

Organization: United Network for Human Development

Project Title: Creating psychosocially conducive, suicide free environment in Kilinochchi district

Timeframe: From 15 March 2019 to 14 March 2020

Executive Summary:

The Northern part of Sri Lanka is still experiencing the consequences of three-decade-long armed conflict. More specifically, the population in Kilinochchi and Mullaitivu districts, which has witnessed the final days of the war, has highly been stigmatized. Besides countless death and destructions, from psychological point of view, the public of northern province experience abject hardship in enduring the nature of stigmatization; difficulties experienced by amputees and wounded persons; indescribable economic losses; absence of solutions for forcibly disappeared persons; proliferation of lending agencies and the consequences of unbearable debt the public owed as a result of micro and macro loans; unexpected surge of the usage of narcotic substances; the practice of polygamy; teenage pregnancy; sexual exploitation and related crimes; high rate of unemployment; abnormal behavioural changes in individuals, etc. The recent surge of suicidal incidents in the northern province of Sri Lanka and the public attention has prompted agencies to research the situation. The results of multi-stakeholder analyses have confirmed the abrupt situation that highlights the age spectrum of those who suicide ranges from children to adults. It has been observed that the monthly average of attempted suicidal incidents is around 35 and the suicidal cases are around 4 to 5 individuals. At present, apart from life-saving treatment for emergency cases, there are no measures available for saving the attempted suicide cases in northern Sri Lanka. Furthermore, the availability of related skilled human resources to offer those who attempt suicide with appropriate counselling and raising community awareness on suicides still lack. It is, therefore, useful to note that unless the issue is tackled very effectively, the society of northern Sri Lanka, particularly in Kilinochchi and Mullaitivu districts would become ineffective and under-developed.

Detail of the Project:

This project consists of measures that offer not only the psychosocial support for those who attempt suicide, it also offers community awareness that prevents psychologically vulnerable individuals from suicidal attempts and identifies potential individuals who could possibly attempt to terminate their lives in the future and offer them with appropriate service provision.

The objectives:

Empowering the society in Kilinochchi by reducing suicidal incidents, attempted suicides and other psychosocial traumatic incidents.

Focus Group:

- Individuals who are prompted by suicidal thoughts; Individuals who have attempted suicide; Individuals who have experienced abuse; Individuals who have been rehabilitated from drug use/use of narcotics; Females, widows, and vulnerable individuals; Village elders and public; Students; Teachers and parents; Employees of non-governmental organizations

Implementing area:

Four divisional secretariats in Kilinochchi district:

1. Karachi Division
2. Kandavalai division

3. Pachchilaippalli division
4. Poonahari division (Poonahari and Muzhankavil area)

Implementation methodology:

A. Preventive strategies by community outreach:

The proposed intervention will be implemented with the collaboration of district and divisional psychosocial units attached to the district and divisional secretariats. Part of this intervention is to build the capacity of the concerned psychosocial units. In Kilinochchi district, for Karachchi, Kandavalai and Pachchilaippalli and Poonahari divisions, one Psychosocial Assistant per division will be appointed. The mandate of the divisional Psychosocial Assistants is identifying individuals who are psychologically vulnerable and highly prone to suicide as well as mapping the places where a high rate of potential suicidal cases is observed and offering them with the appropriate psychosocial and livelihood interventions. The officer who coordinates the divisional level psychosocial activities will be based in UNHD Kilinochchi Office. To improve the efficiency of the intervention, social activists will be added on to the divisional counselling centres. The mandate of social activists will be planning and designing appropriate interventions on social networking, livelihood development, and income generation, etc. Moreover, those in need of contacting social service will be referred to the appropriate social service agency.



B. Clinical measure:



This involves the intervention of divisional hospitals. Under this measure, each divisional hospital will have a psychosocial counselling centre, where a psychological counsellor will be appointed. The counsellor in each hospital will render the counselling service to those who have attempted suicide, who have been abused, who are under the addiction of drugs and narcotics, and other psychosocially needy persons. The affected individuals will be kept monitoring even after they have left hospitals.

C. Monitoring and Evaluation:

The above psychosocial interventions will be technically supervised by a District Counsellor (Psychosocial – government officer), Clinical Psychologist (hired by UNHD) as well as the Medical Officer of Mental Health (MOMH) attached to the Regional Director of Health Services (RDHS). The progress of the intervention will be reviewed and evaluated in the monthly review meetings. On top of that, the progress of the intervention will be reviewed in the district level psychosocial wellbeing forum that is headed by the MOMH of regional health service.

Anticipated outcomes:

(a) Reduction in the number of suicidal incidents; (b) Reduction of repeated suicidal attempts; (c) Increased means for saving psychologically vulnerable individuals; (d) Increased understanding and cohesion between the members of vulnerable families; (e) Increased interaction between families and communities; (f) Inducing students to focus on their education and social, cultural values; (g) identification of appropriate livelihood intervention and helping to implement them in communities.

Indicators:*a. Objective indicators:*

(i) Average suicidal attempts in a defined period; (ii) The number of beneficiaries for livelihood development interventions

b. Project output indicators:

(i) Identified individuals who have attempted suicide or who possess suicidal thoughts; (ii) The number of psychosocial wellbeing centres; (iii) The number of psychosocial counsellors and social activists; (iv) The number of individuals who attend monthly community awareness programs; (v) The percentage of the beneficiaries who have been referred to the NGOs for livelihood assistance; (vi) The number of interventions implemented that are suitable for beneficiaries