Community-Based Psychological Trauma Education and Treatment Project

Lessons Learned from Nepal

ACKNOWLEDGEMENTS

'Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters health, self-respect and dignity.'

UN Convention on the Rights of the Child
Article 39

1 INTRODUCTION

PROJECT DESCRIPTION

Rationale

The psychological impacts of traumatic events can leave people severely compromised in their ability to function effectively as an individual, fulfill their potential, and make meaningful contributions to the life of their families and to the development of their communities. The psycho-social well-being of people is, therefore, vital for communities to flourish and develop, and for people to actively participate at the local and national level.

Trauma may come from exposure to a wide range of different events that include witnessing incidents in war, being physically or sexually abused, and experiencing sudden disability through accidents or illnesses like leprosy. Many causes of trauma are direct violations of human rights. Children are especially vulnerable because experiencing trauma in their early formative years can have devastating impacts in later life. If trauma effects significant numbers of children in a community (for example as a result of a natural disaster like a tsunami, or because of war) then evidence-based research shows that the ability of these children to mature into the next generation of decision-makers, teachers, doctors and nurses and so on, will be compromised on a large scale. Thus trauma has both short and long-term impacts on the effective development of both individuals and society.

Nepal has experienced a large amount of traumatic events, especially between 1995 and 2005. The civil unrest between Maoist, Government and Monarchy forces had a significant impact on the psychological well-being of communities. Amnesty International documented war atrocities perpetrated by soldiers from all sides of the conflict. For example, community elders and rural school teachers were targeted, and often brutally killed in front of pupils. Children were conscripted as 'runners' to send messages between soldiers. Opposing forces captured children and tortured them in the hope of gaining information. The civil conflict left many children orphaned.

Kopila Nepal is a registered Non-Governmental Organisation based in Western Nepal, with a focus on working with marginalised and disadvantaged children. Recognising the severe psycho-social impact of the conflict, Kopila Nepal actively sought strategic partners to make a response.

The Project Partners are:

Kopila Nepal: Local implementing organisation developing a community-based model of psychological education and treatment in response to trauma within rural Nepal.

The Leprosy Mission Ireland: Project co-ordination, monitoring and drawing out 'lessons learned' transferable to other related situations of trauma, such as leprosy.

Northern Ireland Centre for Trauma and Transformation: Advising and training Kopila Nepal on evidence-based approaches to addressing psychological impacts of trauma, based on experiences learnt primarily from the unrest in Northern Ireland.

Development Media Workshop: Advising Kopila Nepal on participatory approaches to development communication, education and advocacy. Organising film documentation of the Project and Lessons Learned Report.

Key Contributors:

Regional Psychosocial Support Initiative (REPSSI)
In May 2002, the Regional Psychosocial Support Initiative (REPSSI) was formally launched as a project to improve and scale up psychosocial support for children affected by AIDS in the East and Southern Africa region. The initiative soon evolved to include improving and scaling up psychosocial support to children affected by conflict as well as poverty and grew into a fully-

fledged legal entity, registered under Section 21 of the Companies Act in the Republic of South Africa. REPSSI has offices in 4 countries and each of these offices implements programmes in specific countries within the region (known within REPSSI as sub-regions).

Dr Katrina Collins: Dr Collins is a Research Psychologist based in Northern Ireland, with a background in high level published academic research, and extensive experience coordinating community-based (user-group) evaluation processes. Dr Collins advised Kopila Nepal on their evaluation approaches, building their capacity in this area.

Project Scope

Kopila Nepal will form, and train, a project team to engage with local communities, and develop a community-based intervention to trauma that will:

1. *Make communities aware of the causes, symptoms, and consequences of trauma.*

2. *Train and support communities to create and sustain the optimum community environment (in homes, schools and so on) for children to recover from trauma without the need for specialist therapy. This will centre upon the development of Community Action Plans, and will include advocacy for policies at national level.*

3. *Pilot a small-scale 'Counselling Intervention' to explore ways of responding to people in need of specialist counselling support. The pilot will include a referral system, a cognitive therapy methodology (adapted from NICTT), and a method of recording effectiveness of therapy.*

All Project partners will be involved in drawing out of 'Lessons Learned' transferable to other trauma situations. This includes comprehensive filming of all key project activities, and reflective interviews with key stakeholders throughout the initial two year funded period. 'Lessons Learned' will be written up into a Resource Pack with a DVD, and promoted through a National Conference in Nepal at the end of the two year funded period.

In Nepal, where 'trauma' and its consequences are minimally understood, Kopila Nepal is acquiring specialist expertise, and

developing a community-based intervention. From this foundation, Kopila Nepal is establishing a network of strategic contacts from the grassroots to the national level. Using this network, Kopila Nepal is beginning to educate decision-makers about trauma, and advocate responses and policies. Regional and national conferences organised by Kopila Nepal will be flagship advocacy events. The participatory advocacy approach, supported by the Development Media Workshop, is allowing community members to actively raise awareness about the impacts of trauma within their own communities, and advocate policy responses.

Communities are at the very heart of this project. The community-based approach is focusing on the establishing of 'parent', 'child' and 'teacher' groups who are being supported by field staff to actively make decisions about community interventions. This includes their involvement in needs analysis research to set the agenda for specific interventions. Field staff are helping groups to organise themselves, mobilise awareness and action within their communities, and take ownership of sustaining project impacts in the long term. The participatory advocacy approach is involving community members in learning new skills like film-making and radio production, through which they are being empowered to raise their own voice and engage decision-makers at all levels.

This project is contributing ultimately to the replication across Nepal of effective community-based psychological trauma education and treatment services. In spearheading this work, Kopila Nepal, and its stakeholder communities, are taking responsibility to address the unfulfilled intentions of Nepal's Ministry of Health. Psychological support services are 'essential services' for the well-being of individuals and communities. The community-based approach is especially pertinent because it is based on the premise of communities becoming aware of trauma and its consequences, and taking community level action to create optimum environments for people to recover. The 'resources' needed for this to happen, which this project is bringing, are primarily information, awareness, organisational skills, advocacy skills and networking. These skills, once embedded into communities, are sustainable because they are not dependent upon finance of external sources. Specialist 'counselling' services for people who need such help, do require external personnel and finance,

and this project is specifically exploring ways in which such services can be viable in rural Nepal.

HIV Aids, like leprosy, is a disease that carries social stigma and causes huge psychological trauma for its patients, families and communities. This project will provide 'Lessons Learned' regarding effective community-based psychological education and treatment interventions that can be promoted to, and adopted by, organisations specifically addressing the consequences of HIV Aids.

Violations of human rights are often the direct causes of trauma and psychological illness. The community-based approach adopted by this project is emphasising this fact in much of the initial awareness raising and education within communities. The 'UN Convention on the Rights of the Child' is being proactively discussed in an edited form appropriate for children and rural communities. Article 39 is especially important in stating:
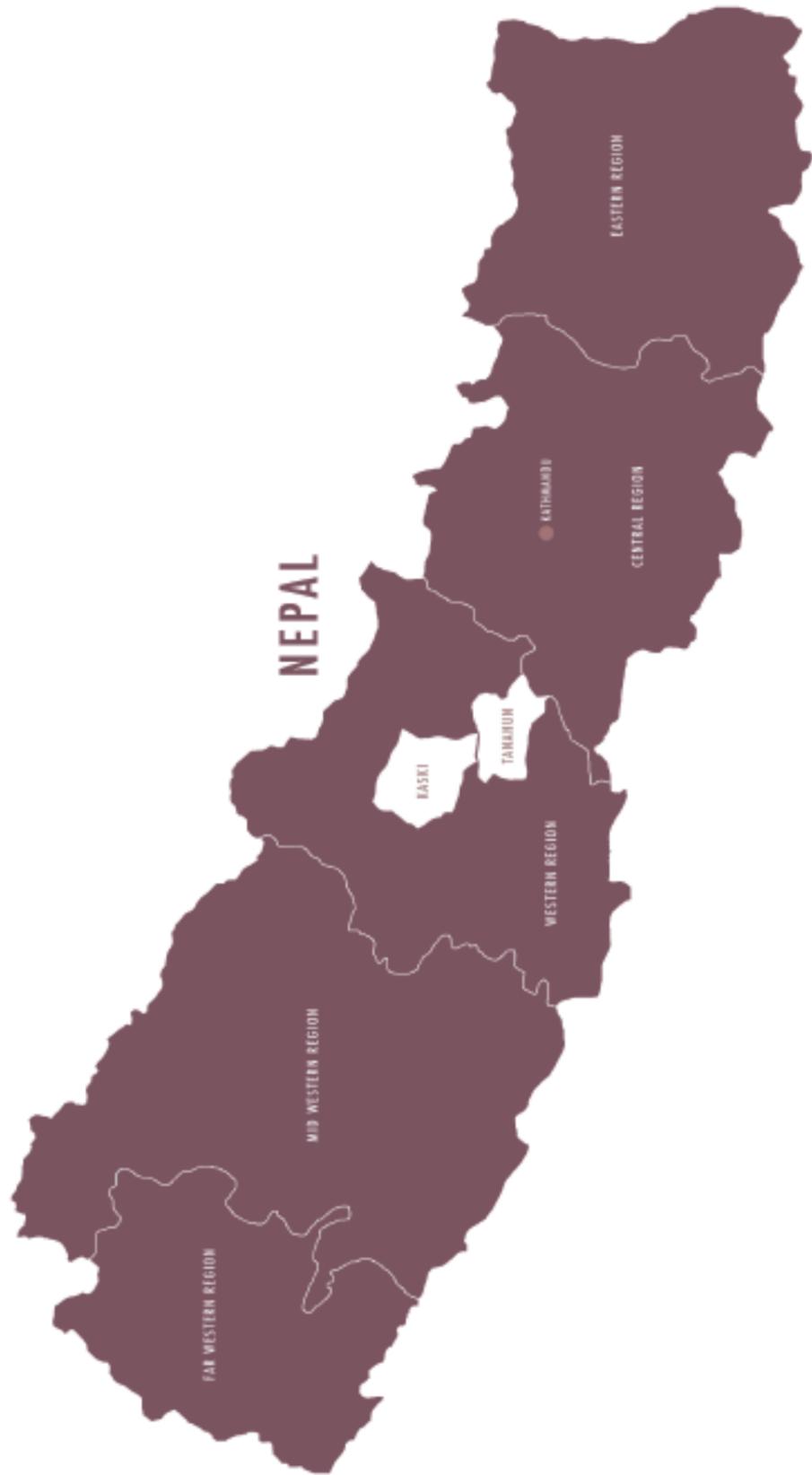
'Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters health, self-respect and dignity.'

Project Objectives

Taking into account the rationale for the project, a number of objectives were proposed to address the need to support Kopila Nepal in their responses to trauma experienced by the communities they serve. These are detailed in the table below;

NUMBER	OBJECTIVE
1	Form a Psychological Trauma Education and Treatment Team in Nepal, and equip members with relevant training.
2	Plan and implement a two year programme of psychological trauma education and treatment in 14 Village Development Committees (VDCs) in two districts of the Western Region of Nepal.
3	Create awareness in each VDC on the causes and consequences of psychological trauma through a participatory awareness approach involving children and parents.
4	Run training programmes to empower 140 local school teachers, 14 health workers, 14 traditional healers, and 14 NGO staff members to identify psychologically traumatised children and provide appropriate community-based education and counselling.
5	Run training programmes with 70 parent's groups, empowering them to identify causes and symptoms of psychological trauma in children, and to refer for treatment when appropriate.
6	Run training programmes with 70 child groups using a child-to-child approach, empowering them to identify causes and symptoms of psychological trauma in children, and to refer for treatment when appropriate.
7	Establish a resource and counselling point in each of the 14 VDCs where referrals can be offered counselling treatment.
8	Establish Village Child Protection Committees in the 14 VDCs as a mechanism to sustain the programme in the long term.
9	Plan and implement a two year participatory advocacy programme at the district, regional and national level highlighting the causes and consequences of psychological trauma, encouraging the integration of psychological trauma education and treatment as a crosscutting issue in Nepal Government policies and other NGO programmes.
10	Empower local participants and VDCs to document issues by which they are affected and to use local, regional and national media to influence policy.
11	Reflect on, and evaluate, all aspects of the two year programme identified above, and document 'Lessons Learned', which can be used by Kopila Nepal to improve and sustain the programme in the longer term, and by The Leprosy Mission and other NGOs to replicate/adapt the programme in other areas of Nepal or other countries.

NEPAL

EASTERN REGION

CENTRAL REGION

KATHMANDU

KASKI

TANAHUN

WESTERN REGION

MID WESTERN REGION

FAR WESTERN REGION

PROJECT WORKING AREAS -
Village Development Committees

KASKI DISTRICT
Project VDCs:
Dhital
Hemja
Kaskikot
Kristinachnechaur
Lamachaur
Lahachok
Nirmalpokhari

TANAHUN DISTRICT
Project VDCs:
Chhang
Kahun Shivapur
Kot Durbar
Manpang
Ramjakot
Rising Ranipokhari
Sabung Bhagawatipur
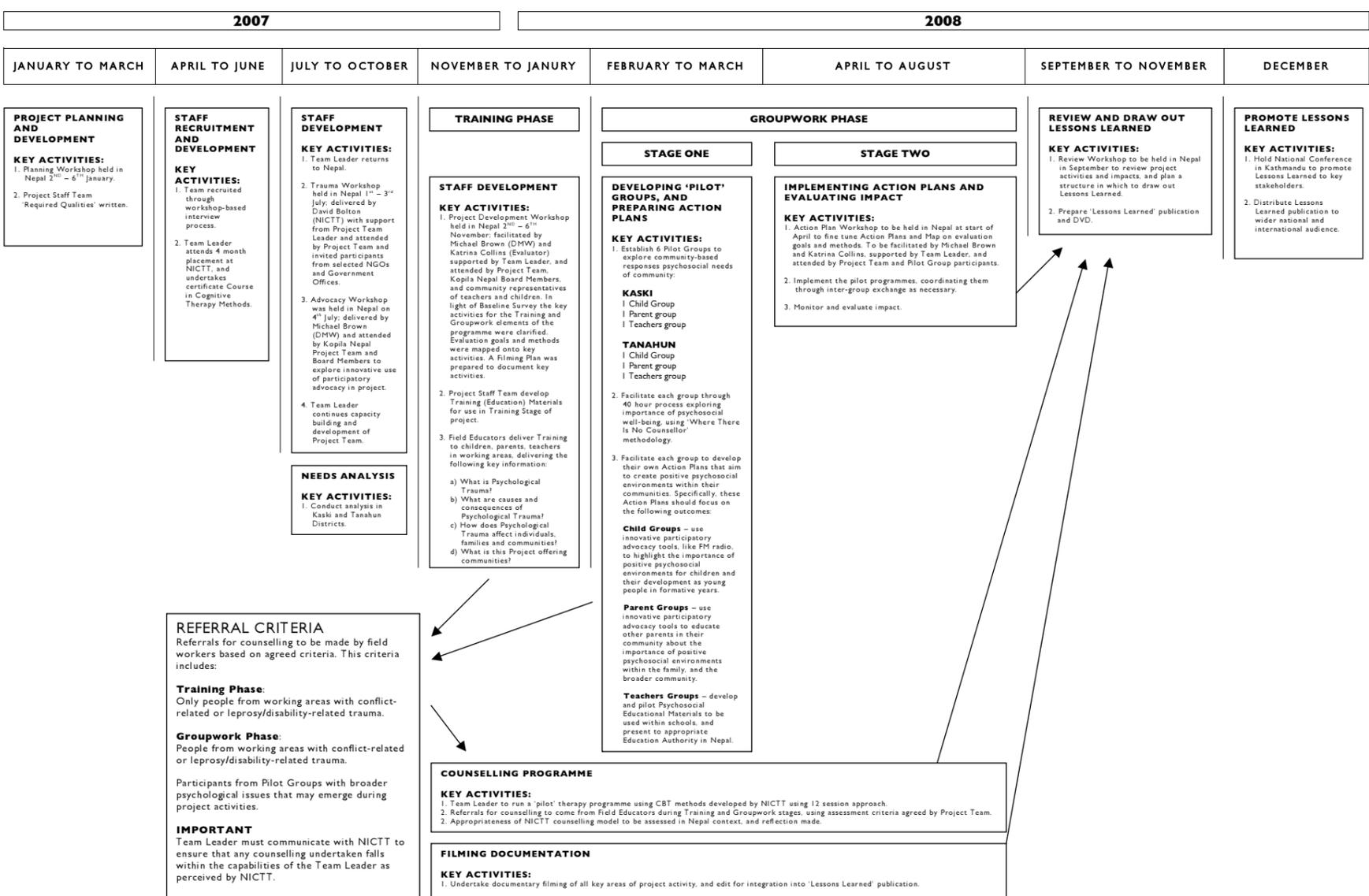
2 PROJECT DESIGN

Project Structure

The development of the Project's structure (shown opposite) was a collaborative effort involving the following key stakeholders during the initial development stages:

- Community representatives of Kaski and Tanahun in Western Nepal (teachers, parents and children)
- Kopila Nepal staff
- Kopila Nepal Management and Executive Board
- The Leprosy Mission and Irish Aid (represented by the project co-ordinator)
- NICTT
- The Development Media Workshop
- The Evaluator

Staff Recruitment and Development

Staff recruitment and development also took place during the first months of the project. The recruitment process involved the identification of key skills and qualities needed to be a field worker in the project (Appendix 1). Following the appointment of four field staff, training and staff development activities took place at different stages of the project. This included the team leader undertaking a four month training placement with NICTT in Ireland, a trauma workshop provided by NICTT director David Bolton, an advocacy workshop given by the Development Media Workshop (DMW) director Dr. Michael Brown and an evaluation training workshop by Dr. Katrina Collins. The full list of capacity building activities is presented in the table below.

TRAINING EVENT	TEAM MEMBER	TIME SPENT
Certificate in Cognitive Therapy Methods	Team leader	Four months
Appreciative Inquiry	All field educators and assistant team leader	Five days
Background briefing on psychosocial well-being and trauma in the context of trauma	All project team, local NGO partners and officials	Four days
Exploring participatory approaches to education and advocacy	All project team	One day
Understanding childhood workshop	All project team	One day
NICTT model	All field educators and assistant team leader	One day
Child friendly teaching methodology	All project team	Five days
Movement against sexual abuse	Field educator	One day
Child Protection	Field educator	Three days
Basic training on psychosocial wellbeing	All project team	Five days
Peace building	Field educator	Four days
Community empowerment training and facilitation skills	All project team	Three days
Visit to REPSSI in South Africa to observe Hero Booking in action	Team leader and assistant team leader	Five days

2007				2008			
JANUARY TO MARCH	APRIL TO JUNE	JULY TO OCTOBER	NOVEMBER TO JANURY	FEBRUARY TO MARCH	APRIL TO AUGUST	SEPTEMBER TO NOVEMBER	DECEMBER

PROJECT PLANNING AND DEVELOPMENT

KEY ACTIVITIES:
1. Planning Workshop held in Nepal 2nd – 6th January.
2. Project Staff Team 'Required Qualities' written.

STAFF RECRUITMENT AND DEVELOPMENT

KEY ACTIVITIES:
1. Team recruited through workshop-based interview process.
2. Team Leader attends 4 month placement at NICTT, and undertakes certificate Course in Cognitive Therapy Methods.

STAFF DEVELOPMENT

KEY ACTIVITIES:
1. Team Leader returns to Nepal.
2. Trauma Workshop held in Nepal 1st – 3rd July; delivered by David Bolton (NICTT) with support from Project Team Leader and attended by Project Team and invited participants from selected NGOs and Government Offices.
3. Advocacy Workshop was held in Nepal on 4th July; delivered by Michael Brown (DMW) and attended by Kopila Nepal Project Team and Board Members to explore innovative use of participatory advocacy in project.
4. Team Leader continues capacity building and development of Project Team.

NEEDS ANALYSIS

KEY ACTIVITIES:
1. Conduct analysis in Kaski and Tanahun Districts.

TRAINING PHASE

STAFF DEVELOPMENT

KEY ACTIVITIES:
1. Project Development Workshop held in Nepal 2nd – 6th November; facilitated by Michael Brown (DMW) and Katrina Collins (Evaluator) supported by Team Leader, and attended by Project Team, Kopila Nepal Board Members, and community representatives of teachers and children. In light of Baseline Survey the key activities for the Training and Groupwork elements of the programme were clarified. Evaluation goals and methods were mapped onto key activities. A Filming Plan was prepared to document key activities.
2. Project Staff Team develop Training (Education) Materials for use in Training Stage of project.
3. Field Educators deliver Training to children, parents, teachers in working areas, delivering the following key information:
   a) What is Psychological Trauma?
   b) What are causes and consequences of Psychological Trauma?
   c) How does Psychological Trauma affect individuals, families and communities?
   d) What is this Project offering communities?

GROUPWORK PHASE

STAGE ONE

DEVELOPING 'PILOT' GROUPS, AND PREPARING ACTION PLANS

KEY ACTIVITIES:
1. Establish 6 Pilot Groups to explore community-based responses psychosocial needs of community:

KASKI
1 Child Group
1 Parent group
1 Teachers group

TANAHUN
1 Child Group
1 Parent group
1 Teachers group

2. Facilitate each group through 40 hour process exploring importance of psychosocial well-being, using 'Where There Is No Counsellor' methodology.
3. Facilitate each group to develop their own Action Plans that aim to create positive psychosocial environments within their communities. Specifically, these Action Plans should focus on the following outcomes:

Child Groups – use innovative participatory advocacy tools, like FM radio, to highlight the importance of positive psychosocial environments for children and their development as young people in formative years.

Parent Groups – use innovative participatory advocacy tools to educate other parents in their community about the importance of positive psychosocial environments within the family, and the broader community.

Teachers Groups – develop and pilot Psychosocial Educational Materials to be used within schools, and present to appropriate Education Authority in Nepal.

STAGE TWO

IMPLEMENTING ACTION PLANS AND EVALUATING IMPACT

KEY ACTIVITIES:
1. Action Plan Workshop to be held in Nepal at start of April to fine tune Action Plans and Map on evaluation goals and methods. To be facilitated by Michael Brown and Katrina Collins, supported by Team Leader, and attended by Project Team and Pilot Group participants.
2. Implement the pilot programmes, coordinating them through inter-group exchange as necessary.
3. Monitor and evaluate impact.

REVIEW AND DRAW OUT LESSONS LEARNED

KEY ACTIVITIES:
1. Review Workshop to be held in Nepal in September to review project activities and impacts, and plan a structure in which to draw out Lessons Learned.
2. Prepare 'Lessons Learned' publication and DVD.

PROMOTE LESSONS LEARNED

KEY ACTIVITIES:
1. Hold National Conference in Kathmandu to promote Lessons Learned to key stakeholders.
2. Distribute Lessons Learned publication to wider national and international audience.

REFERRAL CRITERIA

Referrals for counselling to be made by field workers based on agreed criteria. This criteria includes:

Training Phase:
Only people from working areas with conflict-related or leprosy/disability-related trauma.

Groupwork Phase:
People from working areas with conflict-related or leprosy/disability-related trauma.

Participants from Pilot Groups with broader psychological issues that may emerge during project activities.

IMPORTANT
Team Leader must communicate with NICTT to ensure that any counselling undertaken falls within the capabilities of the Team Leader as perceived by NICTT.

COUNSELLING PROGRAMME

KEY ACTIVITIES:
1. Team Leader to run a 'pilot' therapy programme using CBT methods developed by NICTT using 12 session approach.
2. Referrals for counselling to come from Field Educators during Training and Groupwork stages, using assessment criteria agreed by Project Team.
2. Appropriateness of NICTT counselling model to be assessed in Nepal context, and reflection made.

FILMING DOCUMENTATION

KEY ACTIVITIES:
1. Undertake documentary filming of all key areas of project activity, and edit for integration into 'Lessons Learned' publication.

Training Phase

From initial discussion within communities during the needs analysis stage, two things became clear to field workers:

1. Community members were able to describe feelings and behaviours in themselves consistent with psychological trauma, stress, anxiety, depression and general psychosocial 'ill health', but they did not have the 'words' to legitimise their situation. On one occasion, after a field worker's session, an elderly man said to the field worker 'you must be a fortune teller'. The field worker replied 'no, I am a health educator, so why do you say that?' The elderly man replied 'well, you have never been to our village before or met any of us before, and yet you have described all the things going on in our community'.

2. Due to a wide range of community expectations of NGO staff, the field workers needed to clarify together and be consistent in explaining exactly what this project was offering communities.

In November 2007 following workshops with the key stakeholders, the project plan was put in place and the staff team developed training materials to use in communities. The steps in this process included:

- Brainstorming key issues
- Agreeing on key issues
- Identifying ways to illustrate and explain psychological stress and trauma
- Developing a training approach
- Piloting the training manual
- Amending changes after the pilot findings

The team developed visual materials in flip chart and poster form to illustrate the key information they had agreed upon:

1. What is psychological trauma.
2. The causes of psychological trauma.
3. The symptoms of psychological trauma.
4. The effects of psychological trauma on the individual, the family and the community.
5. Responses to psychological trauma that this project is offering communities.

The materials discuss situations which can lead to psychological stress and trauma such as domestic violence, conflict, disability, abuse, bullying, suicide, natural disaster and poverty. The decision to use visual rather than written messages was taken to promote inclusiveness and take account of the issue of literacy. In this respect, all members of the community could attend the sessions which were scheduled to suit the working times of communities, school times of children and other factors such as weather and festivals.

TOP: Parent Group training in Tanahun.

MIDDLE: Child Group training in Kaski.

BOTTOM: Traditional Healer training in Tanahun.
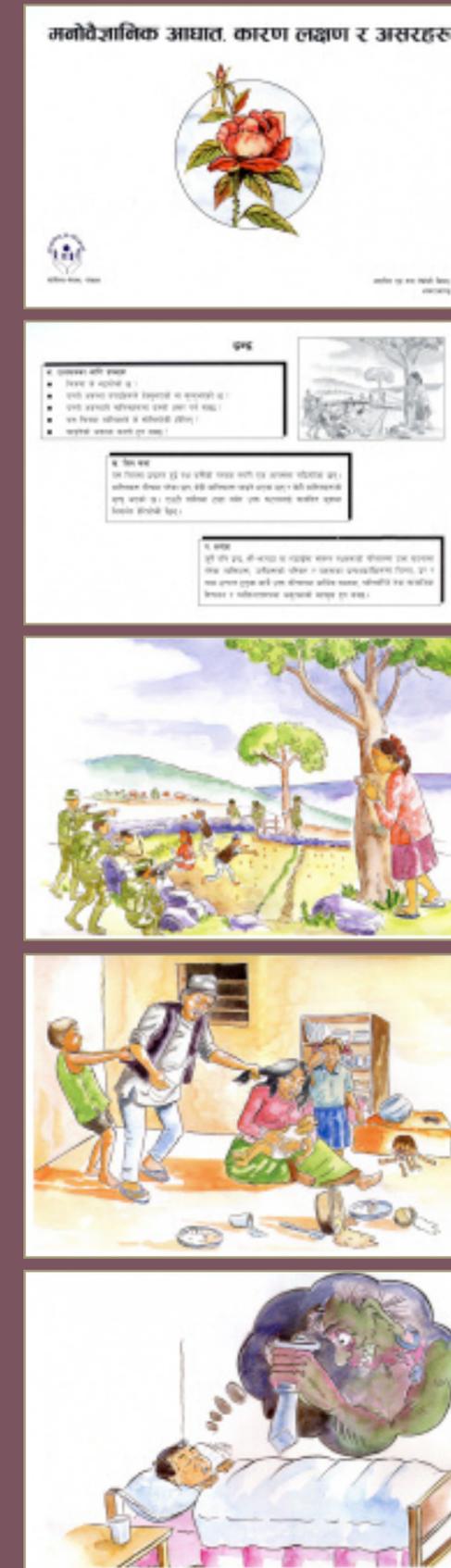
The objectives of the flip chart and the posters are to enable field staff to effectively communicate with community members the following information:

1. **What is psychological trauma.**
2. **The causes of psychological trauma.**
3. **The symptoms of psychological trauma.**
4. **The effects of psychological trauma on the individual, the family and the community.**
5. **Responses to psychological trauma that this project is offering communities.**

Groupwork Phase – Stage 1

During this part of the process six 'pilot' groups were established to explore community based responses to the psychosocial needs of communities. The six pilot groups were:

KASKI DISTRICT
1 Child Group
1 Parent group
1 Teachers group

TANAHUN DISTRICT
1 Child Group
1 Parent group
1 Teachers group

The staff team facilitated each group through a forty hour process exploring the importance of psychosocial well-being using methodologies where no counsellor is present. In the children and parents group the 'Hero Book' methodology from REPSSI in South Africa was used while the teachers groups used a methodology called 'My Desired Childhood' developed by the Kopila Nepal team. The first part of this process was self-reflective and self-exploratory about issues relating to the individual's psychosocial well-being with the goal of developing the group members' sense of empowerment, acquisition of knowledge and ability to self-reflect.

The aim of stage one of the groupwork phase in addition to developing greater self-awareness was to explore and discuss the importance of psychosocial well-being within their community and develop group cohesion and recognition of shared concerns leading to Action Plans in response to the issues identified.

The building blocks of stage one in terms of the individual and groups' development through self-reflection formed the foundation from which the impact of the action plans could be observed. The explorations and reflections of the pilot group members about themselves and their communities created the content and rationale for the action plans.

TOP TWO IMAGES: Child Group in Tanahun working on their own Hero Books, under facilitation of project field staff.

BOTTOM TWO IMAGES: Parent's Group in Tanahun working on their own Hero Books, under facilitation of project field staff.

GROUPWORK PHASE OF PROJECT

STAGE ONE

Stage One of the Groupwork Phase with pilot groups:

Aims – to facilitate participants to...
Self-reflect and develop greater self-awareness.

Explore and discuss the importance of psychosocial well-being within their community.

Develop group cohesion and recognition of common ground, or 'shared' concerns, leading to Action Plans in response.

Stage One should facilitate participants to develop the following:

SELF REFLECTION
1. Awareness of personal qualities.
2. Awareness of quality of relationships with others.
3. Awareness of the impact that I have on others (my attitudes and behaviour).

KNOWLEDGE ACQUISITION
1. Exploring the importance of psychosocial well-being in the community

EMPOWERMENT
1. Confidence
2. Motivation
3. Positive attitudes
4. Appropriate knowledge
5. Ability to manage relationships
6. Recognition of shared concerns

STAGE TWO

Throughout Stage Two the Project Staff Team must support pilot groups with training, resources, encouragement, knowledge and so on, to enable their Action Plans to be carried out.

Level of responsible citizenship depends upon quality of self-reflection

ACTION PLANS

Ability to carry out Action Plan depends upon quality of empowerment

IMPACT
Creation of positive environments in the community conducive to psychosocial well-being

Methodologies during the Groupwork Phase – Stage 1

Hero Book Methodology

The Hero Book approach leads groups of children through a series of autobiographical story telling and art exercise to find solutions to personal and social challenges they face.

Hero Books are solution focused and can be used as a psychosocial mainstreaming tool, for example in schools, as well as a focused intervention for more severely affected children. This is a group based approach and is therefore able to offer support to larger numbers of children in resource scarce settings. Hero books allow the child to decide on the challenge that he or she wants to address.

There are numerous benefits to the Hero Book approach. Hero Books:

- are told in the children's own words
- provide an opportunity for children to receive peer support
- allow for normalization of problems
- encourage sharing
- can turn shame into pride
- develop skills e.g. art, storytelling, basic counselling skills
- build self esteem
- raise awareness of self and ability to express feelings and views
- give an opportunity for the child to be a Hero to themselves and others
- give children hope that change is possible
- give children they opportunity to learn from each other's mistakes and experiences
- provide a chance to move on from the past and focus on a positive life.

REPSSI is a regional non-profit organisation working to mitigate the psychosocial impact of HIV and AIDS, poverty and conflict among children and youth in 13 countries in East and Southern Africa. REPSSI ultimately aims to ensure that all children affected by HIV and AIDS, poverty and conflict access stable, affectionate care and support to enhance psychosocial wellbeing. REPSSI exists to provide leadership, quality technical assistance and knowledge in psychosocial care and support for children and youth in communities affected by HIV and AIDS, poverty and conflict. (REPSSI website, 2008).
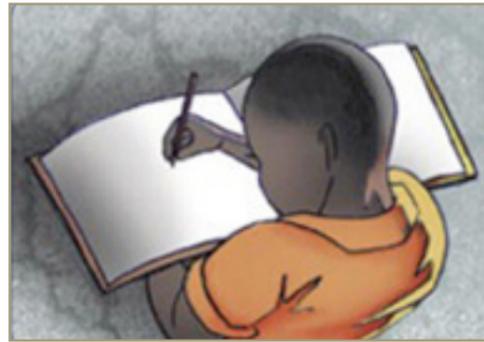
This methodology was chosen by the key stakeholders for its suitability in terms of the benefits it offers to participants. It is a visual story telling method and has an evidence base developed by REPSSI with children affected by conflict. This tool offered children and parents the opportunity to tell their stories and plan goals for the future through self-reflection. The groups looked at issues specific to themselves and to their community. This process of discovery and reflection led to the formation of the six action plans from each pilot group.

My Desired Childhood Methodology (Teacher's empowerment)

This tool was devised by the Kopila Nepal team as a method by which teachers could reflect on their time at school and help them think about the issues that affect the students they teach. A visual methodology of storytelling through art was also utilised by teachers which assisted them through a process of recalling and reflecting on their time as a student and their behaviour as a teacher.

'This book is completely based on the real life situations of teachers of primary level including the problems and challenges they had to face as a child, how they were psychologically hurt by those problems and how they tackled it. Imagining the childhood they desired will be an attempt to identify the causes, symptoms and prevention of emotional problems of children, and the responsibility of the society in including psychological trauma as a part of school curriculum' (Facilitator's Manual, Kopila Nepal, 2008).

Through the process of producing their book teachers are guided through a series of activities which encourage them to reflect on their own childhood by creating not just a story but a social biography of a teacher which will help prepare a curriculum to addresses issues relating to psychosocial well-being. It is anticipated that this in turn would necessitate pedagogic changes in schools. The activities carried out in My Desired Childhood include;

Activity 1:	Nickname
Activity 2:	Childhood
Activity 3:	My aim and helping hands
Activity 4:	Obstacles and hindrances
Activity 5:	Our expectations towards children and their current situation
Activity 6:	Who are children?
Activity 7:	Child's rights
Activity 8:	Different behaviours shown by the children from difficult family and social settings.

RIGHT: Teacher's Group in Tanahun working on their 'My Desired Childhood' books.

Groupwork Phase – Stage 2

Implementing Action Plans and Evaluating Impact

Each pilot group produced an action plan which aimed to promote information about psychosocial well-being and address issues relating to psychosocial well-being that they had identified through consultation with their communities. The action plans were developed through a series of meetings between the two child groups, two parents groups and two teachers groups, which accounts for similarities in action plan content. As a result of their own development process through the self-reflection type methodologies of the first stage of group work, detailed plans to address issues relating to psychosocial well-being and psychological trauma were devised.

The outcomes of the action plans had a particular focus for each pilot group;

Child Groups – were encouraged to use innovative participatory advocacy tools, like FM radio, to highlight the importance of positive psychosocial environments for children and their development as young people in formative years.

Parent Groups – were guided in the use of innovative participatory advocacy tools to educate other parents in their community about the importance of positive psychosocial environments within the family, and the broader community.

Teachers Groups – aimed to develop and pilot Psychosocial Educational Materials to be used within schools, and present to the appropriate Education Authority in Nepal.

A proforma for the development of action plans was devised by the groups with Kopila Nepal which provided a framework and structure to the implementation, recording and monitoring of activities outlined in the plans. The form outline is presented below:

The activities were wide ranging with some focused on specific outcome targets and others aimed at improving community spirit through song, dance or drama. The full list of all activities is presented below:

- Awareness raising about psychological trauma
- Hero Book and My Desired Childhood workshops
- Home visits in the community to people in need
- Extra classes on psychosocial well-being
- Establishing a community record of vulnerable families or families in need
- Homework mobilisation
- Referrals to Kopila Nepal for psychological trauma counselling
- Radio programme and listening groups
- After school catch up classes
- Encouraging parents to send their children to school
- Song competition
- Community drama
- Advocacy for best utilisation of VDC resources for community
- Interaction meetings between children and parents, parents and teachers, teacher and the community
- Formation of child protection committees
- Educational and playing materials provided to primary schools
- Focus on vulnerable women affected by conflict and disability
- Drawing competition
- Community publication to raise children's voices through poems, articles and drawings
- Mutual sharing between groups and other community members
- Registration of pilot groups and legal certification of their status at District Administration Office
- Theatre for development training
- Celebration of International Child Rights Day, Violence Against Women Day, HIV/Aids Day, Women's Human Rights Protection Day, Disability Day and Human Rights Day
- Literacy classes
- Medical referrals
- Sports programmes
- Village sanitation programme
- Community picnic

Dissemination of Findings - Lessons learned

The final stages of the project plan highlights the significance of drawing out lessons learned from the project process, outputs, outcomes and impacts. The dissemination strategy devised by stakeholders includes the production of a lessons learned pack, a regional and national conference and promotion on the Kopila Nepal website, and the sites of the partners.

Workshops took place in the latter stages of the project with the key stakeholders to identify and discuss lessons learned and plan for the future of the psychosocial well-being project. This resulted in the subsequent production of this lessons learned multi-media pack, organisation of the national conference and presentations to pertinent local and national government, non-governmental and international agencies with policy and strategic responsibilities for health, education and peace building in Nepal.

The Lessons Learned resource pack was presented to delegates and the media at a National Conference on Wednesday 21st January 2009 in Kathmandu. (See Appendix 2)

The following sections in this report present the evaluation approach and design used in this project, the pilot counselling programme and lessons learned in the form of individual, group and community outcomes.
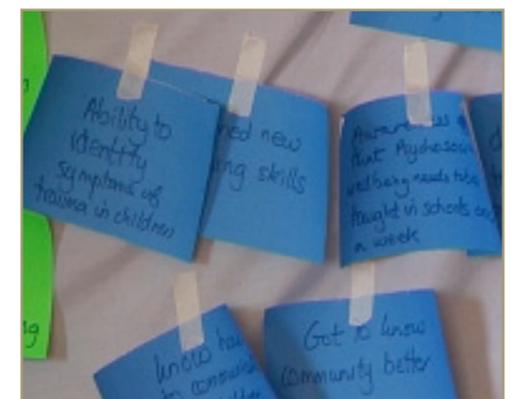
ABOVE: Lessons Learned workshop facilitated by Dr Katrina Collins and Dr Michael Brown.

ACTIVITY NUMBER	WHERE	WHEN	HOW	TARGET GROUP	RESPONSIBLE	EVALUATION INDICATORS

3 EVALUATION METHODOLOGY

Evaluation Design

Principles of an empowerment evaluation approach were incorporated into the design of the evaluation for this project. Empowerment evaluation has an unambiguous value orientation ~ it is designed to help people help themselves and improve their programs using a form of self-evaluation and reflection (Fetterman & Eiler, 2001). The principles focus on evaluation for development in a community driven programme which actively seeks to develop individuals and their community. Wandersman et al (2005) state that there are ten core principles underlying empowerment evaluations which this project has paid attention to in its evaluation of the community education and psychological treatment programme;

Principle 1:   Improvement
Principle 2:   Community ownership
Principle 3:   Inclusion
Principle 4:   Democratic participation
Principle 5:   Social justice
Principle 6:   Community knowledge
Principle 7:   Evidence based strategies
Principle 8:   Capacity building
Principle 9:   Organisational learning
Principle 10:   Accountability

The definitions of the empowerment principles are set out in the table opposite to show their connections to this project. The principles are not mutually exclusive but are overlapping and interactively reinforcing throughout the evaluation design across the different stages of the project. Each step in the process, even at an early stage, builds on the next step. In addition, each step plants the seeds for the next step.

The empowerment evaluator acts as a 'coach' to ensure communities and staff are assisted in the tools they use to evaluate their activities and interpret their findings. They also have a responsibility to the organisation and its prospective learning to ensure that processes are simple, transparent and trustworthy (Fetterman & Eiler, 2001). The empowerment evaluator has dual roles of providing valuable information and advice to programs while being accountable

to funders and stakeholders about outcomes. In this respect the evaluation design of this project was multi-layered to assist in the achievement of these expectations. The stakeholder and staff evaluation design existed alongside an external evaluation of the organisational processes by the evaluator. The latter involved three on-site visits lasting one week at a time and feedback through email on a continuous basis.

> 'Empowerment evaluators help organisations develop both the climate and structures for generating reflective practitioners. They also help communities focus on systemic issues and systems thinking rather than short terms solutions and quick fixes'
> (Fetterman, 2005).

Evaluation Tools

A number of quantitative and qualitative methods were incorporated into the evaluation of the project. These were developed by the project team and participants from the pilot groups in collaboration with the evaluator. At each stage of the project methods were devised in response to the programme activities and collected by the project team and the participants.

The Diary Method

The project team completed a field diary on a daily basis which acted as both a self-evaluation method for their personal and professional development and as a record to document the project and evaluation processes. The written method was complemented by a photographic journaling of processes and events. Each field worker took photographs to supplement their narrative account of the project's development.

As a self-evaluation method it is perceived within empowerment evaluation designs as the highest form of evaluation capacity (Keener et al, 2005). The project team's self-evaluation process was supported by the development of community

EMPOWERMENT PRINCIPLE	DEFINITION	PROJECT LINK
IMPROVEMENT	Values improvement in people, programs, organisations and communities	Objective to improve the psychosocial well-being of communities through the community education and treatment programme
COMMUNITY OWNERSHIP	The key stakeholders and project staff with the assistance of the evaluator conduct the evaluation and put the findings to use	Development and delivery of the action plans and related evaluations
INCLUSION	Key stakeholders and project staff involved in planning and decision making	Involvement of key stakeholders and project staff involved at all stages of the project
DEMOCRATIC PARTICIPATION	Critical to stakeholder buy in and emphasizes authentic collaboration to maximise skills and knowledge of the community	Continuous involvement of and consultation with stakeholders throughout the project cycle
SOCIAL JUSTICE	Helping people to use evaluation to improve their programs so that social conditions and communities are positively impacted in the process	Delivery of educational materials on the sign, symptoms and consequences of psychological trauma, participation on the Hero Book and My Desired Childhood process and development of action plans and subsequent activities
COMMUNITY KNOWLEDGE	Community based knowledge and wisdom are valued and promoted	The design, development and delivery of community action plans in response to identified psychosocial issues in the community
EVIDENCE-BASED STRATEGIES	Assisting stakeholder to combine evidence based knowledge and the community's knowledge of context and participants when planning and implementing interventions	The Hero Book Methodology NICTT model of treatment of trauma
CAPACITY BUILDING	Individual changes in thinking and behaviour and program or organisational changes in procedures that result from learning during the evaluation process	Individual and group capacity built during the group work phase using the Hero Book and My Desired Childhood methodology to create changes in their thinking and behaviour that led to collective action in action planning activities
ORGANISATIONAL LEARNING	The process of acquiring, applying and mastering new tools and methods to improve processes	Learning about and incorporating the NICTT model of treatment of trauma in communities, developing staff skills and capacity to produce educational materials and evaluation skill development for self-reflection and programme success
ACCOUNTABILITY	The collection of process evaluation information from stakeholder and staff. A description and assessment of program processes enables staff and participants to create a chain of reasoning for decisions taken and outcomes achieved	The use of process oriented methods such as field diaries for staff and beneficiary assessment for community members

ownership over the evaluation process, particularly from the action plan stage onwards. The diaries provide a glimpse into practice and evaluation practices which act as reflective narratives or essays grounded in observations and experiences of the narrator, in this case the field worker (Cousins, 2005). In this design there are multiple authors working in different areas which enriches the narrative further.

Although the self-evaluation process was initiated at the training stage of the project it could be considered as less like an empowerment evaluation than the latter stages as the community were not involved in organising or delivering the evaluation. This was a result of the deliberate planning of the project processes whereby it was necessary to carry out awareness raising activities as a foundation to capacity building, increasing community knowledge and encourage community buy-in.

Although not considered as a direct evaluation tool but more of a central feedback mechanism for accountability, two meetings per month encouraged the development of internal accountability. Staff and management took time together for lengthy discussions and reflections which examined decision-making actions, activities during the last two weeks, challenges encountered, support, information and skills required to maintain commitment to their post.

Evaluation Rating Scales

These represented the most quantitative method in the evaluation design. They were short and straightforward to use, program focused and adapted by the community when carrying out evaluation during the action plan stage. Project staff were trained in how to use the rating scales but devised visual rating methods themselves to record community responses to the questions. This skill was then passed to pilot group members who used the rating scales alongside more qualitative methods to assess the effectiveness of their activities in the community. A basic 10 point rating scale was adopted for its simplicity of use and for further use by community members in conducting their own evaluations.

Photographs and Film

Both media were incorporated into the evaluation to provide visual documentation of the processes through photographs and film. The capacity of the project team was developed through training in the use of film recording and its utility as a tool for organisational learning. For example, in preparation for delivering training role plays were recorded and played back to field staff who could scrutinise their performance and make improvement or changes where necessary. Film also assisted in the development of the pilot counselling programme. During the Team Leader's training at NICTT in Northern Ireland, her practice counselling sessions were filmed, enabling the Centre staff to observe her working methods, and to give constructive feedback. To document the key activities throughout the overall project implementation in Nepal, the Team prepared a 'filming plan' together. A film cameraman was hired to become part of the project team, and the filming of key activities was integrated into the project, and not seen as an 'add-on'.

ABOVE: A Project cameraman was appointed to film the key activities throughout the two years.

Pilot Group's Record Book

Each of the six pilot groups maintained a record of their work, the activities, the outcomes, the impacts and the descriptions of what was done, who took part and where it happened. This served as an observational group record and allowed group members to reflect on their work and plan for future activities. This could also be seen as a feedback mechanism for accountability within the group to assess whether the goals initially set out by the group in their action plans were being achieved and objectives

followed. This is a rich data source of collective observations about outcomes and impact of their work and the development of their capacities as active citizens.

Interviews

This was a method most utilised by the evaluator as a way to assess the development of the project by interviewing project staff and key stakeholders during each of the three site visits to Nepal. These were in-depth semi structured interviews to collect evaluation information on the inputs, processes, outputs, outcomes and impacts at each stage of the project cycle. The interviews also served to guide the evaluator's role in providing advice, technical support and guidance on evaluation aspects of the project through information gathered and assessed in the interviews. During the project, field workers and pilot group members used interview techniques to carry out evaluations of action plan activities. Interviews were a necessary part of one of the activities in the action plans and interview training was given to young people who produced radio programmes on psychosocial well-being by a journalist and owner of the host radio station.

Focus Groups and Community Meetings

In addition to the interview method, the evaluator used focus groups with staff members and key stakeholders to follow the progress and development of the project. These collective meetings gave rise to discussions around the observations from project staff and key stakeholders, project decision making, skills and training required to fulfill their roles and the challenges they faced. As before, the focus groups provided the evaluator with detailed accounts about the processes underpinning the development and maintenance of the project. Analysis of the information gathered enabled the evaluator to highlight the needs of the project in evaluation terms and offer assistance and guidance where necessary. Feedback mechanisms during non site visits between the project team and evaluator helped maintain a focus on accountability, to the funder, to the organisation and to the community.

Radio Listening Groups

As part of the action plan activities designed by the child pilot groups producing radio programmes to address issues related to psychosocial well-being, listening groups in the community were formed as part of their evaluation strategy. These groups were given radios by the project team if required and asked to listen to the radio show and provide audience feedback to the children's group about the content and relevance of the show. Both the initiation of radio programmes by the young people and their evaluation method embraced the participatory media aspect of this project. The radio show and the evaluation method developed the individual capacity and empowerment of the group members and gave the listening groups a voice on issues affecting their community.

ABOVE: Radio listening groups.

Sample

The action plans were delivered across fourteen VDCs in the two districts of Kaski and Tanahun to all members of the community.

4 DEVELOPING SKILLS AND COMPETENCE IN PSYCHO-EDUCATION INTERVENTIONS: The Role of NICTT

The Northern Ireland Centre for Trauma & Transformation

The NICTT is a registered UK charity (NGO) based in the town of Omagh, in the south-western part of Northern Ireland. It was established in 2002 to build upon the therapeutic developments and research achieved by the mental health practitioners who had developed the mental health and trauma related response to the bombing in Omagh in August 1998. The bombing resulted in the largest loss of life in a single incident in the recent period of civil conflict in Ireland (29 killed plus two unborn children), with over 400 injured and thousands exposed to traumatic experiences.

The NICTT team developed a specialist trauma focussed cognitive therapy service for people affected by the Omagh bombing and others who were suffering psychological and mental health problems as a result of the civil conflict. Such needs included post traumatic stress disorder (PTSD), depression and other anxiety disorders, and alcohol or drug dependency. The Centre has a commitment to evaluation and research with a view to improving services and practice, and supporting policy.

The Centre also completed a number of significant pieces of research including a randomised controlled trial of its treatment approach (Duffy et al, 2007) and the first population based investigation (i.e. an epidemiological study) of the trauma related needs of the adult population of Northern Ireland (Ferry et al, 2008). This study revealed that the civil violence in Northern Ireland accounted for half of the traumatic experiences reported by adults, that PTSD levels were high, that there was a strong association between PTSD and having other mental health problem, and likewise with having one or more chronic physical health conditions. The findings revealed that people with PTSD were much more likely to have been unable to undertake

daily living functions (including work) and of those who met the criteria for PTSD, only one in six got what they considered to be effective help for their trauma and mental health problems.

The Centre has developed a range of accredited and non-accredited training programmes in cognitive therapy and trauma treatment. This includes the Centre's Certificate in Cognitive Therapy Methods, more of which follows.

As part of its mission, the Centre has worked in developing world contexts, particularly where there has been civil conflict, aiming to share its learning and skills with other practitioners and communities. NICTT staff have worked in Sarajevo, Bosnia and in Sri Lanka. This work has had a direct impact on the Centre's training and treatment approaches.

Through involvement with the Nepal project, the NICTT contributed in a number of ways to train and support staff. These are summarised below.

Kopila Nepal's Team Leader training in Northern Ireland

In February to June 2007, Koplia Nepal's team leader had a placement with NICTT during which she completed the Certificate Course in Cognitive Therapy Methods. She also had several visits to other Centres and services dealing with the consequences of the civil conflict in Northern Ireland, and other social concerns such as domestic violence.

The Certificate course was developed by NICTT to enhance the practice of mental health and other practitioners, by equipping them with knowledge of, and skills in cognitive therapy principles and methods. It was not intended to qualify students as cognitive therapists, but to enhance the existing practice of counsellors etc.

The Course is accredited by Edexcel, one of the UK's leading providers of internationally recognised accreditation. It is accredited as a Level 4 BTEC Professional Certificate, i.e. it is a level 4 qualification on the UK's National Qualification Framework. The Certificate is delivered over 18 days and is a 120-hour qualification comprised of 5 core Units of between 16.5 and 33.5 hours each. To complete the Certificate, the learner must successfully complete all 5 Units (at 'Pass' level).

The Units are:

UNIT	TITLE	HOURS	APPROXIMATE DAYS
Unit 1	Cognitive therapy principles and basic formulation	20	3
Unit 2	Structure and homework in cognitive therapy	16.5	2.5
Unit 3	The therapeutic relationship in cognitive therapy	30	4.5
Unit 4	Key cognitive therapy methods	20	3
Unit 5	Cognitive therapy methods for depression and anxiety disorders	33.5	5

The course draws upon the work of Padesky & Mooney who developed what is known as 'the five part model of Cognitive Behaviour Therapy' (Padesky and Mooney; 1990). The model is reproduced on page 20. The approach developed by Padesky and Mooney understands the needs of individuals under 5 key themes, their environment (including relationships), their thoughts, mood or emotions, their behaviour and their physical (i.e. bodily) reactions. Key to understanding behaviour and emotions, and often bodily reactions, is the understanding of the thoughts that people have about the events that make them sad, frightened, angry, withdrawn, have headaches etc. Such thoughts, though understandable, can be an inaccurate and unrealistic assessment of a situation and part of the therapeutic task is to help people to recognise the part played by such thoughts, and through therapeutic support to assess their accuracy and replace them with more realistic and balanced thoughts. These new thoughts then have an impact on feelings, behaviours and bodily reactions.
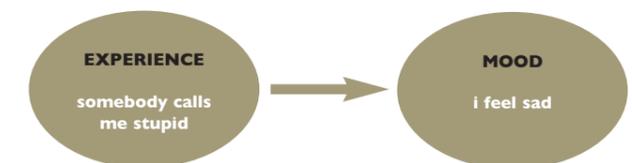
Based on the above analysis there are only two ways of addressing the problem, i.e. by addressing the behaviour of the person who called the client 'stupid' or helping the client cope with feelings of sadness.

By introducing the role of the thoughts the client has in this situation, we open up another point of intervention, which, importantly, has real potential for change and which avoids the problems of changing and addressing other people's behaviour and beliefs, or having to learn to live with feelings of sadness.

EXPERIENCE
somebody calls me stupid

→

THOUGHTS
i am stupid

→

MOOD
i feel sad
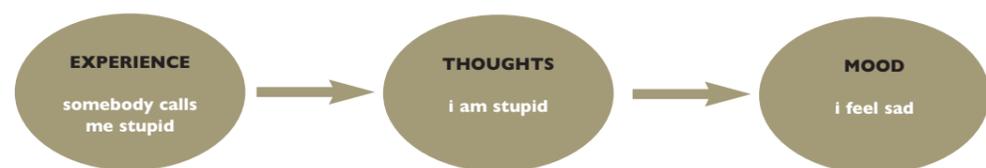
The goal here is to reassess a thought that 'I am stupid', into a more balanced thought, for example, 'whilst he might think I am stupid, I know I am a very good mother and worker', or 'he was angry when he said that and did not fully understand what I was trying to do'. The changes in such thoughts are achieved by considering all relevant evidence about the situation and correcting 'black and white' thinking.

This simplified example illustrates the approach which is taught in the Certificate Course and which the team leader was trained in. The Course also included a lot of methods and skills work for engaging and working effectively with people.

FIVE-PART MODEL (Padesky and Mooney, 1990)

ENVIRONMENT

Thoughts

Physical Reaction

Mood

Behaviour

Preliminary Workshop and Training in Pokhara

Following the completion of the Certificate course the team leader returned to Nepal in June 2007 and with the Director of the NICTT provided a 3-day workshop for Kopila Nepal staff and board members, and District officials and representatives of local stakeholder partner NGO's.

This workshop involved some teaching from the NICTT Director on the Centre's work in understanding the traumatic consequences of violence and recent progress on developing therapeutic services for people suffering trauma related problems, including the treatment approach used by NICTT. The team leader provided an overview of the 5-part model approach. The workshop drew upon the experience and advice of participants to help consider how best to develop and provide a psycho-education programme for local people, taking account of what had been learnt in the workshop, knowledge of local needs, resources and difficulties and the hopes of participants for local people. The participants also provided a detailed evaluation of the workshop in which they identified areas for development and further training needs.

The Needs Assessment

A needs assessment in the form of a survey to children, parents and teachers in the districts of Kaski and Tanahun was devised by NICTT with Kopila Nepal and administered between July and October 2007.

The purpose of the needs assessment was to establish the range of issues that impacted on the lives of children and families in the two Districts in which Koplia Nepal operates and to see where the violence and the impact of leprosy register in relation to other social factors. The approach used was to assess the views of teachers, parents and children with specific regard to education and schooling. This triangulation approach had the advantage of more accurately pinpointing the key issues (in that the views of three distinct groups of actors were being sought) and to see how the three groups viewed the issues covered in the project. Ultimately the intention was to enable the project to more sharply focus on the most relevant issues.

This part of the project was not intended to form part of the empowerment evaluation strategy that was applied to the overall project and its actions. It did however enable an exploration of the needs of the target communities by using education and schooling as a barometer of concerns within communities. In addition, it helped prioritise issues communities were facing and acted as an initial point of engagement with the target communities who were presented with the general purpose of the project.

Questions were asked about reasons behind poor school attendance, experience of conflict, experiences of social issues or problems and factors impacting on educational achievement. For example in the diagram shown, when asked if there is any experience in the family of the following social issues, disability and domestic violence have the largest response rates. Conflict and leprosy have the lowest response rate. Experience in Northern Ireland seems to suggest that when the violence has come to an end and is seen to pose no longer a threat, then everyday concerns assume a place of prominence in the minds of people. And as we have already noted, even whilst violence is continuing and its impact and threat is a concern for people, the psychological process of making what is abnormal, normal, means that seemingly and relevantly insignificant issues that frustrate people in the quality of everyday life (e.g. housing, debt etc.) can take precedence (Bolton, 2007). In measurement terms it is also possible that leprosy has been considered under the heading of disability and therefore does not give an accurate reflection of experiences.

Parents response to 'Do you have any experience in your family or relatives of the following?'

Disability 45%
Domestic violence 28%
Social discrimination 14%
Others 9%
Conflict violence 2%
Leprosy 2%
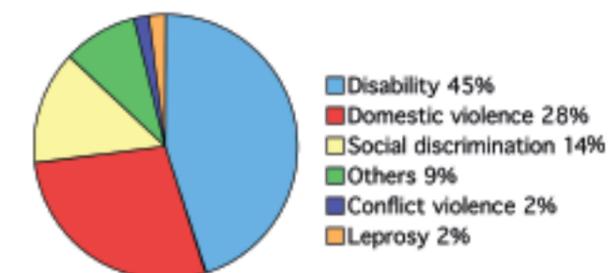
Teachers response to 'How many children in your class have been affected directly, or within their family, by the following?'

Social discrimination 62%
Conflict violence 28%
Others 9%
Leprosy 1%
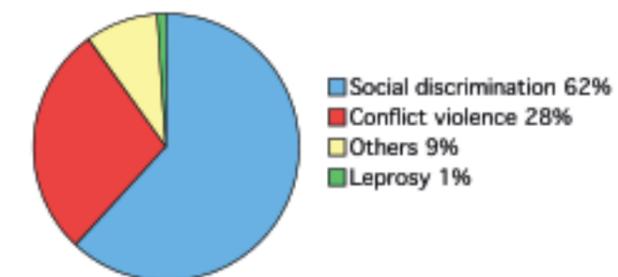
These diagrams were selected to give a flavour of the findings from the needs assessment. The full report is presented in Appendix 3. The first chart refers to parents' experiences of stress and trauma in their family. As shown, disability and domestic violence are reported as the most occurring stress or traumatic event. The low rate

of conflict related experiences may be explained in part by a reluctance of parents to openly discuss these with strangers in their community. As the project progressed and trust was developed between field workers and community members discussions around conflict and related experiences were more forthcoming and open.

The second chart in comparison shows a higher reporting of conflict experiences in the community as perceived by teachers. This may possibly be explained by a greater level of access to information that enables them to be more informed about their perceptions around conflict, stress and trauma.

The findings from this study suggest that social concerns associated with parenting, poverty, caste, relationships, opportunities and gender were being signalled as much more significant in the lives of children and families than the legacy of the civil conflict and leprosy. The latter remain smaller but all the same significant issues. In the context of the presence of a large number of indigenous and international NGO's working on the core concerns of local people, there is still a place for a focus on those problems associated with leprosy not least because it is rapidly being replaced by HIV/AIDS as a taboo illness. The lessons from leprosy are having to be learned all over again. Kopila Nepal has also identified the legacy of the conflict as a specific area for attention and this seems appropriate in the light of the evidence from the study as it is a substantive issue, and as is known from the Northern Ireland experience, one with enduring mental health and social consequences. Also, by developing experience and associated skill and knowledge around conflict related trauma, new services for those affected by other traumatic events such as gender and domestic violence, other forms of abuse and social violence can be developed (Bolton & Collins, 2007).

Kopila Nepal's team leader obtained the support of the NICTT Director in developing the questionnaires which were used in the study and provided an analysis of the findings including a comparison with the experience of Northern Ireland.

Continuous Support and Supervison from NICTT

As the team leader was developing the counselling and referral programme, she was provided with support and supervision of her practice by senior training staff from the NICTT. This was done by telephone and email from the Centre in Omagh.

This was considered to be important in that students completing the Certificate course are expected to meet with problems and difficulties which they will need support with, as part of on-going learning and skills development.

ABOVE: David Bolton, Director of the NICTT, running psychological trauma training workshop in Nepal.

NICTT's Field Visit to Kopila Nepal

The purpose of the NICTT field visit was to:

1. Provide training for field workers
2. Provide on-site supervision and further training for the Team Leader in her counselling practice.

During the development of the project field workers identified a need for training in basic counselling skills, specifically how to respond in situations when community members approached them for help or advice. In October 2008 a senior therapist-trainer from NICTT went to Kopila Nepal where he spent a week with Kopila Nepal staff. He provided a 4-day training workshop for the field workers on how to recognise psychological needs, how best to respond and how to be most helpful to those presenting with needs. This training covered the following areas:

- Discussion on psychological well-being programmes in Ireland
- Differentiating between trauma and stress
- Process of counselling for psychological trauma / how we can help people come out of problems after trauma
- How can one single incident cause many different problems?
- The time and structure of sessions
- The therapeutic relationship
- The counselling skills
- Informational questions
- Empathic listening
- Summarising
- Synthesising/analyzing questions

The NICTT therapist-trainer also provided supervision for the team leader which included being present with her as she provided counselling for two clients.

This proved to be a valuable part of the programme and it demonstrated that training at an earlier stage for the field workers would also have been helpful. The visit also revealed that the team leader was applying faithfully what she had learned in Omagh whilst undertaking the Certificate course, and had clearly been developing her experiencce and practice.

ABOVE: Brendan Armstrong, from NICTT, providing training to field staff during his trip to Nepal.

THE DEVELOPMENT OF A STEPPED APPROACH TO PSYCHO-EDUCATION AND COUNSELLING

Rationale

From the early stages, this project recognised that a community-based psychological education and treatment programme needed to focus on building the capacity of communities to create their own environments conducive to 'good' psycho-social wellbeing. The education and groupwork activities described in this report illustrate the approach taken. In addition, Kopila Nepal saw the need to develop a 'pilot' trauma focussed counselling service. There were two main reasons for this. Firstly, the project team appreciated that the psycho-social education and groupwork activities within communities could allow people to inwardly recognise and/or outwardly discuss traumatic events in their lives for the first time. It was felt to be very important to have the option of individual counselling should it prove necessary. Secondly, the team recognised that even within supportive environments, traumatic events still occur, and that counselling is sometimes very valuable in helping people recover. The piloting of an evidence-based counselling approach would allow the team to explore this method of supporting people identified as having very significant mental health or psychological problems, for whom counselling was felt to be useful.

Background to the Pilot Counselling Programme

The NICTT offered an evidence based approach to treating trauma related psychosocial problems. The interaction between the NI Centre for Trauma and Transformation, and Kopila Nepal, led to a very significant clarity of understanding in a Community-Based Psychological Education and Treatment Project approach. The learning has centred upon the way that people can recover from trauma, and on the possibility and hope that they can do so. Analysis of research undertaken by NICTT suggests that, as a 'rule of thumb', if a group of

people is directly exposed to a traumatic event, then one third will suffer no short or medium term problems, one third will suffer short term reactions but will be able to recover by themselves in their own time, and one third will suffer longer term psychological trauma related disorders and may need specialist therapy to recover. These proportions vary depending upon the types of traumatic experience, personal circumstances and post trauma circumstances. The risk of developing problems initially and over the longer term can be improved if the local community conditions, in which people who have had traumatic experiences are living, are favourable in key ways. Favourable conditions include the psychological reactions that a person suffers being understood, acknowledged and accepted by family members and friends (so the person's reactions and problems are seen by others as a natural and understandable result of a traumatic experience), and making allowances and altering expectations of people suffering from trauma (in families, in schools etc.). (Obviously, it is not helpful to view destructive and extremely unhelpful reactions in such ways.) Other problems the person might have, either from before the traumatic experience, or as a consequence, can also impact on a person's recovery. For example, a physical illness, or debt may be causing major problems or worry for a person who is struggling with the psychological distress of a traumatic experience. It can be helpful if such additional problems are recognised, their role in making recovery more difficult is understood and if steps can be taken to ease or resolve such problems.

Therefore, if a community is able to create optimum conditions, then the number of people able to recover on their own should be greatly increased. This, in turn, reduces the number of people who may need specialist counselling to recover. In any country, but especially in rural Western Nepal, priority must be given to increasing self-recovery within the community, and reducing the number of people who need specialist therapy. Specialist therapy requires highly trained therapists (which are not available

in Nepal and many other similar countries); it is very expensive and the cost/benefit ratio very high; it usually requires external intervention and therefore leaves people/communities dependent upon external support.

A major learning was the absolute importance of putting emphasis and resources into supporting communities to create their own optimum environments for the self-recovery of their own residents. Therefore, the empowering of parents, children, teachers, local community leaders and the like to create such environments was the primary concern of this Project. It is then that scarce resources, in counselling for example, can be targeted at those in greatest need. The testing of specific counselling interventions was pursued as a pilot by the Kopila Nepal Team Leader, under guidance from NICTT.

Design of the Pilot

Key Activities:
1. Team leader to develop 'pilot counselling intervention' using methods drawn from and supported by NICTT
2. Referrals for counselling to come from Field Educators during Training and Groupwork stages, using assessment criteria agreed by Project Team.
3. Appropriateness of NICTT counselling approaches to be assessed in Nepal context, and reflections made.

Referral Criteria
Working within the referral criteria presented below a referral system was established within the team. At the twice monthly meetings field workers presented referrals to the team with the team leader present. Following the referral criteria clients were selected for an assessment visit which would include the team leader and the field worker known to the community.

A total of seventy referrals were made during this time and brought to the meetings. It was more often than not that parents group members made referrals to the field worker about someone they were concerned about in their village. Twenty referrals did not meet the criteria and eight were followed up and included in the pilot counselling programme. There are currently seventy five referrals on the waiting list to see the team leader at Kopila Nepal, identified during the process of the project.

There were recurrent issues identified by communities and presented at team meetings. These are also reflected in the issues being addressed in the pilot counselling programme. These were:

- Domestic violence
- Sexual abuse
- Disability/chronic illness/HIV/AIDS
- Conflict
- Bullying
- Oppressive cultural practices
- Extreme poverty

The Sessions

The eight clients who were involved in the pilot programme were equally represented from the Kaski and Tanahun areas and aged between 11 and 45 years of age. Seven were female and one was male. Five cases were conflict related, one was on the issue of domestic violence and two concerned incidences of sexual abuse. The sessions could last between three to four hours with usually the whole day taken up because of travel to the client both on foot and in a vehicle where it was possible. In this respect, the case load was affected by time given to travel which limited in part the case numbers to eight for the purposes of the pilot. The timing of sessions was planned around the client depending on when was most suitable for them and the team leader accommodated that.

Structure of the sessions were as follows, following the NICTT model:

- Rapport building informal talking about himself, his family
- Review of the previous session
- Homework check
- Goal set for the day

- Start the main session
- Give the new homework
- Summarize and end the session

Regarding the Home work, it depended on the psychological problem of the client, their level of understanding and their family/social environment as to what the homework content would be. The homework might have included essay writing, filling in a daily activity schedule and personal hygiene activities. In later sessions homework may have involved helping in the family home with household activities or engaging with children's homework if relevant.

Case Studies

The following charts summarise the progress made by clients who worked with the Koplia Nepal counsellor on the trauma related needs for which they had been referred. The scores used are the client's own indication (out of 100) of the strength of their feelings with reference to the needs and concerns they identified in the initial sessions.

ABOVE: Bina Silwal, Team Leader, in counselling sessions in the field, and at Kopila Nepal's centre.

CLIENT 1 - 35 YEAR OLD MALE				
As he was severely traumatised it was not possible to record scoring in the first three sessions. He had already started using medicine but due to financial problems he discontinued it. After having some interaction with him we came to know that he had lost all his memory and cannot concentrate on anything for more than 2 minutes. I suggested to his wife to use medicine regularly and I also assured that Kopila-Nepal can help for the medicine and provide counselling together. After three sessions we started to record the scoring sheet, which is as follows.				

Fourth Session

Beginning of Session		End of Session		Remarks
Thoughts	Score	Thoughts	Score	
I can't do any thing	99	I can't do anything	90	He just wanted to sleep, walk and talk about stars, trees, heaven and birds
I can't sit for long time in one place	100	I can't sit for long time in one place	96	He was walking here and there during the discussion

Fifth Session

I can't do any thing	80	I can't do any thing	70	According to his wife he helped cooking once and helped the younger son for his study twice
I can't sit for long time in one place	90	I can't sit for long time in one place	82	Within the 65 minutes session he walked four times

Sixth Session

I can't do any thing	60	I can't do any thing	45	According to his daughter he started to help for household and small work in the garden as well
I can't sit for long time in one place	75	I can't sit for long time in one place	63	Within the 60 minutes session he walked three times

Seventh Session

I can't do any thing	30	I can't do any thing	15	According to his wife she is very happy with his improvement. He is helping in all household work. He made a plan to keep goat as income generation activity and requested Kopila-Nepal to buy the goat
I can't sit for long time in one place	50	I can't sit for long time in one place	35	He was more concentrated in having discussion with me and was able to realise changes. Kopila-Nepal helped to buy two goats for income generation
I can't do any hard work	95	I can't do any hard work	85	He said that though he was able to help his wife for household work he could not do any hard work

Eight Session

I can't do any thing	10	I can't do any thing	0	He himself said that he helped in cooking, collecting grass, fetching water, helping children on their study, leaving the youngest son in the school etc
I can't sit for long time in one place	30	I can't sit for long time in one place	15	He gave full attention to the discussion
I can't do any hard work	95	I can't do any hard work	85	He said that though he is able to help his wife for household work he can't do any hard work

Ninth Session

I can't sit for long time in one place	10	I can't sit for long time in one place	0	Within 60 minutes session he walked three times
I can't do any hard work	95	I can't do any hard work	85	He said that though he was able to help his wife in household work he can't do any hard work
I can't correctly remember any past experience	98	I can't correctly remember any past experience	92	For him it was hard to believe that he could regain his memory power

CLIENT 2 - 43 YEAR OLD FEMALE

While I started asking questions for initial information collection, she started to cry and for more than 2 hours she was crying continuously. After two hours she looked at me and asked to come next week. Even in the next week she was in same condition. When I started asking questions her tears came out. I was hardly able to get the detailed information about the causes of her problems. I did not think that it would be good to start the main session and made plans to meet two weeks later.

Third Session

Beginning of Session		End of Session		Remarks
Thoughts	Score	Thoughts	Score	
I can't solve hand to mouth problem of my children	95	I can't solve hand to mouth problem of my children	90	According to her Kopila-Nepal's staff were the first visitors to her family after her husband's death
No one is helpful for me	99	No one is helpful for me	95	Though her husband was killed by bomb blast (conflict) she has not got any moral or financial support from anywhere
Every body hates me and my children	100	Every body hates me and my children	90	

Fourth Session

I can't solve hand to mouth problem of my children	80	I can't solve hand to mouth problem of my children	70	She said that because of Kopila-Nepal's staff's frequent visit to her family, community people seem positive towards her and her children.
No one is helpful for me	90	No one is helpful for me	82	
Every body hates me and my children	80	Every body hates me and my children	75	

Fifth Session

I can't solve hand to mouth problem of my children	55	I can't solve hand to mouth problem of my children	40	She asked for income generation support. She said that if Kopila-Nepal or any other organisation would help to buy some goats she could make some income.
No one is helpful for me	65	No one is helpful for me	45	
Every body hates me and my children	60	Every body hates me and my children	40	

Sixth Session

I can't solve hand to mouth problem of my children	30	I can't solve hand to mouth problem of my children	25	In addition to counselling, she bought 2 goats and constructed a goat shade with the financial support by Kopila-Nepal. Her youngest daughter was referred to a children's home for her study and the other three got educational support from Kopila-Nepal
No one is helpful for me	40	No one is helpful for me	30	
Every body hates me and my children	35	Every body hates me and my children	25	

Seventh Session

I can't solve hand to mouth problem of my children	20	I can't solve hand to mouth problem of my children	10	Still she was worried about if she got sick or some thing wrong happened to her, she might not be able to support her children
No one is helpful for me	20	No one is helpful for me	15	She has become a member of the child protection committee of her village. Kopila Nepal helped to form the committee, trained the members about child rights and role of the committee to protect the children in their village
Every body hates me and my children	15	Every body hates me and my children	5	

CLIENT 3 - 11 YEAR OLD FEMALE

She was too shy and always hiding her head during the conversation. She used to speak very thinly and looked fearful during the session. Her mother helped me to gather the detailed information about her. I felt challenged to continue the session with her. In the second session I gave lots of colour pens, note pads and asked her to draw or write whatever she liked to do. She drew colourful clothes and explained them as uniforms of Nepal army. Her father used to wear those types of clothes, which made her scared. She also said that she was very much scared of her father.

Third Session

Beginning of Session		End of Session		Remarks
Thoughts	Score	Thoughts	Score	
My father scolds me	95	My father scolds me	90	
My father always wears Army dress which makes me nervous (Scared)	98	My father always wears Army dress which makes me nervous (Scared)	98	
I can't speak with the new people and in a big group	90	I can't speak with the new people and in a big group	75	
Bomb can explode in the night time	90	Bomb can explode in the night time	75	

Fifth Session

Thoughts	Score	Thoughts	Score	Remarks
My father scolds me	40	My father scolds me	30	
I can't speak with the new people and in a big group	50	No one is helpful for me	35	
Bomb can explode in the night time	55	Every body hates me and my children	20	
I can't do good in my study	40		30	

Sixth Session

Thoughts	Score	Thoughts	Score	Remarks
My father scolds me	15	My father scolds me	10	
I can't speak with the new people and in a big group	30	I can't speak with the new people and in a big group	20	
Bomb can explode in the night time	20	Bomb can explode in the night time	10	
I can't do good in my study	20	I can't do good in my study	10	

CLIENT 4 - 30 YEAR OLD FEMALE				

First Session

Beginning of Session		End of Session		Remarks
Thoughts	Score	Thoughts	Score	
If my husband is abducted, my children will be in trouble (worried)	85	If my husband is abducted, my children will be in trouble (worried)	80	
If something happens to my husband I can't help to my children for their education (worried)	90	If something happens to my husband I can't help to my children for their education (worried)	75	
I might not get chance to be with my husband for long (fear)	85	I might not get chance to be with my husband for long (fear)	65	

Second Session

Thoughts	Score	Thoughts	Score	Remarks
If my husband is abducted, my children will be in trouble (worried)	60	If my husband is abducted, my children will be in trouble (worried)	40	
If something happens to my husband I can't help to my children for their education (worried)	50	If something happens to my husband I can't help to my children for their education (worried)	35	
I might not get chance to be with my husband for long (fear)	50	I might not get chance to be with my husband for long (fear)	35	

Third Session

Thoughts	Score	Thoughts	Score	Remarks
If my husband is abducted, my children will be in trouble (worried)	30	My father scolds me	10	
If something happens to my husband I can't help to my children for their education (worried)	20	I can't speak with the new people and in a big group	10	
I might not get chance to be with my husband for long (fear)	25	Bomb can explode in the night time	10	

CLIENT 5 - 36 YEAR OLD FEMALE				

First Session

Beginning of Session		End of Session		Remarks
Thoughts	Score	Thoughts	Score	
My husband and sons could be killed at any time	95	My husband and sons could be killed at any time	90	
I can't control myself (crying)	90	I can't control myself (crying)	80	
New people could be Maoist (fear	95	New people could be Maoist (fear	85	

Second Session				
My husband and sons could be killed at any time (Scare)	60	My husband and sons could be killed at any time (Scare)	40	
I can't control myself (crying)	50	I can't control myself (crying)	35	
New people could be Maoist (fear)	50	New people could be Maoist (fear)	35	
Third Session				
My husband and sons could be killed at any time (Scare)	40	My husband and sons could be killed at any time (Scare)	30	
I can't control myself (crying)	25	I can't control myself (crying)	15	
New people could be Maoist (fear)	40	New people could be Maoist (fear)	25	
Fourth Session				
My husband and sons could be killed at any time (Scare)	15	My husband and sons could be killed at any time (Scare)	5	
I can't control myself (crying)	10	I can't control myself (crying)	0	
New people could be Maoist (fear)	20	New people could be Maoist (fear)	10	

CLIENT 6 - 13 YEAR OLD FEMALE				
First Session				
Beginning of Session		**End of Session**		Remarks
Thoughts	**Score**	**Thoughts**	**Score**	
Teacher scolds me using my family name makes me cry	85	Teacher scolds me using my family name makes me cry	80	
I don't like to go to school (avoidance)	85	I don't like to go to school (avoidance)	75	
Scare to share the problem	90	Scare to share the problem	85	

Second Session				
Teacher scolds me using my family name makes me cry	65	Teacher scolds me using my family name makes me cry	55	
I don't like to go to school (avoidance)	60	I don't like to go to school (avoidance)	50	
Scare to share the problem	70	Scare to share the problem)	55	

CLIENT 7 - 17 YEAR OLD FEMALE				
First Session				
Beginning of Session		**End of Session**		Remarks
Thoughts	**Score**	**Thoughts**	**Score**	She is referred to the psychiatric doctor for the medication
Feeling lonely	75	Feeling lonely	75	
I feel in a panic	80	I feel in a panic	80	
Avoiding to be in the group	90	Avoiding to be in the group	90	

CLIENT 8 - 45 YEAR OLD FEMALE				
First Session				
Beginning of Session		**End of Session**		Remarks
Thoughts	**Score**	**Thoughts**	**Score**	
I might not be able to pay loan (worried)	80	I might not be able to pay loan (worried)	75	
I spent my whole life in trouble and future is also dark (scare and cried)	70	I spent my whole life in trouble and future is also dark (scare and cried)	65	
People in the village are talking about me	70	People in the village are talking about me	65	

Second Session				
I might not be able to pay loan (worried)	80	I might not be able to pay loan (worried)	75	
I spent my whole life in trouble and future is also dark (scare and cried)	70	I spent my whole life in trouble and future is also dark (scare and cried)	65	
People in the village are talking about me	70	People in the village are talking about me	65	

Supervision

The team leader in Kopila Nepal received support by telephone from one NICTT staff member on a regular basis, usually once a month or more if required. Supervision itself is recognised and acknowledged by many professional therapeutic bodies as ethically imperative to the therapeutic process (e.g., British Association for Counselling and Psychotherapy). Supervision exists in order to protect clients, and to improve the ability of counsellors to provide value to their clients. Supervision protects clients by involving an impartial third party in the work of a counsellor and client, helping to reduce the risk of serious oversight and helping the counsellor concerned to reflect on their own feelings, thoughts, behaviour and general approach with the client. These opportunities to reflect on how they relate to the client, as well as to garner insights from the perspective of another therapist, also help the counsellor to improve the value they are providing to their clients.

The supervisor was fully informed of the case load and details of cases were discussed in the meetings. The purpose of the supervision was to assist and guide the team leader in her work with clients giving suggestions and information that would help the provision of the service to her clients. It also provided a safe space to reflect on and review their work with clients, their professional development, and often their personal development as well in consultation with a more experienced and qualified therapist.

Support and encouragement from the supervisor helped the team leader personally and professionally. She reported that the supervision time was 'inspiring, encouraging and confidence building'. It was also noted by the practitioner that supervision helped her prepare and grow in her role as a counsellor as the supervisor and her worked together to build this relationship. She acknowledged that there was a responsibility on her to bring to the supervision sessions detailed yet succinct presentation of her work with clients and the very real problems being faced by them.

The supervisor commented on the unusual situation of supervising someone who is in another country with cultures and customs they are not familiar with. The situation placed very real responsibilities on what was being said by him and the impact or consequences relating to the suggestions being put forward by him.

The supervisor commented on the importance of 'crystallising your thoughts and giving succinct advice which was in line with the NICTT model'. According to the supervisor, unlike supervision taking place face to face, the time delay on the phone provided the opportunity for clarity of thought with time to digest the information but with the onus on him to respond concisely with relevant advice to the case being presented. The reflections of both counsellor and supervisor would suggest the sessions were fundamentally important to the pilot programme and a test to the transferability of the NICTT model. It put the impetus on each person to make every session beneficial to the client through the information presented, the feelings shared by the practitioner and the advice given.

The NICTT Supervisor's Visit to Kopila Nepal

Towards the end of the project the supervisor made a site visit to the Kopila Nepal offices and spent five days working with the team and specifically with the team leader for supervision sessions. This was a unique opportunity for the supervisor to observe the team leader in practice during sessions with clients which had been discussed in prior supervision sessions. It also provided the chance to witness the delivery of the NICTT model in Nepal within culturally specific norms and organisational practices.

The supervisor also provided training to the Kopila Nepal project staff involved in this project about the NICTT model and basic CBT skills. This was an outcome of the work by field staff who found it necessary to have skills to respond to members of the communities in which they worked. They were experiencing psychological problems and were coming to the field workers for advice and support. The training aimed to provide the field staff with the skills to support the person in need.

The supervisor observed two of the team leader's sessions with clients and provided commentary and supervision after the client had left. He stated that despite the language difference he was able to clearly follow the steps of the model being applied by the practitioner. It provided him the opportunity to get a sense or feel for the nature of the team leader's work in sessions and her relationship with clients. He was rating the session in terms of the effectiveness of the interpersonal communication between therapist and client and the practitioner's confidence when conducting the sessions. Throughout the sessions the therapist displayed a high level of interpersonal effectiveness and a good bond was evident in the sessions. She followed the structure of sessions and her clients were both well socialized to the model. Both clients seemed to have made notable improvement since referral to the therapist as the supervisor was aware of both cases from telephone supervision. In addition to the presence of the supervisor, the session was videotaped with the agreement of the client. This was for learning purposes where the practitioner could replay the session and examine their behaviour and delivery towards the client. The supervisor observed the following from the two sessions:

- The practitioner was confident in her application of the model to the session
- There was a good therapeutic relationship between client and practitioner
- She followed the steps clearly as set out in the model
- She was adaptive in situations which demanded she use her own natural instincts to respond to situations that arose, e.g. the use of art with a young girl who could not verbalise her feelings in the beginning sessions
- Awareness of cultural traditions that influenced the practices of the practitioner, e.g. bringing a male member of staff on the first visit to a male client.

At an organisational level, the supervisor commented on the progress that Kopila Nepal had made in terms of social stigma. Clients waiting to see the team leader and the supervisor were welcomed by the team and had lunch together. There was an inclusive approach to the clients who were treated equally by the team and their presence respected. No questions about who they were or what they were doing at the organisation were raised. The supervisor commented that Kopila Nepal is 'ahead of other organisations' in terms of breaking down barriers of social stigma.

ABOVE: Brendan Armstrong, from NICTT, providing supervisory counselling support to Bina Silwal.

Outcomes

The team leader used the mood rating scales recommended by the NICTT model alongside other methods she developed herself. Interviews with the practitioner of the pilot project point to the real differences that clients involved in the programme experienced in their lives. The team leader has suggested that these differences would not have been achieved without this intervention. She has reported that:

"it is very difficult for people to share their problems and to know that something can be done. Once I developed a relationship with them by building their trust, giving them information and sometimes essential practical help, they were able to open up to me and believe they could make a change in their lives despite what had happened to them. Only this intervention allowed this to happen"

"the awareness raising that took place in the community meant that community members had a different attitude to psychological problems as they has a better understanding of what can cause psychological trauma and its consequences, this made it easier to provide support to the person and their family"

"myths and misunderstandings have been addressed in the community and people now realise psychological trauma exists and they need to help each other and work together to make things better for people who are suffering"

6 PROJECT OUTPUTS

THE TRAINING STAGE

The educational training materials on the causes and consequences of psychological trauma were developed as a visual method to illustrate the different issues and situations that give rise to trauma in communities. Scenarios were devised and drawn in pictorial form in posters and a flip chart which had written instructions for the field educators on the back.

The pictures and information in the flipchart are based on war, disability, leprosy and many other incidents that occur in the community, which can cause psychological trauma. The flipchart contains 17 picture pages, the subject matter of which is divided into the following seven topics:

1. War
2. Disability
3. Leprosy
4. Domestic Violence
5. Natural Disasters
6. Sexual Abuse
7. Psychological effects brought upon by traumatic incidents

Different incidents like war, disability, leprosy, gender discrimination can cause psychological trauma. The main aim of the flipchart is to make parents, children, teachers, health workers and social workers aware of the effects or possible effects of the above-mentioned incidents, to raise a voice against such happenings at community level and to build the infrastructure needed to create a favourable environment for people experiencing trauma. For every subject dealt with by the flipchart, there are pictures, questions for discussion, a picture story and the moral/message of the story. The questions for discussion are based around asking what is happening in the picture, have you ever been involved in such a situation, what might the person be feeling or thinking, how are they treated in the community, how might they be effected.

The field educators are provided with additional information such as:

- Social situations or factors that are linked to psychological trauma
- Effects and influences on the individual
- Effects and influences on the family
- Effects and influences on society

Delivery of the Educational Materials in Kaski and Tanahun Districts

The field educators arranged suitable times to meet with different members of the community in groups; 6-8 parents, 8-12 children, 4-6 teachers and 6-8 health workers and social workers, and ran a 3-4 hour long discussion. In order to make the picture discussion more effective, facilitators were also able to use the poster prepared and provided by KOPILA-Nepal, which includes the feelings of positive psychological well-being. The delivery of the training using the educational materials took place across a three month period with four field educators working in the two target areas. A total of 2277 participants took part in the training sessions, 1175 females and 1102 males and included children, parents, teachers, traditional healers and key community people. Fourteen VDC's in the two districts were involved in the training.

Evaluation

In consultation with the key stakeholders it was decided and agreed by the evaluator that the evaluation questions at the training stage would focus on the participants' level of understanding about the information being delivered on psychological trauma. Three short questions were asked at the end of the session and a visual rating scale was used to represent the multiple choice options; 'A lot of understanding', 'A little understanding' and 'Not much understanding'. The evaluation questions assessed the degree to which participants understood the information

being delivered, the issues being discussed and what the project was going to be about. Although a needs analysis survey was carried out around the community's awareness of psychological trauma it was not a repeated measures design to measure change specific to the delivery of the educational materials.

CLIENT	NUMBER OF GROUPS	FEMALE	MALE	TOTAL	INITIAL TARGET
Children	70	358	372	730	70 Groups
Parents	89	537	231	768	70 Groups
Teachers	33	79	161	240	140 Teachers
Traditional Healers	12	2	96	98	12 Traditional Healers
Key Community People	13	199	242	441	No Target Set
TOTAL	217	1175	1102	2277	

Findings

A total of 521 participants' responses from the two districts were recorded in the evaluation which took part in the training sessions across a three month period. This was a 23% return rate in evaluations. This result was compounded by difficulties in participants staying to complete evaluations at the end of a lengthy three to four hour session. It was reported by field workers that commitments to work, family and school meant that individuals did not give the extra time needed to take part in the evaluation. Although this is an average and acceptable response rate for this number of participants giving a 95% (+/-10%) margin of error, further support is lent to the evaluation of the training stage by the observations recorded in the field diaries of the project staff. Both quantitative and qualitative findings are presented in the tables below.

The totalled scores for each question indicate that the consequences of psychological trauma were best understood by the most amount of participants (274) while the purpose of the

project was the least understood (52) compared to the other questions. Overall there was a positive skew towards understanding with most participants reporting they had 'a lot of understanding' followed by 'a little understanding'. The evaluation outcomes were used by the project team to inform their practice and the validity of their delivery methods as effective in awareness raising about psychological trauma. The communities' knowledge and understanding about psychological trauma provided a foundation upon which the next stages of project design were built. If the evaluation outcomes showed a lack of understanding about psychological trauma it would have been difficult to engage community members in the group work stage. The sustainability of the project may also have been threatened by the lack of community commitment to the development of the group work activities and action plans. The training provided the information on the rationale and purpose of the community education and psychological treatment programme. As a key stakeholder in the process the communities' involvement in, and commitment to, the stages of the project were fundamental to the project's development.

CHILDREN'S GROUPS: 328 PARTICIPANTS

Statement 1: I understand the causes of psychological trauma			
	A LOT OF UNDERSTANDING	A LITTLE UNDERSTANDING	NOT MUCH UNDERSTANDING
Number of responses	147	144	37

Statement 2: I understand the signs of psychological trauma			
	A LOT OF UNDERSTANDING	A LITTLE UNDERSTANDING	NOT MUCH UNDERSTANDING
Number of responses	158	143	27

Statement 3: I understand the consequences of psychological trauma			
	A LOT OF UNDERSTANDING	A LITTLE UNDERSTANDING	NOT MUCH UNDERSTANDING
Number of responses	180	128	20

Statement 4: I understand what this project is offering communities			
	A LOT OF UNDERSTANDING	A LITTLE UNDERSTANDING	NOT MUCH UNDERSTANDING
Number of responses	147	140	41

Further observations or comments made by children:

- I like it. We have to make more people aware in this topic
- Some of the children said that their parents don't understand their feelings which make them sad
- It is a totally new subject for us and quite difficult to understand
- This subject matter is very much relevant with us and we like to learn more about it
- Some of the children share their village problems as well
- Some of the children share their community level problems openly
- Some of the children said that still their society is suffering by the traditional culture and values
- A few children shared that because of poverty they left school
- A few children shared that disabled children are ignored by their society and the children wanted to provide appropriate (Skill Based) education to the disabled children and provide equal opportunity
- Majority of the children shared that alcohol and domestic violence is common in their society
- Some of them shared their experience that because of the bad behaviour from their teacher children leave the school and in many cases they are traumatised
- Some of them shared that they are facing many problems and they do not have person and place to share their bad feeling and problems
- Some of them shared that cast discrimination is one of causes of trauma in their society
- Majority of them shared that children do not get equal opportunity as adult
- Because of disabled people in the family we have to hear unusual word from our friends, teachers and community people
- Some of them said that family conflict affect their education
- Majority of the children request to run this type of training from time to time

PARENTS GROUPS: 117 PARTICIPANTS

Statement 1: I understand the causes of psychological trauma			
	A LOT OF UNDERSTANDING	A LITTLE UNDERSTANDING	NOT MUCH UNDERSTANDING
Number of responses	49	51	17

Statement 2: I understand the signs of psychological trauma			
	A LOT OF UNDERSTANDING	A LITTLE UNDERSTANDING	NOT MUCH UNDERSTANDING
Number of responses	62	51	4

Statement 3: I understand the consequences of psychological trauma			
	A LOT OF UNDERSTANDING	A LITTLE UNDERSTANDING	NOT MUCH UNDERSTANDING
Number of responses	51	54	12

Statement 4: I understand what this project is offering communities			
	A LOT OF UNDERSTANDING	A LITTLE UNDERSTANDING	NOT MUCH UNDERSTANDING
Number of responses	48	62	7

Further observations or comments made by parents:

- Some participants expressED that comparatively women have to faced more trauma
- Some said that they got chance to share their past experience
- Some said that because of friendship with the wrong people and other social relationshipS children suffered by trauma
- Because of alcohol, domestic violence and firing children are suffering by trauma
- Some raised the query that what will happened next (whether the program will continue or not)
- Some of the participants shared that child sexual abuse is the biggest issues in their society
- Majority of the participants requested to run this types of training from time to time

TEACHERS GROUPS: 76 PARTICIPANTS

Statement 1: I understand the causes of psychological trauma			
	A LOT OF UNDERSTANDING	A LITTLE UNDERSTANDING	NOT MUCH UNDERSTANDING
Number of responses	40	28	8

Statement 2: I understand the signs of psychological trauma			
	A LOT OF UNDERSTANDING	A LITTLE UNDERSTANDING	NOT MUCH UNDERSTANDING
Number of responses	38	34	4

Statement 3: I understand the consequences of psychological trauma			
	A LOT OF UNDERSTANDING	A LITTLE UNDERSTANDING	NOT MUCH UNDERSTANDING
Number of responses	43	30	3

Statement 4: I understand what this project is offering communities

	A LOT OF UNDERSTANDING	A LITTLE UNDERSTANDING	NOT MUCH UNDERSTANDING
Number of responses	30	41	5

Further observations or comments made by teachers:

- One participant said that she is married but she doesn't have any love and affection with her husband though she has children and her husband
- Participants requested Kopila staff to add HIV Aids as a content in this training
- Some of the participants shared that early marriage is common in their society and due to this reason the girl children are forced to leave school and some of them are traumatize because of that
- Family conflict is very common especially between mother in law and daughter in law
- This type of training would be better to organise for the joint group (Children, Parents and Teacher together)

GROUP WORK PHASE: STAGE 1

The project team in consultation with key stakeholders researched different methodologies that explored psychosocial well-being that could be used by the six pilot groups during their group work phase. The Hero Book methodology by REPSSI was chosen for the children and parents groups while Kopila Nepal developed their own methodology for the teachers groups called 'My Desired Childhood'. As detailed in section two of this report the two methodologies encouraged a process of self-reflection, self-exploration and creative art making to investigate issues relating to psychosocial well-being.

In each district, one child, one parent and one teacher's group were initiated. As the table below indicates 23 children, 15 parents and 11 teachers (22 male and 27 female) formed the pilot groups.

Herobooking

The process and description of the Hero Book was explained by the field worker to each of their pilot groups. The field workers demonstrated and shared their own Hero Book with the group. Each session followed the outlined activities of the Hero Book manual with individual attention given to the participants as they experienced this process. The creative aspect of physically making a book accompanied the inner searching of self-reflection processes. In this respect, skill development was set alongside internal learning and personal development.

Each person in the children's and parent's group produced a Hero Book reflecting their life goals, examine their strengths and weaknesses, identify challenges to their goals and find ways to overcome their goal through the life story of their 'hero'.

Number of Groups	Number of Participants	Male	Female
2 Child Groups	23	9	14
2 Parent Groups	15	6	9
2 Teacher Groups	11	7	4
TOTAL	49	22	27

My Desired Childhood

This book was prepared for teachers in order to help adolescents solve the personal and social challenges they have to face. The teachers have serially told stories about their childhood and remembered the events of their childhood through picture discussion and exercises to get a feel of what it was like when they were children. The different activities were devised as a way to guide teachers in their self-reflection process, to inform their decision making and to support them in their subsequent actions and behaviours.

Evaluation

The Hero Book/My Desired Childhood evaluation consisted of observations recorded by the field staff involved with the groups, ratings of the participant's experiences at different points in the process, interviews and focus groups with the project team, photographs and filming of the sessions and the production of the Hero Book itself as a record of the journey taken by them.

In focus groups with the children's, parent's and teacher's pilot groups field workers posed a number of questions to the participants. These included;

1. What did you like most about Hero Book/My Desired Childhood?
2. What did you like least about Hero Book/My Desired Childhood?
3. How would you compare the beginning and end of this process?
4. Did any of the process make you feel sad or worried?
5. If you are granted opportunity to prepare Hero Book/My Desired Childhood again, would you participate or not? Why?
6. Is there anything you would change or add to this process?

CHILDREN

Question 1:
What did you like most about the Hero Book

"It help me to be clear about the life journey and to know who are in my path"

"It help me identify the problems and obstacle in our society and make the network to overcome them"

Question 2:
What did you like least about the Hero Book?

"It was hard for me to remember my bad experiences"

"It makes me sad while I see so many problems existing in my community"

Question 3:
How would you compare the beginning and end of this process?

All the participants wrote down that in the beginning it was difficult, hard to draw the pictures, not sure whether this activities is related to their life, but after the sessions most of the participants write down that all the activities are more and more relevant to their community.

"In the Beginning I was not sure whether I will be able to write Hero Book, I was afraid to share my feeling, it was difficult, I was worried how to start the Hero Booking"

"It make me open and I overcome my shyness, it is easy to understand, it makes me happy, my friends love me and I become happy, I got place to share my secrets, I make more friends and other community people appreciate our work, it makes me open, I learn to make my Hero Book".

Question 4:
Did any of the process make you feel sad or worried?

"I remember past and it makes me sad and worried"

"....because there are too many social challenges, it makes me worried whether we can overcome"

"I think that there are so many obstacles in my life journey".

Question 5:
If you had the opportunity to prepare Hero Book again, would you participate or not? Why?

"I will participate because it change my mind a lot and gave chance to show my talent and make

my life goal, to know new things".

"I will participate because it give me chance to write and share my fear and sorrow".

"I will participate because it helped to make our goal, find out our Hero and share our inner feelings".

Question 6:
Is there anything you would change or add to this process?

- Effects of early marriage,
- More time and information about the circle of support [network]
- Alcohol, gambling and domestic violence
- Children's rights

PARENTS

Question 1:
What did you like most about the Hero Book?

"I got chance to make my life goal and share it with the friends"

"This activities help to identify our life desire and goal. It also helps to think about our children"

"I make my life goal to provide quality education to my children"

"It refreshes my way of life and support to move in the right track"

Question 2:
What did you like least about the Hero Book?

"It is not possible to go back in time and it was difficult to remember my family members who was already died"

"It reminded me my past events which I already forget which made me again sad and cry"

"Creating the net to solve my problems and obstacle was hard for me"

Question 3:
How would you compare the beginning and end of this process?

All the participants wrote down that in the beginning the exercise was hard, difficult and thinking it is just time consuming.

"This exercise is easy to understand. I was not able to speak with the people in my community but Hero Booking exercise I am able to dialogue with the community leader. I can understand the feeling of male and female, I can fight with the problem and obstacle"

"Hero Booking exercise helps me to fix my life goal, to understand my community. In the beginning I was worried how to start the exercise and how it will link with my life but now I realized that it is very much useful and relevant with us"

In the beginning
- Worried about understand,
- Difficult to write
- Difficult to draw the picture
- Worried to forget previous activities

After the sessions
- I learn many new things
- I am able to make my Hero Book
- I can express what I did
- It helped to understand them and their community
- It helped me to be open myself

Question 4:
Did any of the process make you feel sad or worried?

"While I was remembering my past, I felt too worried. I have lots of bad experiences and remembering it is not easy for me, it makes me more worried. Now I forget my past but as I remember my past it makes me more sad and worried"

Question 5:
If you had the opportunity to prepare Hero Book again, would you participate or not? Why?

"I will participate again because I got opportunity to share my inner feeling and to learn new things in my life"

"I will participate because I want to learn more and I want to see trauma free society"

"I will really participate because it is golden opportunity to our group as well as myself to learn many things about us and our society. It is first time to us to participate in such a new things in our life"

"I will participate from my heart because it helps

me to get more information about me and my society as well as to improve my own behaviour"

Question 6:
Is there anything you would change or add to this process?

- The achievement of the life
- Alcohol
- Domestic Violence
- Sexual abuse which is common in our community

TEACHERS

The same questions were asked to teachers about their methodology 'My Desired Childhood'. A selection of their responses to the questions is presented below:

Question 1:
What did you like most about the My Desired Childhood?

"In this session we were talking about the definition of children, I realised that children are the future of state and they need love and affection from the elders"

"We talked about the basic need of the children. I realised that not only food and clothes are the right of the children. They need love, affection, proper care, health facility, opportunity for play, express their view and being united in the group"

"It helps me to identify my supportive circle which helps me to be in this position. Now I am able to help to other children who are in difficult circumstance"

Question 2:
What did you like least about the My Desired Childhood?

"All the activities are related with children, therefore I like it"

"I like all the activities because all of them are related with our work and it helps to develop my teaching skill"

"Each and every activities are relevant with our context"

"It was difficult to draw the picture"

Question 3:
How would you compare the beginning and end of this process?

At the start of the process participants rated their understanding of the issues covered in the sessions and again at the end. There was a positive shift towards clear understanding with all participants selecting ratings one and two in the beginning, which indicates a lack of understanding, to ratings of nine and ten by the end of the process.

Question 4:
Did any of the process make you feel sad or worried?

"The problems and obstacle faced by children seems terrible and we as parents need to help them"

Activity no 4, (problems and obstacles):
"I remember some of my pupil who do not get food, cloths, stationary, medical treatment and have to walk long distance to reach to the school, it reflects situations (problems and obstacles) of my pupils and it makes me sad, it was hard for me to draw the picture"

Activity no 5:
"While we compared our expectations with children and real situations facing the children it made pain in my heart, while I realise that there' is big gap between our expectations with children and the real situations faced by the children it makes me sad".

Question 5:
If you had the opportunity to prepare a My Desired Childhood again, would you participate or not? Why?

"I will participate because it helps to develop my teaching skill and makes me clear about children's right and child protection"

"Definitely I will participate because I realised that this types of group work helps to develop the capacity to solve any types of problems"

"I want to participate because it helps me to develop my skill to understand the psychological problem of children and way to over come that"

"I will participate because it provides more information and knowledge about children"

ABOVE: Parents and Teachers Groups using the 'Hero Book' and 'My Desired Childhood' process.

Question 6:
Is there anything you would change or add to this process?

- Disability
- Role of the teacher
- Role of parents
- Street children
- Curriculum development

The table opposite is a summary of the key changes which emerged from an examination of the evaluation data. There is a consistent overlap between the three groups in regards of personal development, knowledge and skill acquisition and sense of civic responsibility. Together the facets of these three areas were found to create the foundation from which collective action was taken to develop activities to address identified community need. The groups were striving for a socially determined and commonly shared mission, which has a positive influence on motivation and commitment. According to Bandura (1993, 118) "The stronger the perceived self-efficacy, the higher the goal challenges people set for themselves and the firmer is their commitment to them." This shared sense of what has to happen is part of what makes people feel more self-efficacious (Bandura, 1993). This process begins at the mission stage and then builds at every stage from taking stock and assessing where the group is to planning for the future and developing action plans (Fetterman and Eiler, 2001). The increase in self-efficacy, the belief in one's ability to do things, was repeatedly observed by all four field staff across the different groups. The creation and commitment to implementation shown by the pilot groups is further evidenced in the outputs from the plans and the snowballing of activities that spawned from their efforts.

The quality of self-reflection would appear to mediate the degree of personal development experienced by group members, which is supported by skill and knowledge acquisition. This in turn creates a foundation for individual and collective empowerment, built on increases in motivation, confidence, positive attitude, appropriate knowledge, ability to manage relationships and shared concern for others (citizenship). The tripartite factoring of these elements is fundamental to the quality and efficacy of the community action plans.

Field worker observations of the impact of Hero Book/My Desired Childhood within the pilot groups

CHILDREN (Hero Book)	PARENTS (Hero Book)	TEACHERS (My Desired Childhood)
Ability to set goals	Good relationships between parents and teachers	Aware of the good and bad behaviours towards children (best practices)
More open to sharing with each other	Know how to communicate effectively	Can think better from a child's perspective
Awareness of childhood rights	Developed leadership skills	Made own book
Awareness of helping hands	Got to understand needs of community better	Developed teaching methods
Realise they are fearless	Feel good about themselves	Know community better
School performance improved	Better relationships between parents and children	Identify symptoms of trauma in children
Ability to facilitate groups	Better relationships between husband and wife	Aware that psychosocial well being should be taught in schools
Ability to be agents of change	Increased participation in community life	Know how to communicate better with children
Talking about issues as part of normal activities	Mutual help and understanding	Learned new teaching skills
Got to know their community better	Improved self efficacy	
How to love one and other genuinely	Aware of psychological trauma and problems	
Identified obstacles	Open sharing	
Coping power	Realise they have to share problems	
Realise themselves as a hero	Understand each other better	
Desire to become a role model	How to set goals	
Improved self confidence	Coping capacity	
	Aware of best environment for children	

Field worker observations related back to the groupwork phase model (P11) in order to confirm if they had achieved the process they were hoping for.

Personal Development	Knowledge and Skill Acquisition	Citizenship
Improved self confidence	Aware of psychological trauma, signs, causes and consequences	Desire to become role model
Coping power	How to set goals	Increased participation in community life
Fearlessness	Awareness of child rights	Mutual help and understanding about others
Realise problems can be shared	Awareness of helping hands	Understand needs of community better
Improved self-efficacy	Develop leadership skills	Ability to be agents of change
Realise themselves as a hero	Improve communication skills	Integration of psychosocial issues in every day conversations
Better relationships between parents and children	Aware of best environment for children's psychosocial well-being	Want the best for their community
Better relationships between husband and wife	Ability to facilitate groups	

GROUP WORK PHASE: STAGE 2

There is a similarity between each children's, parent's and teacher's plan as a result of this interaction and their shared concerns, although the focus for each group was very much on their own communities and their needs. Each plan consisted of the listed activity, where it would take place, when, how this would happen, the target group, who was responsible for delivery of the activity and the evaluation method or tool to be used. Some activities were carried out in parallel with the other pilot groups, while others were exclusive to that group, for example, the radio programme was unique to the children's groups.

A summary of the twenty-eight different types of activities undertaken by the groups is given below:

- Awareness raising about psychological trauma
- Hero Book and My Desired Childhood workshops
- Home visits to community people in need
- Extra classes on psychosocial well-being
- Establishing a community record of vulnerable families or families in need
- Homework mobilisation
- Referrals to Kopila Nepal for psychological trauma counselling
- Radio programme and listening groups
- After school catch up classes
- Encouraging parents to send their children to school
- Song competition
- Community drama
- Advocacy for best utilisation of VDC resources for community
- Interaction meetings between children and parents, parents and teachers, teacher and the community
- Formation of child protection committee
- Educational and playing materials provided to primary schools
- Focus on vulnerable women affected by conflict and disability
- Drawing competition
- Community publication to raise children's voices through poems, articles and drawings
- Mutual sharing between groups and other community members
- Registration of pilot groups and legal certification of their status at District Administration Office
- Theatre for development training
- Celebration of International Child Rights Day, Violence Against Women Day, HIV/Aids Day, Women's Human Rights Protection Day, Disability Day and Human Rights Day
- Literacy classes
- Medical referrals
- Sports programmes
- Village sanitation programme
- Community picnic

During the implementation of the action plans, the pilot group met to share their experiences, give an update on what was happening and support each other in their endeavours. These meetings and the implementation process itself was guided, supported, monitored and evaluated by the field workers and project team. Visits were also made by the key stakeholders at different points in the programme.

Evaluation

A flavour of the findings are presented for each of the pilot groups with more detailed lists of activities and related evaluation shown in the tables.

CHILDREN

ACTIVITY	EVALUATION METHOD
Interaction with parents (invited parents to share their hero book process with them)	Field Worker diaries
Radio programme and listening group	Programme schedule Field Worker diaries Evaluation forms Interview with radio station staff Focus group with children
Hero Book facilitation with other children's groups	Evaluation forms Next hero books produced by the children
Homework book mobilisation	Field Worker diaries
Picnic	Photos Field Worker diaries
After school catch up class	Field Worker diaries Exam results
Other group visits to share experiences	Record book of group Field Worker diaries

After School Catch-up Class and Homework Mobilisation

These classes were coordinated by the pilot groups in collaboration with teachers and parents. The additional time and resources made available by the schools with the support of the pilot groups created an environment which encouraged and motivated pupils who were doing less well at school.

Final exam marks were recorded and compared to previous exam scores so that the impact of the after school catch up classes and homework mobilisation efforts could be examined. After the exam results Kopila staff visited the schools and family to find out about the performance of the pupils involved. It was found that more than 60% pupils who attended the homework club and after school catch up class increased their marks by 15-25 % in this year compare to last year. Similarly according to the school teachers, irregular attendance at school also decreased among pupils in these groups.

It would appear therefore that the extra attention paid by the pupils and their families to their school work and the resource of after school catch up classes and homework mobilisation efforts were successful in increasing grades and attendance at school.

Radio Programme and Listening Groups

The children's group identified the role that media, specifically radio, could play in promoting the issues that affected them and their community. As a means of communication the radio programmes offered a unique opportunity for participatory advocacy on behalf of young people of the target communities. The children's pilot groups received journalist training and were given radio broadcasting mentoring by the owner and producers of Barahi FM in Pokhara. The children identified the issues they wanted to address and ways in which these could be effectively broadcast to their communities. The schedule of nineteen programmes covered a range of issues relating to psychological trauma and psychosocial well-being, such as domestic violence, alcohol abuse, child safety, child rights and traumatic events. The young people utilised a range of methods such as drama, expert interviews and discussions on air to communicate their points and raise awareness about the issues that concerned them.

In addition, the children's pilot group members initiated and mobilised twenty-one 'listening groups' who would purposely provide feedback on their radio programme. The pilot group identified communities who were without radios and provided these through the assistance of Kopila Nepal. The listening groups served to guide and inform the direction of programmes, evaluate their work and generate discussions within communities about the radio programmes. The pilot group devised the evaluation method and questions which listening groups kept in mind when paying attention to the show. The questions that the listening groups were asked to consider are presented below with a few examples of responses.

Q1:
How was today's Programme 'KOPILA Sansar'?

"I liked the play presented today. It was awareness rising against caste discrimination".

"Programme is good. I started to listen Barahi FM after listening to the KOPILA Sansar"

"The programme was about psychological trauma, psychosocial wellbeing and hero book exercise. Therefore, it is good programme.We have ideas about these things being one of the pilot group of the project".

Q2:
Was today's programme useful for our community or not, why?

"The programme is useful to our community. The messages broadcasted from programme have made the community people realise domestic violence is the cause of psychological trauma".

"The programme related with community development and psychosocial supportive environment are very much useful".

"I liked most the presentation about empowering the village children to make as capable as urban children".

"The program is appropriate to our society because it may support to reduce the supposititios / misbelieve of community people"

Q3:
What is the best of today's Radio Program?

"We used to keep the sorrow and sadness within us. After participating in the training on Psychological Trauma and Hero Book exercise, we have developed self-confidence and feel happy sharing our feelings to group members" (radio group member).

"Presentation of real community events through the drama skits".

"The need of education support for village children is highlighted in the Programme".

"The good aspects of today's programme is to provide the opportunity yo explore the internal talent of children".

Q4:
How do your friends and community people respond yo the KOPILA Sansar Radio Programme?

"Children are interested to become a member of child group and participate in different activities including FM programme"

"The programme has been very popular. The children and parents listen to the KOPILA Sansar Programme regularly".

"The community people talk about drama, interview, news of the KOPILA Sansar Programme".

"The programme is good. The issues, about psychosocial wellbeing, presented in programme are very much relevant in the present context of Nepal like conflict, disability, poverty, child rights".

Q5:
In your opinion, what other changes can be made to make the programme more effective?

"Extend the programme hour and make participation of children for drama and such other activities".

"To make programme more effective, the programme should be broadcasted from national radio to cover all parts of Nepal rather than broadcasting from Pokhara covering western region".

"The Psychosocial Wellbeing Programme to be extended to some other communities too".

"It would be better to provide opportunity to large number of children from different community".

ABOVE: Child Group participants broadcasting a range of radio programmes focusing on psychosocial wellbeing.

ACTIVITY	EVALUATION METHOD
Identify and record vulnerable people in VDC	List in the record book
Community awareness using drama	In record book
Training to other parent groups	Training rating scale for flip charts and posters
Hero book process to other parent groups	Evaluation scale
Encourage other parents to send children to school	School enrolment numbers
Making referrals to Kopila Nepal	Team Leader's notes
Song competition	Songs
Mutual help within the groups	Record book
Advocacy to utilise resources	Record book
Sanitation programme	Record book

Referrals to the Pilot Counselling Programme

It emerged that parents were the group that made the most referrals to the pilot counselling programme through their engagement with the field workers. They also helped identify approximately seventy women across the two target communities who were possibly suffering from psychological trauma due to conflict, disability or bereavement. The group members including the Kopila Nepal staff organised regular home visits to the vulnerable women and recorded in their register the assistance they required and the progress made. Their knowledge from the training about psychological trauma and psychosocial well-being helped them identify members of the community who might benefit from either one to one counselling or involvement in the action plan activities. The parent's pilot groups kept records of community members they believed needed support and assistance from the community and aimed to create an inclusive compassionate environment that promoted positive psychosocial well-being.

Registration of Parent Pilot Groups at the District Administration Office

The commitment of the parent pilot groups has been cemented through the formalisation of them as a group which has been registered at the District Administration Office. This brings a legal and constitutionally recognised responsibility to their duties as a group and emphasises how seriously they have taken their roles in designing, implementing and delivering the action plans during this project. The group record book of evaluation alongside other process and product outcomes has provided the foundation on which their future direction and work will be based. This also underpins their seriousness in helping address the issues relating to psychological well-being and psychological trauma in their communities, having contributed to the improvements and benefits experienced so far.

ACTIVITY	EVALUATION METHOD
Awareness raising	Training rating scale
Home visits (children, parents and teachers discuss and identify problems within village and visit people)	Record book Field Worker diaries
Extra class in school on Psychosocial well-being	Training rating scale
Parent's group facilitation	Questions
Sharing meeting (what they did in childhood process and what they want to do in the community)	Field Worker diaries
Interaction programme (follow up to sharing meeting)	Field Worker diaries

Awareness Raising about Psychological Well-being and Psychological Trauma

The teacher pilot groups formed and mobilised child protection committees with the assistance of Kopila Nepal staff. They identified different members of their community who should be represented in the child protection committee. These included; representatives from children's clubs, parent's groups, teachers, NGOs, health workers, political leaders and traditional healers. As a starting point, the teacher pilot groups delivered training about psychological trauma using the educational materials designed and delivered at the beginning stages. Action plans are currently being developed based on the increase in knowledge and understanding observed and recorded after the training sessions.

The results from the training sessions regarding the child protection committee's understanding are presented below.

The tables indicate a positive skew towards the relevancy of the psychological trauma to the lives of participants, a high level of participation in the training and a high level of understanding once the training was completed. The sessions included discussions between the facilitators and within the different members themselves. From these sessions, issues relevant to the child protection committee in relation to psychological trauma were identified and addressed within action plans for their local communities.

1. Relevancy of Subject Matter										
Score	1	2	3	4	5	6	7	8	9	10
Number of respondents			4	4	7	3	13	24	30	49
2. Level of own participation										
Score	1	2	3	4	5	6	7	8	9	10
Number of respondents			4	6	9	9	13	24	35	34
3. Level of understanding										
Score	1	2	3	4	5	6	7	8	9	10
Number of respondents				1	7	9	14	27	31	45

Field Worker Observations about the Pilot Groups

- The average time for training is between 2 and 4 hours, but most groups asked for the training to be longer and for the training to be provided to other groups and VDCs
- The training materials, particularly the flip chart, made it easy for illiterate people to understand the subject matter
- Based on the feedback received, the subject matter is very relevant for the communities, and the field workers gave many examples of people in these areas suffering from trauma
- The time of day for the training should also be considered in advance, for teachers, parents and children
- Two major problems in the villages which are very closely linked are alcohol abuse and domestic violence. An advocacy and human rights training workshop would be a useful way to target these issues.
- The project plan clearly shows the number of trainings and number of participants from our target groups (teachers, parents and children), and the number of groups and the number of participants for the group work activities.
- The preparation work for the posters helped us to understand what our project aimed to achieve.
- "I realised that if we are going to make presentations to anyone, we must practice, either by ourselves or through role plays."
- Regular contact with staff members is vital.
- People affected by the conflict often suffer trauma and, as result, family problems, however, the community doesn't view this as a serious issue.
- Frequent field visits by the project leaders help to motivate the field workers.
- "Stories, songs and games help us to get closer to the community."
- "In some communities, the participants suggested that we should include HIV/AIDS in the flip chart."
- The teachers from Kaskikot said that it is time to change the school curriculum. They said that if Kopila Nepal could influence the Curriculum Department, it would be a great achievement.
- The sharing of Kopila Nepal's Lessons Learned findings will help make NGOs and INGOs aware of our work.
- The evaluation helps us understand the situation before and after our activities.

Conclusion

The activities and evaluation of the action plan activities embraced the principles of empowerment evaluation at each stage. The groups were inclusive in their involvement of all members of the community and addressed issues such as caste discrimination as part of their activities as well as how they conducted their process of engagement in communities. In this respect there was a process of democratic participation involving all members of communities, with particular focus on the more excluded and vulnerable individuals.

The evaluation findings in both their quantitative and qualitative forms point to the improvement of community knowledge, understanding and action of communities in relation to issues of psychological trauma. The capacity building that occurred in the groupwork phase using evidence based methodologies, such as Hero Booking, facilitated community ownership of the action plans. The impact of the activities appears to have benefits at the individual, family and community level with lessons having been learned continuously. In particular, Kopila Nepal experienced many organisational lessons which will inform and guide future practice in this and future psychosocial well-being projects, with a greater emphasis on accountability at the process and product level.

7 DISCUSSION OF GROUPWORK FINDINGS

The development of action plans, identification of key issues and planning for the future sit comfortably alongside what is described as the 'taking stock phase' in empowerment evaluation (Fetterman & Eiler, 2001). This evaluation approach allowed for the monitoring, reflection, learning and accounting of information that stemmed from activities. Pilot group members were able to utilise this information and recognise it as a resource in developing activities and accurately responding to need, re-prioritising and refining their goals.

The group processes of collective action reinforce commitment and build capacity while accomplishing specific group objectives. Learning, in the form of evaluation, permeates group activities, ranging from large-scale program goals to routine staff member meetings. This culture of learning and evaluation is characterised by a collective engagement, focused on identifying and addressing commonly held issues and initiatives, (Fetterman & Eiler, 2001).

The Role of Social capital

The three key areas of personal development, skill/knowledge acquisition and citizenship which were the foundation for individuals to effectively implement the action plans could be considered collectively as the development of social capital. 'By "social capital", I mean features of social life — networks, norms, and trust — that enable participants to act together more effectively to pursue shared objectives' (Putnam, 1996).

Social capital represents the capacity for collective action and is underpinned by trust, social integration and cooperation within a community. The existence of social capital and social networks can influence community participation in the design and delivery of projects. The development of social capital is particularly pertinent for individuals with constrained material resources and could be considered a precursor to community action and potential community social, economic, and political improvements (Narayan & Prichett,

1999). Similar to other forms of capital (human, financial and physical), social capital is productive, providing mutual benefits to individuals who are connected through social networks (Putnam, 1993). These networks and relationships that are expressed reciprocally offer the exchange of information, goods and services as well as less tangible support such as mutual assistance and emotional support (Kim et al, 1997).

The structural components of social capital are:

Community events
Informal networks
Associations
Village leadership
Links with external agencies

In less economically developed countries the social capital approach has been seen as particularly important for individuals with constrained material resources, as a necessary precursor to communal action and potential community- and region-wide social, economic, political and economic improvements (Chase et al, 2005). Few studies, however, have actually analysed social capital and how it interacts with violent conflict, an important issue considering the rise in the frequency of intrastate conflict and social capital's importance to social and economic growth and development (Grootaert 1998; Collier 1999; Rodrik 1999). Such an understanding could enhance the abilities of international actors and policymakers to more effectively carry out peace building and reconciliation, reconstruction, and development (World Bank, 2003).

Mental health and psychosocial wellbeing are increasingly recognised as important factors in the sustainability of development efforts. This is especially the case in conflict-affected countries, where large parts of the population are unable to participate fully in development activities due to mental and psychosocial distress brought about by violence and conflict-induced trauma. By empowering communities, encouraging participation and inclusion in decision making, and by developing accountability mechanisms in

community development approaches, it is possible to support the development of communities that are more socially integrated, inclusive and cohesive (Paldam, 2005).

Conflict affected societies face a particular challenge in rebuilding social capital, which is eroded as a result of violence and a breakdown of trust. An inherent attribute of social capital is active community membership and participation. If due to a mental illness an individual is unable to participate in the activities of a community, this constraints access and contribution to social capital in the community.

It is argued that children are the most vulnerable group in conflict settings. Due to their still sensitive neurological system, they are more susceptible to shocks to their development process. These shocks may include violent and traumatic events due to conflict or more indirect effects such as malnutrition leading to stunting and cognitive impairments. In conflict situations, mothers may be depressed or suffering from PTSD, thus unable to provide proper care or stimulus to their children. Stress in the external environment often manifests itself as violence in the home, which the children may witness or be the victims of. The mental health of child combatants and those suffering disabilities caused by the conflict (e.g., amputees in Sierra Leone or mine victims in Angola) also requires special attention (Paldam, 2005)

Moreover, psychosocial interventions may contribute to peace and reconciliation by dealing with the anger, depression, and sense of hopelessness and helplessness suffered by victims of violence (World Bank Social Development Notes, 2003).

The dimensions of social capital defined by Narayan and Cassidy (2001).

SOCIAL CAPITAL	GROUP CHARACTERISTICS	Number of memberships Contribution of money Frequency of participation Participation in decision-making Membership heterogeneity Source of group funding
	GENERALISED NORMS	Helpfulness of people Trustworthiness of people Fairness of people
	TOGETHERNESS	How well people get along Togetherness of people
	EVERYDAY SOCIABILITY	Everyday sociability
	NEIGHBOURHOOD CONNECTIONS	Asking neighbour to care for sick child Asking for help for yourself if sick
	VOLUNTEERISM	Have you volunteered Expectations of volunteering Criticism for not volunteering Fair contribution to neighbourhood Have you helped someone
	TRUST	Trust of family Trust of people in neighbourhood Trust of people from other tribes/castes Trust of business owners Trust of Government officials Trust of judges/courts/police Trust of Government service providers Trust of local Government

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8 DEVELOPING SKILLS AND COMPETENCE IN DEVELOPMENT COMMUNICATION: The Role of the Development Media Workshop

The Development Media Workshop

The DMW is a registered UK charity (NGO) based in the town of Enniskillen, in the south-western part of Northern Ireland. It was established in 2005, with the aim of using media to highlight social development and environmental issues. The DMW has extensive experience of working in Nepal, and has also undertaken a range of work in South Asia and East Africa. The Workshop has a commitment to the evaluation of development communication activities, and practice-based research.

Communication as a Tool for Community Action

The Workshop operates on the principles of participation, and seeks to facilitate people to bring about change in their own situation. In this approach, participants are facilitated to explore their own situation, and to consider the changes they would like to see. Media outcomes are produced, not to send messages to others, but to promote dialogue. A simplified model is shown below adapted the more complex original called 'Community-Centred Dialogue' (Brown, 1998). In this model, participants use media to explore their own 'identity' as individuals. Then, they share their self-reflections with other participants to develop awareness of common ground issues, building a sense of group 'community'. Having recognised common ground issues, participants investigate the issues to learn new knowledge and gain insightful 'understanding'. Finally, collective 'action' is proposed and undertaken. If the four stages are undertaken with genuine commitment and integrity, then lasting change is a possible outcome.

Throughout this project, the Development Media Workshop encouraged Kopila Nepal staff to adopt participatory communication methods. This is evident in different ways throughout the project. The flip-chart and posters were developed by the whole staff team as a group process, in response to the team's recognition that they needed something to help them engage in dialogue with communities. The 'Hero Book' and 'My Desired Childhood' activities conformed to the process of participatory communication by helping participants develop their own 'self identity' as individuals, and also their collective 'community' common ground issues. This provided the platform for learning about psychosocial wellbeing, and developing Action Plans. The Action Plans themselves also utilised participatory communication approaches in the use of street theatre and radio.

Communication as a Tool for Monitoring and Evaluation

Documenting a process through media like photographs and film can be valuable to provide a rich source of material to reflect on. Facilitators and participants can watch film footage to reflect on their own involvement and performance. The use of video diaries allows participants to make subjective comments as they progress through a process. This can be very useful for 'before' and 'after' analysis. In addition to the above, the project in Nepal was filmed to assist in the dissemination of Lessons Learned and transferability to other situations.

SELF IDENTITY — UNDERSTANDING — CHANGE — COMMUNITY — ACTION

Advocacy and Media Coverage

The project actively sought media coverage to highlight the importance of psychosocial wellbeing, and to advocate for greater commitment to appropriate initiatives.
The table below details the media outputs.

THEME	MEDIA		
	PUBLISHED	NAME	PLACE
Awareness raising training on Child Protection from negative effect of Constitutional Assembly	25/9/07	Samadhan	Pokhara
	11/10/07	Tanahun Awaj	Damauli, Tanahun
Introductory workshop about Psychosocial Wellbeing Project of KOPILA-Nepal to Journalist	11/10/07	Bhanganj	Damauli, Tanahun
	15/10/07	Pokhara Patra	Pokhara
		Pokhara Awaj	Pokhara
		Samadhan	Pokhara
		R.C. Times	Pokhara
		Pokhara Express	Pokhara
		Janamat	Pokhara
		Hot Line	Pokhara
		Jana Disha	Pokhara
		Adarsha Samaj	Pokhara
	16/10/07	Rajdhani	Kathmandu
Participation on Pressurize Signature Collection for Constitutional Assembly	8/12/07	Samadhan	Pokhara
Introduction of home-work club running by child group	24/1/08	Tanahun Awaj	Damauli, Tanahun
Training on Psychological Trauma, its Causes, Syndromes & Effects.	16/5/08	Samadhan	Pokhara
Interaction program on Psychosocial Support	31/5/08	Samadhan	Pokhara
Awareness Raising Training & Hero Book Facilitation by Child Group at Lahachowk	2/6/08	Samadhan	Pokhara
Regional Conference on psychological wellbeing project's lesson learn and out come sharing	19/7/08	Pokhara Awaj	Pokhara
		Adharsha Samaj	Pokhara
		Pokhara Patra	Pokhara
		Samadhan	Pokhara
		Him Doot	Pokhara
		Hot LIne	Pokhara
	20/7/08	Rajdhani	Pokhara
Regional Conference on Psychosocial Support	22/7/08	Sagarmartha TV	Pokhara
		AV News TV	Pokhara
Team leader gave interview on how disability and sexual abuse can also be the causes of psychological trauma	Various	Annapurna FM	Pokhara

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9 LESSONS LEARNED

The inputs, processes, outputs and impacts of the Psychological Trauma Community Based Education and Treatment Project have led to the formation of lessons learned. It is anticipated that these will serve to inform the future design, planning and implementation of similar projects in Nepal and other relevant situations.

Learning About Factors That Contribute To Psychological Well-being

Based on the findings from the evaluation in process and product terms a number of factors can be put forward for the creation of positive environments in the community conducive to psychosocial well-being.

- Trusting community
- Knowledge and understanding of causes, consequences and support for psychological trauma
- Commitment to community action and active citizenship
- The capacity for the development of the empowerment of individuals
- Respect and tolerance for community members
- Supportive relationships
- Open sharing of problems and issues
- Understand needs of community
- Collective action on community issues
- Knowledgeable, motivated and committed staff
- Staff who are trained and equipped with the relevant skills to be part of a Psychological Trauma Education and Treatment Team

Subjective experiences and observations from the project team which have identified the characteristics of individuals living in a psychological safe environment;

- Willingly sharing sorrows, joys and worries
- Fulfillment of basic needs
- Enjoying the experiences of life
- High self-esteem
- Freedom from fear

- Solving problems the right way
- Fulfilling the duties of a responsible citizen
- Self-dependent, but able to take help from others when needed
- Aware of one's needs
- Successfully achieving one's goals
- Show appropriate emotions
- Ability to cope appropriately
- Effective performers in chosen areas of life
- Are good role models for others
- Care for others
- Healthy partner, family and social relations
- Freedom of access to effective health services
- Freedom of participation in the protection of human rights
- Responsible and transparent stable government
- Quality education
- Setting of realistic goals
- Fulfillment of everyone's basic rights

Learning About Psychological Education and Treatment Programmes

In order to develop community based psychological education and therapeutic programmes, it is necessary to take account of and engage with the social and cultural environment of communities. It is therefore more helpful to describe this process as a psychosocial well-being project.

Communities can be facilitated by organisations to develop the capacity to create environments more conducive to psychosocial well-being and to mitigating the impact of trauma.

Community driven development principles of capacity building through inclusion, empowerment and community ownership underpinned the ethos of the project.

The pilot counselling programme indicates that those aspects of the NICTT approach that were applied in the Nepali context, are effective in community based psychosocial well-being projects.

The adapted evidence based approach and methods from the NICTT model can be transferred and faithfully applied by trained and supported personnel in the Nepali context.

Nepali citizens who were referred to the pilot counselling programme benefited from the approach developed and counselling methods used.

The adapted methods used in this project can be applied to a number of psychosocial issues and psychological trauma other than those associated with conflict.

Traditional healers were receptive to learning new knowledge about psychosocial well-being and based on this knowledge were able to make appropriate referrals to health services.

Learning About Organisational Management and Development

Understanding local culture is crucial for effective working methods.

Time should be managed according to the convenience of community people.

Two years is to too short a time to impact in the community - projects need to be ongoing.

The twice monthly team meetings provided opportunities for supervision and peer support which was a key professional development and project development resource.

The personal and professional support mechanisms of the team meetings were a key management tool for the field staff and leaders to share information and review different stages of the project.

The field diaries kept by the project team were a written and photographic account of project processes, outputs and outcomes as well as a method for personal and professional reflection of the field workers' journey.

Time spent building relationships and integrating within the participating communities and explaining the work of Kopila Nepal and the community based psychological education and treatment programme was a fundamental part of the development process.

Field workers need very specific skills and attitudes that contribute to the effectiveness of their role as facilitators and educators.

The capacity building of staff through training and skill development in the beginning stages of the project was essential to their role as community educators and facilitators in the development process.

Learning About Evaluation

Empowerment evaluation was a valuable and useful approach that encouraged and supported participatory methods.

The development of evaluation methods by pilot group members was effective in building community ownership and community capacity to assess and address local key issues.

Kopila Nepal found the evaluation approach which was guiding rather than dictating as key to improving the evaluation and self-reflection skills of project staff.

Learning About Psychosocial Educational Materials And Awareness Raising

The involvement of the project team in the design, development and effective delivery of the education materials reinforced their knowledge and understanding of psychological trauma, its causes, consequences and effects on the individual, family and the community.

The processes and outcomes of the Hero Book and My Desired Childhood methodologies were effective in creating action plans which identified needs of the local community in terms of psychosocial issues.

Pilot training materials are needed to assess the suitability of the materials/methods in promoting discussion.

The use of radio and visual materials were effective in creating awareness in the community about psychosocial well-being.

Awareness raising about the signs, symptoms and consequences of psychological trauma is a necessary pre-requisite to the group work phase of this type of project.

Learning About the Groupwork Methodologies

The Hero Book and My Desired Childhood methodologies are effective for self-reflection and self-discovery.

The Hero Book process was an effective methodology for helping children voice their opinions and thoughts.

Children's groups' radio programmes effectively demonstrated approaches to participatory advocacy.

The impact of the radio programmes was greatly increased by the organisation of listening groups.

It was important that field workers shared their hero books with their colleagues as this developed their facilitation skills and gave them a sense of understanding about the group work phase they were asking community groups to do.

It is easy to underestimate the time needed to build relationships and trust between participants in order to foster group cohesion.

The group work process created motivation for community action on the issues identified through action planning.

Working with a small group (6-10) is more effective to empower the pilot group members.

The commitment and focus of the field workers was central to the stability and maintenance of the groups.

The project found teachers more difficult to engage in a process of self-reflection.

The methodologies in this project were effective in developing social capital in the target communities making them better equipped to address other community problems.

Learning About Community Action Planning

The activities of the action plans improved trust within communities with children supporting other children, parents with other parents as well as creating a sense of inclusion for members with less community support.

The action plans created a cascading effect for information sharing about psychosocial well-being and psychological trauma; groups training other child, parent and teacher groups in the community. It is important that field workers monitor this process.

10 RECOMMENDATIONS

WITHIN NEPAL

KOPILA Nepal should expand their work to new areas, and continue to monitor community activities already underway.

KOPILA Nepal should develop basic training in psychosocial wellbeing, to facilitate other NGOs to conduct similar community-based programmes.

KOPILA Nepal should continue to advocate that the Nepal Government and other NGOs embed psychosocial wellbeing initiatives into their work.

The radio activities undertaken by Child Groups should be further developed, with the support of the Development Media Workshop.

KOPILA Nepal, and participating Teacher Groups, should develop curriculum-based psychosocial education materials, for use in primary and post-primary schools in Nepal.

The Northern Ireland Centre for Trauma and Transformation should collaborate with appropriate institutions in Nepal, to develop a Validated Certificate Course in Cognitive Therapy Methods to be delivered in Nepal, and relevant to the Nepal context.

OUTSIDE OF NEPAL

The Lessons learned from this Project should be proactively shared with Governments and NGOs in other countries experiencing situations similar to Nepal.

The Project model and methodologies should be written up in academic and professional journals.

Further research is needed to investigate the way that Social Capital is affected by conflict, in order to increase understanding about the processes of peace building, reconciliation, reconstruction and development.

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APPENDICES

FIELD WORKER
PERSONAL ATTRIBUTES

evidenced through interview process, references and prior experience

PERSONAL QUALITIES

1.1 Personal Awareness

A strong awareness of what is going on in oneself as regards feelings, thoughts, assumptions, life expectations...

A strong ability to deal constructively, and appropriately, with the full range of personal feelings including grief, anger, shame, envy, jealousy, guilt, excitement, joy...

1.2 Personal Attitudes

An appropriate personal sense of self-esteem and self-worth.

A genuine personal belief in the equality of all people and commitment to respect other people, shown through behaviour towards them.

A willingness to negotiate solutions to differences of opinion and to look for win/win outcomes.

Appropriate levels of openness and self-disclosure in one's relationships with others, including community members and work colleagues.

1.3 Personal Skills

A strong ability to analyse situations and to identify relevant issues and points of view.

A strong ability to listen supportively to others and to respond constructively, and appropriately, particularly when others express their personal feelings including grief, anger, shame, envy, jealousy, guilt, excitement, joy...

A strong level of ability to ask for help when necessary, and to say 'no' to others when appropriate.

A strong level of ability to receive, and to give, constructive feedback and criticism.

GROUPWORK QUALITIES

1.1 Management of Groupwork

Clear understanding of the 'groupwork facilitator's' role, working with defined processes but with content drawn from and relevant to participants' experience.

Be able to plan structured group learning exercises in consultation with colleagues.

Be able to document the processes and activities of groupwork, and to reflect upon this documentation through 'self' and 'organisational' learning.

1.2 General Group Work Skills

Be able to understand the overall aim of a groupwork programme, and be able to deepen the group discussion appropriately without going off track.

Being able to create a safe climate for discussion that encourages both 'individual' and 'group' learning and growth while making it enjoyable.

Being able to appropriately, and effectively, manage conflict that may occur within participant groups.

Being able to keep, and to foster in participants, appropriate boundaries (time boundaries, confidentiality, etc.)
Being able to link learning in the group to life outside the group and to prepare participants for self-facilitated groupwork.

Being able to ensure the group is not monopolised by one or a few individuals, and to stay alert to the whole group while working with the needs of individuals

TRAINING QUALITIES

1.1 Management of Training

Clear understanding of the 'trainer's' role, working with defined processes and defined content.

Ability to clarify the aim and objectives of a training programme, and to then write an appropriate training programme.

Ability to monitor and evaluate the participation of trainees and the effectiveness of the training programme in relation to aims and objectives.

Ability to conduct needs assessment of community prior to planning training.

Strong presentation skills, including appropriate use of visual materials, media and resources.

OVERVIEW OF THE NEEDS ASSESSMENT

Background

The purpose of the needs assessment was to establish the range of issues that impact on the lives of children and families in the 2 Districts in which Koplia Nepal operates, and to see where the violence and the impact of leprosy register in relation to other social factors.

The approach used was to assess the views of teachers, parents and children with regard to education and schooling. This triangulation approach had the advantage of more accurately pinpointing the key issues (in that the views of three distinct groups of actors were being sought) and to see how the three groups viewed the issues covered in the study.

Ultimately the intention was to enable the project to more sharply focus on the most relevant issues.

A view of some of the findings

It is interesting the variation in perspective across issues. For example, the questions on why children do not attend school provided a different profile for the top five responses from parents, teachers and children.

PRIORITY	CHILDREN	PARENTS	TEACHERS
1st	Household work	Household work	Not having uniforms
2nd	Not having uniforms	Illness	Taking care of younger siblings
3rd	Illness	Feasts, festivals and distant school	Working for food
4th	Feasts, festivals and distant school	Not having uniform	Household work
5th	Taking care of younger siblings	Taking care of younger siblings	Do not like school

This is interesting for a number of reasons. First, one suspects that the teachers views are a mixture of their assessment of the reasons for non-attendance and what they have been told by parents and children. The parents and children's lists seem to be closer. From the point of view of the study, none of the lists mention leprosy or the conflict (i.e. in the top five issues).

This summary captures the flavour of the overall findings. The immediate concerns of people in everyday life, food, care for other family members, essential work and issues relating to low family incomes (as reflected in the school uniform issue) present as the most conscious matters.

How are we to understand this over and against the stated aims of the project to address the consequences of the conflict and the legacy of leprosy?

Some other questions give us a deeper insight to the impact of violence and leprosy and there is also merit in considering the experience of researchers in Northern Ireland who have investigated the impact of the civil violence there.

Teachers were asked how has the area in which their school is located been affected by the conflict. The responses were as follows:
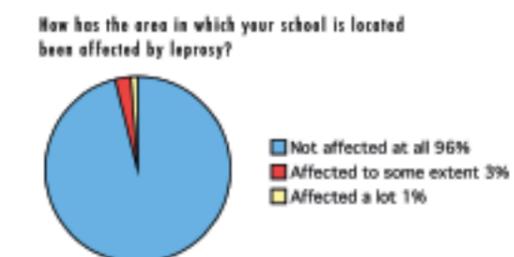
Not affected at all	Affected to some extent	Affected a lot
24	104	5

A similar question was asked of participants in a Northern Ireland study (The Cost of the Troubles Study 1999). This revealed the following:

Impact of Personal Experiences of the Troubles; COTT Study 1999
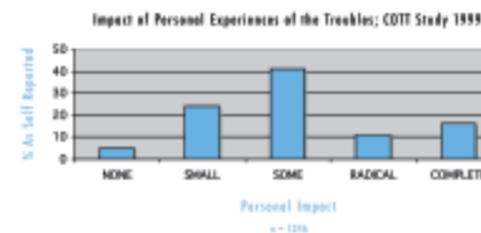
The Nepali question was directed at teachers many or all of whom may be one-step-removed from the direct experience of children and families. By contrast the Northern Ireland question was directed at study participants (i.e. ordinary people). The same normal distribution is observable in both sets of responses.

Teachers were asked about the comparable impact of leprosy on 'the area in which the school is located'. This reveals that in the view of the teachers the impact is quite low. Positively this may reflect the progress that has been made in tackling leprosy and its consequences. On the other hand, during our visit in 2008 it was evident that stigma, superstition and shame continue to be associated with leprosy in the family which may result in under reporting and for this reason teachers may not have been made aware of leprosy related problems with the families of children.


How has the area in which your school is located been affected by leprosy?
- Not affected at all 96%
- Affected to some extent 3%
- Affected a lot 1%

When asked a wider question about the impact of a range of social issues, teachers reported the following:

- Social discrimination 62%
- Conflict violence 28%
- Others 9%
- Leprosy 1%
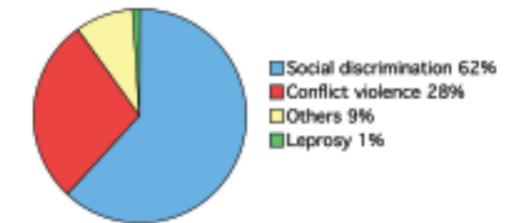
This revealed a much higher profile for the impact of the civil violence with leprosy still registering comparatively low. The impact of social discrimination was notably high with 62% of teachers registering this as an area of concern and impact in the lives of children.

Parents were asked about the experience of a number of social problems within their family circles. This revealed the following:

- Disability 45%
- Domestic violence 28%
- Social discrimination 14%
- Others 9%
- Conflict violence 2%
- Leprosy 2%
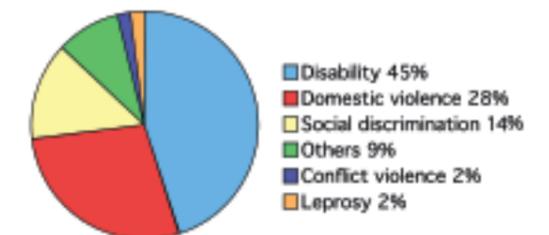
The principal problems registered were disability (some of which might be leprosy related), domestic violence and social discrimination (some of which might again be leprosy related) (45, 28 and 14% respectively). Leprosy and civil conflict were much lower (2% each).

This set of findings seems at odds with the findings from teachers immediately above in that parents seem to register the conflict much lower than the teachers. Perhaps this is accounted for by the comparative viewpoint of teacher and parents, along with the impact of the questions themselves. Experience in Northern Ireland seems to suggest that when the violence has come to an end and is seen to pose no longer a threat, then everyday concerns assume a place of prominence in the minds of people. And as we have already noted, even whilst violence is continuing, the psychological process of making what is abnormal, normal, means that seemingly insignificant issues that frustrate people in the quality of everyday life take precedence (e.g. a damp house compared with occasional incidents

of violence which are not directed at you personally). The questions in each case are also slightly different in that the teachers are being asked to reflect on the range of issues affecting children's education over time, whereas the parents' question has a more 'here and now' quality.

A further question for teachers revealed the relative place of issues. Here again social factors such as poverty, gender and having one or no parents, were significantly stronger than the conflict or leprosy. (See below). The conflict and leprosy are still there as smaller but nonetheless significant issues. Clearly for those families affected by these issues then the impact could be very great with all sorts of consequences. For example if a parent is killed, this leads to economic consequences, changes in roles for children and impacts on education etc.

context of the presence of a large number of indigenous and international NGO's working on the core concerns of local people, there is still a place for a focus on those problems associated with leprosy not least because it is rapidly being replaced by HIV/AIDS as a taboo illness. The lessons from leprosy are having to be learned all over again. Koplila Nepal has also identified the legacy of the conflict as a specific area for attention and this seems appropriate in the light of the evidence from the study as it is a substantive issue, and as we know from the Northern Ireland experience, one with enduring mental health and social consequences. Also, by developing experience and associated skill and knowledge around conflict related trauma, new services for those affected by other traumatic events such as gender and domestic violence, other forms of abuse and social violence can be developed.

Thinking about the children in your class please tell us how important the following factors are on the educational achievements of children			
	NOT	SOME	VERY
Having no parent	10	8	108
Having one parent	2	105	10
Conflict related experiences	30	22	40
Leprosy in the family	34	25	20
Disability	21	39	28
Gender discrimination	17	52	28
The sexual harrassment or abuse of young girls	20	13	43
Lack of knowledge about biological and emotional changes from childhood to adulthood	12	68	27
Early marriage	23	27	50
Child labour and work	12	36	52
Poverty-related problems (malnutrition, uniform, stationery etc)	2	39	95
Caste discrimination	32	52	19
Other social discrimination	20	49	25

This is a limited study which still makes interesting reading. Clearly those social concerns associated with parenting, poverty, caste relationships and opportunities and gender are being signalled as much more significant in the lives of children and families than the legacy of the civil conflict and leprosy. These remain smaller but all the same significant issues. In the

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Feb 2008

Community-Based Psychological Trauma Education and Treatment Project

Lessons Learned from Nepal

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