

Report on

Psychosocial Service Providers

in

Northern Province

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Abbreviations

BH	Base Hospital
CSO	Community Service Officers
DGH	District General Hospital
DTCC	District Tobacco Control cell
GBV	Gender Based Violence
GN	Grama Niladhari
IASC	Inter-Agency Standing Committee
INGO	International Non-Governmental Organization
ISA	In-Service Advisors
JTH	Jaffna Teaching Hospital
MOMH	Medical Officer (Mental Health)
MSFF	Medicens Sans Frontiers, France
NATA	National Authority on Tobacco and Alcohol
NGO	Non-Governmental organization
NGO	Non-Government Organization
NIMH	National institute of Mental Health
OPD	Out Patient Department
PDE	Provincial Director of Education
PHI	Public Health Inspector
PHM	Public Health Midwife
RARC	Regional Addiction Rehabilitation Centre
RDHS	Regional Director of Health Services
STD	Sexually Transmitted Disease
TRRO	The Refugee Rehabilitation Organization
UNICEF	United Nations Children's Fund
WDO	Women's Development Officers
WHO	World Health Organization

Executive Summary

The mapping of psychosocial service providers in the Northern Province was initiated by UNICEF to identify the psychosocial Service providers in the five districts of the Northern Province.

Representatives of the Health, Education and Social services providing psychosocial support to the population were also interviewed by Key Informant Interviews.

The methodology consisted of

1. Data collection from all the identified psychosocial service providers in the Non-state sector, using an interviewer administered questionnaire. Forty nine Organizations providing psychosocial support to the population were interviewed.
2. Key Informant Interviews with Key persons involved in psychosocial work – mainly in the state sector

The Mental Health Units of the Ministry of Health are functioning in all districts in the Northern Province, although the output varies between the five districts. In some districts the Health Ministry staff is not fully aware of the activities of the different NGOs. The NGOs should support and work in conjunction with the Health, Education and Social Services Ministries so that the affected population will be benefited.

Major constraints in carrying out the mapping were

- Short duration of the study
- Carrying out the study during the rainy and holiday season, with unexpected floods affecting the districts in which the study took place

The state sector takes the main brunt of the preventive and therapeutic aspects of mental health and the Non- Governmental sector is playing a major role in training (Mental Health workers) and livelihood programs for the affected population. Only one NGO (MSFF) in Mullaitivu is involved in Curative services for the mentally ill.

Rehabilitation of the mentally affected is insufficient and the non-state sector should play a major role in supporting the government in mental and physical rehabilitation of the affected populations.

The important recommendations were:

- Psychosocial work in the North should be intensified
- Mental and physical rehabilitation should be supported further
- Appointment of Psychiatrists for Mannar, Kilinochchi & Mullaitivu
- Reorganize the Mental Health services so that there is provision for continuing care and monitoring of victims & perpetrators of Violence (including domestic violence) and persons with attempted suicide.
- Plans for prevention of suicides and violence should be developed.
- NGOs should encourage and fund more regional research rather than at national level, with the objective of assisting in solving local problems.

- NGOs and INGOs working in these areas should lobby to implement these recommendations

Psychosocial Service Providers in the Northern Province

A mapping of psychosocial service providers was carried out at the request of UNICEF. This exercise was attempted as there was a dearth of information on psychosocial service providers currently working in the Northern Province of Sri Lanka.

The work assignment was to map contact points and personnel involved in psychosocial work, which can contribute to the psychosocial well being of vulnerable individuals, families and groups, at community level in the Northern Province.

The assignment also included the identification of service gaps.

1. Introduction

a. Definition of psychosocial problems

Psychosocial is defined in several ways

Mental health and psychosocial support is a composite term used by the IASC guidelines to describe any type of local or outside support that aims to protect or promote psychosocial well-being *and/or* prevent or treat mental disorder.

For many aid workers these closely-related terms reflect different, yet complementary, approaches.

Agencies outside the health sector tend to speak of *supporting psychosocial well-being*. People working in the health sector tend to speak of *mental health*, but historically have also used the terms *psychosocial rehabilitation* and *psychosocial treatment* to describe non-biological interventions for people with mental disorders. Exact definitions of these terms vary between and within aid organizations, disciplines and countries.

The IASC guidelines provide guidance on how a wide range of actors in diverse sectors can protect and improve mental health and psychosocial well-being. However, some actions should cover clinical interventions that should be implemented only under the leadership of mental health professionals

In this mapping exercise psychosocial is taken to be any type of local or outside support that aims to protect, promote psychosocial well being and or prevent or treat mental disorders

During the past three decades, the Northern Province has been exposed to several stresses and the population has been exposed to widespread trauma and loss of family members. This has left an impact on the family and social process with effect on intra & intra effects

b. The need for a mapping

Ethnic disturbances have been affecting Sri Lanka for over five decades and intensified fighting has been affecting the Northern Province for the past three decades. The victory of the LTTE was announced by the Government of Sri Lanka on the 18th of May, 2009.

The fighting resulted in massive casualties and displacement. The establishment of High Security Zones during the 1990s resulted in displacement of populations and some on them still remain displaced.

According to Daya Somasundaram (2007), complex situations that follow war and natural disasters have a psychosocial impact on not only the individual but also on the family, community and society. Just as the mental health effects on the individual psyche can result in non pathological distress as well as a variety of psychiatric disorders; massive and widespread trauma and loss can impact on family and social processes causing changes at the family, community and societal levels.

The displacements during the past several decades have resulted in psychological trauma and social catastrophes. The continued massive military presence, existence of paramilitary groups and insufficient assistance to rehabilitation has resulted in further trauma among the displaced populations.

These populations need psychosocial assistance to a large extent to put them back on their feet. This assessment is to identify the services available and provide this assistance

c. Demography of Northern Province

The Northern Province has an area of 8,884 square Kilometers. In its closest point, in the North-Western coast, the Northern Province is located 30 km from India.

The Northern Province is mostly a flat area of plains between 30 to 200 meters above sea level covered by jungle or tropical forest. The Northern Province is divided into two distinct geographical areas – the Jaffna Peninsula (Jaffna District) and the mainland (consisting of Kilinochchi, Mullaitivu, Vavuniya and Mannar districts). The Jaffna peninsula has no rivers and is irrigated by underground aquifers, while the mainland has several irrigation tanks.

The Jaffna peninsula has several lagoons – the Jaffna lagoon, Nanthikadal lagoon, Chundikulam lagoon, Vadamarachchi lagoon, Upparu lagoon, & Kokkulai lagoon.

The Northern Province has several islands on its western side. They are, Mandaitivu, Kayts, Pungudutivu & Karainagar which are accessible by road and other islands like, Nainativu, Analaitivu, Eluvaitivu and Delft which are accessible only by boat.

According to the 2009 census (Published in the Northern Provincial Council statistical handbook - 2010), the Northern Province has a population of 1,183,629. A vast majority of the population are Tamil speaking.

The distribution of the population in the Northern Province is given in Table.1 and the vital statistical data is given in Table: 2.

Table: 1. Distribution of Population by Districts in Northern Province (as at 31.12.2011)

S. No	District	Population	Families	Number of Individuals	
				Male	Female
1	Jaffna	614,628	188,026	291,871	322,757
2	Kilinochchi	122,893	65,516	57,377	65,516
3	Mullaitivu	106,663	33,455	46,046	48,828
4	Vavuniya	186,415	50,800	92,360	94,055
5	Mannar	158,507	42,084	78,117	80,390
	Total	1,189,106	379,881	565,771	611,546

Source: Provincial Planning Secretariat (2012), Northern Province, Jaffna

Table: 2. Vital Statistical data for 2010 in Northern Province

Health Indicator	Northern Province	Jaffna	Kilinochchi	Mullaitivu	Vavuniya	Mannar
Population	1,109,106	614,628	122,893	106,663	186,415	158,507
Number of Live Births (2010)	18,200	9,970	1,057	1,141	4,656	1,376
Crude Birth Rate (per 1000 Population)	16.2	16.1	8.9	16.5	24.2	11.0
Number of Deaths in 2010	7,234	3,849	40	1,969	1,060	316
Crude Death Rate (per 1000 population)	6.5	6.2	0.3	28.5	5.5	2.5
Infant deaths for 2010	253	145	15	12	70	11
Infant Mortality Rate (per 1000 live births)	13.9	14.5	14.2	10.5	15.0	8.0
Number of Maternal Deaths	11	5	2	0	2	2
Maternal Mortality Rate (per 100,000 live births)	60.4	50.1	189.2	0	43	145.4

Source: Provincial Planning Secretariat (2012), Northern Province, Jaffna

2. Methodology

The methodology involved data collection using an interviewer administered questionnaire and Key Informant Interviews (KII)

A questionnaire (Annex 1) was used to collect the particulars from the Service providers in the Northern Province.

The questionnaire was prepared by the consultant in consultation with others involved in psychosocial work. This was presented to the Colombo Psychosocial working group meeting held at the UNICEF on December 07, 2011. The suggestions of the working group were incorporated in to the questionnaire. The final draft was field tested and used

Initially lists of psycho-social service providers were obtained from different sources such as:

1. The Jaffna district Psychosocial forum at the RDHS office Jaffna
2. Web site of the Consortium of humanitarian Agencies (CHA)
3. UNOCHA
4. MO Mental Health in the different districts
5. Psycho social Working Group of the UNICEF

A list of all psychosocial service providers was prepared.

Telephone calls were made to the institutions and those confirmed as non-functioning were deleted. However, additional Psychosocial providers detected in the field were also included.

The following persons were requested to assist in the mapping and they readily obliged

Mr G Krishnakumar, Coordinator, Psychosocial Forum, RDHS office Jaffna.
 Dr M Jeyarasa, MO Mental Health, District General Hospital, Kilinochchi
 Dr K Aruljothy, MO Mental Health, District General Hospital, Mullaitivu
 Dr S Suthakaran MO Mental Health, Vavuniya
 Dr (Mrs) K Suhanthy MO Mental Health, Mannar
 Dr PAD Coonghe, Registrar Community Medicine, MD Trainee of the PGIM

They utilized the staffs who were involved in psychosocial work in their respective districts to assist them. Most of the field visits and completion of the survey forms (annex 1) was carried out by the psychosocial field staff. The reports on the activities of the Mental Health services activities were provided by the Coordinator of the psychosocial forum in Jaffna and the MOs in Mental Health in the respective districts.

Key Informant Interviews (KII) with key persons involved in psychosocial work in the education and Social services Ministries were conducted by the chief investigator. The list of such persons met and interviewed is given in annex 2.

3. Contribution of the State Health Sector to psychosocial activities

In the Northern Province, the State Health sector plays an important role in coordination of the activities of the psychosocial work. The coordination is done by the Regional Directors of Health Services (RDHS) of each District. Although there is a disparity in the extent of the activities of the five RDHS divisions, all RDHS have psychosocial forums organized.

In addition, each of the RDHS has a Medical Officer Mental Health (MOMH), who coordinates the Mental Health activities in each District. The Health Ministry's activities in mental health are synonymous with the psychosocial work. The activities in the five districts vary from one another, depending on the availability of Human, material and financial resources available. The interest and dedication of the staff is also an important factor.

Mental Health Services in Jaffna District

The Jaffna District has a psychiatrist attached to the Jaffna Teaching Hospital with Inpatient facilities at Base hospital Tellippalai and Point Pedro. Out patient Care is provided at Jaffna Teaching Hospital, three Base Hospitals (Tellippalai, Point Pedro & Chavakachcheri) and two Divisional hospitals (Velanai and Maruthankerny). 3300 new patients were seen by the mental health team in 2010.

There are no consultant psychiatrists at present in the state sector in other districts except Vavuniya. The psychiatrist based in Jaffna visits the Kilinochchi and Mullaitivu district to provide Out-patient care. However there is currently a psychiatrist and a Psychologist from the MSF France working in Mullaitivu. They will probably continue until the end of 2012. Mannar is being visited by a Psychiatrist from NIMS, Angoda.

The psychiatric Unit at BH Tellippalai has 33 beds and the mean number of patients per day was 44.7 with a bed occupancy rate of 136%. The BH Point Pedro has 25 beds and a mean number of patients of 17.8. The bed occupancy rate for 2010 was 71%. (RDHS Jaffna, 2011)

In an attempt to make mental health community based, a three tiered model of community mental care has been established in Jaffna District.

At the bottom of the pyramid are Mobile teams, Community Mental Health workers, Primary Health Care (PHC) staff, Teachers, NGO workers, Probation assistants etc. In the middle is the Multi-disciplinary team. At the apex are the Psychiatrist and the MOMH.

A Multi Disciplinary team (a group consisting of Counselors, social workers, occupational therapist, vocational trainer and relaxation therapist) function in four major hospitals (Jaffna

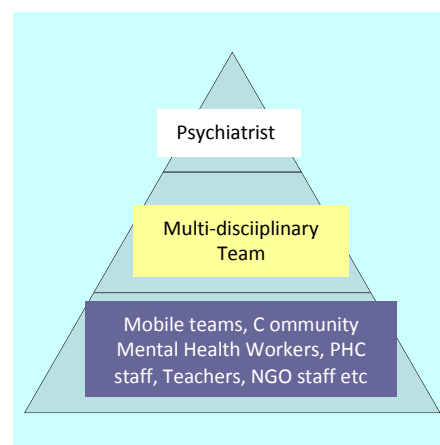


Fig. 1. Model of Community Mental care in Jaffna

Teaching Hospital, Tellippalai Base Hospital, Point Pedro Base Hospital and Chavakachcheri Divisional Hospital).

The middle level multidisciplinary team handles a large number of clients, who are in need of a variety of psychosocial interventions (like counseling, training in relaxation techniques, social support, occupational and vocational training and rehabilitation and reintegration of clients with serious mental illness. However this middle level multi-disciplinary team although functioning for a few years has not been “officially” recognized by the Ministry of Health and absorbed into the Health Ministry’s regular cadre. Financial assistance is on an “ad hoc” basis by NGOs. This challenges the sustainability and continuity of this service

A Mobile team is based in the RDHS office Jaffna. The team consists of a community psychiatric nurse, a counselor, a community mental Health educator and a social worker. The payment of salaries is supported by NGOs and transport to the field is provided by the RDHS. The mobile team provides counseling and referral to a higher level.

According to the Psychiatrist in Jaffna, this service has reduced relapses and readmissions among mentally ill patients (RDHS Jaffna, 2010)

A Residential Regional Addiction Rehabilitation Centre (RARC) with four beds was opened in 2008, at BH Tellippalai and still continues to function. This is manned by Non-Governmental staff. This centre is primarily targets alcohol dependent clients. At present this service is not geared enough to handle other types of substance abuses.

A District Tobacco Control cell (DTCC) was established by the National Authority on Tobacco and Alcohol (NATA) was established on April 27, 2010 and still continues to function.

An information and intervention centre for those exposed to *Gender Based Violence (GBV)* was established at Jaffna Teaching Hospital (JTH) in 2008. The “GBV Desk” is located adjoining the Psychiatric Clinic at the OPD of JTH. However it is administered by the RDHS with Technical guidance from the Psychiatrist. A coordinator manages the “GBV desk” with financial support from UN agencies. Women Development Officers from the office of the Divisional Secretary, assist the Coordinator at the GBV desk in rotation.

The reported cases for 2009, 2010 & 2011 (Jan-June) is given in Table 3

Table 3: Types of Gender Based Violence reported at the GBV desk during 2009 to 2011 (June)

GBV	2009	2010	2011 (Jan-June)
Domestic Violence	218	205	119
Premarital sex / Cheating/ Unmarried Pregnancy	56	50	36
Social, Economic, psychological, emotional violence	93	48	19
Extra marital affairs	10	05	12
Sexual abuse (aged 18 years and below)	05	02	0
Illegal abortion	04	07	3

Rape	09	03	2
Total	395	320	191

In an attempt to overcome the overcrowding in the psychiatric wards and as an attempt to integrate the long stay patients with their families, two “*Intermediate care Centers*” were established in the Jaffna District – one near the Tellippalai District Hospital and the other near the Point Pedro Base Hospital. Each of these centers caters to six mentally ill patients at a time.

So far, more than 100 patients have benefited. Plans are ahead to integrate the Intermediate Care centers in Tellippalai and Point Pedro into one centre and place it at the former “Cooperative Hospital” premises in Tellippalai

Mental health services in Kilinochchi District

The mental Health Unit at Kilinochchi was started in January 2009, after the war ended and the population started to return to their homes. The mental Health unit is based in the Kilinochchi hospital, and a MO MH is in charge. The service covers the entire district with a population of 125,000 living in four Divisions.

The hospital has four beds for male & four beds for female patients in the Medical ward. There is no separate psychiatric ward. The average monthly admission is 10-15 patients. Limited rehabilitation and vocational training is provided.

In addition to clinics at District General Hospital Kilinochchi, out reach clinics are conducted in the following places

- Akkarayankulam monthly
- Uruthirapuram monthly
- Mulankavil monthly
- Poonakary monthly
- Vaddakachchi monthly
- Tharmapuram monthly
- Pallai monthly

The World Health Organization, World Vision, MSF, and “Amaithi Therdral” a local NGO has provided Counselors and Community Support Officers. With their assistance, the Mental Health Unit carries out, Community Mental Health awareness programs, in the form of group discussions, and person to person educations in the community and schools.

Mental Health services in Mullaitivu District

The Mullaitivu district has a Medical Officer Mental Health. He coordinates the psychosocial and Clinical activities.

There is no ward exclusively for patients with psychiatric illnesses. Patients who need admission are admitted to the medical ward or transferred to General hospital Vavuniya.

Patients are seen at Clinics in the locations given in Table 4

Table: 4. Number of Patients attending Mental Health Clinics in Mullaitivu District

No.	Institutions	Frequency	Patients seen for 2011		
			New cases	Follow up	Total
1	District General hospital, Mullaitivu	Daily	196	909	1105
2	District Hospital Mallawi	Twice a month	29	408	437
3	Divisional hospital Oddusuddan	Monthly	26	384	410
4	District Hospital Mankulam	Monthly	31	121	152
	TOTAL		282	1'822	2'104
5	Kalveli (Puthukudiyiruppu)	Monthly	Started recently Data not available		

On an average 24 new patients are calling over at the Mental Health clinics in Mullaitivu District General Hospital, every month. This is probably the 'tip of an iceberg 'and the main burden of disease is hidden in the community

The following Organizations have been supporting the Health Services

- The World Vision has been funding 10 community supporting Officers (CSO) and provided support in conducting training programs and publishing educational material. It has also donated a vehicle to the Mental Health Unit
- The World Health organization (WHO) had previously supported the CSOs and provides equipment to the Mental Health unit
- The MSF (France) is also conducting daily clinics in the premises of the Hospital, but outside the main building. It also supports the hospital with 6 counseling officers and proposes to provide a volunteer to handle Gender Based Violence issues
- The Probation officers and Counselors from the Divisional secretariat provided limited support

Mental Health Services in Vavuniya District

The Vavuniya district has a Mental Health unit functioning from the District General Hospital Vavuniya. It serves a population for over 200,000.

The Mental Health Unit has a Consultant Psychiatrist (Temporarily attached), a Senior Medical Officer (Mental Health), two other medical officers, four Nursing officers, two counselors and four attendants.

It has an outpatient's clinic and a ward with 12 beds for acute patients. The ward has limited recreational and occupational facilities and space for cultural and religious activities. The Mental Health clinic presently functions from the STD clinic

The other activities of the Mental Health Unit include:

- Visiting patients with poor compliance
- Out reach clinics in three peripheral hospitals in the district.
- Regularly visiting two long term care units for rehabilitation – Vaalvakam & Ananthallam
- Regularly visit two Elders homes – Anpaham & Sivan elders home
- Conducting awareness programs on topics such as Substance abuse, child abuse, mental illnesses, and suicides. These are conducted in schools, public institutions,

Some of the major constraints are

- lack of a vehicle for transport
- Insufficient space to conduct the clinic
- The ward needs expansion

Mental Health Services in Mannar District

The Mannar district has a MOMH based at the Mannar District General Hospital. The programs are coordinated by the MOMH

A psychosocial forum exists in Mannar and it coordinates the mental Health activities in the district. The Government and NGO staff participates and coordinate their activities.

In the Mannar District, the Mannar District General Hospital conducts Mental Health clinics every Monday, Wednesday, Thursday and Saturday. The Saturday clinic is especially for children.

The Hospital has a psychiatric ward. Although there is no psychiatrist permanently stationed in Mannar, the patients are monitored by Consultant psychiatrists from NIMH Angoda Teaching Hospital Ragama.

The Hospital also has a Gender Based Violence Unit functioning under the MOMH

In addition to the treatment and management of psychiatric patients, the hospital receives referrals for counseling and psychotherapy from the other wards, clinics, OPD, Schools, government and Non-governmental organizations and Institutions.

Mental Health Services is extended to the field by a Multi disciplinary team. The Team consists of the MOMH, Nursing Officers, Psychiatric Social Workers & counselors who provide medical treatment, counseling, relaxation exercises and Health education.

Treatment, Counseling and psychotherapy services are also provided at outreach clinics at the following state Divisional hospitals:

1. Pesalai
2. Murunkan
3. Adampan
4. Silavathurai
5. Thalaimannar
6. Periya pandivirichchan
7. Periyamadhu
8. Nanattan

The Multi-disciplinary team also carries out field visits to and conducts, screening, counseling, treatment, monitoring and referral where applicable

1. Alcohol Rehabilitation Centers
2. Elders Homes
3. Differently – able children’s school (MARDAP)

4. Contribution of Education sector to psychosocial activities

Jaffna District

Around 2001, the GTZ (Presently GIZ) provided 8 days training to teachers in schools in the Jaffna District and appointed them as “befrienders”

Out of these “befrienders”, 75 teachers were trained (in 2004) by the extramural unit of the University of Jaffna and worked as teacher counselors in the schools in the Northern Province. These teacher counselors were in 75 schools throughout the Province and assisted the “befrienders”. Out of these 75 today there are 43 still working.

In 2009, a project was started wherein a Training of Trainers (TOT) was conducted and 80 teachers were trained. Some of those trained were the former teacher-counselors. These trained teachers in turn trained 780 teachers in 600 schools in the Northern Province. They are working in the schools given in Table 1. Some schools in the Province

Table: 5. Distribution of teacher counselors in the Northern Province

<i>Educational Zones</i>	<i>Schools</i>	<i>Teachers trained</i>	<i>Educational Zones</i>	<i>Schools</i>	<i>Teachers trained</i>
Jaffna	74	74	Tunukkai	30	60
Vadamarachchi	30	30	Madhu	35	69
Thenmarachchi	30	30	Vavuniya North	45	91
Valigamam	102	102	Mannar	62	62
Islands	30	30	Vengala Chettikulam	53	53
Kilinochchi	70	140			
Mullaitivu	24	49	Total	600	780

(Especially in the newly resettled areas) have more than one teacher trained as the need is felt to be more in these areas.

Currently there are 43, experienced and effective teacher counselors in the Northern Province, who are considered as “Master counselors”. They are distributed as follows

Table 6: Distribution of Master counselors by District & Educational Zones

<i>District</i>	<i>Educational Zone</i>	<i>Number</i>	<i>District</i>	<i>Educational Zone</i>	<i>Number</i>
Jaffna	Jaffna	4	Mullaitivu	Mullaitivu	1
	Vadamarachchi	5	Vavuniya	Vavuniya North	4
	Thenmarachchi	2		Vavuniya South	4

	Valikamam	12	Mannar	Mannar	3
	Islands	3		Manthai	4
Kilinochchi	Kilinochchi	1	Total		43

The teacher counselors in the Jaffna District visit

- the Jaffna Teaching Hospital, 4 times a week by taking turns – one per day
- Point Pedro Base Hospital 2 days per week (when the mental Health clinics are held)
- Chavakachcheri Base hospital once week
- Velanai Divisional Hospital at irregular intervals, whenever requested
- They also visit other nearby school.

Resource Centre for Northern Province functions at the Office the Director of Education. It is to be shifted to another location soon.

This centre needs upgrading to monitor the work of the teacher counselors and also provide training for an additional 50 teacher counselors.

Vavuniya District

Selected schools are screened for children with special needs by the Mental Health team, and referred for treatment.

Mannar District

The Mannar District has two educational zones – Mannar & Madhu

The Mannar zone has 77 schools, which includes 33 primary schools (year 1-5). In 2003, four teachers were trained as “teacher-counselors” and three of them are currently working. In 2004 and 2009 another eighty four “Befrienders” were trained and twenty two are currently working.

In 2009, thirty eight teachers were provided with in-service training and they are working as Teacher counselors in 38 schools. Monthly supervision of these Teacher counselors is carried out by the ISA (Counseling).

The Madhu Zone has two trained “Master Counselors” and about 30 “befrienders”. After 2009, 62 teachers received a 6-days training.

5. Contribution of Department of Social Services to psychosocial activities

The department of Social services (which is under the Ministry of Social services) has teams in each Division to look after the psychosocial activities in the Community. They work under the administrative control of the Divisional secretary.

Each division has a Social Service Centre with one or more members in each category given below

- Counseling Assistant
- Social Officer
- Women's Development Officer (WDO)
- Child Rights Protection Officer (CRPO)
- Probation Officer
- Program Assistant for Probation and Social services.
- Clerical Staff

The *Counseling Assistant* provides counseling for those in need. However it is mainly passive case detection. And the persons receiving services is low. The clinics are held at the Social Service Centre in Nallur on Mondays and Wednesdays. At the Social Service Centre in Nallur (Jaffna District) there are less than 5 persons provided counseling every month. During the past one and a half years only 4 persons have been referred to the Hospital.

Although, the Grama Niladharis, NGOs, PHIs, PHMs, Samurthi Officers are expected to refer cases to the Social services centre, the referral is very poor.

The *Child Rights Protection Officers* (CRPO) are mainly involved in Law enforcement and Social rehabilitation. They carry out the following activities

- Formation of Village level child monitoring committee with the GN and Samurthi Officers. These are not functioning properly
- Creating awareness in schools regarding child rights
- Formation of Divisional level Child monitoring committees with PHMs, PHIs, NGOs. Etc. At Nallur Division the CRPO s have detected four sexual abuse – two of them from schools

The WDOs assist in self employment of women and work in gender Based Violence issues. They also provide legal assistance to the needy women

6. Contribution of NGOs to psychosocial activities

The contribution of the NGOs towards psychosocial services was evaluated using a questionnaire. The completed questionnaires are given in annexes 3 a-e

A total of 52 organizations were interviewed. The distribution of these organizations by Districts is given in Table 7. Fifty four percent of the psychosocial service providers are based in the Jaffna district. There are two registered service providers in Kilinochchi district although there are eight service providers from outside the Kilinochchi district and working there (Table: 8). These four service providers are based in other districts such as Jaffna, Vavuniya and Mannar.

Table 7: Distribution of Organizations providing psychosocial assistance in Northern Province

No	District	Number	Percent
1	Jaffna	28	54%
2	Kilinochchi	02	4%
3	Mullaitivu	01	2%
4	Vavuniya	9	17%
5	Mannar	12	23%
	Total	52	100%

Most of the service providers based in a particular district functions mainly in the district in which they are based. However some of them extend their service to adjoining districts. This distribution is given in Table: 8.

Although, Kilinochchi and Mullaitivu district together have only three service provider based in the particular districts, there are ten service providers working in Kilinochchi and seven service providers working in the Mullaitivu district.

Table 8: Distribution of Psychosocial Service providers by district based and districts served

District where Psychosocial Service provider is based	District served				
	Jaffna	Kilinochchi	Mullaitivu	Vavuniya	Mannar
Jaffna (28)	28	4	2	2	1
Kilinochchi (1)	-	2	-	-	-
Mullaitivu (2)			1		
Vavuniya (9)	2	2	2	09	2
Mannar (12)	-	2	2	3	12
Total (52)	30	10	7	15	15

The 52 Service providers carry out a variety of psychosocial activities. For the purpose of this survey they were classified into fifteen major categories given in Table: 9.

**Table: 9. Activities of psychosocial service providers (in the Non-state sector)
Within the Northern Province**

No	Psychosocial Activity	District					Total (52)	Percent of Total
		Jaffna (28)	Kilinochchi (1)	Mullaitivu (2)	Vavuniya (9)	Mannar (12)		
1	Training	16	-	1	7	6	31	59.6
2	Rehabilitation	5	-	-	6	6	17	32.7
3	Physiotherapy	4	-	-	2	3	09	17.3
4	Medical Treatment	10	-	2	4	5	21	40.4
5	Therapeutic counseling	7	1	2	4	5	19	36.5
6	Psychological support	9	1	2	3	10	25	48.1
7	Child related activities	12	1	1	6	2	22	42.3
8	Advocacy	7	-	-	4	1	12	23.1
9	Awareness creation	9	1	1	5	10	26	50.0
10	Coordination	13	-	-	5	2	20	38.5
11	Livelihood (Income Generation)	20	-	-	3	6	29	55.8
12	Long-term care	5	-	1	2	5	13	25.0
13	Legal assistance	4	-	1	1	5	11	21.2
14	Gender based issues	11	-	1	1	5	18	34.6
15	Construction	10	-	-	2	4	16	30.8
16	Any other	5	-			3	08	15.4

A majority of psychosocial service providers are involved in Training (59.6%) and Livelihood (55.8%). Lesser number of service providers is involved in long-term care (25%) and Physiotherapy (17.3%).

Even though 59.6% are involved in training, there appears to be not much coordination in production of quality products.

Considering the high number of disabled (Mentally and physically) it is necessary for service providers to make available these services - especially Community Based Rehabilitation. The disabled are handicapped due to restrictions in mobility as a result of their disability together with poor transport difficulties in the Northern Province.

Some Service providers work with the Ministry of Health to provide counseling in hospitals and schools. But only very few provide quality therapeutic counseling with qualified counselors. It is essential that those Service providers with staff qualified to train psychosocial workers should organize training courses with curricula of international standards, so that those trained by

them can be employed by other organizations for psychosocial work. There is a large need for those trained in psychosocial work for the next few decades.

7. Challenges

- The Northern Province of Jaffna has borne the major brunt of the war. Although the war has ceased, the psychological effects of the trauma continue.
- Even within the province there is no equity in the distribution of services. The neediest areas have the least provision of psychosocial services.
- Recognized
- Delays in approval of projects by the Presidential Task force appears to be a major constraint
- Ex-combatants and war widows form a sizable population of those in need of psychosocial assistance. But most of them remain inaccessible; the services available to them are not included in this report. They need to be linked to the existing services provided by the Social services department and NGOs & INGOs
- The Health Ministry is the main provider of the services to the people and is assisted by the NGOs and INGOs.
- Most of the services are presently continuing with limited resources (Human, material & financial)
- Even the limited services provided concentrate on adults. The Mental Health of the children mentally retarded and elderly are neglected. There is no follow-up services for the mentally retarded
- Even the exiting follow-up services are short-term interventions.
- The meager data available from Jaffna regarding Gender-based violence shows that there is a gradual increase. The follow up of these persons do not continue for more than a few weeks.
- The perpetrators of violence are not followed up in order to identify the psychological problems in them and take corrective and preventive action.
- It is known that persons subjected to sexual violence are more likely to undergo personality changes and more likely to be perpetrators of violence and there is a need for these persons to be followed up for longer periods
- It is also known that young children who are exposed to sexual violence are more likely to become promiscuous and likely to get into sexual problems later in life
- It is also known that persons admitted with attempted suicide are more likely to repeat it and therefore need long term follow up
- There is a lack of research in long term follow up of cases of attempted suicide and victims and perpetrators of violence, and effects of early sexual involvement.

8. Recommendations

- Appointment of Psychiatrists for Mannar, Kilinochchi & Mullaitivu
- Psychosocial work in the North should be intensified.
- Regularize the appointment of Counselors, Community Social workers,
- With a sizable number of disabled in the community, only 18% of the Service organizations are providing physiotherapy services. Considering the restriction in mobility of the disabled and difficulties in transport more service providers need to concentrate on Community Based physical Rehabilitation.
- Support Quality Training programs for training of Counselors.
- Reorganize the Mental Health services so that there is provision for continuing care and monitoring of victims & perpetrators of Violence (including domestic violence) and persons with attempted suicide.
- Plans for prevention of suicides and violence should be developed.
- NGOs should encourage and fund more regional research rather than at national level, with the objective of assisting in solving local problems.
- NGOs and INGOs working in these areas should lobby to implement these recommendations
- Ex-combatants to be rehabilitated early, integrated into the society and provided psychosocial assistance
- Since there is regional variations in the psychosocial problems, local level research rather than National level, should be encouraged and funds allocated by NGOs for this purpose.

9. References

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10. Annexes

1. Questionnaire
2. List of Key Informants interviewed
3. Psychosocial service providers in the Northern Province
 - 3.1. Jaffna District
 - 3.2. Kilinochchi District
 - 3.3. Mullaitivu District
 - 3.4. Vavuniya District
 - 3.5. Mannar District
4. Psychosocial Service Providers among NGOs
 - 4.1. Jaffna District
 - 4.2. Kilinochchi District
 - 4.3. Mullaitivu District
 - 4.4. Vavuniya District
 - 4.5. Mannar District

Annex 1

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For Office Use

Mapping of psychosocial service providers in the Northern Province

1. Name of Institution:

2. Address:

3. Contact particulars:

a. Telephone number:

b. Fax:

c. Email address:

d. Website:

4. Name of Contact person:

5. What are the objectives of your organization (If you have more than five, give the most important FIVE :

1	
2	
3	
4	
5	

6. What is your Catchment area (Geographical area):

7. What are your major psychosocial activities?

No	Psychosocial activity	Details of activities	Population served In 2011
1	Training		
2	Rehabilitation		
3	Physiotherapy		
4	Medical		

	Treatment		
5	Therapeutic Counseling		
6	Psychosocial support		
7	Child related activities		
8	Advocacy		
9	Awareness creation		
10	Coordination		
11	Livelihood (Income Generation)		
12	Long term care		
13	Legal assistance		
14	Gender Based Issues		
15	Construction		
16	Any other (Give details)		

8. Staff available:

	Full-time	Part-time	Volunteers	Total
General Staff				
Psychosocial (Trained & certified)				
Psychosocial (Trained in institution)				
Psychosocial (No training)				
Total				

9. When did your organization start working

- a. In this district?
- b. In other districts

10. What are the activities carried out during the past two years:

2009	2010

11. What are the Current activities which will continue into 2012?

12. What is the Population covered under your psycho-social services:

Category	Population expected to be reached	Population actually reached
Children		
Women		
Elders		
Physically Disabled		
Mentally challenged		
Widows		
Others(Specify)		
Total		

13. Sources of funding: (You may decline to answer this question if you do not want to answer it)

No	Sources of funding	Amount in Sri Lankan Rupees			
		2009	2010	2011	Expected in 2012
1					
2					
3					
4					

14. Do you collect charges for services?: Yes/No

15. Do you publish educational/information material (if 'Yes' give details)

1	
2	
3	
4	

16. Give below Activities planned for 2012:

1	
2	
3	
4	

17. Do you have any constraints in carrying out your work?

18. Do you have any gaps in the services provided in the district? If yes, Give in detail

19. Remarks by interviewer

Name of interviewee (if not contact person):

Contact no: (Mobile):

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Interviewed by:

Date of interview:

*Annex 2***List of Key Informants**

Key Informants Interviews were conducted with the following

1. Dr S Sivayokan, Psychiatrist, Teaching Hospital, Jaffna
2. Mr P. Wigneswaran, Provincial Director of Education, Maruthanarmadam, Chunnakam
3. Mr M. Radhakrishnan, Additional Provincial Director of Education, Chunnakam
4. Miss S Udayakala, Manager, Psychosocial Resource Centre, Office of the Provincial Director of Education, Maruthanarmadam, Chunnakam
5. Mr K. Tharmasekaran Counseling Assistant, Social Care Centre, Divisional Secretary's office, Nallur
6. Mrs Bridget, Child Rights Promotion Officer, Social Care centre, Divisional Secretary's office, Nallur
7. Ms Pushpalatha Thaneswaran, ISA Counselor, Mannar Educational Zone
8. Mr S. K. Thayanathan, ISA Counselor, Madhu educational Zone
9. Mr G. Krishnakumar, Psychosocial Coordinator, Office of the RDHS, Jaffna

Annex 3: List Psychosocial service Providers in the Northern Province

Annex 3. 1: List of Psychosocial Service Providers in the non-state sector in Jaffna District

S/N	Name of Organization	Address
1	ADT (Alliance Development Trust)	No. 28, Perinpanayagam Road, Kachcheri, Jaffna
2	AROD (Association for Rehabilitation of the Disabled)	47/2, Adiyapatham road, Thirunelvely North, Jaffna
3	AHC (Association for Health and Counseling), "Shanthiham"	No. 8, 8/1. Katpahavinayakar Lane, Off Kachcheri Nallur Road, Jaffna
4	CARE International	15, Kandy Road, Jaffna
5	Caritas – Jaffna - Hudec	14, Mathews Road, Off Deogu Street, Jaffna
6	CEFD (Centre for Child Development)	60, Old Park Road, Chundukuli, Jaffna
7	CWD Centre for Women and Development	07, K.K.S. Road Jaffna.
8	FRC (Family Rehabilitation Centre)	351, Temple Road, Jaffna
9	ICOF (Institute for Counselling & Ongoing Formation) "Valarpirai"	05, Fletcher's Lane, Chundukuli Jaffna
10	Institute of Nursery Studies and gender development	Moolai, Chulipuram
11	JSAC (Jaffna Social Action Centre)	18/1, Kailasapillaiyar kovil Road, Nallur, Jaffna.
12	NVDAG Non Violent Direct Action Group	29, Kaithady, Nunavil, Chavakachcheri
13	PARC Inter – Peoples' Cooperation (PARCIC)	No 28, Temple Road, Jaffna
14	PWO (People's Welfare Organization)	Irupalai Junction, Kopay
15	Sarvodaya (Lanka Jatika Saravodaya Shramadana Sangamaya (Inc)	No.3, Fletchers Lane, Chundikuli, Jaffna
16	SCF (Save the Children)	146, Temple Road, Nallur, Jaffna
17	SDF (Social Development Foundation)	109. Point Pedro Road, Nallur, Jaffna.

18	Sewa Lanka Foundation (Gur) Ltd.	54/2, Palaly Road, Kondavil
19	SLRCS (Sri Lanka Red Cross Society)	73, Kandy Road, Jaffna
20	SOND (Social Organizations Networking for Development)	.60, Arasady Road, Jaffna
21	TCT (Thiyahie Charitable Trust) (Updated)	527, Navalar Road, Nallur, Jaffna
22	Thulirkal	30, Campus Lane Thirunelvely Jaffna
23	TRRO (The Refugees Rehabilitation Organization)	106, 4 th cross Street, Jaffna
24	VDF (Vaddukoddai Development Foundation)	Tellippalai Road, Sithankerny
25	WHC (Wholistic Health Centre)	16 (Old), 217 (New), 3 rd Cross Street, Jaffna
26	WIN (Women in Need)	35A Somasundaram Avenue Chundukuli. Jaffna
27	YGRO	Manipay Road, Uduvil, Chunnakam
28	World Vision / REMIND	

Annex 3. 2: List of Psychosocial Service Providers in the non-state sector in Kilinochchi District

S/N	Name of Organization	Address
1	MSF-Holland, Kilinochchi Support Project 2011	Psychological MSF Office, Kilinochchi
2	World Vision / REMIND	
3	FRC	

Annex 3.3: List of Psychosocial Service providers in the Non-state sector in Mullaitivu District

S/N	Name of Organization	Address
1	Amaithy Thendral	Unnapulam Mullaitivu
2	Medecins Sans Frontiers, France (MSFF)	4 th Mile post Junction Kumulamunai Road Karukkerny Mulliyawalai East
3	World Vision / REMIND	

Annex 3.4: of Psychosocial Service providers among NGOs, in Vavuniya District

No	List of the Organization	Address
1	Anantha Illam Trust	Manippuram Vavuniya
2	FRC (Family Rehabilitation Centre)	358, Annam Anpu Akam Ukkilankulam Vavuniya
3	NCPA (National Child Protection Authority)	District Secretariat , Vavuniya
4	ORHAN (Organization for Rehabilitation of Handicapped)	2 nd lane, Balavinayagar road Thavasikulam, Vavuniya
5	Save the Children	68, Vairavar kovil road Vairavapuliyamkulam Vavuniya
6	SEED (Social Economical and Environmental Developers)	Ganeshapuram, Vavuniya
7	SHADE	179/2, Marukarampalai road. Ganeshapuram, Vavuniya.
8	Sree Akilandeswary Sametha Akilandeswarar Temple	Sri Akilandeswary Sametha Akilandeswarar Temple, kovilkulam Vavuniya
9	VOVCD (Voluntary organization for Vulnerable community Development)	154,2 nd mile post Mannar road, Veppankulam, Vavuniya
10	World Vision / REMIND	

Annex 3.5: List of Psychosocial Service Providers among NGOs in Mannar District

No	Names of Organization	Address
1	CARITAS -Valvuthayam	17, Main Street, Mannar
2	CRADA (Centre for Rehabilitation of Alcohol and Drug Addicts)	“Thiruppumunai Puthuvalvagam”, Thottaveli, Mannar
3	FPRC (Familian Psycho-social Réhabilitation Centre)	Thalaimannar Road, Mannar
4	FRC (Family Rehabilitation Centre)	78, Main street, Mannar
5	MARDAP (Mannar Association for Rehabilitation of Differently Able People)	7, Field street, Mannar
6	MWDF (Mannar Women Development Federation)	Tharavankoddai road, Eluthoor Junction, Mannar
7	OfERR (Organization for Elangai Refugees Rehabilitation Ceylon)	94, Pallimunai road, Mannar
8	PSL (Population Service Lanka Mannar)	. 5 Station Road, Mannar
9	Sarvodaya, Mannar	1 st Cross Street, Pettah, Mannar
10	Survivors Associated	St. Sebastian Street, Mannar
11	World Vision / REMIND (Reconciliation through Mental Health Integration in the Northern Districts of Sri Lanka)	87, Velankanni Street, Mannar
12	ZOA, Mannar	12/6, Hospital lane , Chavatkattu, Mannar