

Vision and Mission

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

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

Affiliation

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

Description of the Cover Photo:

A workshop was organized to capacitate service users and care givers to realize their own capacity and roles to strengthen mental health system in Nepal. During the workshop, the participants also discussed about their expectations to strengthen the mental health system of Nepal with help of the tree. The components of tree are explained below:

- **Roots:** Roots explain about the expectations of the service users and caregivers which includes capable human resources for mental health, organization among service users and care givers, implementation of programs, trainings, service availability and implementation of medical ethics.
- **Bugs:** Bugs explain about the hurdles which include corruption, unethical practices, stigmatized behavior, myths, poor quality of services, lack of political commitment, lack of ownership, lack of leadership, discriminatory laws, etc.
- **Fruits:** Fruits explain the things which service users consider to be protected including dignity, inclusion, equity, love, early recovery, service accessibility, participation in social activities, access to employment, support in running small scale business, etc.

TPO Nepal, Annual Report 2015

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Message from the Chairperson

Transcultural Psychosocial Organization Nepal (TPO Nepal) has been in the field of psychosocial support and mental health care in Nepal since 2005 employing various approaches that include research, community support, and policy making. Since our establishment, we have been providing psychosocial and mental health support for those in need, conducted research, trained and developed human resources for the psychosocial field, advocated for policy reformation, enhanced the capacity of communities and conducted community awareness programs. We believe that these activities have helped to integrate mental health and psychosocial care into the community health system. In light to these successes, I would like to take the opportunity to thank all of our service users, our dedicated and hardworking team, the Government of Nepal, and the national and international donors who have financially and technically supported us in our endeavors. It gives me an immense pleasure to present the annual report for the year 2015, which highlights some of our major activities and achievements.

In the capacity of Chairperson, I would like to express my sincere thanks to the Ministry of Health, Ministry of Women, Children and Social Welfare, Nepal Health Research Council, and Social Welfare Council for monitoring our project activities, and providing constructive feedback. This year, TPO Nepal received financial and technical support from USAID through The Asia Foundation (TAF); Department of International Development (DFID) of UK through University of Cape Town; Grand Challenges Canada (GCC) through Makerere University, Kampala; European Union (EU) through Kings College, London; United Nations (UN) agencies – United Nations High Commissioner for Refugees (UNHCR) and United Nations Children's Fund (UNICEF); International Rehabilitation Council for Torture Victims (IRCT); National Institute of Mental Health (NIMH) through Duke Global Health Institute (DGHI), Duke University, USA; HeartMind International, USA; and HealthNet TPO, the Netherlands. Through the help of these partners, TPO Nepal was able to provide an immediate response after the major earthquake on April 25, 2015, helping several communities in the affected districts. I would like to express my gratitude to all of the funders and the agencies who have collaborated with TPO Nepal for the promotion of psychosocial and mental health in Nepal, especially in the aftermath of this devastating earthquake. We have been able to successfully fulfill our objectives together with the constant support and cooperation of these partner organizations and agencies associated with us. I am equally thankful to all of them without which our endeavors would have been incomplete.

This year, the organization continued to contribute in the field of psychosocial and mental health through psychosocial support, counseling services, community orientation and mental health research. TPO Nepal is now actively working in 23 districts. I would like to acknowledge the tireless efforts of our staffs, which allowed for the successful completion of our objectives. Finally, I would like to thank Suraj Koirala, Ramesh Prasad Adhikari, Kesh Bahadur Malla, Damodar Rimal, Prasansa Subba, Trishna Thapa, Balmukunda Humagain, and all other colleagues who lent their helping hands to prepare this report.

Thank you all.


Marju Adhikari
Chairperson

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Introduction

Transcultural Psychosocial Organization Nepal (TPO Nepal) is a non-governmental organization established in 2005. Our aims include promoting mental health and psychosocial well-being through the development of sustainable, culturally appropriate, and community-based psychosocial and mental health support systems. We provide psychosocial and mental health services, design culturally appropriate interventions, conduct research, develop human resources, and advocate for the promotion of psychosocial and mental well-being. Our services include individual, family and group counseling; problem-focused therapies; psychoeducation; and care for caregivers. Since 2011, in collaboration with the Ministry of Health and District Public Health Offices, we have been providing treatment to people with mental health problems in primary health care centers by following WHO Mental Health Gap Action Program (mhGAP) Intervention Guide. Likewise, in partnership with the Ministry of Women, Children and Social Welfare, we have provided psychosocial support to shelter homes and One-stop Crisis Management Centers (OCMCs).

Our interventions include Classroom-based psychosocial Intervention (CBI), Child Led Indicator (CLI), Alternative to Violence (AVP), Effective Parenting (EP), and Tree of Life. Other modular trainings include the Healthy Activity Program (HAP) based on Behavior Activation (BA) for depressive clients, and Counseling for Alcohol Problems (CAP) based on Motivational Interviewing (MI) for clients with alcohol problems. Those people who have benefited from our services include conflict-affected children, former child soldiers, children affected by HIV/AIDS, trafficking survivors, survivors of sexual and gender-based violence, refugees, internally-displaced people, and those affected by man-made and natural disasters. The research we have conducted ranges from psychosocial and mental health needs assessments to longitudinal studies on the effectiveness of our interventions. The findings of our studies have been published in international peer-reviewed journals. In order to achieve TPO Nepal's aim of capacity building, we offer tailor-made training packages to national and international organizations. Finally, to acknowledge the cross-cutting nature of psychosocial and mental health issues, TPO Nepal is involved in multi-sectoral advocacy, from community campaigns, and radio programs to national networks and working groups.

In the aftermath of the massive earthquake in April 2015, TPO Nepal came up with different interventions to promote the psychosocial well-being of those in the major earthquake-affected districts. These works were based on the Inter Agency Standing Committee (IASC) guidelines in emergency settings. TPO Nepal collaborated with several agencies to deliver service through four layers of the IASC pyramid. The organization provides these services, trainings, and advocacy activities through the efforts of our dedicated staffs. Our staff members are stationed in our Central Office in Kathmandu, as well as in field offices located in Kanchanpur, Banke, Pyuthan, Chitwan, Makwanpur, Kavrepalanchowk, Sindhupalchowk, Jumla, Jhapa, Nuwakot, Gorkha, Sindhuli, Ramechhap, Dolakha and Okhaldhunga districts. In 2015, 5,259 people were reached through the integration of MHPSS, 2,394 through capacity building trainings and workshops, and 4,832 through our psychosocial and therapeutic interventions. After the post-earthquake intervention, the total number of beneficiaries was 74,322.

Our Key Projects in 2015

Table 1: Project Details

Name of the Project	Project Period	Funded by	Objective of the Project	Geographic Coverage
Combating Trafficking in Person (CTIP)	2010-2016	United States Agency for International Development (USAID)/The Asia Foundation (TAF)	To promote psychosocial well-being of trafficking survivors and survivors of Sexual/Gender Based Violence (S/GBV)	Kanchanpur, Banke, Kathmandu, Kavrepalanchowk, Makwanpur, & Sindhupalchowk
Development and Evaluation of Family and School Based Intervention for Children with Behavioral Problems in Rural Nepal (www.sharementalhealth.org)	2013-2015	South Asian Hub for Advocacy, Research and Education (SHARE)	To develop and evaluate a family-based intervention for children with behavioral problems in Nepal.	Chitwan
Emerging Mental Health Systems in Low and Middle Income Countries (EMERALD) http://www.emerald-project.eu/	2012-2017	European Commission (EU) /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
Global Holistic Approach to the Fight against Impunity for Torture	2014-2017	International Rehabilitation Council for Torture Victims (IRCT)	To combine reliable and effective data to create powerful evidence based approaches to mobilize the public and to encourage the 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
Mental Health Beyond Facilities (mhBeF) http://www.musph.com/~musph/index.php/about-mhbef	2012-2015	Grand Challenges Canada(GCC)/Makerere University, Kampala, Uganda	To develop and evaluate a mental health care package for severe mental disorders and epilepsy to integrate within primary health care settings	Pyuthan
Adaption and Evaluation of DBT-informed mental health promotion intervention for adolescents in Nepal	2015-2016	HeartMind International	To develop and test a Dialectical Behavior Therapy (DBT)-informed intervention in a school setting in Kathmandu	Kathmandu
PRogram for Improving Mental health carE (PRIME) http://www.prime.uct.ac.za/	2011-2017	The Department for International Development (DFID)-UK / University of Cape Town, South Africa	To generate world-class research evidence on the implementation and scaling up of treatment programs for priority mental disorders in primary and maternal health care contexts in low-resource settings	Chitwan
Provision of Psychosocial Support and Substance Abuse Prevention Support to Refugees from Bhutan	2008-2015	United Nations High Commissioner for Refugees (UNHCR)	To improve psychosocial well-being and reduce psychosocial distress among the Bhutanese refugee population	Bhutanese refugee camps in Jhapa & Morang

Major Activities

In 2015, TPO Nepal’s major activities included integration of mental health and psychosocial services into primary health care system, capacity building, service delivery, and psychosocial and mental health research. These activities were conducted through a holistic approach, with multi-stakeholder participation ranging from community members to policy makers.

Integration of Mental Health and Psychosocial Services (MHPSS)



Case sharing during Health Worker’s Training in Chitwan

TPO Nepal, in collaboration with Ministry of Health (MoH), has worked for the past 3 years to integrate mental health services into primary health care centres in Chitwan and Pyuthan districts. In keeping with the World Health Organization’s (WHO) task-shifting approach, we have trained 64 health workers based on mhGAP Intervention guide in psychosocial and mental health care within the past year. The trained health workers (both recent and previously trained) provided pharmacological and basic psychosocial services to

1,119 people with mental health problems in health facilities, while the community counselors provided focused counseling to 299 requiring advanced psychosocial support. To improve treatment adherence, 106 additional Female Community Health Volunteers (FCHVs) were trained to provide support via Home Based Care (HBC) in Chitwan. Altogether, 385 service users received HBC services this year. The FCHVs were also involved in the identification of potential mental health cases and referral to the health facilities using the Community Informant Detection Tool (CIDT). Through the use of this tool, they identified and referred 480 cases. Since consulting with a traditional healer is a common practice in communities, 131 traditional healers were trained in mental health in order to increase referral to health facilities.

Table 2: Beneficiaries of MHPSS Services in Primary Health Care Center

Activities	Number of Beneficiaries
Capacity Building	318
Home-Based Care training to FCHVs	106
Health Workers (Non-Prescribers) training	16
Health Workers (Prescribers) training	48
Psychosocial Counselors training	17
Traditional Healers training	131
Awareness on MHPSS	2,995
Mental Health (MH) and Psychosocial Support	2,322
MH services from health facilities	1,119
Focused counseling support	299
Home-based care support	385
Referral for MH services	480
Income-generating support for those with mental illness	39
Total	5,635

In Pyuthan, an additional Patient Support Group (PSG) component was implemented in order to support people with mental health problems, through which 39 service users were reached. Community sensitization programs were conducted with 2,995 participants at the community level to increase awareness about psychosocial and mental health.

Capacity Building Activities



Consultation Workshop on Mental Health Indicators, forms and their uses in Kathmandu

One of the key aims of TPO Nepal is to develop knowledge, skills, and capacity in psychosocial and mental health issues. This has been carried out since inception through different trainings, workshops, orientations, and interaction programs. In 2015, TPO Nepal conducted training in basic psychosocial care and support for health professionals, police personnel, and staff of OCMCs and shelter homes. One-month and six-month para-professional counseling trainings were also given to the community members. Psychosocial training with a specific focus on issues of refugees, suicide, substance abuse, human trafficking, and child sexual behavior was also conducted. More

importantly, policy-level workshops on health management information systems were conducted with 118 government officials at both the district (Chitwan) and national levels. In total, 2,394 individuals were trained in psychosocial and mental health through trainings, workshops, and orientation programs. All these trainings highlighted the fact that psychosocial and mental health is a cross-cutting issue and an integral part of all forms of support. TPO Nepal believes that this will ultimately strengthen the health system and contribute to the sustainable development of psychosocial and mental health.

Table 3: Beneficiaries of Capacity Building Activities

Capacity Building Activities	Male	Female	Total
Training			
Training on mental health and basic psychosocial care for community level stakeholders (health personnel, police officer, shelter home/ service center 's staff)	13	129	142
Specialized counseling training for community people and refugees	3	17	20
Basic psychosocial support training for community people and refugees	26	42	68
CBI, Suicide Prevention Group, Substance Abuse Prevention Task Force & Easy Exposure to Child Sexual Behavior Training	171	335	506
Training for researchers in MH system research	11	12	23
Workshop/Orientation			
Policy-level workshop on Health Management Informtion System (district and national level)	96	22	118
Regional-level workshop on promotion of mental health and psychosocial support		35	35
Mental health orientation and intervention program for service users	23	37	60
Community-based interaction program in psychosocial issues	403	371	774
Community-level awareness/sensitization program in MH and psychosocial issues	352	296	648
Total	1,098	1,296	2,394

Service Delivery

TPO Nepal has been providing context specific and culturally appropriate psychosocial support and clinical services to an array of vulnerable populations including refugees, survivors of sexual and gender-based violence and human trafficking, women, children/students and their parents, and people affected by natural disaster and conflict. These services are provided through several therapeutic interventions such as counseling, psychotherapy, support groups, psychiatric consultation, and referral for legal, educational, health, vocational and other support. More specifically, individual counseling services were provided to people with specific mental health problems such as depression, alcohol use disorder, behavioral problems and substance abuse. These services were provided to individuals, and in pairs, families or groups, and communities using different techniques and psychotherapies based on the needs. Our approach adheres to solution-focused interventions using psychotherapies like Emotional Freedom Technique, Behaviour Activation, Motivational Interviewing, Family Intervention, Common Thread, Eye Movement Desensitization Reprocessing (EMDR), Cognitive Behavior Therapy (CBT), Group Therapy, and Relaxation Exercises. Psychosocial services were also provided through psychoeducation focused on caregivers, parents, and teachers. In addition, CBI for school children was also conducted. Altogether, 4,832 people benefited from the services provided by our organization.



Network building exercise during service delivery training at Okhaldhunga.

Table 4: Beneficiaries of MHPSS

Type of Services	Male	Female	Total
Individual counseling support	331	748	1,079
Group intervention/psychotherapy	1,200	2,222	3,422
School-based intervention (counseling psychoeducation)	118	156	274
Peer clinical support	6	6	12
Residential rehabilitation services	25	14	39
Care for children of substance users	5	1	6
Total	1,685	3,147	4,832

Evidences on MHPSS (Research/Assessment)

Conducting scientific studies and generating evidence is an integral part of TPO Nepal’s work. Our studies are centered on assessing psychosocial and mental health needs, existing systems of care, and effectiveness of interventions using quantitative, qualitative and mixed-methods. The findings of our studies have been helpful in understanding the local needs of the community, as well as developing culturally appropriate instruments and interventions. We disseminate our findings from these studies to the wider audience through publications such as reports and articles in peer-reviewed journals, policy briefs, and paper and poster presentations in workshops and conferences. In this way, TPO Nepal has contributed to the broader scientific community from diverse backgrounds, including mental health professionals, public health professionals, academicians, epidemiologists, and social scientists working in similar contexts. In 2015 alone, 8 articles from our studies were published in peer-reviewed journals. We successfully completed 5 studies this year, and 10 are still ongoing. The list of studies conducted by TPO Nepal in the year 2015 is presented below:



Conducting household survey in Chitwan

Table 5: List of completed research in 2015

Research Title	Research Objective	Study Area	Sample Size	Study Type	Target group	Major findings
Community Informant Detection Tool (CIDT) effectiveness study	To evaluate the effectiveness of CIDT use in case identification of four priority disorders.	Chitwan	243	Quantitative	Potential positive cases of 4 priority disorders identified by the FCHVs through CIDT	CIDT was found effective in enhancing help-seeking behavior of the potential positive cases of 4 priority disorders at the health facility (e.g. bringing probable positive mental health cases identified by CIDT at the community level to the health facility for mental health treatment).
Delphi Study on the selection of mental health indicators	Developing realistic and feasible mental health indicators to be integrated into routine Health Management Information Systems (HMIS).	Chitwan	25	Qualitative	MH and HMIS experts	The fifteen indicators that covered different domains of measuring mental health treatment coverage including needs, utilization, quality and financial protection were listed.
Feasibility of Buddy intervention	To assess the feasibility of a buddy intervention to address the stigma associated with mental health service users and their family members.	Kathmandu	20	Qualitative	MH service users	Buddy intervention program would help service users to share their feelings and problems with their buddies, thus helping them deal with their illness and consequently reducing stigma.
Evaluation of a comprehensive Mental Health Care Package in Pyuthan District	To evaluate the effectiveness of the Comprehensive Community based Mental Health Service Package	Pyuthan	220	Controlled cohort study	Mentally ill people (suffering from psychosis, bipolar, and epilepsy) enrolled in baseline cohort	Based on the preliminary findings, patients in the cohort demonstrated significant improvement from baseline to end point (i.e. 12 months) in functioning impairment and MH symptoms reduction. This study found the program had a significant effect on the clinical outcome compared to control.
Qualitative evaluation of Mental Health Care Package (MHCP)	To assess the process and impact of implementation of the mental health care package	Pyuthan	22	Qualitative	Mentally ill patients, caretakers, and service providers	Data is yet to be analyzed

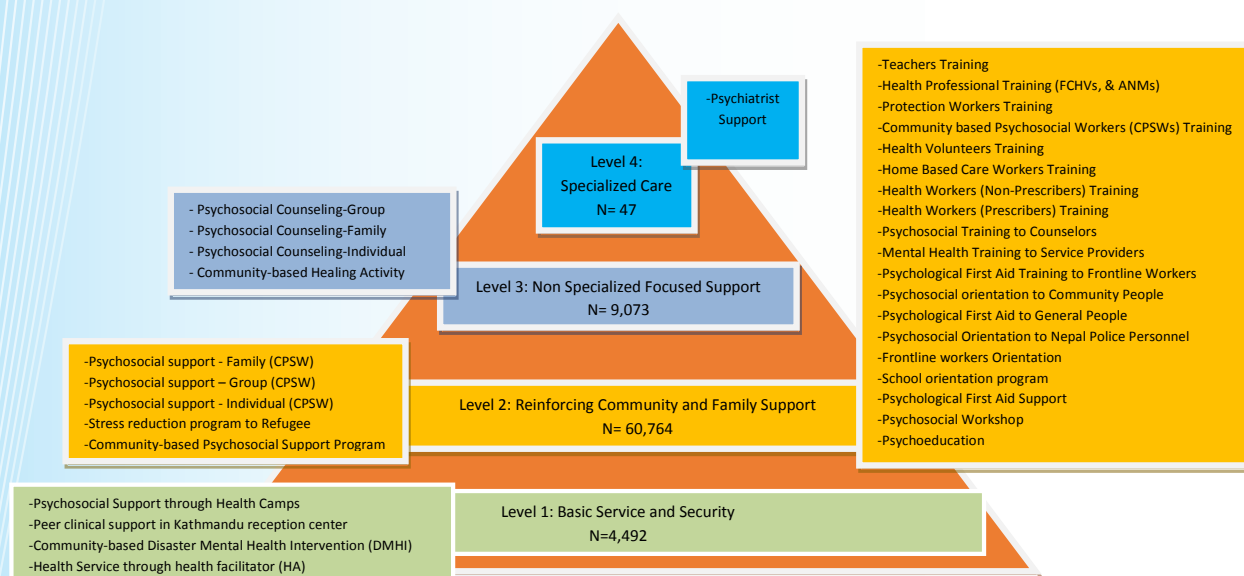
Table 6: List of Ongoing Studies

Research Title	Research Objective	Study Area	Sample Size	Study Type	Target Group
Evaluation of a comprehensive Mental Health Care Package in Chitwan District	To evaluate the effectiveness of mental health services provided through PRIME	Chitwan	578	Quantitative	Mental health service users
Facility Detection Survey	To assess health workers' capacity in mental health case detection and management after the mental health training	Chitwan	2040	Quantitative	People with four priority disorders visiting the 10 PRIME implemented health facilities
Adaptation of mental health promotion programs for perinatal depression	To adapt the existing community sensitization programs and develop CICT for perinatal depression.	Chitwan	75	Qualitative/ Formative Study	Women with perinatal depression, psychosocial counselors, health workers, FCHVs, and mental health experts
Qualitative evaluation of implementation of the PRIME mental health care plan	To assess the effectiveness of PRIME mental health care plan in the community	Chitwan	100	Qualitative	Service users and caregivers, health workers (both at the health facility level and community level FCHV)
Economic impact of mental disorders on households	To assess the impact of inadequate mental health service access on household consumption and production, as well as the economic consequences of improved access to appropriate care in Nepal	Chitwan	915	Quantitative	Service users households
Assessment of health system synergies/implications of scale-up mental health service provisions	To evaluate the health system synergies/implications of scaled-up mental health service provisions in Nepal.	Kathmandu and Chitwan	108	Qualitative	Service users, caregivers, and service providers
Exploration of best system level practices that support health seeking, identification, referral and follow-up for recovery of patients with mental disorder in Nepal	To identify best system level practices to support improved help-seeking, identification, referral and follow-up for recovery of patients with mental disorders in Nepal	Chitwan	20	Quantitative	Health workers
Evaluation of Disaster Mental Health Intervention	To evaluate a community-based disaster mental health intervention for Nepalese vulnerable to natural disasters	Kailali	480	Quantitative -Longitudinal RCT	Community people affected by flood
Evaluation of the Stepped Care Family and School Based Intervention	To evaluate the appropriateness (feasibility, acceptability and impact) of the stepped care family and school based intervention for children with behavior problem.	Chitwan	39	Mixed method	School age children (8-15 years) with behavioral problems
Evaluation of culturally adapted Dialectical Behavior Therapy (DBT)	To adapt and evaluate the preliminary feasibility, acceptability and effectiveness of a DBT-informed program	Lalitpur	58	Experimental	Adolescent students

Support in Post-Earthquake Situation

A 7.8 magnitude earthquake on April 25 and 7.3 magnitude earthquakes on May 12, 2015 hit Nepal, claiming over 8,600 lives and demolishing infrastructures including roads, houses, cultural heritages, and others. The earthquake and series of aftershocks displaced about 4,50,000 and impacted over 8.5 million people of Nepal. With hundreds of aftershocks after major earthquakes, the situation further worsened and deteriorated the life of people living in the earthquake affected districts. People continue to endure the pain of the loss of lives and property.

The Inter Agency Standing Committee (IASC) Task Force on Mental Health and Psychosocial Support in Emergency Settings states that 'armed conflicts and natural disasters cause significant psychological and social suffering to affected populations.' TPO Nepal provided the services in post-earthquake situation based on the IASC pyramid.



TPO Nepal's Approach on Emergency Response

Major Activities in Post-Earthquake Situation

a. Immediate support after the earthquakes

Health Camps: After the massive earthquake on 25 April, a team consisting general physicians, psychiatrists, social workers and nurses organized mobile health camps in Dhumthan and Manka Village Development Committees (VDCs) of Sindhupalchok. Altogether 652, people received support in health camps.

Support in Health Facilities: TPO Nepal hired four Health Assistants (HAs), trained them on Psychological First Aid (PFA), and mobilized them in health facilities of four remote VDCs of the Sindhupalchok district, which had been badly affected by the earthquake. The HAs were based in those VDCs for two months and provided general health services along with PFA support to 1,990 persons.



Physical and Psychosocial Health Camp after earthquake in Sindhupalchok

TPO Nepal Hotline Service and Radio Program

TPO Hotline ☎ 16600102005

TPO Nepal, in collaboration with IsraAid started, Hotline Service in June 2015 as a post-earthquake response. The main objective of the service was to provide psychosocial support to the earthquake affected people by addressing their psychosocial problems. TPO Nepal trained the counselors and 2 of which were mobilized full-time to receive calls and address the problems of people. The Hotline service, which was free of cost, enabled people to express their feelings, pain, and queries related to the earthquake and its effect on them. The total number of received calls in 2015 was 116. This service is still available as it had a positive response from people.

Similarly, with support of UNHCR and UNICEF, a radio program (call-in program) was run by TPO Nepal after the earthquake targeting 14 most earthquake affected districts. The objective of the radio program was to inform individuals on psychosocial and mental health issues and to respond psychosocial needs of the callers. The program was aired through Radio Nepal and Ujyalo Network's FM Stations.



Psychosocial Support: In the post-earthquake setting, TPO Nepal organized several programs aimed at promoting the psychosocial and mental health well-being of the affected communities. Immediately after the earthquake, a rapid assessment was conducted in the camps and its staffs were mobilized to provide PFA and basic psychosocial support. Individual and group counseling was also provided based on the needs of the communities. Also, to increase mass awareness about the impact on psychosocial and mental health



Psychological First Aid Training to the FCHVs in Rasuwa

and to provide some helpful tips on how to manage psychosocial problems, psychoeducation materials were distributed in the communities. One-day PFA training was also organized at the community level. A self-care session was also organized to the frontline workers to prevent compassion fatigue and burnout. Altogether, 3,623 people benefited from these efforts.

b. Intermediate and long-term support after the earthquakes

Apart from immediate psychosocial support, to cater needs of those requiring long-term support, TPO Nepal provided focused psychosocial intervention; built local community's capacity for service delivery through trainings and workshops; integrated mental health and psychosocial services into the health system; and conducted assessment/research to understand the psychosocial and mental health needs of the affected population.

Psychosocial Intervention: Through its different interventions, TPO Nepal had coverage in each of the 14 districts that were hit hardly by the earthquake. The services it provided in these areas ranged from PFA, basic emotional support, to advanced counseling services. While PFA was provided to the general community, focused psychosocial counseling was provided to those who had persistent psychosocial symptoms and required advanced psychosocial support. The services were provided at the individual, family, group, and community level. The total number of people who benefitted from this service was 48,649.



Psychoeducation to the community people in Makwanpur

Table 7: Beneficiaries of Psychosocial Interventions

Services	Male	Female	Children	Total
Psychosocial Support by Counselor	5,565	10,070	7,125	22,760
Psychosocial Counseling – Family	300	359	313	972
Psychosocial Counseling – Group	1,022	1,692	2,660	5,374
Psychosocial Counseling – Individual	453	682	216	1,351
Community-based Psychosocial Support Program	295	794	0	1,089
Community-based Healing Activity	31	52	0	83
Psychological First Aid Support	156	259	507	922
Psychoeducation	3,292	6,206	3,424	12,922
Specialized Care (Psychiatrist Support)	16	26	5	47
Psychosocial Support By CPSW	5,242	9,701	6,229	21,172
Psychosocial Support - Family (CPSW)	1,778	1,857	1,686	5,321
Psychosocial Support - Group(CPSW)	2,174	5,659	3,809	11,642
Psychosocial Support - Individual (CPSW)	1,226	2,001	734	3,961
Community-based Psychosocial Support Program	64	184	-	248
Other Service Provided	1,984	1,949	784	4,717
Psychosocial Support through Health Camps	324	518	-	842
Peer Clinical Support in Kathmandu Reception Center	6	6	-	12
Stress Reduction Program to urban Refugees in Kathmandu	150	75	-	225
Community-Based Disaster MH Intervention (DMHI)	79	135	-	214
Health Services through Health Facilitator	1,059	871	578	2,508
Mobile Mental Health Camp	366	344	206	916
Total	12,791	21,720	14,138	48,649

A seven year old girl Kopila (name changed) was all alone at her home when the earthquake occurred. Her parents had gone out while her grandmother was outside the home. When the whole house shook, she was terrified and, felt helpless. There was no one to support her. She somehow managed to reach the doorstep but since the house was shaking so bad, she could not make it to the other side. Later on, she learned more about the earthquake casualties through the television. The clips of devastated houses, dead bodies, wounded people she saw on the television intensified her fear. She frequently complained having constant stomachache, headache, and eyestrain. Even after 4 months from the earthquake, she continued having these symptoms. Over the time she had lost appetite and seemed more worried. She started becoming clingy with her parents and couldn't go anywhere or stay alone even inside the room. At night, she had bad dreams and couldn't sleep. She was often caught up waking in the middle of the night shouting. Her school was reopened but making excuse of stomachache, she skipped her classes.

Amidst this circumstance, Kopila's mother met one of the TPO Nepal's counselors while commuting in a local bus. The counselor visited Kopila and assessed her problems. Altogether 5 counseling sessions were conducted with her. During the session, Kopila was made to draw pictures of what she used to be like before the earthquake, what is she like at present and what she wants to be like in the future. From this activity, a list of plans was prepared to reach the desired future. Storytelling method was also used simultaneously to sensitize her about her situation and ways to overcome the problems. To help with her feelings of insecurity, her mother was provided psychoeducation on how she could help to feel her safe. Although all her symptoms didn't vanish completely, it definitely helped improving her condition. These days, she has slowly started eating and going to school.

Capacity Building of Stakeholders: The earthquake unleashed psychosocial and mental health problems in many persons. To ensure that these communities had access to at least basic psychosocial services, TPO Nepal organized various training programs, capacity building activities to address psychosocial needs on its own. The training programs ranged from 1 day PFA training to 7 and 21 days training aiming to generate community psychosocial workers. Community stakeholders, such as the school teachers, health workers, protection workers, community leaders, and frontline workers, were trained and provided basic psychosocial services in the communities and made referrals to TPO Nepal.



Female Community Health Volunteers (FCHVs) in Seven Days Psychosocial Counseling Training in Nuwakot

Table 8: Beneficiaries of Capacity Building Trainings

Activities	Male	Female	Children	Total
Teachers Training on Basic Psychosocial Support	379	219	-	598
Protection Workers Training	36	74	-	110
Community-based Psychosocial Workers (CPSWs) Training	23	134	-	157
Training to Community Level Health Professionals (FCHVs & ANMs)	139	331	-	460
Psychological First Aid training to Frontline Workers	454	649	-	1,103
Mental Health Training to PHC workers	9	50	-	59
Psychosocial Orientation to Community People	3,928	7,439	5,448	16,815
Psychological First Aid to General People	127	183	-	310
Psychosocial Orientation to Nepal Police Personnel	59	0	-	59
Workshop on Psychosocial and Mental Health in post-earthquake	123	56	-	179
Total	5,277	9,135	5,448	19,860

Integration of Mental Health and Psychosocial Support Services in the Primary Health Care System: TPO Nepal's prior experience in integrating mental health and psychosocial services through the PRIME and GCC project was replicated in Gorkha, Sindhuli, Dhading, Dolakha, Ramechhap, Nuwakot, and Kavre. The mental health care package, however, was contextualized to the emergency setting where additional treatment components of post-traumatic stress disorder, and suicide were included. The program aimed to provide sustainable and multidisciplinary mental health and psychosocial services that are integrated in the existing primary healthcare structures and communities. This included trainings and supervising health workers of those health facilities and training and supporting community members (teachers, community leaders, women, youth and traditional healers) to provide a continuum of mental health services and psychosocial support, in line with global IASC guideline (2007) and WHO mhGAP-HIG (2007). Altogether, 5,867 individuals received psychosocial and mental health services through integration of mental health and psychosocial services into the existing health care system.



Health Workers (prescribers) training in Sindhuli

Table 9: Beneficiaries of MHPSS services in primary health care center

Activities	Male	Female	Total
Capacity Building			
Home-based Care Workers Training	13	35	48
Health Workers (Non-Prescribers) Training		132	132
Health Workers (Prescribers) Training	185	42	227
FCHV Training		398	398
Psychosocial Counselors Training	7	8	15
CPSWs Training	10	42	52
Awareness on MHPSS			
Frontline Workers Orientation	924	589	1,513
Community Orientation Program	574	609	1,183
School Orientation Program	52	49	101
Psychoeducation	264	641	905
Psychosocial Support			
Psychosocial Counseling - Individual	193	297	490
Psychosocial Counseling - Family	156	171	327
Psychosocial Counseling - Group	145	331	476
Total	2,523	3,344	5,867

“Namaste! I am Nabaraj Khadka, Public Health Inspector at Gorkha District Health Office (DHO), looking after mental health programs in the district. After TPO Nepal came to the district, health workers from the municipality and 16 VDCs received the training on mental health and psychosocial support services. By now, the trained health workers (prescribers) are capable of diagnosing the people suffering from mental health problems and are treating those problems with psychotropic medicines received from TPO Nepal, as per requirement. There are proper mental health recording systems in every health facility; the records of which are received by the DHO. In addition, regular clinical supportive supervision by psychiatrists from TPO Nepal of these trained health workers has further motivated them to work more effectively. This has provided them a platform to share the difficulties faced while working at Health Posts, confusions on psychotropic medication prescription, and discussions on any complicated cases encountered. To summarize, the mental health component is integrated into primary healthcare systems which has resulted in positive outcomes.”

Evidences on MHPSS (Research/Assessment)

In order to generate a knowledge base for designing innovative and effective psychosocial interventions, TPO Nepal carried out needs assessments in the earthquake affected districts.

Needs Assessment of the Psychosocial and Mental Health Problem of Older People: TPO Nepal conducted a rapid assessment of psychosocial and mental health needs of senior citizens in selected VDCs of Gorkha, Sindupalchowk and Dolakha districts. As the assessment showed the immediate need of psychosocial and mental health services, to which a support program was later implemented with technical and financial support by HelpAge International. The needs assessment was conducted by 30 key community stakeholders.

The findings suggested that, after the earthquake, the most common psychosocial and mental problems in older people were related to difficulties with sleeping at night, poor appetite, loss of self-esteem, feeling distressed, feeling less energetic, pessimism, hopelessness, wandering around aimlessly, and forgetfulness. It was found that due to these problems, the senior citizens had difficulties in carrying out their day-to-day activities, like praying, doing household chores, and taking care of animals. Similarly, feeling insecure, difficulties in sleeping, dizziness, and constant headache were some of the other impacts seen in the senior citizens. Family disharmony, alcohol abuse, and poor economic status were identified as risk factors, whereas community support, closeness with family members, and spending time with other senior citizens were reported to be the protective factors.

Needs Assessment of Mental Health and Psychosocial Needs after the Earthquakes: With financial support from International Medical Corps (IMC), TPO Nepal carried out a needs assessment to assess mental health problems and identify availability of mental health resources in the earthquake-affected communities of Sindhupalchowk, Gorkha and Kathmandu. The needs assessment included 240 free-listing activities, 45 KIIs, 15 FGDs, and 513 surveys; participants included the general public and leaders from the communities.

The study found high reporting of depression symptoms (34.2%), anxiety symptoms (33.8%), PTSD symptoms (5.2%) and alcohol abuse (20.4%). Prevalence of suicidal ideation was 11%. These problems were also supported by qualitative assessments in which participants highlighted several mental health and psychosocial problems, such as behavioral problems, cognitive symptoms, and sleeping problems. Support for mental health problems was mainly provided by informal sectors, such as traditional healers, religious leaders, and staff mobilized by national and international organizations. Negative coping strategies that were considered highly prevalent by the participants included excessive alcohol use, smoking, and gambling.

Key Earthquake Response Projects in 2015

Table 10: Details of Earthquake Response Projects

Project Name	Project Period	Funded by	Geographical Coverage	Key Objectives
Adaptation and Evaluation of Disaster Mental Health Intervention for Earthquake Survivors in Kathmandu Valley	June 2015 to October 2015	University of Colorado, USA	Bhaktapur	To implement a stepwise cluster comparison, collecting 3 time points of data (pre and post intervention), to compare outcomes of interest as a means of determining if the community-based, mental health post-disaster intervention was effective
Combating Trafficking in Persons (Disaster Response Project)	July 2015 to November 2015	OFDA/USAID through The Asia Foundation (TAF)	Dhading, Dolakha, Ramechhap, Rasuwa, Nuwakot, Lalitpur	To promote psychosocial well-being of earthquake affected persons and trafficking survivors
Emergency Response Program	May 2015 to November 2015	IsraAid	Nuwakot, Bhaktapur, Sindhupalchok, Okhaldhunga	To promote psychosocial well-being of the survivors of the earthquake by providing psychosocial support
Integration of Mental Health and Psychosocial Support Service in Primary Health Care Facilities and Community Settings in the Post Earthquake Context of three Earthquake Affected Districts in Nepal	June 2015 to June 2016	International Medical Corps (IMC)	Gorkha, Sindhuli	To develop the cadre of primary health care workers who are able to treat mental disorders from social and medical models, as well as increase availability of psychosocial support and referral to other community support services
	November 2015 to November 2016		Dhading	To provide sustainable and multidisciplinary mental health and psychosocial services, which are integrated in the existing primary health care structure and communities
Nepal Earthquake Response Program	June 2015-December 2015	HelpAge International	Sindhupalchok, Kathmandu, Dolakha, Gorkha	To provide psychosocial and mental health support to older people by establishing community-based mechanism in implementation, follow-up and capacity building in earthquake-affected districts

Psychosocial Response to Earthquake Affected People in Nepal	May 2015 to December 2016	United Nations Children's Fund (UNICEF)	Sindhupalchowk, Makwanpur, Okhaldhunga, Nuwakot, Bhaktapur, Kathmandu	To provide psychosocial support to the women and children affected by the earthquake in Nepal
Support to Transition and Recovery of Nepal's Health System in Post-Earthquake Situation	July 2015 to July 2016	Nepal Health Sector Support Program (NHSSP)/Option/DFID	Ramechhap, Dolkha, Kavre, Nuwakot	To integrate mental health and psychosocial support services into primary health care system
One Month Crash Course Training in Psychosocial Counseling	June 2015 to April 2016	Australian Embassy	Nuwakot	To increase the access of psychosocial support to the earthquake-affected people in the community by developing skilled community-based psychosocial workers
Stress Reduction Program for Tibetan Refugee Students	June to July 2015	United Nations High Commissioner for Refugees (UNHCR)	Kathmandu	To provide psychosocial support to school children
Teachers Training in Tibetan and Urban Refugee Students Schools	September to November 2015			To provide skills and knowledge on how to teach effectively in post-earthquake situation
Psychological Radio Program	7 May to 12 July 2015			To normalize the lives of people in difficult situation

Shyam Bahadur (name changed) comes from a low income family. He has a wife, two daughters, and a son who are all married. He owns a small field, but the crops grown in it are insufficient to feed his family throughout the year.

Shyam Bahadur started drinking 26 years back when he was overjoyed with the news of his son's birth. At first, it was an occasional drink here and there. But this later turned into a 'you only live once' mentality, which made him drink more. Shyam Bahadur eventually developed a feeling of an utmost urgency to drink constantly and would plead for money from his family. If he did not receive the money, a huge fight would ensue. When he had the money, he would hang out with his friends and drink excessively.

Slowly, Shyam Bahadur started to drink from the early morning and ruined his relationship with close friends and family. He would spend between Rs.200 and Rs.500 on alcohol daily, which made him to do any work in the village to buy alcohol. Later, he started showing physical symptoms of alcoholism. His limbs trembled involuntarily, face started to swell, and his eyes turned red. He would be unable to sleep and got frequent headaches. He had no appetite except for alcohol. His dependence on alcohol grew, whereas his attention towards family and self-care declined. His family and neighbors also started to leave him during important discussions. This was not what Shyam Bahadur wanted so he decided to change. One of his neighbors informed him about the availability of medicine at the health post that could help him abstain from alcohol. Hearing this, Shyam Bahadur along with his wife, went to the health post where he was informed about the disadvantages of consuming alcohol and of treatment for alcohol use disorder. Shyam Bahadur started taking medicine and psychosocial counseling to get rid of his drinking habit.

Today Shyam Bahadur is a 'new man'. He has quit his bad habit that plagued him for 26 years. His family is happy with him. His son and daughter-in-law call him regularly and talk about his health improvements. He even went to visit them to Pokhara and bought himself new clothes. He has also put on some weight which makes him look better. The neighbors are filled with praise for him and he has become a good example to those who are trying to abstain from drinking. Despite peer pressure to drink alcohol, he has gained enough willpower to say "no". He says he would rather order a juice. He is happy with working in the fields and giving his hard earned money to his family. He wants to keep his family happy.

Shyam Bahadur mentions that he owes this major change to the health post workers and TPO Nepal's counselors. They made him aware and helped him get out of the situation. He now says he is ready to talk to others who have problems with alcohol.

Administrative and Financial Status

In 2015, there were altogether 419 staff members (46% male and 54% female) working in the organization's different centers. Among them, 28 were working in Admin/Finance, 44 in research, 52 in clinical services, 63 in different project activities and remaining as CPSWs and home based care workers.

	Amount In NPR*	
TOTAL GRANT RECEIVED:	80,350,008	
Human Resource	17,713,699	22%
Program Cost	25,011,579	31%
Research Cost	17,589,359	22%
Publication	413,348	1%
Training/Capacity Building Expenses	11,477,757	14%
Administrative Cost	7,568,821	9%
	79,774,563	
Advance Grant (Surplus/Deficit for the FY)	575,445	1%

* Based on BS 2071/72 Audit Report

Executive Members of TPO Nepal:

Ms. Manju Adhikari

Mr. Nabin Lamichhane

Mr. Sunil Shankar Shrestha

Mr. Krishna Bahadur Karki

Mr. Trilochan Pokharel

Mr. Satish Kumar Aryal

Ms. Pushpanjali Dhakal

Management Board of TPO Nepal:

Mr. Suraj Koirala (Executive Manager)

Mr. Raam Katwal (Finance Admin Department)

Mr. Ramesh Prasad Adhikari (Research Department)

Ms. Jamuna Maharjan (Clinical Department)

Ms. Parbati Shrestha (Program Department)

Mr. Pitambar Koirala (Program Department)

Ms. Ambika Balami (Training Department)

Dr. Mark Jordans (Senior Technical Advisor)

Dr. Brandon Kohrt (Technical Advisor)

Prof. Dr. Sishir Subba (Technical Advisor)

Dr. Rishav Koirala (Technical Advisor)



TPO Nepal Family with His Excellency Glenn White, Australian Ambassador to Nepal

List of 2015 Publications

Articles

Adhikari, R.P., Upadhaya, N., Gurung, D., Luitel, N.P., Burkey, M.D., Kohrt, B.A. and Jordans, M.J.D. (2015). Perceived behavioral problems of school aged children in rural Nepal: a qualitative study, *Child and Adolescent Psychiatry and Mental Health* (2015) 9:25

Chisholm D, Burman-Roy S, Fekadu A, Kathree T, Kizza D, Luitel NP, Petersen I, Shidhaye R et al. (2015). Estimating the cost of implementing district mental healthcare plans in five low- and middle-income countries: the PRIME study. *The British Journal of Psychiatry* 1-s8.doi: 10.1192/bjp.bp.114.153866

Jordans MJD, Kohrt BA, Luitel NP, Komproe IH, Lund C. (2015). Accuracy of proactive case finding for mental disorders by community informants in Nepal. *The British Journal of Psychiatry* 207(6):501-6

Jordans MJD, Luitel NP, Pokhrel P, Patel V. (2015). Development and pilot testing of a mental healthcare plan in Nepal. *The British Journal of Psychiatry* DOI: 10.1192/bjp.bp.114.153718

Kohrt BA, Ramaiya MK, Rai S, Bhardwaj A, Jordans MJD. (2015). Development of a scoring system for non-specialist ratings of clinical competence in global mental health: a qualitative process evaluation of the Enhancing Assessment of Common Therapeutic Factors (ENACT) scale. *Global Mental Health* (2015), 2, e23, doi:10.1017/gmh.2015.21

Kohrt, B.A., Burkey, M. Stuart, E.A. and S.Koirala (2015). Alternative approaches for studying humanitarian interventions: propensity score methods to evaluate reintegration packages impact on depression, PTSD, and function impairment among child soldiers in Nepal, *Global Mental Health* (2015), 2, e16, page 1 of 11.

Luitel NP, Jordans MJD, Adhikari A, Upadhaya N et al. (2015). Mental Health Care in Nepal: Current Situation and Challenges for Development of a District Mental Health Care Plan. *Conflict and Health* 9:3

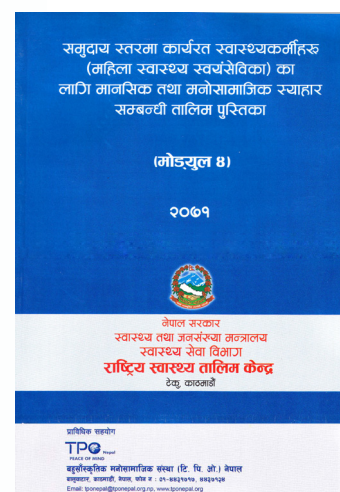
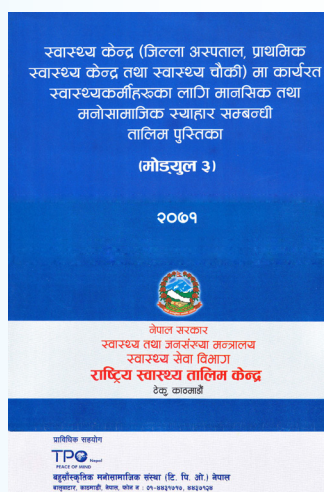
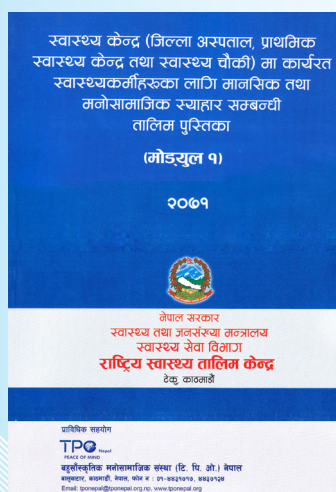
Makan A, Fekadu A, Murhar V, Luitel N, Kathree T, Ssebunya J, Lund C. (2015). Stakeholder analysis of the Programme for Improving Mental health care (PRIME): Baseline findings. *International journal of mental health system* 9:27

Training Manuals

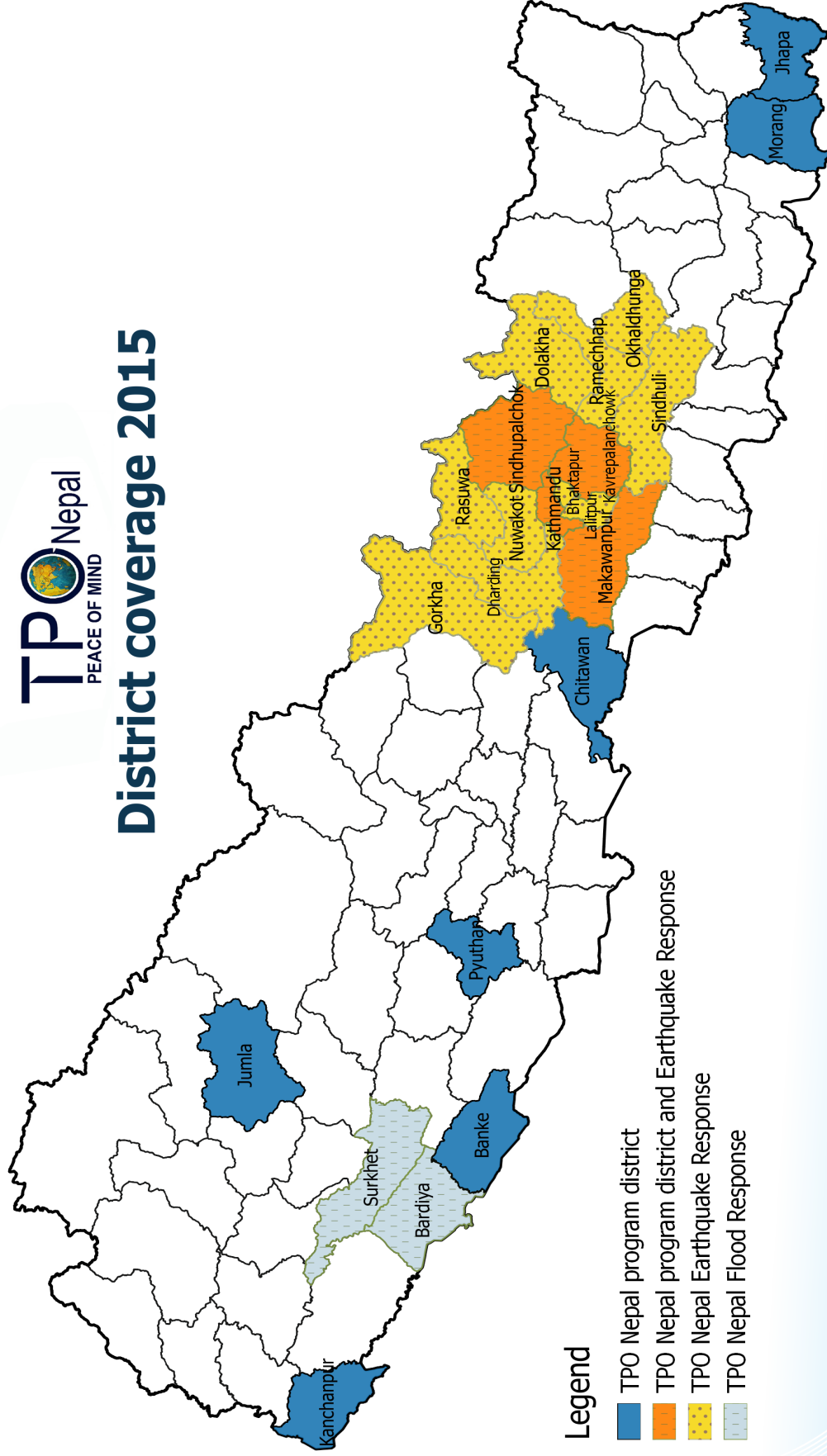
स्वास्थ्य केन्द्र (जिल्ला अस्पताल, प्राथमिक स्वास्थ्य केन्द्र तथा स्वास्थ्य चौकी) मा कार्यरत स्वास्थ्यकर्मीहरूका लागि मानसिक तथा मनोसामाजिक स्याहार सम्बन्धी तालिम पुस्तिका (मोड्युल १) २०७१

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समुदाय स्तरमा कार्यरत स्वास्थ्यकर्मीहरू (महिला स्वास्थ्य स्वयंसेविका) का लागि मानसिक तथा मनोसामाजिक स्याहार सम्बन्धी तालिम पुस्तिका (मोड्युल ४) २०७१



District coverage 2015



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