Transitions in Mental Health and Psychosocial Support Services in Sri Lanka 2004 – 2015: A Decade in Review

A publication of
The Asia Foundation

September 2016

This publication is made possible by support provided by the U.S. Agency for International Development (USAID). The opinions expressed in this publication are the contributors' and do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

Contents

Sustaining NGO Services for Mental Health and Psychosocial Support in Sri Lanka during Transition Periods, 2004-2014

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Introduction

The experiences of Non-Governmental Organisations (NGOs) working in the humanitarian Mental Health and Psychosocial Support (MHPSS) sector in Sri Lanka over the past decade have demonstrated a particular vulnerability to changing political conditions, financing trends, and economic conditions. In recent years, there have been anecdotal accounts that rather than the scale of services expanding or contracting in response to the level of need in affected communities, the levels of activity of NGO service providers have been influenced by external factors related to changes in their operational contexts. The challenges faced by service providers in responding to transitions in the sector have implications for a) the sustainability of services for persons in need of support and b) for loss of investment (in terms of finance, effort and time contributed to institutional and human resource development) and innovation during preceding years. Even so, there is limited literature on the sustainability of MHPSS services (especially by NGOs) in the transition from emergency response within Sri Lanka or indeed internationally (see Patel et al. 2011; Galappatti and Cader 2016).

This chapter attempts to gain insight into some key challenges associated with sustaining services in the context of post-emergency transitions, as well as to identify factors that exacerbated and mitigated these with reference to NGO MHPSS service providers in Sri Lanka. Whilst the research findings aim to contribute to the literature on sustainability of humanitarian MHPSS services, these insights will also be utilised to inform local efforts to ensure the continuity of MHPSS services to those in need.

Methodology

The main research questions of the study were as follows:

i. What challenges have non-government MHPSS service providers experienced as a result of transitions in their operational context?

ii. What strategies have these service providers used to respond to these transitions, and what factors have been important in shaping their resilience or vulnerability to these changes?

iii. How have transitions impacted the quality or nature of work within the organisation?

4 The authors gratefully acknowledge the assistance of Felician Francis, Tashiya de Mel and Ashra Anwar in data collection and cleaning. The study was designed by Ananda Galappatti and Marsha Cassiere-Daniel.

Data collection for the study was comprised of two components:

a) The first component comprised of case studies from 3 organisations identified based on geographic diversity (headquartered in Jaffna, Vavuniya, and Colombo but working in several locations around the country – though more concentrated in the north), representation of issues across the timeline under study and willingness to meet study requirements. This included an overview of relevant institutional documents (i.e. annual reports, organisational evaluation reports, project proposals and reports, strategic plans, organograms, etc.), from which information related to transition issues were extracted. In addition, we conducted 12 qualitative interviews with key stakeholders currently and previously involved in management of the selected organisations. These interviews were intended to expand on the issues identified and to explore the ways in which the institution and its service providers responded to these transitions,

b) The second component constituted a one-day consultation workshop with a reference group of 19 managers and technical resource persons employed by or associated with NGOs working in the MHPSS sector across Sri Lanka. This workshop included a number of small-group exercises that were used to identify common challenges and factors mediating vulnerability and resilience of NGOs providing MHPSS services. The consultation also included the generation of a set of recommendations to key stakeholders.

Data collected from these two sources was analysed using the NVivo qualitatative analysis software package and also manually reviewed by two independent reviewers to identify key themes. All identifiable details related to specific organisations or individuals were removed or anonymised.

It must be noted that this study relies exclusively on reports from purposively selected NGO service providers and technical personnel working with these. As such it is neither exhaustive in scope nor perspective. However, it does present credible (and frank) insider views of the constraints faced by NGOs in relation to sustainability of the MHPSS services they offer.

A Brief History of the NGO MHPSS Sector in Sri Lanka

The start of the non-governmental MHPSS sector in Sri Lanka can be traced to the political violence of the mid 1980s, when anti-Tamil riots and ethnic violence across the country and a brutal repression of insurgency in the south mobilised a number of civil society attempts to respond to the attendant suffering and distress. Though few in number, these initiatives focused on the provision of services following a centre-based individual clinical model of therapy, very much in line with global approaches of the time. By the late 1990s and early 2000s, however, many practitioners had felt the limitations of the predominantly clinical approach and had recognised the broader social and structural factors that impacted

psychological and social aspects of wellbeing. In order to respond to these, some services incorporated community development elements, for example supplementing MHPSS services with livelihoods support or integrating MHPSS services into resettlement, child protection, or gender-based violence responses. Increasingly, psychosocial support featured in the repertoire of services or activities offered by development and humanitarian agencies in northern and eastern Sri Lanka (Galappatti 2014).

This latter 'integrated' approach boomed following the 2002 ceasefire agreement: many agencies that had previously not engaged with the MHPSS needs of the communities in which they worked then began to implement MHPSS programmes. This increase in the size of the sector is reflected in the 'Directory of Psychosocial Services' published by the Psychosocial Support Programme, International War-Trauma and Humanitarian Intervention (IWTHI) Trust, where the number of initiatives included went from 70 in the 2001 edition to 130 in 2003 (Psychosocial Support Programme 2001; 2003). In addition, there was emerging recognition of MHPSS by the Sri Lankan state. During this time, donor agencies supported the government in initiating a number of initiatives integrating MHPSS elements into public services, for example in child protection (e.g. training of govt. officers to provide psychosocial support) and education (e.g. Master Counsellors in schools). Many of these initiatives were piloted in the north and east of Sri Lanka.

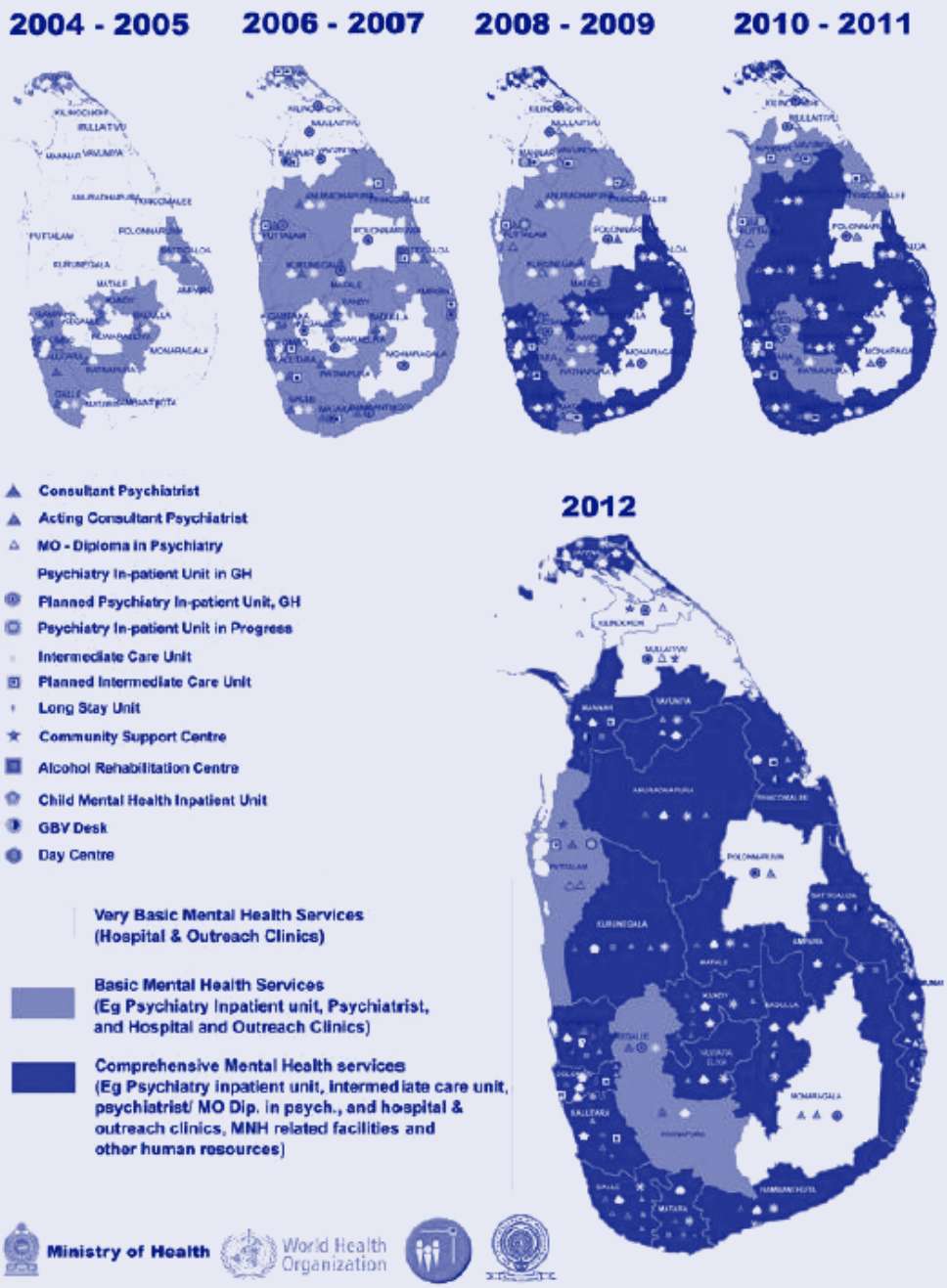
These different attempts at MHPSS provision resulted in several variants of integrated models, each with their strengths and weaknesses (see Galappatti 2014 for descriptions of the various integrated models). Integrated services are more acceptable to beneficiaries, they are more sustainable and scalable, but at the same time, require greater insight and contextualisation. There is also a greater risk of invisibility of MHPSS services, and potential that seamless integration results in confusion about 'what is psychosocial' thus 'mainstreaming MHPSS out of existence'. Furthermore, inter-sectoral work requires cross-disciplinary skills, knowledge and co-operation amongst practitioners. Integrated approaches are also not easy to promote with policy-makers, or fund-raise for with donors because of the widespread popular perception of MHPSS as primarily professional therapy or as grassroots level befriending for vulnerable individuals and groups.

The aftermath of the Indian Ocean tsunami in December 2004 was a major jolt for the non-governmental MHPSS sector in Sri Lanka. The need for MHPSS support in the post-tsunami context was immediate and seemingly obvious, and became a key part of the media narrative within days. Although Marsden and Strang's (2006) post-tsunami review showed there were few systematic needs assessments used in setting up the MHPSS response to the disaster, the perceived need and supply-side factors (i.e. availability of resources) resulted in massive expansion of the sector – especially non-governmental services. Whereas the conflict in the north and east of Sri Lanka had meant a concentration of MHPSS work in these regions, the tsunami brought MHPSS interventions across the island to all tsunami-affected coastal areas. The level of MHPSS interventions were unprecedented. A Tsunami Evaluation Coalition (TEC) report (Parakrama 2007) enumerates 374 MHPSS actors across the affected districts, although this is likely to be a significant underestimate. Galappatti

(2016) reports that in the Eastern District of Batticaloa alone, there were over 70 (mostly non-state) MHPSS actors active in just the first 6 months following the disaster. MHPSS needs in post-tsunami recovery context were varied and complex, requiring a range of different approaches. Beyond the effects of loss, grief and fears on emotional status and psychological functioning, MHPSS needs also included the challenges of adjusting to new social roles and livelihoods, disruption of social support networks, increased risks of gender-based violence (GBV), and a greater need for child protection initiatives. Furthermore, a sometimes insensitive or poorly implemented humanitarian response itself caused further difficulties and exacerbated distress experienced by affected people.

Nonetheless, the scale of the humanitarian response also represented an unprecedented level of resources for expansion and development of MHPSS services. Indeed, the coverage of both state and NGO MHPSS services was boosted, capacity was built in several parts of the country simultaneously as well as at national and local levels, and overall, the quality of services could be said to have improved. In some parts of the country, innovation and maturity of approaches was driven by strong state and non-governmental collaboration at local level, improving gender based violence (GBV), child protection and mental health services. Some of the tsunami aid was directed towards strengthening core public MHPSS services, for example, supporting the government in finalising the national mental health policy. The use of the tsunami crisis as an opportunity to 'build (MHPSS services) back better' has been well noted and Sri Lanka described as a poster-child for development of mental health services after an emergency (WHO, 2013).

As seen in Figure 1, mental health services offered through the Sri Lankan state health sector grew steadily in the years after the tsunami, a very likely impact of the push for action on national policy, training, and recruitment of cadre for positions at provincial and district levels at the time. Alongside the development of clinical MHPSS services, community-based mental health activities also saw an improvement, though not at the same scale. There was also significant growth in the numbers of community-based government personnel involved in provision of psychosocial support in the sectors of education, child protection, and women's empowerment, although these have not received quite the same level of attention or investment as in the health sector.



At about the same period of time (2006-2008) that the state services began to

Figure 1: Growth of State Mental Health Services 2004-2012 (WHO)

show growth in coverage and capacity, the post-tsunami aid directed to the NGO sector began to decline and come to an end – with the consequence that many organisations struggled to continue their work in the affected areas and to sustain services. In the north and east of the country, this was complicated by the resumption of active warfare from 2006-2009, encompassing a period of intense conflict with massive displacement, exposure of civilians to violence, forced recruitment, bombardment, and massive loss of life, property and livelihoods. In war-affected post-tsunami areas, many gains made by families and communities during brief recovery periods were lost or undermined by violence and displacement. Additionally, the broad MHPSS sector struggled to respond to the conflict context and issues. The immediate post-war period was characterised by difficult relations between the political, military and administrative elements of the state and humanitarian actors (both international and local), which impacted significantly on the activities of non-government organisations working on MHPSS issues in conflict-affected regions.

Transitions 2004 to 2014

Galappatti (2016) has mapped the growth and decline in the scale of MHPSS services in the context of crisis and emergency into six major overall phases (see Figure 2).

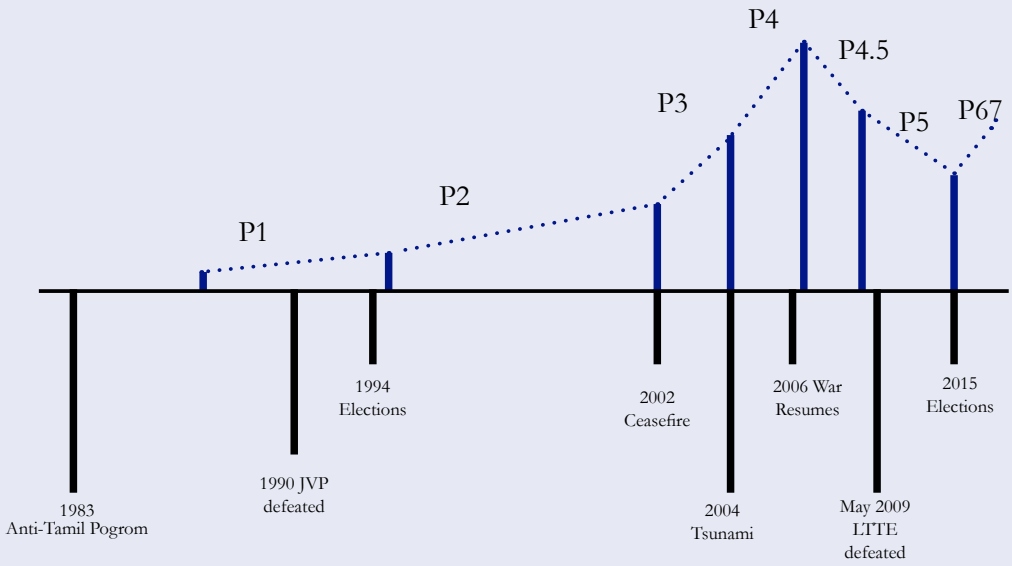


Figure 2. Timeline of MHPSS sector development in Sri Lanka (Galappatti 2016)

This review focuses on the decade from 2004 to 2015, encompassing the following major transitions in the external and operational context of phases (P4, P4.5 and P5 respectively on the timeline in Figure 2) as follows:

- Transition from post-tsunami response (2005) to escalation in war related violence (mid-2006)

- Transition from period of escalated conflict and full-blown war (late 2006) to the end of fighting with the defeat of the LTTE (mid-2009).
- The post war context (mid-2009) to just prior to the change of political regime (end of 2014)

Findings

Several main thematic issues arose from the key-informant interviews and workshop sessions that generated material for this study. In line with assurances given to study respondents, the findings reported and examples given below do not contain any information that might identify given respondents or specific organisations to which they referred. The focus rather is on describing the factors that impacted on sustainability of NGO services for MHPSS. These have been organised into themes, not necessarily listed in order of priority or significance. The views expressed below reflect common or shared perspectives of the study participants, except where divergent views are highlighted.

Key Factors that Affected Sustainability of NGO MHPSS Services

Political, Regulatory and Administrative Constraints on NGO MHPSS Services

Historically, the field of MHPSS has not been viewed as politically sensitive by any of the conflicting parties in Sri Lanka, and in fact has been characterised as relatively a-political by some commentators (Galappatti 2003; 2014). As such NGO services for MHPSS were able to function with few political or regulatory constraints. During the period following the 2004 tsunami disaster, the lack of regulatory or coordination frameworks was associated with a chaotic and uneven MHPSS response, although several effective approaches to address this also emerged from joint government and NGO initiatives in the tsunami-affected areas (Galappatti 2005; Wickramage 2006; Krishnakumar et al., 2008). These were largely voluntary forms of coordination and were facilitative rather than regulatory in nature, although some (typically associated with the health sector and district administration) did appear to play a more formal authoritative role as gatekeepers over what projects were implemented (Cassiere-Daniel and Salih 2016, this volume).

At the end of the war (2009), there were explicit constraints placed on MHPSS interventions in the Northern Province of Sri Lanka. Study participants highlighted security restrictions on NGO provision of MHPSS support (along with other humanitarian services) to the approx. 300,000 displaced persons interred in the Menik Farm camp complex after having experienced unprecedented hardships and traumatic events during the final months of the war. Participants also described denials and resistance towards approval of MHPSS related projects by the Presidential Task Force that formally reviewed all humanitarian and non-government activities in the Northern Province. The disbanding of the health-sector led Jaffna District Psychosocial Task Force by the then Governor of the Northern Province, was also seen as reflective of a view of psychosocial support as 'politically sensitive'. There was a perception that this political sensitivity was because of the risks that therapeutic encounters represented for gathering of evidence for future 'war crimes' advocacy and cases

by critics of the Sri Lankan government's prosecution of the war, or that social interventions might be a basis for mobilisation of resistance to the post-war security arrangements in the Northern Province.

State sector MHPSS services, especially those related to the health sector, were able to work with fewer constraints in the Northern Province, and working in formal collaboration with government bodies sometimes enabled NGOs to work openly to provide services. Collaboration was not straightforward, as in at least one instance, state sector service providers had to breach client confidentiality and provide counselling session reports to their line-Ministry, which some NGOs feared might be passed on to intelligence services for security screening. It was felt that in some instances, like work with families of missing persons, survivors of torture or ex-combatants, there could be conflicts of interest or risks associated with working closely with government systems that either included or liaised closely with armed forces that might be implicated in clients' problems. In other instances, there were much more positive experiences of local-level collaboration between public sector service providers and NGOs – often on an informal case-management level, but also sometimes in relation to local mechanisms to deal with issues such as GBV or child protection concerns. At a national-level, obtaining approval for work through central government ministries often meant that NGOs had to comply with the programmatic priorities or staff qualification requirements decided by senior ministry officials – which some felt were not always appropriate or feasible within the implementation context.

Difficulties with obtaining permission to independently implement explicit 'psychosocial' programmes in the Northern Province led many NGOs to reframe their work as other types of interventions into which MHPSS elements were integrated. Some felt this forced them to be 'underhand' about their work, and felt it created strain on staff and their organisations. Some also spoke about the potential loss of focus on MHPSS issues, because of this reframing.

There were also contradictory policy-level messages in relation to MHPSS services. Even as NGOs faced constraints on the ground, which were often highlighted by international critics of the government (ICG 2012; HRW 2013), the government in the post-war period claimed that there was no formal ban on this work. Indeed, the Lessons Learned and Reconciliation Commission (LLRC 2011) advocated for the need for psychosocial support provision, as did the later Presidential Commission to Investigate Into Complaints Regarding Missing Persons (PCICMP 2015), which actually made a detailed proposal for psychosocial and counselling services in 2015. Despite conciliatory shifts by the post-war government, perceived to be in response to international pressure, it was only after the election of a new President and establishment of a new government in January 2015 that NGOs perceived a significant shift in the political climate in relation to MHPSS services in the Northern Province.

It appears that there was a lack of clarity and consistency about the regulatory and administrative mechanisms that impacted on NGO MHPSS services. Even in the Northern Province, it was clear that in some instances, military commanders on the ground identified a need for MHPSS services and were explicitly supportive of NGOs delivering services without

formal permission from the Presidential Task Force (which was eventually disbanded in July 2014). Similarly, in other parts of the country, administrative approval processes for NGO activity involving District and Divisional Secretaries, and their designated subordinates, were reported to be somewhat personalistic in nature – with some officials being open to NGOs working on MHPSS issues and others being unsupportive or hostile. Some of this was reflective of the broader political climate within government that was unfavourable to NGOs and also to issues perceived to be potentially detrimental to the political interests of the state.

Concurrent with concerns about chaotic and unregulated post-tsunami aid delivery, the 2006 resumption of active conflict hostilities and consequent growing tensions between the government of Sri Lanka and humanitarian agencies, there was a shift towards greater oversight, regulation and control of NGO activities throughout the country and especially in districts within or bordering the conflict-affected areas. Procedures (mentioned above) for regular reporting to and approvals by local administrators were put in place, which made NGOs vulnerable to the particular officers and officials whose recommendations or approvals were required for the NGOs to be able to work – leading to unequal collaborative relationships, and on occasion coercive or exploitative dynamics with these personnel. These mechanisms were described by participants as creating both an additional burden of work as well as introducing uncertainties and delays to the progress of project-based services. The implementation of these procedures, coupled with the increase in government services and personnel intervening in the same programmatic space (i.e. health, education, social care, women's empowerment and child protection, etc.) as NGOs, meant that the dynamics of coordination and collaboration between government and non-government actors shifted towards the state actors playing an often more authoritative and dominant role. This was perceived to be a problem in the context of officials who exploited this power or who exercised it in a partial or ineffective way.

Availability of Operational Funds and other Resources

Study participants highlighted the availability and scarcity of resources, especially donor funding, as a key factor impacting on sustainability of NGO MHPSS services. Whilst the post-tsunami period was characterised as a period of unprecedented abundance in terms of financing for MHPSS services in Sri Lanka, the period that followed this from 2008/9 onwards was increasingly marked by a decline in availability of funding. One reason given for this was the exhaustion (and non-renewal) of the funding committed as a part of the response to the 2004 tsunami disaster.

From 2007, the increasingly uneasy relationship between the incumbent government and international donors also meant that many of the traditional donors to MHPSS (i.e. bilateral aid agencies and foreign missions from European and North-American countries) began to downscale, delay and cease funding MHPSS services. The limitation of independent humanitarian access to the Northern Province in the period from late 2008 onwards was seen to further contribute to donor reluctance to fund MHPSS services in the area or even elsewhere, with devastating effects for service providers who had relied on these. That the

war had ended and the fact that Sri Lanka had recently achieved 'middle-income country' status was also seen as feeding into the rationale for donors to 'step back' from funding in Sri Lanka and prioritise other contexts seen as having more urgent needs or better prospects for productive engagement by the international community (e.g. Myanmar). Most donors who did remain engaged with Sri Lanka's post war context were often seen to prioritise material needs such as shelter and livelihoods, rather than MHPSS activities.

A few participants also highlighted how global issues also impacted on funding in Sri Lanka. The global financial crisis was felt to have a direct effect on funding from donor countries affected by this, especially on donors that draw on individual or small group donations as the source of funds to be disbursed in Sri Lanka. The fact that there were a number of large scale, high profile "Level 3" emergencies (i.e. the numerous Middle-East crises that unfolded after the 'Arab Spring', typhoon Haiyan in the Philippines, the major Nepal earthquake, etc.) for which the global humanitarian system was mobilised was also seen to be a reason for Sri Lanka's post-war context being de-prioritised for funding.

The almost exclusive dependence of NGO MHPSS services (almost exclusively in some cases) on international donors (and their local intermediaries) was also related to a lack of in-country funding sources and limited local fund-raising strategies on the part of NGOs – whose efforts in this area tended to generate piece-meal charitable donations that were neither structural nor sectoral in nature. One participant also highlighted the fact that few NGOs had the internal capacity or insight to anticipate donor trends and adjust fund-raising strategies accordingly (e.g. anticipating that a change in government in a donor country was leading to changes in bilateral funding priorities, and seeking out new financing sources in advance of current funding coming to an end – rather than being surprised too late when they are informed that funding to Sri Lanka or on post-conflict issues would not be extended).

Participants also spoke about how limited financial resources meant that they could not always afford to hire the staff they needed to address new priorities or re-orient their organisations' work. Some also mentioned the legal and moral burden of carrying long-standing staff members who may not be ideally suited to new areas of work (in which there might be better funding opportunities). Others described the loss of personnel to other organisations and staff leaving for other careers when their NGO experienced gaps or cut-backs in funding. Some spoke about closure or scaling back of services, even when they perceived that there were significant MHPSS needs to be met in their communities. Participants also highlighted the fact that expansion of staffing and development of resource-intensive models for intervention took place during the years of post-tsunami abundance for the MHPSS sector, which proved challenging to sustain once these levels of funding declined considerably. There was also acknowledgement that few NGOs seriously considered how their work might be sustained realistically in the absence of long-term funding, and that many ideas put forward on the transfer of responsibility for service provisioning to communities themselves or to the state sector were unrealistic and likely to fail.

A final point that participants made about access to funding was that donors had increasingly shifted from institutional 'core' funding to 'programme only' funding, leaving NGOs with limited resources for organisational overheads and no buffer in the case of gaps or delays in project funding.

Demand for and Usage of NGO MHPSS Services

An ongoing demand for and use of MHPSS interventions is also a factor impacting on the need and ability to sustain services. Where NGOs were able to demonstrate utilisation of their services (in terms of user numbers) they were able to justify the continuation of their work – whereas when numbers of service users declined they were often compelled to close or scale-down these services. Therefore, perceptions within the affected communities about the relevance, quality and accessibility of MHPSS services were key mediators of demand and utilisation.

The approach to MHPSS provision was important for defining the relevance of services to users. Many studies have noted a range of ongoing psychosocial and mental health problems resulting from protracted conflict in Sri Lanka and the 2004 tsunami (Fernando and Weerackody 2009; Somasundaram 2010; Somasundaram and Sivayokan 2013; Senarath et al. 2014; Sritharan and Sritharan 2014). The emphasis of NGO services has often been on addressing 'trauma' through counselling or explicitly therapeutic activities, although for many affected people, the priorities of dealing with the demands of everyday life and survival – to find and maintain work, to provide for children's needs, education and security and to rebuilding homes – have meant that they have little time or inclination to seek out counselling services, unless they are referred to these or recognise their problems as relevant to these services. The lack of familiarity with counselling as a means of addressing problems has led some NGOs to adopt a strategy of seeking out clients proactively. For others, combining services with other forms of support (such as health, legal, material aid or other practical assistance) was a means of engaging clients who did not recognise a need for explicitly therapeutic support.

A further factor in people's uptake of and receptivity to MHPSS services are the popular cultural understandings of mental health and illness and how potential service users and those in distress understand or give meaning to their own psychological and social states and circumstances. This is also related to how others in their broader social context respond to and treat those who are in need of or seek MHPSS services.

Some participants described that in the immediate post-war context in the Northern Province, there were risks associated with seeking (and providing) MHPSS services in community and institutional settings, especially in relation to experiences of violence. Visiting psychosocial and community workers were subject to military surveillance and both they and clients might be observed or questioned about the nature of their interactions. Similarly, recreational activities for older children and youth would be attended or subject to scrutiny by intelligence personnel concerned with possible mobilisation of political resistance. There were also reports that suggested that at the end of the war, military or undercover personnel

were present in hospital wards. Collective healing or memorial processes such as public cultural rituals were also subject to restrictions by the security forces.

One participant reported the expectation in their NGO that client numbers would decrease in the post-war context in the north of the country. However, their experience had been the opposite, with numbers of service users (such as families of the disappeared, survivors of bombing, etc.) seeking assistance increasing. The participant attributed this to these service users not wanting to approach government health or social services, possibly because of the state's role in the conflict and the specific events that produced their suffering.

One of the key points highlighted in the interviews was the impact of effective services on maintaining demand for services and on the retention of users. One participant noted that the development of an effective assessment tool helped service users see for themselves their progress across the different sessions, and that this was important in creating trust, increasing the number of service users, raising the confidence of the service providers and overall, making a good case for continued funding of services. In contrast, interviews in organisations where there have been no or little attention given to evaluation of services noted that, 'still there is uncertainty about the positive changes and quality aspects of (our) services'.

According to the interviewees and participants in the consultation workshop, effectiveness of services was also demonstrably improved through inter-sectoral collaboration. Their view was that MHPSS services could not be delivered solely through NGOs, the state healthcare system or social welfare services, instead what was needed was for complementary services to work together. Participant interviews underscored that providing services together with partners, whether state agencies or not, helped improve quality of service to users. When service users presented with acute mental illness, it was essential to be able to refer them to the government hospital for clinical care. At the same time, community-based and rehabilitative mental health initiatives provided by NGOs were felt to play an important role that the state was unable to fulfil. Similarly, MHPSS NGOs working with healthcare service providers, law enforcement officials, lawyers, other NGOs and gender activists helped to ensure a comprehensive and effective support service to women and children experiencing gender based and/or domestic violence.

Accessibility of services was seen to be affected by availability of transport infrastructure and, for poorer clients by availability of assistance with transport costs. The presence of barriers to travel, such as checkpoints, restrictions on free movement of persons or NGOs, and other sources of risk during the war and in some areas even during the post war period, was identified as a hindrance to clients accessing services – or services proactively accessing clients. Close linkages between service providers (including state and NGOs) was also seen as a means of increasing access, with deterioration in the quality of inter-sectoral collaboration in the post-war years undermining this.

Internal Capacity and Governance of NGO MHPSS Services

Participants also spoke about factors within MHPSS service providing non-government organisations which affected their ability to respond to changes in the external context, or affected their vulnerability at an institutional level. Internal capacity was seen as important in terms of knowledge and skills to respond to challenges in fund-raising, negotiating with uncooperative or hostile regulatory bodies, forging partnerships with others in the field, and being able to take on new approaches or focus of work.

The management and governance of institutions was also seen to be an important source of resilience or vulnerability in the face of external challenges. There were examples shared of how systems for staff care and supervision helped to support personnel and sustain services through periods of extremely difficult and stressful work, and also how the breakdown of these systems could result in impacts on staff and the organisation that threatened and ultimately undermined the organisational ability to play a vital role in delivering and leading MHPSS services. Examples were shared about how management errors and poor internal relationships resulted in threats to the organisation in terms of staff conflict and even legal proceedings that affected the organisation financially. Proactive management was also seen to have been successful in reorienting its mission as a conflict-focused MHPSS NGO in order to adjust to post-war funding and operational realities, and shifting to work with a new underserved population in Sri Lanka.

The ability for organisational leadership to transition smoothly was seen to be important for sustainability. The inability of some organisations to shift from visionary or charismatic founders to a second generation of leadership was described as a barrier to adaptation and continuity, especially where founders were ageing or unwell. This was also seen as a problem for renewal of organisational vision and approach in response to a changing context – something that many NGOs faced in post-war Sri Lanka.

Conclusion and Way Forward

This review has been concerned with the sustainability challenges faced by non-governmental MHPSS service providers during transitions in the period 2004-2014, which proved to be a particularly challenging time for non-governmental organisations in general, and for MHPSS NGOs in particular. The participants in the study highlighted a number of challenges flowing from the political context and systems of administration that NGOs had to operate within, especially in areas affected by the conflict. They also unsurprisingly identified shifts in funding trends by donors as another factor, but were also reflective about the poor capacity of NGOs to anticipate and adapt to these. There was considerable self-critical commentary on other deficits in internal capacity that made organisations vulnerable to transitions and external challenges, as well as positive examples. Although not as powerful or as immediate a factor as the others mentioned above, there was also reflection on how the sustainability of MHPSS services provided by NGOs ultimately hinged on their ability to provide relevant, good quality and accessible services to persons in affected communities.

Although it is beyond the scope of this review, it is important to note that there were significant changes in the external operational context for NGO MHPSS services after the change of Sri Lanka's political regime when Presidential Elections in January 2015 also led to the formation of a new government with an explicit agenda for governance reform and addressing the legacy of Sri Lanka's long ethno-nationalist conflict. There were swift reversals of some of the more antagonistic rhetoric and overtly controlling approaches to coordination of NGOs, although at the time of writing many of the more subtly coercive administrative mechanisms that participants spoke about remain in place. The government has been more explicit about the need for psychosocial support to survivors of conflict, and for the need to work in partnership with NGOs. There have already been strong indications that international donors will support the current government's overall agenda, and seem poised to invest in services for post-war communities including possibly MHPSS supports through the government and NGOs.

In this context, the recommendations below generated by the participants involved in the study process may stimulate NGOs working in the area of MHPSS to adopt strategies to overcome current challenges identified and mitigate these in the future.

Recommendations

1. Collaboration for Sectoral Funding

- Initiate collective strategising and engagement of development stakeholders on financial sustainability of MHPSS sector services in Sri Lanka, especially those provided by NGOs;
- Establish a coalition of local and national-level practitioners and policy-makers to develop in-country fund-raising capacities and systems;
- Engage international donors/agencies interested in MHPSS issues in Sri Lanka to advise the sector on global funding trends and how to respond to these;
- Lobby government to fund both state sector MHPSS services and also NGO services;
- Implement initiatives to increase institutional capacity around financial and sustainability planning for MHPSS NGOs;
- Invest in public communication and advocacy for better recognition and acknowledgement of value of contributions of MHPSS services provided by NGOs;
- Develop advocacy strategies to ensure acknowledgement of MHPSS services as part of citizen's entitlements (along with right to health, education, etc).

2. Collaboration on Improving Services and Knowledge [for sustainability and cohesion within the field]

- Identify sustained sources of funding for developing and implementing a system for sharing sectoral knowledge on effective and contextually relevant MHPSS services;
- Ensure allocations of funds for systematic data collection to monitor project processes, outputs and outcomes – for learning and for use in fund-raising and reporting;

- Ensure compliance with global standards, to improve quality, and adopt common frameworks to be able to work and advocate collectively;
- Recognise the political dynamics impacting on MHPSS issues and service provision, and develop approaches for negotiating these;
- Establish accountability mechanisms for MHPSS practice that ensure quality for clients and prevent bad practice, but retain diversity of field and autonomy of NGOs;
- Commit to periodic external evaluation processes, and collaborate on peer evaluation and learning processes, to strengthen services and to increase and broaden the evidence base for varied MHPSS interventions in Sri Lanka;
- Improve processes for internal review and improvement of management and governance processes, including succession planning.

3. Collaboration on Advocacy and Lobbying

- Articulate a vision for NGO and government collaboration in relation to MHPSS services. This should also link to a broader collective inclusive process to create vision, strategies and actions for sector development to be used in policy-level advocacy with the government;
- Undertake policy advocacy with the government in relation to MHPSS approaches in Sri Lanka's post-war context, using existing commitments (i.e. LLRC, CRPD, UNHRC Resolution, etc.) and mechanisms (i.e. ONUR Task Force) as a platform for this.

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