



Health Sector Transition and Recovery Programme

Fifty two community Psychosocial Workers trained
to carry out Mental Health
Prevention and Promotion Activities in the Community

TPO PD: 5 Cultural Psychosocial Organisation

March 2016



This report is submitted in accordance with Health Sector Transition and Recovery Programme (HSTRP) payment deliverable PD TPO 5: 52 Community Psychosocial Worker (CPSWs) trained (26 in each district) to carry out mental health prevention and promotion activities in the community.

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LIST OF ACRONYMS

CBO	community based organisation
CIDT	Community Informant Detection Tool
CPSW	community psychosocial workers
DFID	Department for International Development (UK Aid)
DHO	district health office
DoHS	Department of Health Services
DPHO	district public health office
FCHV	female community health volunteer
GoN	Government of Nepal
GPC	general principle of care
IASC	Inter-Agency Standing Committee
mhGAP HIG	Mental Health GAP Humanitarian Intervention Guide
MHPSS	Mental Health and Psychosocial Support Services
MoH	Ministry of Health
NGO	non-governmental organisation
NHSP-2	Second Nepal Health Sector Programme (2010–2015)
NHSSP	Nepal Health Sector Support Programme
NHTC	Nepal Health Training Centre
PRIME	Programme for Improving Mental Health Care
PTSD	post-traumatic stress disorder
SLC	school leaving certificate
TPO	Transcultural Psychosocial Organization
VDC	village development committee

1 BACKGROUND

The health system of Nepal as a whole is underdeveloped and suffers from a significant paucity of mental health services. The situation is particularly poor in rural areas where around 80% of the population lives. Where mental health services do exist, they tend to be concentrated in urban areas. On average Nepal has 0.22 psychiatrists and 0.06 psychologists per 100,000 people (Luitel et al, 2015).

The devastating earthquakes of April and May 2015 had a profound and continuing effect on the psychosocial and mental health of thousands of individuals, families and communities in the country. They have also galvanised awareness on the need for improved mental health care services in Nepal.

To date, the government's health care system has not prioritised mental health and psychosocial service provision. Although many psychosocial issues do not require highly specialized care and can be addressed by trained psychosocial workers, access to these workers tends to be severely limited. To narrow the service gap, the Transcultural Psychosocial Organization (TPO) Nepal, has set out to train community members in basic psychosocial care and mobilise them as community psychosocial workers (CPSWs) in four earthquake affected districts: Ramechhap, Dolakha, Kavreplanchowk and Nuwakot.

Based on the Inter-Agency Standing Committee's (IASC) guidelines, TPO Nepal has trained and mobilized psychosocial workers able to provide basic mental health and psychosocial support services (MHPSS) services at community level under its MHPSS programme. These inputs meet an important need in Nepal's post-earthquake context where the direct and delayed impacts of the earthquakes are still highly evident.

Under this initiative TPO Nepal has recruited and trained 52 CPSWs from village development committees (VDCs) across the four districts. Each CPSW was nominated by his/her local community with the exception of Nuwakot where CPSWs trained by TPO Nepal under a separate UNICEF and Australia Aid project were reassigned. A list of participants and attendance registers are included as Annex 2.

The training totals 120 hours in three phases. The first two phases are for seven days each and the third for six days. The first phase has been completed and covered different types and aspects of psychosocial problems, counselling, communication skills, stress and coping mechanisms, and psycho-education. The second phase, to follow, will cover basic information on mental health disorders such as epilepsy, conversion, trauma and its effects, suicide and appropriate psycho-social facilitation skills. The final phase will cover mass conversion, case management skills for various disorders, planning, relaxation exercises and problem solving skills. In all three phases, processes related to documentation, referral and coordination with health facilities are highlighted. Details of the various training modules included in the three phases are provided in Annex. 1.

Upon completion of phase one training, the CPSWs were assigned the primary responsibility to identify people in their community and surrounding area experiencing psychosocial problems, provide them with basic emotional support, refer cases to psychosocial counsellors and health facilities (where health workers are trained on MHPSS), conduct community based orientation programmes, and supervise and support female community health volunteers (FCHVs) on the use of the Community Informant Detection Tool (CIDT).

1.1 Major Roles and Responsibilities of CPSWs

The major role of CPSWs is to act as a bridge between patients who need help for psychosocial issues and mental illness and appropriate health facilities. CPSWs are also expected to play a key role in orienting communities on psychosocial problems, mental illness and ways to counter the social stigma normally associated with these conditions. Specifically, their responsibilities are to:

- provide psychosocial support in the community including home-based care where needed
- develop networks and links between health facilities and TPO Nepal's counsellors for people in need
- work at community level to ensure that community based orientation and interaction focusing on MHPSS issues are carried out
- sensitise key community members such as political leaders, VDC secretaries, members of mothers' groups, traditional healers, teachers, and various club members on mental health and psychosocial problems, pioneering the anti-stigma campaign
- refer people identified with psychosocial or mental health problems to those health facilities using the CIDT
- ensure the follow-up of patients under the care of the health facilities following referrals
- prepare and submit monthly reports to counsellors.

1.2 Selection Criteria for CPSWs

As noted above, in Nuwakot district, TPO Nepal re-assigned CPSWs trained previously under a UNICEF and Australian Aid programme in order to better synchronise project activities in the district. In the remaining districts, TPO Nepal staff coordinated with women and children offices (WCOs), district health offices (DHOs), community health facilities, and local organisations (NGOs and community based organisations [CBOs]) to identify appropriate CPSW candidates.

Several rounds of discussion with DHOs, and local NGOs were held to come up with the basic criteria for CPSW selection, which were as follows:

- Minimum qualification of School Leaving Certificate (SLC)
- Prior experience in the psychosocial field
- Resident of the respective working VDC and willing to travel to remote areas
- Preference given to those from marginalised groups and females

2 OBJECTIVES OF TRAINING

The overall aim of the training programme was to develop the capacity of CPSWs to identify and support people with mental health issues and psychosocial problems in the community. Its specific objectives were to:

1. build the capacity of CPSWs to understand mental health and psychosocial problems in the post-earthquake situation
2. build the capacity of the CPSWs to identify people with mental health and psychosocial problems
3. enhance the communication skills of CPSWs to help them provide psychosocial support to people in need
4. enhance CPSW's capacity to provide psycho-education and emotional support
5. build the capacity of CPSWs in community mobilisation and conducting community level orientation programmes on MHPSS
6. make people aware of the referral system and its links with other networks as well as available services for those that need them.

2.1 Preparation and Description of Training Content

The training was carried out on the basis of modular and practical courses developed by a joint team of consultant psychiatrists, expatriate psychiatrists and psychologists of TPO Nepal appointed before the earthquake. Training modules prepared earlier by the National Health Training Centre (NHTC) and TPO Nepal were also adapted to improve the current training programme.

Experience drawn from earlier trainings on the ideal number of participants and facilitators and the content of each module were reflected in the training. Contextualisation of training content in the post-earthquake setting was undertaken by psychologists, clinical supervisors and TPO Nepal's consultant psychiatrists. For example psychosocial problems and stress management following natural disasters were given key importance and trainers were encouraged to draw on examples from the post-earthquake context.



Under the first seven days of training (phase one), topics covered included: the concept of psychosocial concerns and support; psychosocial problems; related causes and consequences; wellbeing; psychosocial counselling dos and don'ts; communication skills, and psychosocial education. Phase two (seven days) and phase three (six days) training will be run subsequently. Details of the first phase training programme and other two phases are included in Annex 1.

3 TRAINING METHODOLOGY

Different training methods were used including: mini lectures, PowerPoint presentations, discussions, role plays, case sharing, brainstorming cases and art work. Relaxation techniques were also taught so that participants would be able to teach these in their communities. In between sessions, various games and 'entertainments' related to the training were organised.

3.1 Training delivery process

At the outset of training, the expectations of participants were collected following which key factual information and various processes were conveyed using mini lectures and power point presentations. In order to impart procedural knowledge and learn new skills, role plays were used wherein trainees were variously asked to play the roles of a psychosocial care provider, a patient and a care giver. This also helped cultivate empathy towards patients. Case sharing by clinical supervisors helped participants understand the nature of problems and possible solutions. Different relaxation exercises were also demonstrated. The strategic knowledge needed for planning, monitoring and documenting cases was imparted using examples of case sheets and record sheets. The active engagement of all participants was ensured through group activities, role plays and mini assessments between lectures.



3.2 Assessment of Training Outcomes

A pre-test was carried out before training session in order to determine participants' knowledge levels and their attitudes and perceptions towards mental illness. Further, as noted, their expectations of the training programme were collected.

Following completion of the course, participants were given a post-test questionnaire with the same questions as those used for the pre-test. Comparing participants' post-test and pre-test scores enabled TPO Nepal to



assess whether the training was successful in increasing participants' knowledge and skill levels. Rapid daily evaluations of the training course were also carried out.

Feedback was also collected to see whether expectations had been met while verbal and nonverbal feedback from trainees normally allowed trainers to determine whether the desired learning had occurred. This information was then used to improve future training sessions. The questionnaires are included as Annex 3.

Planned activities Vs. Achievements in brief:

Planned activities under PD 5	Achieved
Hire CPSWs	As planned, 52 CPSWs were hired in consultation with the WCO, DPHO and local NGOs
Develop training materials and reading materials	7 days training materials were adopted and prepared for this phase of training to CPSWs
Take technical support from expert clinical supervisor	The content of the training was reviewed by TPO Nepal's clinical manager, clinical supervisor and trainers
Finalise CIDT tool to use for CPSW	CIDT contextualized for use in post-earthquake districts
Conduct first phase of 7 days of training for CPSWs	Training conducted during December, 2015 in both Dolakha and Ramechhap districts

After the training each CPSW was mobilized to their respective VDC/municipality to conduct community level activities including: community orientation (including conducting anti-stigma programmes); providing basic psychosocial support including psycho-education; visits to health facilities to encourage people for continue care; involving FCHVs in CIDT training, coordinating with local stakeholders and monthly supervision and reporting. The detailed work plan is provided as Annex 4.

4 LIST OF REFERENCES

Inter-Agency Standing Committee. (2007). Guidelines for Mental Health and Psychosocial Support in Emergency Settings, Geneva.

Inter-Agency Standing Committee (IASC) Reference Group for Mental Health and Psychosocial Support in Emergency Settings. (2015). *Nepal Earthquakes 2015: Desk Review of Existing Information with Relevance to Mental Health and Psychosocial Support*. Kathmandu, Nepal.

Luitel, N. P., Jordans, M. J., Adhikari, A., Upadhaya, N., Hanlon, C., Lund, C., & Komproe, I. H. (2015). Mental health care in Nepal: current situation and challenges for development of a district mental health care plan. *Conflict and health*, 9(1), 1.

ANNEX. 1: CPSW TRAINING CONTENT

First Phase (seven days)

Day	Content	Remarks
1	Registration, welcome Introduction: through affirmation name Pre-test, Objectives of training Overview of training Bio-psychosocial module What is psychosocial? What is a psychosocial problem? Causes of psychosocial problems (focus on earthquake) Effects of psychosocial problems Daily Evaluation	Through emotional movement Written test Drawing and group work Brain storming Presentation
2	Review of day 1 Characteristics of helpers/social workers Counselling Approach: emotion focused What is counselling? What is not counselling? Principles of counselling Personal values (Who am I?) Daily Evaluation	Presentation Sharing in peer, small and big groups Brain storming
3	Review of day 2 Basic communication skills Verbal and non verbal Review Daily Evaluation	Presentation Lecture Discussion, sharing Brainstorming Games, role play
4	Review of day 3 Role play: communication skills (verbal & nonverbal) Communication barriers Daily evaluation	Role play Presentation Group work Brain storming
5	Review of day 4 Behaviour Activation Psycho education Daily Evaluation	Role play Presentation Group work Brain storming
6	Review of day 5 Assessment stress and coping strategies (focus on earthquake) Daily Evaluation	Presentation Games Practice with case Brain storming
7	Issues of community orientation Social network Documentation Post test Daily Evaluation Over all training evaluation	Presentation Games Practice with case studies and formats Brain storming

2nd Phase (seven days) - planned

Day	Content	Remarks
1	Registration, welcome Introduction: through affirmation name Objectives of training Overview of training Discussion and practice of difficult cases Review Basic communication skills Daily Evaluation	Emotional movement Written test Drawing and group work Brain storming Presentation
2	Review Assessment Conversion Disorder Epilepsy Daily Evaluation Behaviour Activation	Presentation Sharing in peer, small and big groups Brain storming
3	Review Stress and Coping strategies Trauma & trauma Management Daily Evaluation	Presentation Lecture Discussion Sharing Brainstorming Games Role play
4	Review Managing suicidal ideation Sexual, substance abuse Daily Evaluation	Lecture Creative activities with role play Brain storming
5	Review Functional Complaint Case Management skill Daily Evaluation	Role play Presentation Group work Brain storming
6	Review Tree of life Daily Evaluation	Presentation Games Practice with cases Brain storming
7	Daily Evaluation Facilitation skill (focused on community based) Issues of Community Orientation social Network Planning Documentation Daily Evaluation Over all Training Evaluation	Presentation Games Practice with case studies and formats Brain storming

3rd phase (six days) - planned

Day	Content	Remarks
1	Registration, welcome and report collection Overview of training Review of previous content Experience sharing Discussion and practice of difficult cases Daily Evaluation	Through emotional movement pattern ball Written test Drawing and group work, Brain storming Presentation
2	Review Mass conversion disorder Resiliency Peer group Support Trauma & trauma Management (trauma healing cards) Daily Evaluation	Presentation Sharing in peer, small and big groups Brain storming Role play (individual and group: feedback)
3	Review Case management Problem management skills Drawing Relationship chat Full sentence game Story Daily evaluation	Presentation , Sharing in peer and small and big group, Brain storming Role play (individual and group role plays: feedback)
4	Review Relaxation exercise, safe place Brief information on mental health & illness Tapping game (1-2, 1-2, 1-2.....wow) Feedback skills Self-care Daily evaluation	Presentation Lecture Discussion Sharing Brainstorming Games Role play
5	Review Practice in different cases Feedback Practice with session plan Case close Case referral to counsellor Daily evaluation	Lecture Creative activities with role play Demonstration Individual & group role plays Positive thinking games
6	Review Contd. Practice agencies Planning Documentation Daily Evaluation Over all Training Evaluation	Presentation Games Practice with case studies and formats Brain storming

ANNEX 2: LIST OF PARTICIPANTS

Of the total 52 CPSWs trained and mobilized, 21 from Ramechhap, 20 from Dolakha, 6 from Kavre and 5 from Nuwakot district as shown below.

SN	Name of CPSWs	VDC/Municipality
	Ramechhap District	
1	Nira Ghising	Gaagal Bhadaure
2	Rajuram Pathak	Tokkerpur
3	Bhimu Moktan	Dpramba
4	Jhanak Maya Tapa	Bhirpani
5	Sunita Majhi	Manthali
6	Aarti Shrestha	Kubhu
7	Bhagwati Karki	Rasnal
8	Palamu Sherpa	Gupteshwor
9	Shova Gautam	Saipu
10	Bharat Shahi/Sati Devi	Ramechhap Municipality
11	Utsav Chalise	Khimti
12	Sushma Khatri	Gelu
13	Bina Tamang	Puranagaun
14	Mina Dhungel	Pakarbans
15	Goma Thapa Upreti	Bhatauli
16	Luk Bikram Dhungel	Kathajor
17	Ganga Subedi	Sanghutar
18	Manju Bakhrel	Deurali
19	Uddhav Karki	Sunarpani
20	Sati Devi	Ramechhap Municipality
21	Bhagwati Karki	Preeti
	Dolakha	
1	Santosh Thami	Khopachangu
2	Akabar Tamang	Gaurisanker
3	Gauri Karki	Jiri
4	Sumitra Regmi	Lakuri Danda
5	Neema Yangzi Sherpa	Marbu
6	Sujata Upreti	Powati
7	Gita Shreshtha	Suri
8	Sushmita Thami	Alampu
9	Rabin Neupane	Boch
10	Sangita Karki	Malu
11	Apsara Paudel	Bhimeshwor

12	Kamala Shrestha	Katakuti
13	Laxmi Shivakoti (A)	Sunkhani
14	Kalawati Thami	Suspakshemawoti
15	Laxmi Shivakoti (B)	Sundrawati
16	Nirjala Acharya	Bhimeshwor
17	Laxmi Shrestha	Bhedpu
18	Tulasha Pokhrel	Japhe
19	Shrijana Pathak	Lamidanda
20	Rohit Shivakoti	Babare
	Kavre Palanchowk	
1	Sanu Shreshtha	Ugratara
2	Pramila Bajgain	Ugrachandi
3	Sushil Sapkota	Rayale
4	Sarada Bajgain	Sharda Bateshe
5	Laxmi Magar	Budhakhani
6	Manoj Karki	Nasikasthan
	Nuwakot	
1	Kakani/Okharpauwa	Sameer Lama
2	Tukche/Deurali	Yasodha Rijal
3	Manakamana/Phekuri	Goma Bhatta
4	Narjamandav/Uleni	Birochan khanal
5	Kavilash/Panchakanya/Khalranitar	Sabitri Lamichhane

The training attendance sheets, including both participants and trainers are included below:

Transcultural Psychosocial Organization (TPO), Baluwatar, Kathmandu
Seven Days CPSW Training I Phase
Project: DFID
Venue: Manthali, Ramechhap Date: 24 Dec. 2015 to 30 Dec. 2015

SN	Name	Address	Phone No	Signature							Remarks
				DAY							
				I	II	III	IV	V	VI	VII	
1.	Laxmi Bishnu Magar, Kathjuar	9844283740	9844283740	Lax	Lax	Lax	Lax	Lax	Lax	Lax	
2.	Kamala Karki, Pakarbas	9844283740	9844283740	Kar	Kar	Kar	Kar	Kar	Kar	Kar	
3.	Seraksha Prasain, mugitar	9844283740	9844283740	SP	SP	SP	SP	SP	SP	SP	
4.	Goma Thapa, manthali	9844283740	9844283740	GTh	GTh	GTh	GTh	GTh	GTh	GTh	
5.	Shrijana Karki, Pakarbas	9844283740	9844283740	SK	SK	SK	SK	SK	SK	SK	
6.	Ayudya Thapa, Pinkhuri	9844283740	9844283740	AT	AT	AT	AT	AT	AT	AT	
7.	Bhimsu Doma Makin, Daramba	9844283740	9844283740	BM	BM	BM	BM	BM	BM	BM	
8.	Satidevi Ghimire, Ramechhap	9844283740	9844283740	SG	SG	SG	SG	SG	SG	SG	
9.	Laxmi Tamang, Bijulikot-6	9844283740	9844283740	LT	LT	LT	LT	LT	LT	LT	
10.	Susma Adhikari, Gnelu-7	9844283740	9844283740	SA	SA	SA	SA	SA	SA	SA	

Transcultural Psychosocial Organization (TPO), Baluwatar, Kathmandu

Seven Days CPSW Training I Phase

Project: DFID

Venue: Manthali, Ramechhap

Date: 24 Dec. 2015 to 30 Dec. 2015

SN	Name	Address	Phone No	Signature							Remarks
				DAY							
				I	II	III	IV	V	VI	VII	
10	मिना डुंगेल	पञ्चबाल-८	९८५४०८३८४								
12	मरुतकुमार शर्मा	रामेचhap-४	९८४४९६६९६								
13	गंगा सुवेदी	साधुपुर	९८५५५५५५५								
14	महेश्वरी (पौडेल)	देउराली	९८४४४४४४४								
15	पल्लव श्रीवा	रस्ताला -८	९८५५५५५५५								
16	Bhargava Karki	priti - 5	9741002256								
17	Shobha Gautam	saipu - 7	9849999204								
18	Uddhar Karki	Manthali - 2	9849958231								
19	Bina Tamang	puranagun-3	9844250386								
20	Sunita Majhi	Mugitar Manthali	9860670860								

Transcultural Psychosocial Organization (TPO), Baluwatar, Kathmandu

Seven Days CPSW Training I Phase

Project: DFID

Venue: Manthali, Ramechhap

Date: 24 Dec. 2015 to 30 Dec. 2015

SN	Name	Address	Phone No	Signature							Remarks
				DAY							
				I	II	III	IV	V	VI	VII	
21	Rajuram Pathak	Tokarpur-2	9860883354								
22	Jhanakmaya Thapa	Bhirpani-5	9803062059								
23	Srijana Karki	Banti -	9844437804								
24	Arati Shrestha	Kumbukasthali	9744065068								
25	Nira Chhishiny	Gagalbhadrare	9844234096								
26	Ashish Aryal	Chitwan	9851177591								
27	Oshab Chalise	Bethon 4	9803096334								
28	Manju Shakti	TPO	9841638471								
29	Tulasa Dhungel	,	9844437547								
30	Manis Verma	TPO	9843052037								

Transcultural Psychosocial Organization (TPO), Baluwatar, Kathmandu

Seven Days CPSW Training I Phase

Project: DFID

Venue: Manthali, Ramechhap

Date: 24 Dec. 2015 to 30 Dec. 2015

SN	Name	Address	Phone No	Signature							Remarks
				DAY							
				I	II	III	IV	V	VI	VII	
31.	Surekha Dahal	NHSC, Teke	9842357423	2	2						
32	Dr Pushpa B. B. B.	NHSC	9851017334		Bun						
33	Sarita Shrestha	TPO Nepal	9841786206	88	88	88	88	88	88	88	
34	Dipesh Upadhyay	"	9841168078	88	88	88	88	88	88	88	
35	Durga Bhandari	TPO Nepal	984276474						88	88	
36	Padam Subedi	TPO Nepal	9868125414						88	88	
37	Pandab prasad	"	9854040855						88	88	
38											
39											
40											

Transcultural Psychosocial Organization (TPO) in collaboration with MoHP/NHSSP/DHO

Supported By DFID

Supplies

Mental health and Psychosocial Training

Attendance Sheet

Date: 2072/09/09 to 2072/09/15 (Dec 24 to Dec 30, 2015)

[illegible]

Attendance Sheet

Date: 2072/09/09 to 2072/09/15 (Dec 24 to Dec 30, 2015)

S.N.	Name	Address	Signature						
			day 1st	day 2nd	day 3rd	day 4th	day 5th	day 6th	day 7th
23	Sangita Warkti	Japhe Dolakha							
24	Laxmi Shiwakoti	Sankharhi-1							
25	Kumari Shrestha	B.M.P-4							
26	Apsara Basnet	B.M.P-8							
27	Tara Maya B.K	Chaukot							
28	Ganga Rimal	TPO Nepal							
29	Kalo Nepali	Facilitators							
30	Pramila Sedhwa	TPO Dolakha							

31 Ganesha Pr Poudel T.P.O Dolakha

32 Kumar Poudyal "

ANNEX 3: PRE AND POST EVALUATION QUESTIONNAIRES

As noted, pre and post evaluations were conducted to assess participants' knowledge, attitudes and perceptions related to psychosocial issues and concepts. In addition, a few open-ended questions were asked during post evaluation about the content of the training and the quality of the trainers. The following questionnaires were used:

Name:

Date:

District:

VDC:

Read the following questions and tick one alternative whichever you think is appropriate

1. What are psychosocial problems?
 - a. Social problems only
 - b. Financial problems only
 - c. Household problem only
 - d. Problem arising due to the problems in interaction between individual and society
2. Active listening refers to
 - a. To listen to clients and not give any reaction
 - b. To listen to clients and give one word answers
 - c. To observe the clients, listen carefully and give reaction when required
 - d. To ask a lot of questions to client and give answers sequentially
3. Who can we help the client to decrease the sadness, fear, apprehension etc. at first in the community?
 - a. Doctors
 - b. Faith healers
 - c. Government
 - d. Family, close friends and community members
4. How can we decrease the sadness of mood of an individual?
 - a. Help the person financially
 - b. Able to develop environment of trust with the individual
 - c. To help him in his household works
 - d. To go along with his emotions
5. What is human trafficking?
 - a. To traffic the girls to other countries
 - b. Business of kidney transplant
 - c. Foreign employment but not giving the promised job
 - d. All of above
6. What is domestic violence?
 - a. Financial problems of the family
 - b. Physical and verbal abuse among the family members
 - c. Physical violence amongst friends

- d. To slaughter the animals of the community
7. What can be done to decrease stress?
 - a. Do not talk to anyone
 - b. Work in garden and farm
 - c. Do not eat anything
 - d. Take medication
 8. What are the effects of domestic violence in female?
 - a. Decreased energy, inability to work
 - b. Fear and shame
 - c. Feeling of worthlessness
 - d. All of above
 9. What types of questions are appropriate while talking to clients?
 - a. Many questions
 - b. Closed questions
 - c. Open questions
 - d. Questions with suggestions in between
 10. Why is psychoeducation given?
 - a. To reduce the psychological problems
 - b. To prevent the physical illness
 - c. To remove the wrong perception of an individual
 - d. To solve the problems related to sudden traumatic event
 11. Hari's son hasn't returned home for last 15 days. Initially he thought his son might have gone to a friend's place but he couldn't find him after searching for days. Nowadays Hari has many uncertainties. He has apprehension with lack of sleep, headache, palpitations and fear. What problems does Hari have?
 - a. Fear
 - b. Suspicion
 - c. Anxiety
 - d. Depression
 12. Sita is 45 years old and she is taking anti-hypertensive drugs for last 5 years. She is fed up with medications and she wants to stop taking them. She doesn't like to go to anyplace and doesn't like to talk to people. She lies down in bed throughout the day. How can you help Sita as a psychosocial worker?
 - a. Advise her to stop medications
 - b. Refer to a physician
 - c. Provide psychosocial support
 - d. Ask her to go for a walk daily
 13. Talking about suicide to a person who is suicidal
 - a. Increases risk of suicide
 - b. Information should be given to the near ones of the clients
 - c. Emphasize on things other than suicide while talking to him

- d. Ask him about the events of recent past
14. What are the causes of conversion disorder?
- a. Stress
 - b. Hormonal imbalance
 - c. Adolescence
 - d. Not known
15. Why do you think people use addictive drugs?
- a. It is a kind of disorder
 - b. Inability of government to control them
 - c. As an option to reduce sadness
 - d. As an option to socialize with friends

For Post evaluation only

1. How was the overall training?
- | | | | |
|--------------|---------|-------------|-------------|
| a. Very Good | b. Good | c. Average: | d. Not good |
|--------------|---------|-------------|-------------|
2. How relevant was the content of the training?
- | | | | |
|--------------|---------|-------------|-------------|
| a. Very Good | b. Good | c. Average: | d. Not good |
|--------------|---------|-------------|-------------|
3. How was the presentation of the trainer?
- | | | | |
|--------------|---------|-------------|-------------|
| a. Very Good | b. Good | c. Average: | d. Not good |
|--------------|---------|-------------|-------------|
4. How useful do you think this training is going to be in your life/
- | | | | |
|--------------|---------|-------------|-------------|
| a. Very Good | b. Good | c. Average: | d. Not good |
|--------------|---------|-------------|-------------|

5. Write down the main contents discussed in this training

.....

.....

.....

.....

6. Write five most important things you learned in this training

.....

.....

.....

.....

7. Give some suggestions for the improvement of training, , if any

.....

.....

.....

.....

8. What were the positive aspects and what improvement would you suggest the facilitator?

Good aspects	Suggestions for improvement

ANNEX 4: FIELD DEPLOYMENT PLAN AND SCHEDULE

After the training each CPSW was mobilized to their respective VDC/municipality to conduct community level activities including: community orientation (including conducting anti-stigma programmes); providing basic psychosocial support including psycho-education; visits to health facilities to encourage people for continue care; involving FCHVs in CIDT training, coordinating with local stakeholders and monthly supervision and reporting. The detailed work plan is provided below:

Major activities	Dec 015	Jan-16				Feb-16				Mar-16				Apr-16				May-16				Jun-16				Jul-16			
		I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV
20-days Training																													
Community Orientation and Anti- stigma program																													
Psychosocial Support in the Community																													
Visit health facility																													
Involvement in FCHV Training																													
Meeting and Coordination																													
Supervision, monthly meeting and reporting																													