

Introduction

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

Vision

We envision conflict-resolved, resilient communities where local populations have adequate access to multi-dimensional mental health and psychosocial care systems.

Mission

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

TPO Nepal Annual Report 2019

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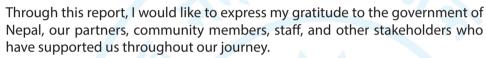
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बहुसाँस्कृतिक मनोसामाजिक संस्था नेपाल (टि.पि.ओ. नेपाल) Transcultural Psychosocial Organization Nepal (TPO Nepal)

Message from the Excutive Director

I am glad to share the annual report of TPO Nepal for the year 2019. This report presents a summary of the interventions and activities implemented over this one year period along with some important achievements.

This year TPO Nepal was able to reach out to more than 2000 individuals through service delivery, 194 individuals through capacity building, 696 individuals through advocacy, and 753 individuals through orientation.





I would also like to take an opportunity to express my vote of thanks to the government agencies especially the Ministry of Health and Population, Ministry of Women, Children and Senior Citizens and its authorities, National Women Commission, and various provincial and local government bodies. Similarly, I would like to express my gratitude to various development agencies, universities, and funding agencies for their valuable support to achieve our goal.

Similarly, I would like to thank all our members and executive board for their valuable guidance and support. Likewise, I would like to thank our management team and all staff members for their tireless effort and support to implement our activities and plans. And finally, I would like to thank my colleagues Pitambar Koirala and Mallika Chaulagain for their support in preparing this report.

Dr. Kamal Gautam

List of abbreviations

AHW	Auxiliary Health Worker			
CBT	Cognitive Behavior Therapy			
CFC	ACare for Caregiver			
CI	Community Informant			
CPSW	Community Psychosocial Worker			
DFID	Department for International Development			
EMILIA	E-mhGAP Intervention guide in Low and middle-income countries: proof-of-concept for Impact and Acceptability			
ESSENCE	Enabling translation of Science to Service to ENhance Depression CarE			
EMILIA	E-Mhgap Intervention Guide in Low and Middle-Income Countries: Proof-of-Concept for Impact and Acceptability			
ENHANCE	Scaling-up Care for Perinatal Depression through Technological Enhancements to the 'Thinking Healthy Program'			
GATE	Global Anti-Torture Evidence			
GWU	George Washington University			
НА	Health Assistant			
HOD	Head of Department			
IDEA	Identifying Depression Early in Adolescence			
IPT	Interpersonal Therapy			
IRCT	International Rehabilitation Council for Torture Victims			
IKCL	King's College London			
MHIRa	Mental Health Integration in Ramechhap district of Nepal			
MRC	Medical Research Council			
NIMH	National Institute of Mental Health			
NWC	National Women Commission			
PhD	Doctor of Philosophy			
PM+	Problem Management Plus			
PMR	Progressive Muscle Relaxation			
PRIME	PRogramme for Improving Mental health carE			
RESHAPE	REducing barriers to mental health task SHAring: stigma reduction in Primary carE			
SAATHI	Study to Adapt Adolescent Interpersonal Therapy In Nepal			
StandStrong:	Sensing technology to personalize adolescent maternal depression treatment in low resource settings			
ТРО	Transcultural Psychosocial Organization			
TRE	Tension/Trauma Release Exercise			
WHO:	World Health Organization			
WSPD	World Suicide Prevention Day			

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Project summary
Table 1: Details of key projects

S.N	1: Details of key projects Name of the project	Timeline	Funding agencies	Thematic area
1	E-Mhgap Intervention Guide in Low and iddle-Income Countries: Proof-of-Concept for Impact and Acceptability (Emilia)	October 2018 to September 2021	King's College London (KCL)/ Medical Research Council (MRC)	Research
2	Enabling Translation of Science to Service to Enhance Depression Care (ESSENCE)	ervice to Enhance Depression Care to Institute of Mental Health (NIMH)		Research
3	Global Anti-Torture Evidence (GATE)	December 2017 to September 2019	Ministry of Foreign Affairs of the Netherlands/International Rehabilitation Council for Torture Victims (IRCT)	Program
4	Identifying Depression Early in Adolescence (IDEA)	July 2018 to September 2020	George Washington University (GWU) and KCL/MRC and MQ Foundation	Research
5	Integrated Platform for Gender- Based Violence Prevention and Response (Sambodhan)	November 2017 to July 2021	National Women Commission (NWC)/ World Bank	Program
6	Leaving No one Behind: Building Community Capacities in Nepal for Inclusive Transitional Justice, Reconciliation and Conflict Resolution	December 2019 to September 2021	International Alert / U.S. Department of State, The Bureau of Democracy, Human Rights, and Labour	Program
7	Mental Health Integration in Ramechhap district of Nepal (MHIRa)	December 2017 to August 2019	Americares	Research
8	PRogramme for Improving Mental health carE (PRIME)	May 2011 to April 2019	DFID (Department for International Development)/ University of Cape town	Research
9	Problem Management Plus (PM+)	September 2016 to August 2019	World Health Organization (WHO)/ GWU, Duke University	Research
10	REducing Stigma among HealthcAre ProvidErs (RESHAPE)	October 2019 to September 2024	GWU/NIMH	Research
11	Save Life: Speak Up for Suicide Prevention	October 2019 to October 2020	Comic Relief	Program
12	Sensing technology to personalize adolescent maternal depression treatment in low resource settings (StandStrong)	May 2018 to November 2019	Bill & Melinda Gates Foundation	Research
13	Study to Adapt Adolescent Interpersonal Therapy in Nepal (SAATHI)	September 2018 to August 2020	KCL/MRC	Research

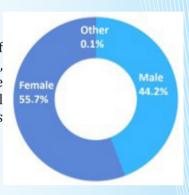
Activities done in 2019



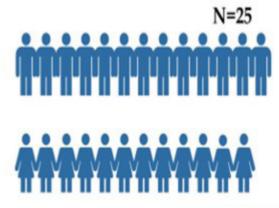
Service Delivery

Individual Psyschosocila support

In 2019, we provide psychosocial support to 1727 indiviuals. Out of these, 763 were male, 962 were female, and 2 were others. Emotional, behavioral ,psyschosomatic and relationship related issues were addressed through this service. Psychosocial counselors, clinical psyschologist and psychotherapist provide service using various tools and techniques to restore the Psychocial well-being of Individuals.



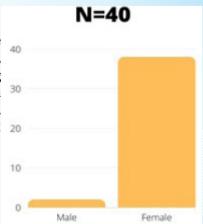
Psychiatric Consultation



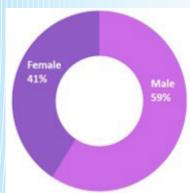
As Part of Specialized support, psychiatric consultation was also provided by TPO Nepal to 25 individuals. Out of these, 13 were male and 12 were female.

Therapeutic Intervention

Need-based therapeutic intervention such as CBT, supportive therapy, counseling, psycho-education, parent management skills, Gestalt therapy, PMR (Progressive Muscle Relaxation), breathing exercise, IPT (Inter-Personal Therapy), TRE (Tension and Trauma Release Exercise), motivational intervening, exposure therapy, etc. were provide to 40 individuals out of which 38 were female and 2 male.



Helpline support



A total of 88 calls were received in TPO Nepal's helpline number 1660 010 2005 in 2019. Among them, 52 callers were male and 36 callers were female. Trained counselors provided support through TPO Nepal's helpline service Monday to Friday from 9:30 am to 4:30 pm. Services such as empathetic listening, emotional support, symtoms-relavent psycho education, instructions on exercising, deep breathing and relaxation, information sharing on relavant issues, anger management tips, problem relavant management tips and connectiong with psychiatric support were provided.

Service from prescribers

Prescribers (Health Assistant/Has and Auxiliary Health Worker/AHWs) trained by TPO Nepal also provided services to community people in health facilities in 2019. These mental health and psychoscocial service were provided to 161 individuals.



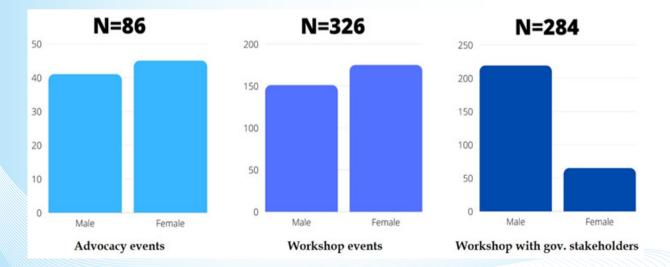
Capacity Building

As capacity building is one of the core working areas of TPO Nepal, a range of different training sessions were conducted in 2019. The details of training events and participant details have been listed below:

Training	Male	Female	Total
4-days community informant(CI) training	20	100	120
Care for Caregivers (CFC) training	2	5	7
3-days refresher training on mental health and psychosocial support		5	18
CPSWs/researchers training	8	41	49

Advocacy

A total of 4 advocacy events were held in 2019 in which 86 participants (41 male, 45 female) participated. Similarly, 25 workshop events were also conducted in 2019 in which 326 participants (151 male, 175 female) participated. Likewise, 284 participants (219 male, 65 female) participated in six seperate workshops with province-level government stakeholders in provinces 1,3,4,5, and 6.



Orientation

To spread awareness among community people on a range of mental health and psychosocial issues, 32 orientation events were conducted in which 753 participants participated.

Research

In 2019, a total of 8 research projects were implemented by TPO Nepal and 7 articles were published in various international journals. The articles mostly focused on the integration of mental health care into existing healthcare system.

Articles published in 2019 in international peer-reviewed journals

- 1. Luitel NP, Garman EC, Jordans MJD, Lund C. Change in treatment coverage and barriers to mental health care among adults with depression and alcohol use disorder: a repeat cross-sectional community survey in Nepal. BMC Public Health. October 2019. https://doi.org/10.1186/s12889-019-7663-7
- 2. Petersen I, Van Rensburg A, Kigozi F, Semrau M, Hanlon C, Abdulmalik J, Kola L, Fekadu A, Gureje O, Gurung D, Jordans M, Mntambo N, Mugisha J, Muke S, Petrus R, Shidhaye R, Ssebunnya J, Tekola B, Upadhaya N, Patel V, Lund C and Thornicroft G. Scaling up integrated primary mental health in six low- and middle-income countries: obstacles, synergies and implications for systems reform. BJPsych Open. August 2019. https://doi.org/10.1192/bjo.2019.7
- 3. Jordans M, Chisholm D, Semrau M, Gurung D, Abdulmalik J, Ahuja S, Mugisha J, Mntambo N, Kigozi F, Petersen I, Shidhaye R, Upadhaya N, Lund C, Thornicroft G and Gureje O. Evaluation of performance and perceived utility of mental healthcare indicators in routine health information systems in five lowand middle-income countries. Evaluation of performance and perceived utility of mental healthcare indicators in routine health information systems in five low- and middle-income countries. BJPsych Open. August 2019. https://doi.org/10.1192/bjo.2019.22
- 4. Kohrt BA, Mutamba BB, Luitel NP, Gwaikolo W, Mangen PO, Nakku J, Rose K, Cooper J, Jordans MJD, Baingana F. How competent are non-specialists trained to integrate mental health services in primary care? Global health perspectives from Uganda, Liberia, and Nepal. International Review of Psychiatry. February 2019. https://doi.org/10.1080/09540261.2019.1566116
- 5. Breuer, E., Hanlon, C., Bhana, A. et al. Partnerships in a Global Mental Health Research Programme—the Example of PRIME. Glob Soc Welf 6, 159–175 (2019). https://doi.org/10.1007/s40609-018-0128-6
- 6. Jordans MJD, Luitel NP, Kohrt BA, Rathod SD, Garman EC, et al. (2019) Community-, facility-, and individual-level outcomes of a district mental healthcare plan in a low-resource setting in Nepal: A population-based evaluation. PLOS Medicine 16(2): e1002748.

https://doi.org/10.1371/journal.pmed.1002748

7. Jordans MJD, Luitel NP, Garman E, Kohrt BA, Rathod SD, Shrestha P, Komproe IH, Lund C, Patel V. Effectiveness of psychological treatments for depression and alcohol use disorder delivered by community-based counsellors: two pragmatic randomised controlled trials within primary healthcare in Nepal. Br J Psychiatry. 2019 Aug;215(2):485-493. doi: 10.1192/bjp.2018.300.

Team Board

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Mr. Raam Katwal (Admin and Finance)

Mr. Pitambar Koirala (Program)

Ms. Jamuna Maharjan (Clinical)

Ms. Parbati Shrestha (Program)

Ms. Ambika Balami (Training)

Mr. Suraj Koirala (Technical Advisor)

Technical Advisors

Prof. Mark Jordans, PhD

Dr. Brandon Kohrt, MD, PhD

Prof. Shishir Subba, PhD

Dr. Rishav Koirala, MD Psychiatry, PhD Scholar

Mr. Suraj Koirala

Financial Summary

	Amount In NPR	
TOTAL GRANT RECEIVED:	76,471,852.63	
Human Resource	17,055,601.15	22%
Program Cost	19,745,465.34	26%
Research Cost	16,514,897.18	22%
Publication	1,067,727.58	1%
Training/Capacity Building Expenses	15,211,583.34	20%
Adminstrative Cost	7,101,293.00	9%
TOTAL EXPENSES	76,696,567.59	
Advance Grant (Surplus/Deficit for the FY)	(224,714.96)	

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