



# Annual Report 2012

## TPO Nepal Vision and Mission

TPO Nepal aims to support peace, reconciliation and local capacity by improving psychosocial and mental health care in areas of chronic crisis 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.

Annual Report 2012

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## Letter from the Chairperson



Dear All,

It is our pleasure to present TPO Nepal's Annual Report for 2012. This year was very important for us because TPO Nepal expanded its psychosocial and mental health approach at the policy level. This report highlights our approach, major activities and achievements in the field of psychosocial and mental health in Nepal in 2012.

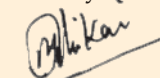
In 2012, TPO Nepal received financial support from 8 international donors including the UK's Department of International Development (DFID), Grand Challenges Canada (GCC), European Union (EU), United Nations (UN) agencies (UNHCR and UNICEF) and INGOs (Terre des hommes and The Asia Foundation). We are deeply appreciative of the commitment and support of our donors. We also thank our partner organizations for their collaboration in strengthening psychosocial and mental health services in Nepal. Without our donors' and partners' support, our work would not be possible.

Similar to previous years, our major activities included research, capacity-building, psychosocial service provision and advocacy on psychosocial and mental health. Our interventions and services included community sensitization, through psychosocial orientations, cultural programs and psychosocial radio programming; psychosocial support services including counseling, support groups, classroom-based interventions (CBI); focused psychiatrist referral services. Through these activities, we reached more than 26,000 direct beneficiaries in 2012.

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

Finally, I would like to acknowledge and thank Mr. Pitambar Koirala, Mr. Satish Aryal and Nawaraj Upadhaya for writing this report, as well as the entire team of TPO for their valuable contributions to this report.

Thank you all.



Manju Adhikari  
Chairperson



List of abbreviations

AIDS	: Acquired Immunodeficiency Syndrome
BMC	: Bio Med Central
CAAFAG	: Children Associated with Armed Forces and Armed Groups
CABA	: Children Affected By AIDS
CBI	: Classroom Based Intervention
CBT	: Cognitive Behavior Therapy
CIDI	: Composite Intervention Diagnostic Interview
CIDT	: Community Informant Detection Tool
CPSW	: Community Psychosocial Worker
CTIP	: Combating Trafficking in Persons
DFID	: Department for International Development
DVD	: Digital Video Disc
EMERALD	: Emerging Mental Health Systems in Low and Middle Income Countries
EU	: European Union
FCHV	: Female Community Heath Volunteer
GCC	: Grand Challenges Canada
HIV	: Human Immunodeficiency Virus
IASC	: Inter-Agency Standing Committee
INGO	: International Non-Governmental Organization
IRCT	: International Rehabilitation Council for Victims of Torture
mhBeF	: Mental Health Beyond Facilities
MoHP	: Ministry of Health and Population
MoWCSW	: Ministry of Women, Children and Social Welfare
NCASC	: National Central for AIDS and STI Control
NGO	: Non-Governmental Organization
NMS	: National Minimum Standard
PRIME	: Program for Improving Mental Health Care
SGBV	: Sexual and Gender Based Violence
SHARE	: South Asia Hub for Advocacy, Research and Education on Mental Health
SOP	: Standard Operating Procedure
STI	: Sexually Transmitted Infection
TPO	: Transcultural Psychosocial Organization
UCT	: University of Cape Town
UK	: United Kingdom
UN	: United Nations
UNHCR	: United Nations High Commissioner for Refugees
UNICEF	: United Nations Children's Fund
USAID	: United States Agency for International Development
VMLR	: Verified Minors and Late Recruits
WCSC	: Women and Children Service Centre
Tdh	: Terre des homes

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## Who we are

**Transcultural Psychosocial Organization (TPO) Nepal** is 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.

## What we do

**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 staff of governmental and non-governmental organizations to provide psychosocial and mental health care and support

**Advocacy** on promotion of psychosocial and mental health wellbeing.



## Where we are

In 2012, TPO Nepal worked in a total of 45 of Nepal's 75 districts, either directly or through partner organizations. We operated field offices in 12 districts:

**Central Office:** Baluwatar, Kathmandu

**Field Offices:** Damak, Jhapa; Hetauda, Makawanpur; Bijuwar, Pyuthan; Nepalgunj, Banke; Mahendranagar, - Kanchanpur; Chautara, Sindhupalchowk; Dhulikhel, Kavrepalanchowk; Itahari, Sunsari; Janakpur, Dhanusha; Biratnagar, Morang; Bharatpur, Chitwan and Dhangadhi, Kailali.

## Our approach

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

### Level 1: Environment building and providing basic

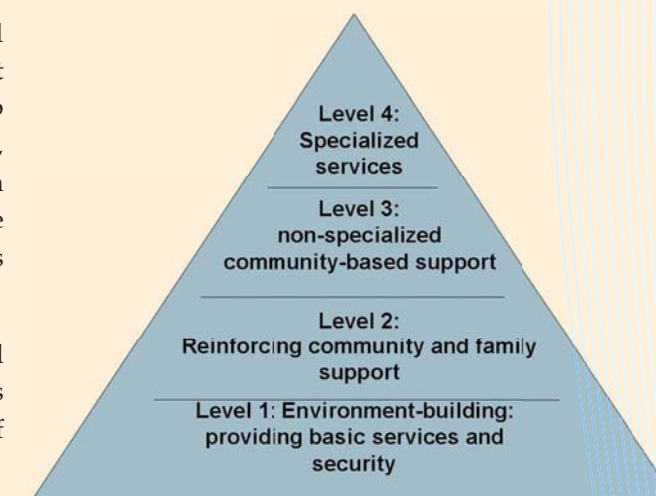
**services and security.** TPO Nepal coordinates with partners and other local organizations, conducts orientations, provides psycho-education to families, communities and front-line workers. TPO Nepal identifies and refers those who need services and support to established social support groups (youth, parents, women, etc).

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

**Level 3: Non-specialized community based support.** Through teams of Community and Classroom Based Psychosocial Workers and Psychosocial Counselors, TPO Nepal provides services for vulnerable

individuals and families through targeted interventions including: screening/assessment of those needing counseling, therapeutic group work, individual, family and group counseling, structured group interventions (e.g. classroom based psychosocial intervention for vulnerable children, self-help groups for recovering addicts etc.)

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



## Looking back: TPO Nepal from 2005 to 2012

When TPO Nepal was first established, it worked primarily in transitional situations such as conflict, refugee settings and disaster response, and was active in providing services at the district and community level. This experience created a strong foundation of both knowledge and skills that allowed TPO to gradually expand its focus to include many different vulnerable groups including people living with HIV/AIDS, trafficked persons, children affected by acute malnutrition, reproductive age women experiencing suicidal ideation, women affected by domestic and sexual violence, and people affected by alcohol and substance abuse. This breadth of experience in turn provided the practical knowledge base to expand programming to include long term structural needs related to mental health and mental health systems.

Over the 7 year period from 2005 to 2012, more than 160,000 people received psychosocial support.

Year	2006	2007	2008	2009	2010	2011	2012	Total
<b>Beneficiaries</b>	20,744	29,597	7,629	37,932	18,248	22,808	26,464	<b>163,422</b>

All TPO's programs were implemented using the NGO model, along with some district and regional level government coordination. Over the past few years TPO Nepal has moved away from a solely NGO model, and increasingly adopted a joint Government-NGO model. TPO Nepal's contribution to the development of national guidelines for trafficking survivors in collaboration with Ministry of Women, Children and Social Welfare (MOWCSW), its technical support to the National Center of HIV/AIDS Control in the development of psychosocial guidelines for children affected by HIV/AIDS, and its role in providing psychosocial training to police staff in close collaboration with Women and Children Service Centers under the Nepal Police are examples of the Government- NGO model TPO Nepal has been successfully implementing in the past years. Currently, TPO Nepal is working with Ministry of Health and Population (MoHP) in the development of a comprehensive Mental Health Care Plan (see further information below).

Additionally, TPO Nepal has contributed nationally by co-chairing the Inter Agency Standing Committee (IASC) guidelines on Mental Health and Psychosocial in Emergencies, by playing an active role in the establishment of National Mental Health Network and serving as secretariat for the first two years, by being psychosocial lead for Children Associated with Armed Forces and Armed Groups (CAAFAG) Working Group, and by participating as an active member of UN cluster systems (in both the protection and health clusters).



Internationally, TPO Nepal is affiliated with the Netherlands-based INGO HealthNet TPO, and is a member of several international multi-country consortia such as the Program for Improving Mental Health Care (PRIME), aDFID-funded program for improving mental health care, Emerging Mental Health Systems in Low and Middle Income Countries (EMERALD), an EU-funded program in emerging mental health systems in low and middle income countries, Mental Health Beyond Facilities (mhBeF), a Grand Challenges Canada funded program in community mental health, and International Rehabilitation Council for Victims of Torture (IRCT).



*Participant of Psychosocial and Mental Health Care training*

Since its establishment, TPO Nepal has served as a resource organization for psychosocial and mental health in Nepal, with the aim of developing sustainable human resources to provide psychosocial and mental health services at the community level. To this end, TPO Nepal has been providing various trainings ranging from 2 days to 6 months intensive psychosocial trainings for community people, and staff of governmental and non-governmental organizations. TPO Nepal is also providing clinical services for those who need psychosocial support, and, depending upon the severity of the case, referring cases for specialized psychosocial and mental health treatment.

In addition, TPO Nepal has successfully completed more than 30 research projects and published 25 articles in international journals including the Journal of the American Medical Association (JAMA) and the BMC Psychiatry. Our key projects in 2012

## Our key projects in 2012

**Psychosocial Intervention/Care for Care Giver Training for Nepal Police Working in the Women and Children Service Centers (WCSC)**, supported by UNICEF. Objective: To sensitize police to their own psychosocial needs as well as the psychosocial needs of vulnerable individuals in police custody. This project targets police officials working in Women and Children Service Centers throughout Nepal. Geographic coverage: all 75 districts. Project duration: 2010 to 2012.



*Certificate distribution for Care for Care Giver training for WCSC staff*

**Combating Trafficking in Persons (CTIP)**, supported by the United States Agency for International Development (USAID) and The Asia Foundation (TAF.) Objective: To ensure quality of care and protection services for trafficking survivors. Geographic coverage: 6 districts, Kavre, Sindhupalchowk, Kathmandu, Makawanpur, Banke and Kanchanpur. Project duration: 2010 to 2015.



*Awareness program on anti human trafficking*



**Program for Improving Mental Health Care (PRIME)**, supported by DFID and coordinated by the University of Cape Town (UCT.) Objective: To generate new knowledge to inform the development of mental health programs that improve health and socio-economic outcomes, in particular of the poor and mothers. Geographic coverage: Chitwan district. Project duration: 2011 to 2017.

**Psychosocial Support to Children Affected by Conflict and Verified Minors and Late Recruits (VMLR)**, supported by UNICEF. Objective: To facilitate social reintegration of VMLR through the promotion of life skills, community-based peace building and reconciliation activities. Geographic coverage: 43 out of 75 districts. Project duration: 2010 to 2012.

**Psychosocial support to Bhutanese refugees**, supported by UNHCR. Objective: To improve psychosocial well-being and reduce psychosocial distress among the Bhutanese refugee population. Geographic coverage: Bhutanese refugee camps in 2 districts, Jhapa and Morang. Project duration: 2008 to 2014.



*TPO Nepal, Damak Team-Who are participating services to the Bhutanese Refugees*

**Psychosocial support to Children Affected by AIDS (CABA)**, supported by UNICEF. Objective: To improve psychosocial well-being of children and families affected by HIV/AIDS. Geographic coverage: 3 districts, Sunsari, Kailali and Acham. Project duration: 2009-2012.

**Psychosocial support to survivors of Sexual and Gender Based Violence (SGBV)**, supported by UNICEF. Objective: To promote psychosocial well-being of vulnerable girls, women and families by reducing psychosocial distress resulting from the experience of sexual violence. Geographic coverage: 14 districts. Project duration: 2010-2012.

**Psychosocial support to women and children working in the entertainment sector**, supported by

Terre des homes (Tdh). Objective: To strengthen professional capacity and emotional resilience of counselors working with girls and women in the urban commercial sex and entertainment sector. Geographic coverage: Kathmandu district. Project duration: 2009-2012.

## New projects started in 2012

**Mental health beyond facilities (mhBeF)** is a three year research program consortium led by Makerere University School of Public Health Kampala (Uganda), and funded by Grand Challenges Canada (GCC.) The project is being implemented in 3 low income countries (Nepal, Liberia and Uganda). The program aims to develop and test a mental health care package, to be implemented in both health facility and community settings, to target severe mental disorders.

**Emerging Mental Health Systems in Low and Middle Income Countries (EMERALD)** is a five year multi-country health system research project funded by the European Commission (EC) and implemented by consortium partners in six low and middle income countries (Ethiopia, India, Nepal, Nigeria, South Africa and Uganda). The program aims to develop and evaluate strategies to strengthen the mental health care system in Nepal.

**Suicide in South Asia** is a scoping review of suicide in six South Asian countries (Afghanistan, Bangladesh, India, Nepal, Pakistan and Sri-Lanka.) This project is funded by DFID-UK and lead by HealthNet TPO.

## Key activities in 2012

In 2012, TPO Nepal worked in six major program areas: human trafficking, sexual/gender based violence, conflict, HIV/AIDS, refugees, and strengthening psychosocial/mental health systems. Within these programs, TPO Nepal takes cutting edge psychosocial and mental health interventions and contextualizes them for Nepal through an integrated process of research, capacity building, service provision and advocacy on psychosocial and mental health issues.

## Community sensitization

TPO Nepal undertakes community sensitization and awareness raising through community orientation, cultural programs, drama and publications. In 2012, a total of 20,779 people participated in community programs. Four hand books related to psychological first aid, psychosocial, gender and trafficking issues were published, with 5,000 copies printed for distribution in communities. TPO Nepal also ventured into radio and visual media, developing 25 episodes of a radio program about psychosocial and mental health, which were broadcast over 12 month period and a documentary on stress management for distribution on 1,000 DVDs.





*Participation in a community awareness program*

## Capacity building

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

In 2012, TPO Nepal trained 29 Psychosocial Counselors and 104 Community Psychosocial Workers. TPO Nepal also provided specialized trainings to more than 922 participants (see table below).

TRAININGS	
Type of training	No. of participants
Group Harm Reduction Intervention Training	78
Alternative Tools Against Violence	203
Composite Intervention Diagnostic Interview (CIDI) and Community Informant Detection Tool (CIDT)	22
Care for Care Giver workshops	413
Parental Support Intervention/ Family Counseling	52
Standard Operating Procedure (SOP) 2012 for running shelter Home for trafficked survivors	21



*Psychosocial awareness training for Nepal Police*

## Psychosocial service provision

TPO Nepal has been providing context specific and culturally acceptable psychosocial services since 2005. Services include coordination and networking with other available services, providing psycho-education, establishing and supporting peer support groups, psychosocial counseling (including Behavior Activation,



*Training about psychosocial issues for shelter home staff*

Motivational Interviewing, family counseling), and a Classroom Based Intervention (CBI) for school children. A total of 4656 received various kinds of psychosocial support through TPO Nepal programs, as detailed below.



PSYCHOSOCIAL SUPPORT	
Type of support	No. of beneficiaries
Individual psychosocial counseling	1,680
Family/couple counseling	556
Group counseling	186
Specialized care support	9
Peer support	12
Effective parenting intervention	1200
Classroom based intervention	663
Group intervention	268
Peace building activities	82

## Assessment and Research

Since its establishment, TPO Nepal has been conducting research focusing on assessments of psychosocial needs, mental health status of vulnerable populations, coping mechanisms, existing systems of care and support, and effectiveness of psychosocial interventions etc. This year, 1,328 individuals participated in research conducted by TPO Nepal.

**Psychosocial Assessment of Verified Minors and Late Recruits (VMLR) During the Reintegration Process.** An assessment was carried out among VMLRs during the reintegration process to identify the protective and risk factors associated with reintegration, and to monitor the psychosocial well-being of VMLRs over time.



*A Focus group discussion*

**Trauma and Resilience Among Youth and Adults in Nepal.** This research was conducted to find out the condition of trauma and resilience among youth and adults in Nepal.

**Development of a Tool to Assess Psychosocial Vulnerability Associated with Child Labor.** The primary objective of this study was to develop a tool for assessing relative vulnerabilities and strengths among children involved in labor.

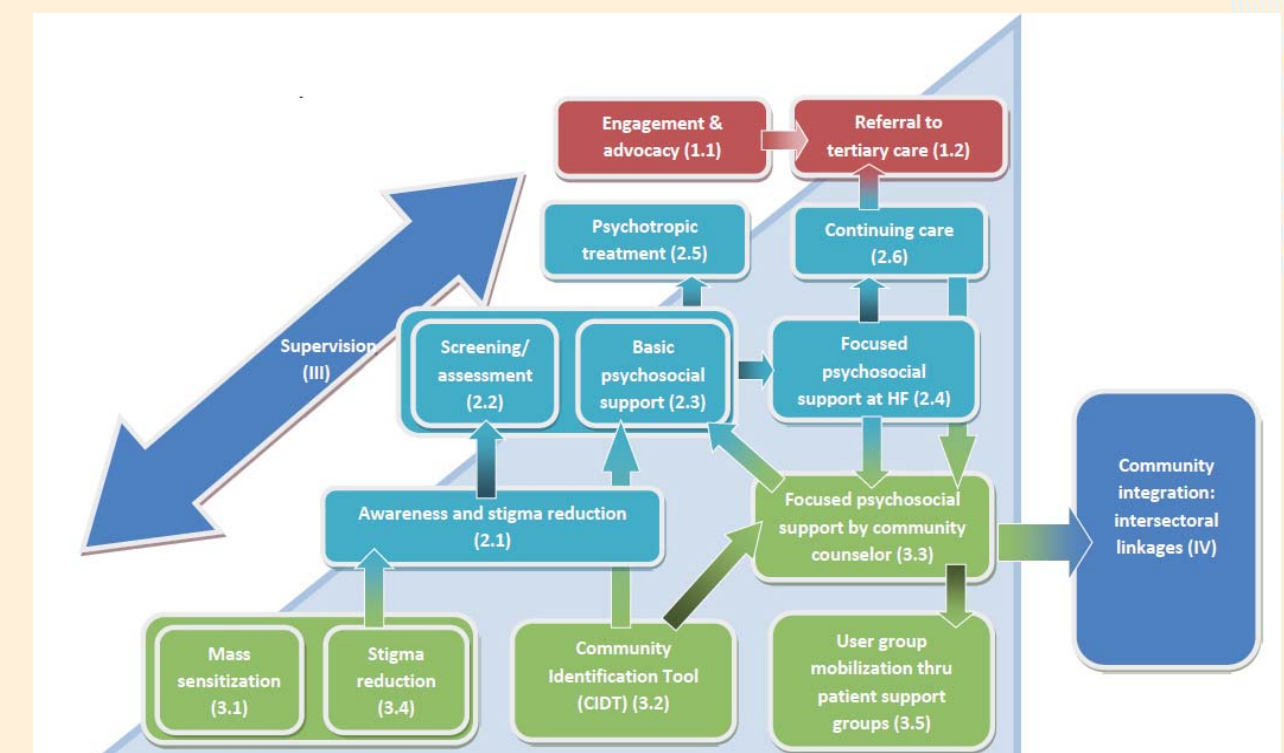
**Assessment on Current Trend of Psychosocial Integration in Ongoing Services for HIV Aids Program for CABA and Their Families in Kailali and Sunsari Districts.** An assessment was conducted to find out the gaps in services, including psychosocial services of organizations working for children affected by AIDS.

## Our achievements in 2012

**Support to ensure the quality of care and protection services for trafficking survivors.** To ensure the quality of care and protection services for trafficking survivors, TPO Nepal provided technical support to the Ministry of Women, Children and Social Welfare (MOWCSW) to develop National Minimum Standards (NMS) and Standard Operating Procedures (SOP) for care and protection of trafficking survivors. Both the NMS and SOP were endorsed by the Government of Nepal on 1st April, 2012.

**Mainstreaming psychosocial care in existing care service for Children Affected By AIDS (CABA.)** TPO Nepal provided technical support to the National Central for AIDS and STI Control (NCASC) to develop guidelines for mainstreaming psychosocial services for CABA. These guidelines were endorsed by the NCASC on 31 December, 2012.

**Developed district mental health care package.** TPO Nepal, in collaboration with the Ministry of Health and Population, has developed a district mental health care package to be pilot tested in Chitwan district. The care package is comprised of a care delivery framework, training packages, and details of activities in different levels of health organization, health facilities and the community level.



*PRIME Care Delivery Framework*

**Developed new psychosocial assessment tools for Nepal.** A Community Informant Detection Tool (CITD) tool was developed aiming to help community members such as Female Community Health Volunteers (FCHV) to identify people experiencing major mental health problems (depression, psychosis, epilepsy, alcohol abuse, behavior problems) and refer them to nearby health facility for timely treatment.

**Self help in Stress Management.** A documentary called 'Parmila,' which focused on stress management



was produced. It aims to create awareness within the Nepal police on the significant stresses experienced in their work, and facilitate stress and anger management of police personnel.

**Membership in international consortia expanded.** In addition to TPO Nepal's ongoing participation in PRIME, the South Asia Hub for Advocacy, Research and Education on mental health (SHARE) consortia, and the International Rehabilitation Council for Victims of Torture (IRCT), in 2012, TPO Nepal entered into partnership with two other international consortia: EMERALD and mhBeF.

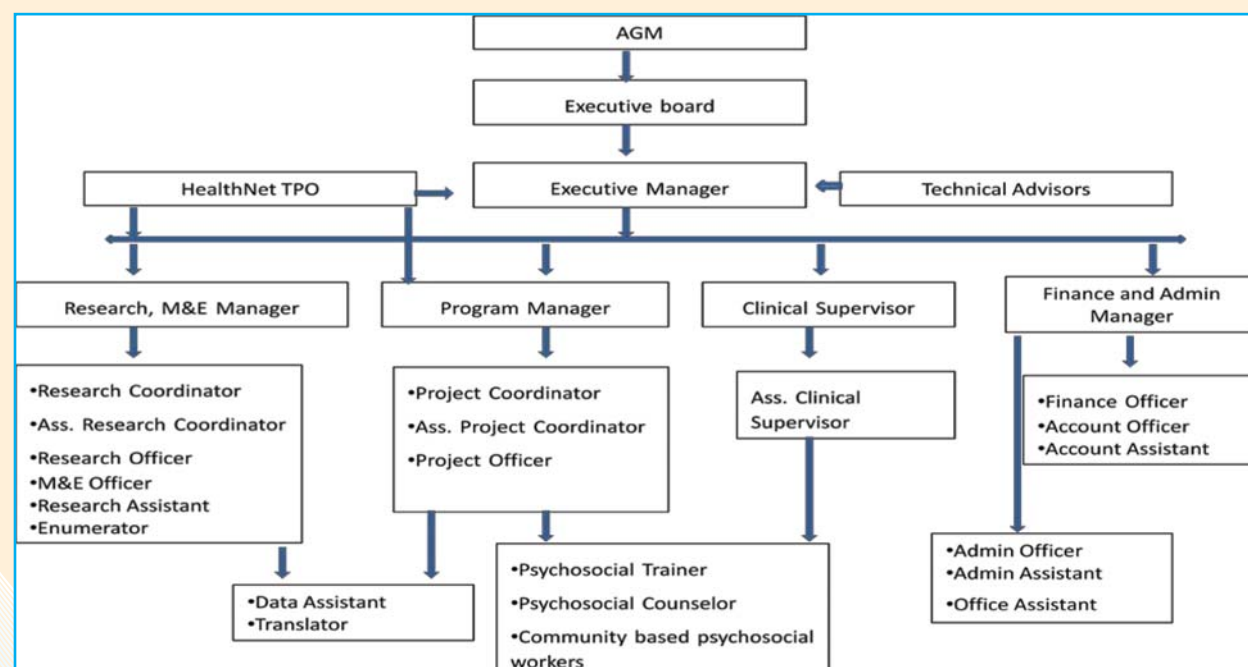
Eighty-four professional staff and advisors contributed to the achievements of TPO Nepal in 2012. Healthnet TPO Netherlands supports the technical, clinical and research development of TPO Nepal through deployment of and collaboration with expatriate technical advisors.

## Our financial statement

Statement of Financial Activities, Fiscal year 2010-2011

Annual Income/Expenses	Amount
<b>Total Income</b>	<b>34,026,421.35</b>
<b>Expenses</b>	
Human resource	(15,307,554.60)
Program expenses	(12,236,405.02)
Research expenses	(2,379,318.80)
Publication	(406,277.13)
Training/Capacity building expenses	(1,554,499.90)
Administrative expenses	(3,137,892.45)
<b>Total Expenses</b>	<b>(35,021,947.90)</b>
<b>Deficit/Surplus for the Year</b>	<b>(995,526.55)</b>

## Our organogram



## Our board members

Ms. Manju Adhikari, Chairperson (Educator/Social Worker)  
 Mr. Nabin Lamichhane, Vice-Chairperson (Psychosocial Professional/Development Program Manager)  
 Mr. Ram Katwal, Treasurer (Non-Profit Manager)  
 Mr. Sarba Raj Thapa, Secretary (Social Activist)  
 Mr. Krishna Bahadur Karki, Member (Researcher)  
 Mr. Trailochan Pokharel, Member (Researcher)  
 Mr. Sanjib Dhungel, Member (Social Activist)

## Our team

- Ms. Ambika Balami
- Ms. Ambikala Salami Magar
- Ms. Anjana Kumari Karna
- Mr. Anup Adhikari
- Mr. Anup Chandra Poudyal
- Ms. Anusha Dhimal
- Mr. Bhim Bahadur Sinal
- Mr. Bijaya Sharan Acharya
- Mr. Bijaya Tamang
- Ms. Bina Chaudhary
- Ms. Binda Kumari Saud
- Mr. Bipan Shah
- Mr. Bishwa Darshan Dhungana
- Ms. Deepa Neupane
- Mr. Govinda Prasad Koirala
- Mr. Gynandra Niraula
- Ms. Harikala Bista
- Mr. Hem Kumar Dahal
- Ms. Hira Khatiwada
- Ms. Indira Pradhan
- Mr. Indra Nirula
- Ms. Jamuna Maharjan
- Mr. Janak Raj Ruwali
- Ms. Janaki Thagunna
- Ms. Jananee Magar
- Mr. Kalo Nepali
- Ms. Kalpana Kumari Tamang
- Ms. Kalu Ram Chaudhary
- Ms. Kamala Kumari Budhathoki
- Ms. Kamala Kumari Tharu
- Mr. Kesh Bahadur Malla
- Mr. Khadananda Chaulagain
- Ms. Laxmi Nath Koirala
- Ms. Laxmi Shahi
- Ms. Lila Thapa
- Mr. Mahesh Adhikari
- Ms. Mamata Kumari Chaudhary
- Dr. Manisha Chapagai
- Mr. Nagendra Bhandari
- Mr. Nagendra Prasad Luitel
- Dr. Nagendra Singh Thanguna
- Ms. Nilam Adhikari
- Ms. Nutan Tiwari
- Ms. Pabitra Chaudhary
- Ms. Pabitra Kumari Chaudhary
- Mr. Padam Prasad Subedi
- Mr. Pitambar Koirala
- Ms. Pooja Pokhrel
- Ms. Pragya Shrestha
- Mr. Prakash Acharya
- Ms. Prasansa Subba
- Mr. Purna Bahadur Singh
- Ms. Rachana Bhandari
- Ms. Radha Kumari Thapa
- Ms. Radha Maya Adhikari
- Ms. Radhika Budha
- Mr. Rajendra Lama
- Mr. Ram Prasad Dahal
- Mr. Ramesh Prasad Adhikari
- Ms. Ranjana Dhakal
- Ms. Ranju Bhujel
- Ms. Rasmita Shrestha
- Ms. Renu Kumari Yadav
- Ms. Rupa Gurung
- Ms. Sailu Rajbhandari
- Mr. Saligram Bhattarai
- Ms. Salita Gurung
- Ms. Sangita Oli
- Ms. Sangita Sharma
- Mr. Sanjib Badal
- Ms. Shanti Pandit
- Mr. Santosh Sapkota
- Ms. Sarita Shrestha
- Mr. Sattish Aryal
- Mr. Shaligram Bhattarai
- Ms. Shoyata Kumari Shrestha
- Mr. Shree Niwas Khanal
- Ms. Shrijana Pandey
- Ms. Sita Kunwar
- Mr. Sudip Ghimire
- Mr. Suraj Koirala
- Mr. Tek Bahadur Khadka
- Mr. Tika Ram Sigdel
- Ms. Urmila Oli

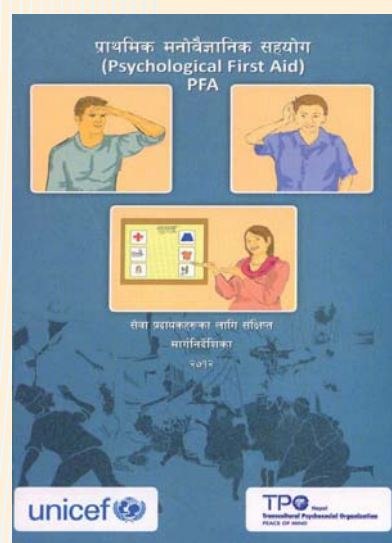
## Advisors

Mark J.D. Jordans, PhD

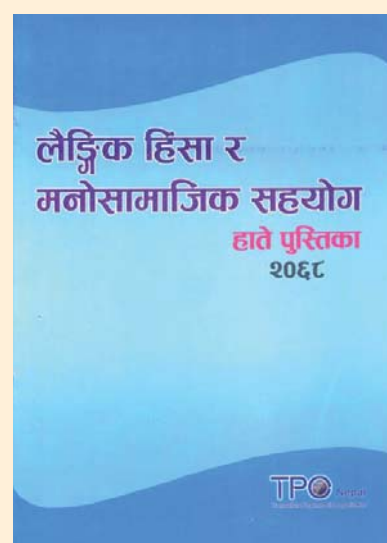
Brandon A. Kohrt, MD, PhD



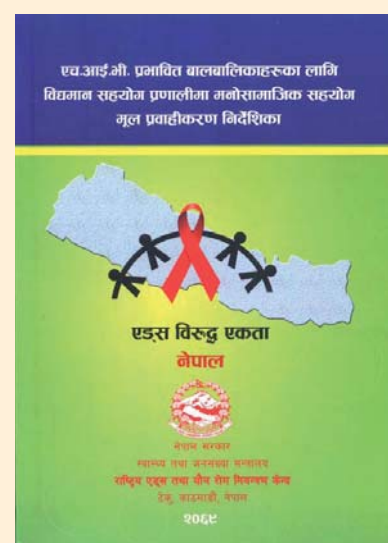
## Our publications in 2012



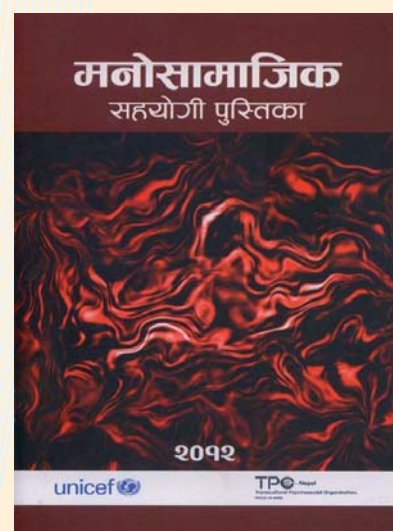
Psychosocial First Aid (PFA)



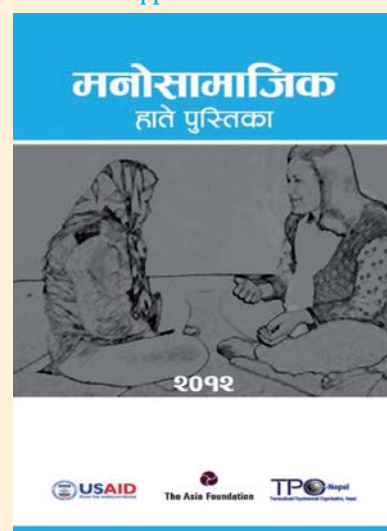
Gender Based Violence & Psychosocial support Hand book



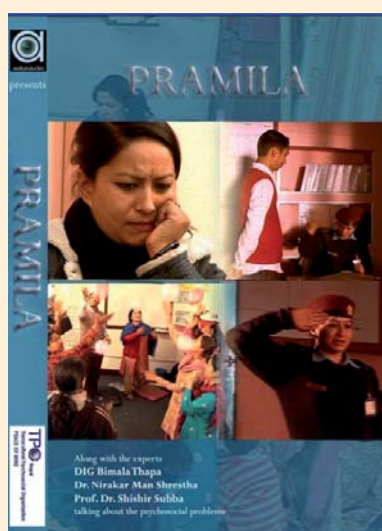
Mainstreaming Psychosocial Guideline for CABA



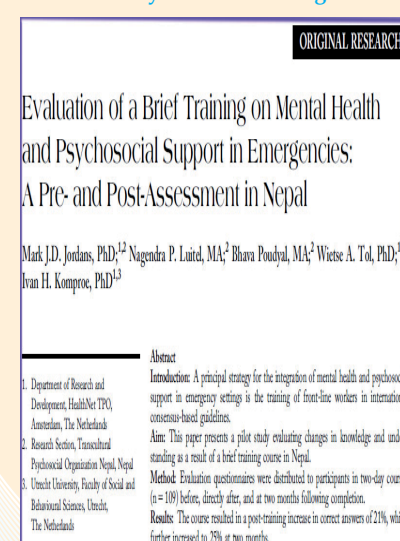
A Hand Book of Psychosocial Support  
A Handbook of Psychosocial  
Documentary on Stress Management



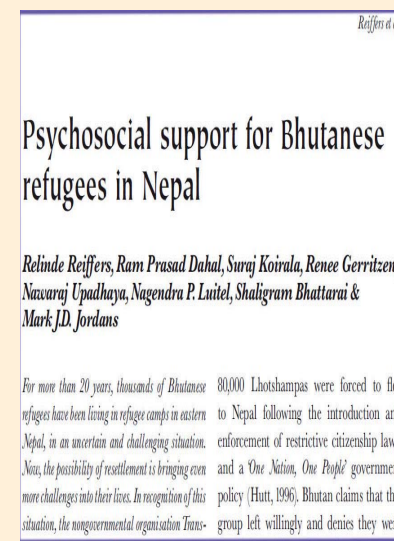
A Handbook of Psychosocial



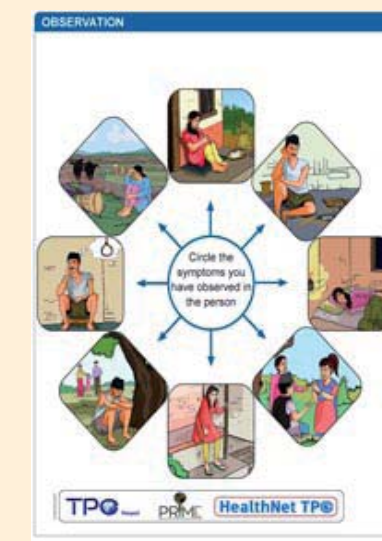
Documentary on Stress Management



Publication in international journal



Publication in international journal



CIDI Tools

Lund, C., Tomlinson, M., De Silva, M., Fekadu, A., Shidhaye, R., Jordans, M.J.D., Petersen, I., Bhana, A., Kigozi, F., Prince, M., Thornicroft G., Hanlon, C., Kakuma, R., McDaid, D., Saxena, S., Chisholm, S., Raja, S., Kippen-Wood, S., Honikman, S., Fairall, L. & Vikram Patel. (2012). PRIME: A programme to reduce the treatment gap for mental disorders in five low and middle-income countries. *PLoS Medicine*. e1001359/doi:10.1371/journal.pmed.1001359

Semrau, M., van Ommeren, M., Blagescu, M., Griekspoor, A., Howard, L.M., Jordans, M.J.D., Lempp, H., Marini, A., Pedersen, J., Pilotte, I., Slade, M. & Thornicroft, G. (2012). The Development and Psychometric Properties of the Humanitarian Emergency Settings Perceived Needs (HESPER) Scale. *American Journal of Public Health*, 102, 10, 55-63.

Kohrt, B., Hruschka, D., Worthman, C., Kunz, R., Baldwin, J. Upadhaya, N., Acharya, N, Koirala, S., Thapa, S., Tol, W., Jordans, M.J.D., Rodkin, N., Sharma, V. & Nepal, M. (2012). A prospective study of political violence and mental health in Nepal. *British Journal of Psychiatry*, 201, 268-275.

Jordans, M.J.D., Semrau, M., Thornicroft, G. & van Ommeren, M. (2012). The role of perceived needs in explaining the association between trauma exposure and distress in humanitarian settings in Haiti, Jordan and Nepal. *British Journal of Psychiatry*, 201, 276-281.

Jordans, M.J.D., Luitel, N.P., Poudyal, B., Tol, W.A. & Komproe, I.H. (2012). Evaluation of a brief training on mental health and psychosocial support in emergencies: a pre and post assessment in Nepal. *Prehospital and Disaster Medicine*, 27, 3, 235-238.



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