhanchi
- 33) Panchatara Yuba Club Jajarkot and Surkhet
- 34) Peace Action Group Ilam
- 35) PEACE WIN Bajura
- 36) Prayas Mahila Samuha Sunsari
- 37) PSYCAN Nepal
- 38) RDC Rautahat
- 39) RRN Nepal
- 40) RSC Gorkha

- 41) SAFE Banke
- 42) Sahaj Nepal Kapilbastu
- 43) Santha Bikas Sanjal Kathmandu
- 44) SATHI Sanstha
- 45) SCDC Saptari
- 46) SERSOC Lamjung
- 47) Solve Nepal Dhankuta
- 48) SSDC Kapilbastu
- 49) Sundar Nepal-Dailekh, Bardiya, Jumla
- 50) Tuki Association Sunkoshi Sindhupalchwok
- 51) TWOF Kanchapur
- 52) TWUC Bardiya
- 53) WAC Achaam
- 54) WAM Surkhet
- 55) WEL Sunsari
- 56) WOREC Kathmandu
- 57) Yes Nepal Kailali

Donors

- 1) CARE
- 2) Center for International Studies and Cooperation (CECI)
- 3) Children Refugee Project UK
- 4) European Union (EU)
- 5) International Rescue Committee (IRC)
- 6) MS Nepal
- 7) Peace Brigade International (PBI)
- 8) Save the Children
- 9) Terres Des Homes (TDH)
- 10) United Nation High Commissioner for Refugees (UNHCR)
- 11) United Nation International Children Fund (UNICEF)
- 12) United National population Fund (UNFPA)
- 13) United States Agency for International Development (USAID)
- 14) War Trauma Foundation Netherlands
- 15) Word Education (WE)
- 16) World Health Organizations (WHO)

TPO Nepal: Organizational Structure



Our Board

Manju Adhikari **Chairperson**

Hemanga Sharma **Treasurer**

Nabin Lamichhane **Secretary**

Krishna Bahadur Karki **Member**

> Salina Joshi **Member**

Muktar Khan **Member**

Binayak Shrestha **Member**

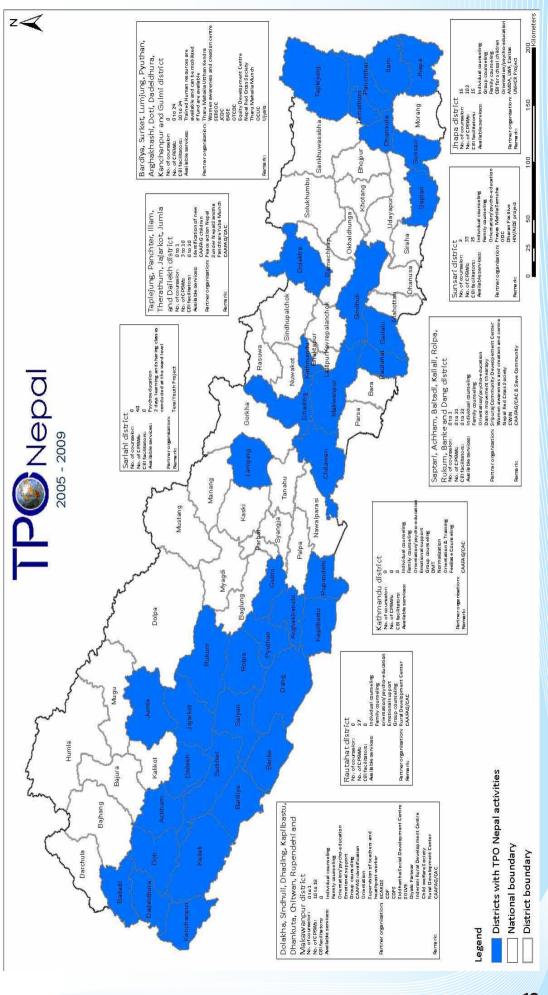


TPO Nepal Colleagues: Thank You

Sn	Staff Name	Designation	Sn	Staff Name	Designation
1	Ambika Balami	Psychosocial Trainer	56	Padam Prasad Subedi	Psychosocal Counsellor
2	Anita Gautam (Dahal)	CPSW	57	Parbati Shrestha	Project Coordinator
3	Ansuiya Sah	Counsellor	58	Pabitra Chaudhary	Regional Psychosocial Counsellor
4	Anuradha Acharya	Psychosocial Counsellor	59	Parmita Shrestha	Auxiliary Nurse Midwife (ANM)
5	Arti Kumari Jha	Research Assessors	60	Pawan Acharya	Psychosocial Counsellor
6	Asharam Chaudhari	Research Assessors	61	Pitambar Koirala	Research Assessor
7	Atul Pokhrel	Sanjeevani Coordinator	62	Pragya Shrestha	Ast. Outreach Coordinator
8	Bhim Bahadur Sinal	CBI Trainer	63	Prakash Acharya	Project Coordinator
9	Bhupendra Singh Gurung	Psychosocial Counsellor	64	Prami Sigdel	Admin Assistant
10	Bidhya Rai	Translator	65	Purna Bahadur Singh	Psychosocial Trainer/Counsellor
11	Bijaya Sharan Acharya	Psychosocial Supervisor	66	Puspanjali Dhakal	Admin Assistant
12	Bijaya Tamang	Office Assistant	67	Radha Basnet	Regional Psychosocial Counsellor
13	Bimala Kaucha Magar	Psychosocial Counsellor	68	Raj Kumar Jairu	Sanjeevani Supervisor
14	Bimi Rani Panthi	Psyco-Social Trainer	69	Rajendra Lama	Office Assistant
15	Bindu Prasai	M & E Assistant	70	Rajesh Kumar Jha	Psycho-Social Trainer
16	Bir Bahadur Hamal	Psychosocial Trainer	71	Ram Kumar Katwal	Finance Officer
17	Bishnu Kumari Waiba	Psychosocial Counsellor	72	Ram Prasad Dahal	Project Coordinator
18	Bishowa Darshan Dhungana	Finance Officer	73	Ram Prasad Sapkota	Technical Adviosor
19	Deepti Khati	Translator	74	Ramesh Karki	M & E Assistant
20	Devi Kumari Bishwakarma	Sanjeevani Supervisor	75	Rana Bahadur Rana Magar	Office Assistant
21	Devi Shrestha	M & E Assistant	76	Ranjana Shrestha	CPSW
22	Dinesh Kumar Basnet	M & E Assistant	77	Ratna Maya Lama	Psycho-Social Trainer
23	Divya Barma	Research Assessor	78	Reena Thapa	Research Assessor
24	Ful Kumari Nembang	Substance Abuse Counsellor	79	Renu Shrestha	Research Assistant
25	Girija Prasad Rijal	Project/Account Assistant	80	Rohit Karki	Project Coordinator
26	Govinda Prasad Koirala	Psychosocal Counsellor	81	Rupa Chaudhary	Psychosocial Counsellor
27	Gyanendra Pd Niraula	Office Assistant	82	Sabitra B K	Psychosocial Counsellor
28	Hari Kirshna Adhakary	Research Assistant	83	Sabnam Singh Rajpoot	CPSW
29	Hari Madan Adhikari	Liaison Officer	84	Samita Basnet	Program Assistant
30	Indira Pradhan	Psychosocial Trainer	85 86	Sangita Sharma	Psychosocial Trainer/Counsellor
31 32	Jamuna Maharjan	Clinical Supervisor M & E Assistant	87	Santosh Acharya Sapana Sharma	Project Assistant
33	Jananee Magar Jashmin Bajracharya	Data Assistant	88	Shanti Pandit	Psychosocal Counsellor Psychosocial Trainer
34	Joshep Adhikary	Data Manager	89	Sharada B K	Psychosocial Counsellor
35	Juthi Ram Chaudhary	Psychosocial Counsellor	90	Shiva Hari Adhikari	Psychosocial Trainer
36	Kailash Bahadur Nagarchi	Sanjeevani Supervisor	91	Shree Niwas Khanal	M & E Assistant
37	Kalo Nepali	Psychosocial Counsellor	92	Shrijana Shahi	Psychosocial Counsellor
38	Kaluram Chaudhari	Psychosocial Counsellor	93	Silu Shrestha	Translator
39	Keshab Chalise	Accountant	94	Sita Adhikari (Neupane)	CPSW
40	Khadananda Chaulagain	Psychosocial Trainer	95	Srijana Shahi	Psychosocial Counsellor
41	Krishna Bahadur Karki	M & E Assistant	96	Subodh Rai	CPSW
42	Krishna Hari Timelsena	District Program Coordinator	97	Sudha Pokhrel	Psychosocial Trainer
43	Mahesh Adhikari	Project/Account Assistant	98	Sudip Ghimire	Assistant Projece Coordinator
44	Manju Adhikary	Research Assistant	99	Sujata Sharma Poudel	Psychosocial Trainer/Counsellor
45	Manjul Adhikari	Psychosocial Counsellor	100	Sujen Man Maharjan	Data Assistant
46	Megh Ratna Shakya	Programme Manager	101	Sujit Ranpaheli	CPSW
47	Nabin Kumar Chaudhary	District Program Coordinator	102	Suman Dhimal	Psychosocial Counsellor
48	Nabin Lamichhane	Project Coordinator	103	Sunita Roka	Project/Admin Assistatant
49	Nagendra Prasad Luitel	Research and M & E Coordinator	104	Suraj Koirala	Project Coordinator
50	Nanendra B.K.	Psy. Counsellor/ Trainer	105	Tek Bahadur Khadka	Psychosocial Counsellor
51	Narayan Pratap Singh	Office Assistant	106	Shoyata Kumari Shrestha	Translator
52	Nawaraj Upadhaya	Executive Manager	107	Urmila Oli	Psychosocial Counsellor
53	Nira Upreti	Psychosocial Counsellor	108	Urmila Joshi	Research Assessors
54	Nitin Khanal	Research Assistant	109	Yasoda Oli	Sanjeevani Supervisor
55	Om Joshi	Research Assessor		Note: All 90 community worl	kers and facilitators

Coverage

We work, either through partners or directly, in 38 out of Nepal's 75 districts



TPO Nepal's publications

1. Political violence and psychosocial wellbeing in Nepal: A systematic multi-disciplinary review. Social Science & Medicine, 2010, 70, 35-44.



2. Four principles of mental health research and psychosocial intervention for child soldiers: lessons learned in Nepal. International Psychiatry, 2010, 7, 3, 58-60.



3. Introducing the IASC Mental Health and Psychosocial Support Guidelines in Emergencies in Nepal: A process description. Intervention, 2010, 8, 52-63.



4. Evaluation of a classroom-based psychosocial intervention in conflict-affected Nepal: A cluster randomized controlled trial. Journal of Child Psychology and Psychiatry, 2010, doi:10.1111/j.1469-7610.2010.02209.x



5. Child Led Indicators: Pilot testing a child participation tool for psychosocial support programs for former child soldiers in Nepal. Intervention, 2009, 7, 92-109.



6. Psychosocial Issues of Women affected by Conflict in Churia Range of Nepal: CARE Nepal, 2009



7. IEC materials: TPO Nepal, 2009



8. Maithali version of psychosocial and social cohesion training booklet for Community Psychosocial Workers (CPSW), USAID Nepal, 2009



9. Formal Translation of the IASC Guideline on Mental Health and Psychosocial Support in **Emergency Settings:** IASC Technical Committee Nepal, 2009



10. Comparison of mental health between former child soldiers and children never conscripted by armed groups in Nepal. Journal of the American Medical Association, 2008, 300, 691-702.



11. Helping our friend. Teachers Guideline: UNICEF and TPO Nepal 2007



12. Role of parents in changed behavior of children due to conflict: Save the children USA and TPO Nepal 2006





Transcultural Psychosocial Organization Nepal

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