

Psychosocial Rehabilitation & Support for Resettled IDPs & the Mentally Disabled in Jaffna, Sri Lanka

January 2010



Table of Contents

Background.....	1
IMHO's History with Mental Health Efforts.....	2
Project Introduction.....	2
Plans & Objectives.....	3
Needs Statement.....	4
Project Timeline.....	4
Project Activities.....	5
Budget.....	5
Conclusion.....	6

Contact

IMHO
PO Box 61265
Staten Island, New York 10306
United States

www.TheIMHO.org

Questions? Donations?
Call (718) 667-3535 or email
treasurer@theimho.org

EIN: 59-3779465

International Medical Health Organization (IMHO)



Proposal for Comprehensive Mental Health, Livelihoods, and Other General Support for 10,000 Resettled IDP Families in Jaffna

BACKGROUND

The International Medical Health Organization (IMHO) is a grassroots global health nonprofit organization based in the United States that seeks to improve and develop health and health care infrastructure in under-served regions worldwide, with a particular focus on Sri Lanka. The organization was founded and registered as a 501(c)(3) nonprofit organization in 2004 by a volunteer group of committed doctors and other professionals across the U.S. who shared a vision for improved global health and medical care. In 2009, IMHO became a member of the largest conglomeration of US-based relief & development organizations, InterAction.

IMHO aims to improve health care across the globe for those in need, by identifying health needs and providing resources & training to address those needs. IMHO believes in empowering communities to build their own health systems, improve overall health, and to respond to health needs as they arise. In this way, self-reliance and sustainability are promoted. IMHO frequently partners with local and international non-governmental organizations to better channel assistance to needy populations. IMHO's work is focused on the areas of Primary Care & Public Health, Health Education & Training, and Capacity-Building. Using an extensive network of personal and professional contacts on the ground, the organization is able to deliver aid and work on health care development projects with great success.

IMHO has a very committed base of volunteers and supporters who share the organization's vision and frequently get involved. Many are willing to volunteer abroad if the necessary clearance is granted. As a grassroots organization with a keen understanding of ground realities and logistics, cultural sensitivity, and a willingness to commit time and energy, IMHO is extremely well suited to deliver aid and to implement development projects in Sri Lanka, as evidenced by past accomplishments.

IMHO's HISTORY WITH MENTAL HEALTH EFFORTS

IMHO's has a significant history of involvement in serving those with disabilities in Sri Lanka, particularly those with mental disabilities. The organization has undertaken various efforts for patients with mental disabilities at the Kalmunai Mental Health Unit, Kalmunai Base Hospital, providing support for staff, training, equipment & supplies, building expenses, microcredit program, yoga, mobile outreach, community trainings, and special events such as World Mental Health Day celebrations. Additionally, IMHO has worked with local partner organizations in Vavuniya and Jaffna on various mental health projects, including the establishment of an in-patient psychiatric unit in Vavuniya which is currently serving many IDPs, as well as the establishment of a long-term care facility for 175 women with mental disabilities in Jaffna. IMHO has also undertaken various efforts to provide complete rehabilitation for amputees in Sri Lanka, including the fitting of prostheses, physical rehabilitation, mental health counseling, and livelihoods and other general support.

This project would be supervised and implemented by IMHO through the **Shanthiham Counseling Centre** in Jaffna, Sri Lanka. Shanthiham is a registered Voluntary Service Organization under the Voluntary Social Service Organizations (Registration and Supervision) Act No. 31 of 1980. It functions as a local NGO. Founded in 1988, Shanthiham initially focused on counseling activities—providing counseling services and training batches of counselors. From 2000 onwards, Shanthiham started working on community mental health activities and thus expanded its area of specialization from counseling to a wider psychosocial arena, becoming a recognized training center at both the regional and national levels. In their work, Shanthiham has had extensive experience in treating and rehabilitating those with mental disabilities and special needs. Following the project reporting guidelines of IMHO, the local implementing team will be responsible for reporting on their activities, finances, and overall impact on a quarterly basis. The project will be driven, managed, and evaluated by IMHO.

PROJECT INTRODUCTION: COMPREHENSIVE PSYCHOSOCIAL REHABILITATION

Across the Northeast of Sri Lanka, hundreds of thousands of persons, including many IDPs and resettled IDPs, face incredible challenges in coping with mental disabilities & illness and all related hardships. The massive psychosocial needs of these vulnerable persons, calls for a **comprehensive plan for rehabilitation, including counseling and other psychiatric services, medications, livelihoods support and empowerment, mental health infrastructure enhancement, the training of local staff and health care workers, and various other capacity-building efforts**. Over the course of this project, **10,000 families** (or an estimated 30,000 persons) will directly benefit, and 20,000 families (or an estimated 60,000 persons) will indirectly benefit within 15 Divisional Secretary divisions in the Jaffna District. Upon resettlement, families will be screened by program staff to identify their psychosocial needs and to establish plans for engagement.

According to the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, "Effective mental health and psychosocial support (MHPSS) programming requires intersectoral coordination among diverse actors, as all participants in the humanitarian response have responsibilities to promote mental health and psychosocial well-being. MHPSS coordination must include health, education, protection and social services, and representatives of affected communities." This project has been designed in accordance with this guiding principle, amongst others, and includes a comprehensive, intersectoral approach. IMHO also networks frequently with other NGOs & INGOs, doctors, health workers, and health officials for the purpose of holistically addressing needs or gaps in health care. As such, this project for the psychosocial rehabilitation of those struggling with mental disabilities, illness, or other issues includes the following:

www.TheIMHO.org



Plans & Objectives for Serving Those Affected by War, Displacement, and More

- 1 counselor per every 650 families, many of whom will need to be recruited and trained, to address psychiatric needs, directly benefitting 10,000 families total
- Psychosocial interventions targeted at the family, community and divisional levels, to include group sessions and events, yoga, therapy, family reunification, support in obtaining important documents, children's support, peace-building programs, trainings, capacity-building of local CBOs and other groups and associations, and much more (please see answer to Question 4 for more information).
- Appropriate and adequate medications for all who need them within the target population, including those who have had their regular medications disrupted, and others requiring new medications
- Establishment of a microcredit/empowerment program to financially rehabilitate 10,000 families and ensure sustainability of health efforts
- Development and enhancement of local infrastructure crucial to offering services and support to the mentally disabled and those coping with mental illness or other mental health issues
- Training of local health workers by local and/or foreign professionals to build-capacity and secure the next generation of mental health workers, who are scarce but in great demand

Objective 1: To ensure the psychosocial well-being of all persons and families in the target population

Indicators: No. of families that have had regular access to a counselor and psychiatric services; No. and % of target population struggling with mental illness or disability; frequency of suicides, abuse, depression, and other issues related to mental health

Outcomes: Reduction in all mental health illnesses and issues; No. and % reporting an improved state of mental well-being

Objective 2: To ensure regular access for every person in the target population who is in need of medicines and/or regular medications

Indicators: No. and % of those in need of medications who are not currently receiving any; ability to access and obtain medicines/medications when needed

Outcomes: Improvement in ability for patients to access and obtain correct medications and doses when needed; Reduction in discomfort, side effects, and suffering of those in need; No. and % of those in need who are receiving regular medicines/medications

Objective 3: To train new staff and health care workers in how to address current needs and to expand the existing pool of capable and qualified professionals to serve the target populations

Indicators: No. of health care workers and counselors trained to address mental health disabilities, illness, or other issues; Comprehension and information retention levels for those trained

Outcomes: 50 capable mental health care workers and counselors added to the workforce pool

Objective 4: To promote financial independence and economic sustainability by giving families access to microcredit and/or an economic empowerment scheme for financial rehabilitation

Indicators: No. and % of families enrolled in program; No. and % of families reporting improved economic situation and/or financial independence; No. and % of families reporting improved standards of living and state of mind; No. and % successfully paying back loans and remaining actively involved in local support and training groups

Outcomes: Estimated 60% minimum success rate of creating sustainable livelihoods for participating families; Estimated 90% minimum repayment rate; Estimated 70% of families reporting improved standards of living and/or state of mind

NEEDS STATEMENT

In the wake of the dramatic conclusion of Sri Lanka's devastating civil war, hundreds of thousands of civilians across the Northeast were displaced and channeled into government-run IDP (Internally Displaced Persons) camps, while hundreds of thousands of others deeply affected by war, poverty, and other hardship were left to pick up the pieces of their lives. The vast majority of these IDPs have been concentrated in Vavuniya for the past several months, with most being now resettled in the Jaffna region. Of the estimated total 40,000 families of Jaffna origin, the Government of Sri Lanka has resettled well over 65,000 persons already. Under the government support packages for resettled families, assistance is being given in the form of household items, free electricity for 6 months, seeds for planting crops, and subsidized agricultural plots. However, numerous reliable sources on the ground confirm that the Government is not fully prepared to address the psychosocial well-being of the returnees, especially those dealing with mental health disabilities. These mental health disabilities are massive and widespread, affecting not just IDPs & resettled IDPs, but countless others throughout the Northeast. As such, a local team of doctors and health care workers at the Shanthiham Counseling Centre, in partnership with IMHO, plan to fill this gap by operating a project across 15 administrative divisions in Jaffna. In the process, they also intend to identify other unmet needs and address these needs by coordinating with the Government and other NGOs. This project will support the already overstretched Government psychosocial workers and partially reduce their workload.



The focus of this project is on addressing and improving the mental health of those with disabilities and others who are dealing with mental health issues that have endured the country's long-standing civil conflict and have had their lives uprooted, as well as returning them to a sense of normalcy and a situation of economic independence. Returnees have gone through severe trauma, being caught in the middle of the violence as it peaked during the last stages of the war. The collapse of strong, binding structures like homes and income sources that provided livelihoods for generations, the witnessing of horrifying deaths of loved ones, sights of mutilated bodies, going through the pangs of hunger and fear of death at any moment—all of this brutalizes the personality and has far-reaching long-term consequences. Personality disorders, such as poor impulse control, which lead to aggression and antisocial behavior, are common. Many people also carry overwhelming guilt in not being able to rescue their loved ones or provide them with a ritualistic burial. Domestic violence also remains a concern, as it has been very frequent in and out of the IDP camps. While these mental health issues affect the entire population of displaced people, the risk is particularly acute for vulnerable groups such as the elderly, single mothers, families with children, and torture victims, all of whom would benefit greatly from a higher level of intervention.

PROJECT TIMELINE

Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
1. Assessment & Preparations, incl. Staff Recruitment														
2. Counseling & All Psychosocial Interventions														
3. Livelihoods Training & Support (Microfinance)														
4. Evaluations, Impact Measurement, & Follow Up														

Project Activities

A team of 15 local counselors, 1 microcredit program coordinator, 1 local management staff, 1 US-based management staff, and a number of volunteers with both IMHO and Shanthiham Counseling Centre will work collaboratively in tackling the following activities:

General Activities

- *Staff selection and training, including recruitment of new staff
- *Needs assessments to identify and prioritize needs
- *Frequent home visits, data collection and documentation, and case management
- *Project staff will liaise with the already established Multidisciplinary Team at the Tellipalai Mental Health Society for counseling and allied therapeutic services, and with the Counseling Assistants and Teacher Counselors in the Government sector.
 - *Preparation of directory of NGO & Government services available
- *Preparation of hand-outs for awareness and advocacy efforts

Psychosocial Interventions at the Family Level

- *Supportive/empathetic listening and family/community relationship building
- *Yoga and relaxation
- *Help families obtain important documents (ie: family cards, NIC, birth certificates, marriage certificates, death certificates, land deeds, etc.)
- *Family reunification and identification of missing persons
- *Encourage families to participate in cultural practices and livelihood activities
- *Creation of social support networks and group activities
- *Prevention of indulgence in harmful habits (ie: alcohol and smoking)
- *Child protection services when necessary

Psychosocial Interventions at the Community Level

- *Advocacy for CBOs and religious leaders
- *Reestablish social roles and responsibilities within the community
- *Promoting social mobilization to give physical and moral support in encouragement of returning resettled families back to normalcy
- *Peace-building programs for youth

Psychosocial Interventions at the Divisional Level

- *Sharing in building the capacity of other organizations and networking
- *Participation in divisional levels meetings (health and livelihoods advocacy at various levels)
- *Support capacity-building of community-based government workers
- *Supporting advocacy for school principals and members of school parent associations

PROJECT BUDGET

<i>Description</i>	<i>Budget (local currency)</i>	<i>Budget (US \$)</i>
I. Direct labor (e.g. salaries, wages etc)		
a. Local Administrative Staff, Counselors, Microcredit Program Coordinator	7,210,800	\$63,180
II. Travel and per diem		
a. Travel for Admin. Staff, Counselors, & Management & Misc. Travel Expenses	1,698,200	\$14,870
III. Equipment and supplies		
a. Supplies & Capital Items	2,713,000	\$23,790

IV. Program Activities		
a. Training	1,000,000	\$10,760
b. Initial Assessment	570,800	\$5,000
c. Medications	5,720,000	\$50,000
d. Microcredit Fund	2,283,000	\$20,000
e. Local Hospital/Clinic Infrastructure Development	5,720,000	\$50,000
<i>Category Total</i>	<i>15,293,800</i>	<i>\$135,760</i>
V. Other Direct Costs (e.g. rent, utilities, communication etc)		
a. Shanthiham Admin. 5%	1,345,790	\$11,800
b. IMHO Admin. 5%	1,345,790	\$11,800
<i>Category Total</i>	<i>2,691,580</i>	<i>\$23,600</i>
TOTAL	29,607,380	\$261,200

CONCLUSION

Over 70% of the population of Northeast Sri Lanka was estimated to be living below the poverty line *before* the onset of the final round of violence from January-May 2009, which displaced hundreds of thousands, including 300,000 forced into government-run IDP camps, and caused general devastation across the region. On top of that, we now face a situation in which countless persons are coping with their newfound realities and trying to piece their lives back together. So many of these people are dealing with serious mental trauma, disability, and other illness, all of which need to be addressed immediately before they can be expected to put the rest of their lives back together, care for their families, or return to a sense of normalcy. Similarly, livelihoods need to be rebuilt. There is no shortage of needs for these vulnerable segments of the population. **We are seeking to help restore hope, livelihoods, stability, and good mental health for 10,000 resettled IDP families in Jaffna, but we cannot do it alone.** Your support is needed now more than ever. Please make a tax-exempt donation to IMHO today by sending a check to:

IMHO Treasurer, PO Box 61265, Staten Island, New York 10306, USA

We thank you in advance for your compassion, generosity, and commitment to those in need!

Please support this important work today!

www.TheIMHO.org

