

2011



Annual Report

Highlights of Activities and Response



Family Rehabilitation Centre

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MESSAGE FROM THE CHAIRMAN

Dear Friends and Well-wishers,

Family Rehabilitation Centre is happily celebrating its twenty years of existence next year. FRC is happy and proud. Happy because it has grown up, reached adult hood in good health; proud because it is increasingly gaining recognition in the government and non-government sectors, and among the people, both despite the environment in the country and because of it.

While everyone at higher echelons speaks about righteous thoughts, truthful activities, impersonal gains, and nation first, in real practice, there appears to be a growing negative trend in humane thinking and activities. This is mainly directed at those involved in crimes and even suspected to be involved in any criminal activity. The worst scenario is when a person is a suspected of any type of crime, from simple theft to pre-planned murder, from simple lie to massive anti national activity, the treatment given, and methods used in the name of bringing out the truth, can challenge what had been done to criminals in the medieval or the dark ages of the past in human evolution.

The crimes have become more varied; methods of committing the crime have become sophisticated, and “advanced” technologies are used on the one hand; and on the other, the same centuries old methods of the past are also used by the ordinary man. Criminals too range from village thugs to international corporate heads and political leaders. But our methods of treating the suspects, accomplices and the criminals have almost remained the same as earlier, despite all international regulations on treating human beings, opponents, enemies, suspects, prisoners and criminals while under interrogation or custody. The “treatments” too range from nearly “murderous” methods to provision of everything and anything under the sun, depending on the influence and ability to wield power –full treatment if powerless and on the wrong side, and full “royal” treatment when power loaded. While most civil societies are concerned about such disparities, blatant violations of the law, by the law enforcers and the law makers or by those very close to them, FRC is really looking individually and family wise at those at the receiving end, with counselling and assistance; and in general terms at those at the “handing down” end, with a view towards prevention and encouraging human and legal values.

This had not been an easy task professionally; sometimes had been dangerous too. Fortunately times are changing. There are many National Organisations expressing serious concern and are being recognised. There are many International Organisations and foreign missions, voicing their opinions and supporting the national organisations in their endeavor to preserve human dignity. The Governments in power too need their acceptance to be able to stand in international forums with dignity and respect.

The war which took in all mental, financial and national concentration is over and two and a half years have passed. Hence, this is the time to bring about changes in the attitude of people towards building a better, peaceful Sri Lanka. Let us pool our resources to provide guidance towards this end.

Thank you.



Dr.C.S.Nachinarkinian,
(CHAIRMAN)

FRC IN A NUTSHELL

Vision

To be respected as one of the leading organisations for the rehabilitation of trauma survivors and for the prevention of trauma in Sri Lanka

- ✓ FRC acknowledges the important role played by other organisations, both non government and government organisations, in the rehabilitation and the prevention of trauma in Sri Lanka.
- ✓ Highlights FRC understanding of the need to resolve issues pertaining to both the rehabilitation and the prevention of trauma in Sri Lanka.
- ✓ Identifies trauma as the critical concern that FRC seeks to address.
- ✓ Recognise FRC as a national organisation, dedicated to addressing the rehabilitation and the prevention of trauma.

Mission

To provide holistic treatment and care to those who have been affected by trauma, whilst lobbying and advocating to prevent trauma in Sri Lanka

- ✓ Demonstrates that FRC not only understands of the importance of offering psychological, medical and physiotherapeutic care to those who have been affected by trauma, but also the importance of providing psychosocial support and advocacy (i.e., holistic care) to enable those affected by trauma to recover and heal.
- ✓ Commits FRC to actively engage with and seek to persuade influential individuals, organisations and decision makers to take action to prevent the causes of trauma in Sri Lanka and to support and empower those individuals and communities most likely to be affected by trauma, in Sri Lanka.

Objectives

FRC will offer its services and provide support to:

- All Sri Lankans irrespective of their ethnicity or religion; their sex or gender; their age or social status or their political affiliations.
- All Sri Lankans who have been subjected to physical and or psychological injury caused by violence and or acute stress in Sri Lanka or overseas.
- Dependents and close relatives of Sri Lankans who have died or are still suffering as a result of physical and or psychological injury caused by violence and or acute stress in Sri Lanka or overseas.

Target Groups

FRC's clients include some or all of the following and their families:

- Survivors of war trauma
- Widows and widowers affected by trauma
- Children affected by trauma
- Women and men who have been disabled as a result of the trauma
- Internally displaced persons affected by trauma
- State and non-state ex-combatants affected by trauma
- Migrant workers affected by trauma



Where We Work

FRC ANURADHAPURA

No. 623/20A,
2nd Stage, Bulamkulama
Disamawatha
Anuradhapura
Tel / Fax: 025-222-6810
Email: frc-anu@frctl.org

FRC AMPARA

RDA Road
Thambiluvil – 1,
Thirukovil
Ampara
Tel / Fax: 067-226-5354
Email: frc-ampara@frctl.org

FRC BATTICALOA

No. 128/7,
Warnakulasingam Road
Kalladi
Batticaloa
Tel / Fax: 065-222-6496
Email: frc-batti@frctl.org

FRC TRINCOMALEE

No. 26, 4th Lane
Orr's Hill
Trincomalee
Tel : 026-222-5372
Fax: 026-222-5365
Email: frc-trinco@frctl.org

FRC KILINOCHCHI

No. 111, Nawalar lane,
Ananthapuram,
Kilinochchi
Tel/Fax : 024-3243481
Email: frc-kilinochchi@frctl.org

FRC POINT PEDRO

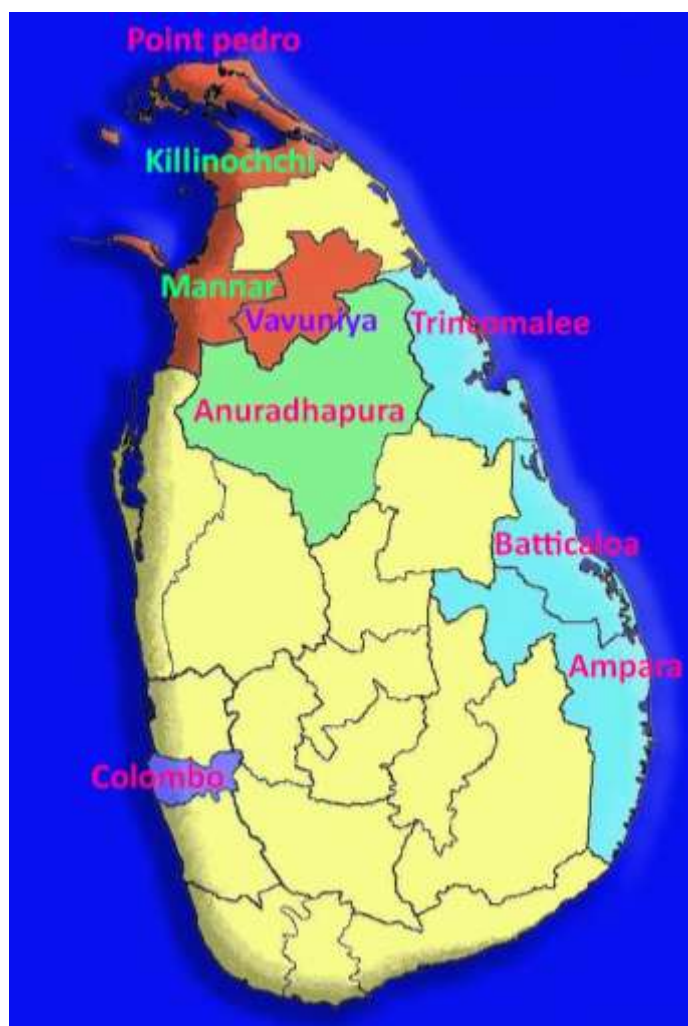
Ratnavel Vasa
Puloly South
Point Pedro
Tel: 021-226-0033
Fax: 021-226-3245
Email: frc-point.p@frctl.org

FRC MANNAR

No. 57, Main Street
Mannar
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FRC VAVUNIYA

Anbu Aham
Ukkilan Kulam
Vavuniya
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OUR PROGRAMMES:

Country Situation and the role of FRC

Since its inception FRC has been committed to constantly assessing and improving the quality of services that it provides while increasing its coverage. A definite pattern of development has evolved in FRC in the field of Psychosocial Rehabilitation and what is now widely referred to as Psychosocial Wellbeing. Not only limited to our own area of service, FRC is able to take a lot of initiative, particularly in the area of people's other needs such as further medical treatment, livelihood support and basic needs through the referral system.

The conclusion of the thirty year civil war has brought on new challenges as well as opportunities for those working in rehabilitation and reconciliation. It has opened gateways for several thousands of genuine victims of various types of trauma who are in need of immediate psychological care and assistance. The negative consequences it has left among the families and communities have made an immense impact on the wellbeing of people who are living in the affected areas, which also push back the return to normalcy in these areas.

Through its work, FRC demonstrates that it not only understands of the importance of offering psychological, medical and physiotherapeutic care to those who have been affected by trauma, but also the importance of providing psychosocial support and advocacy (i.e., holistic care) to enable those affected by trauma to recover, heal and successfully return to their roles in the family and community settings.

The Need

According to the need assessment survey conducted it estimated that over 50% of the population in the North, East and adjoining regions has undergone traumatic incidents in the last decades that range from minor to severe trauma. Over the past 20 years or so several thousands were not able to access medical and mental health services in their locations due displacement and restriction of movement. In the last year an estimated 63,000 people have returned in Jaffna alone. Statistics shared by the various organisations indicate that there would be approximately 40,000 widows in the North and 49,000 in the East, many of these widows are as young as 16 or 17. Assessments reveal that there is an alarming increase in Gender Based Violence in the Puttalam, Jaffna, Vavuniya and Mannar districts calling for awareness raising, advocacy and psychological care.

This annual report highlights the implementation of FRC's core projects for the year, its achievements, organizational changes and some of its important case studies that provide an understanding of its implementation approaches and grassroots activities.

Programme Strategy

The Family Rehabilitation Centre was established in May 1991 specializing in providing holistic psychosocial rehabilitation to the victims of violence and extreme trauma. FRC currently implements two core programmes. FRC's **Trauma Rehabilitation Programme** will deliver services and implement activities, the purpose of which will be to provide holistic treatment and care to those who have been affected by trauma. Under its **Trauma Prevention Programme**, FRC staff will lobby influential individuals, decision makers and decision making institutions and organisations and conduct advocacy campaigns aimed at preventing trauma in Sri Lanka.

For the year 2011, FRC's Trauma Rehabilitation Programme continued to maintain its position as the lead programme within FRC. The majority of FRC's services, activities and funding this year will be accounted for by FRC's Trauma Rehabilitation Programme. However, FRC will endeavour to raise funds, implement activities and delivery services under its Trauma Prevention Programme, over the coming years, to reduce the incidence of trauma in Sri Lanka.

What We Do

Rehabilitation	Identification and provision of psychological treatment for survivors of trauma and the families of victims and survivors of trauma
	Identification and provision of medical treatment and physiotherapy for survivors of trauma
	Identification and provision of psychosocial support for survivors of trauma and the families of victims and survivors of trauma
	Advocacy ¹ for the treatment of survivors of trauma and the families of victims and survivors of trauma
Prevention	Lobbying ² the judiciary, the Bar Association, the police, the prison services, the state security forces and political parties in Sri Lanka to reduce incidences of trauma in Sri Lanka
	Advocacy on behalf of individuals and communities denied human rights with emphasis on Articles 3, 5, 6, 7, 8, 9 and 10 of the UN Declaration on HR and or affected by trauma

¹ Support, encourage, promote

² Persuade political representatives or influential persons

Victims of Trauma Treatment Project Outline – (VTTP)

With the recent changes in the socio-political situation, it has opened gateways for several thousands of past and present genuine survivors of trauma who are in need of immediate psychological care and assistance.

Since over one million people have been displaced and resettled within the country, FRC commenced implementation of the Victims of Trauma Treatment Project (VTTP) with funding from The Asia Foundation (TAF) that would be focused on the psychological and medical needs of the most recent survivors of severe trauma and immediate family members of trauma victims. Consequently, clients of general socio-economic hardship and deprivation due to poverty, war and displacement will be taken care through referrals.

PROJECT OBJECTIVE:

The main objective of this project is to provide psychosocial care/support and medical assistance to the survivors of trauma and their families, while working towards reducing the practice of substances that create trauma markedly and in general to make the Public and the stake holders aware of their needs.

IMMEDIATE OBJECTIVES:

Three immediate objectives have been identified as follows:-

(1) TREATMENT AND HEALING

To rehabilitate survivors of trauma and their families and facilitate their reintegration into the community, to be self-reliant and self-supportive

(2) ORGANIZATIONAL DEVELOPMENT

To build the capacity of trauma treatment centers to increase the organizational effectiveness and sustainability in delivering healing services

(3) MONITORING AND EVALUATION

To strength and expand existing monitoring and evaluation (M&E) system to measure effectiveness and improve services and contribute to the most effective interventions for support to trauma treatment services

PROJECT STRATEGY:

In order to achieve the objectives of the treatment and rehabilitation effectively, it is vital for the project to reach the recent survivors of trauma and their family members in a more systematic and organized manner. To facilitate this, the outreach Centers were structured into regions. The re-organization was based on the geographical distribution of internally displaced persons and resettled persons. This was also;

- To provide greater co-ordination among the outreach Centers within each Region, the Regional Co-ordinators were appointed for each of these zones which has created greater flexibility of operation and autonomy for the regional staff. Their participation in the Senior Management Committee has tremendously improved the communication within the FRC and also the voice of the real actors being heard and action taken appropriately.
- To network and establish effective links with GOs/NGOs and other relevant institutions working within the zone in order to :-
 - Identify the recent victims' families and survivors to be referred for treatment to FRC.
 - Co-ordinate the provision of socio-economic assistance to needy clients and
 - Facilitate and co-ordinate the training programmes that are of mutual relevance
- To achieve a greater flexibility in the allocation of resources within each zone furthering a swift reallocation according to emerging needs.

Below are some of the outputs, statistics and achievements of this project for the year 2011:

Total no of clients in 2011										
District	Total	Gender		Age				Ethnicity		
		Male	Female	Below 18	19-32 years	33-55 years	over 55 years	Sinhala	Tamil	Muslim
Ampara	218	91	127	03	46	112	57	77	141	00
Anuradhapura	281	79	202	16	49	109	102	257	05	19
Batticaloa	319	226	93	02	82	145	89	00	319	00
Trincomalee	246	109	137	04	66	127	47	54	177	15
Jaffna	365	86	279	00	89	155	121	00	365	00
Mannar	366	112	254	03	81	171	110	00	363	03
Point Pedro	291	103	188	06	92	146	46	00	289	02
Vavuniya	256	72	184	02	31	139	94	00	256	00
Total	2342	878	1464	36	536	1104	666	388	1915	39

Distribution of Therapeutic Treatment

Medical Treatment

During the period covered in this report, medical treatment was provided for clients that were identified during the initial screening stages conducted by FRC for medical care or further treatment. During the year **2,096** clients were provided with **7,192** medical treatment sessions. During these consultations clients will be provided with medication, and health advice followed by a referral to a specialised institution in the area or in another region for further treatment.



Physiotherapy Services

During the period under review, **1,105** clients were provided with **3,577** physiotherapy treatment sessions.



Counselling Services

Individual Counselling:

The FRC provided counselling services to people living in conflict affected areas, who have experienced various physical and psychological problems that have directly or indirectly affected their psychological wellbeing. The Psychosocial Workers (PSW) or the counsellors of FRC initially screened the clients to identify who are in need of counselling services. Thereafter, through mutual discussion, a counselling treatment plan was developed as a guide to the healing process of psychological problems recognised during this process. During the year FRC district PSWs were able to provide 4,283 counselling sessions for 1,319 clients.



Group Counselling

Group counselling mainly involves a small group of members, who come together forming their own specific goals, share their problems, provide empathy and support to the members of the group. As a group, the members strive to change their self-defeating behaviours. The FRC centres have successfully conducted various group-counselling for the identified clients, categorised into the speciality of their problems and assisted in developing their existing skills in dealing with the psychosocial problems.

The following table provides specific details on the number of sessions carried out by FRC.

Details of Group Counselling				
FRC Centre	Group Name	No. of Participants	No. of Sessions	Main Topic Discussed
Ampara	Ex-C	3	6	Safety & Security Discussed about income generation opportunities. Remembering (Networking, referrals, support other)
	IDP	6	3	
Anuradhapura	WW	7	3	Safety & Security Psychological and Physical problems Nutrition problems Discussed to develop Self skills /Self stress management/ Family support & Understanding. Problems Identification
	OT (female)	7	3	
	OT (male)	6	3	
	Women with Same Problems	4	6	
Batticaloa	TS	5	1	Safety & Security
Jaffna	IFM	3	4	Greif
Mannar	TS - Female	5	1	Safety and security Problems Identification
	Ex -C Women	6	2	
	TF Women	4	2	
	WW	4	1	
Point Pedro	War Widows	3	3	Safety & Security Discussed about t social stigma Reunify with the community/ How to develop Self skills / Self stress management/ Family support & Understanding. Discussed about income generation opportunities.
	Ex -C	4	3	
	WW	4	2	
Vavuniya	TS	4	7	Safety and Security Identification of Problems Livelihood supports Remembering & Sharing
	Disappears Family member's (Women)	4	8	
	EX Combatants	3	6	
Trincomalee	Ex-C	4	3	Safety and Security Problem identification Remembering & sharing
	WW	2	6	

Ex-C – Ex Combatant

WW – War Widow

TS – Survivor of Trauma

IDP – Internally Displace Person

IFM – Immediate Family Member

TF – Survivor of Trauma (Family)

Human Interest Story

Nirmala is a 56 years old female from a village in Batticaloa district in the Eastern region. She is a Hindu and has studied up to grade 4. She is a survivor of trauma and she was identified by the community volunteer and was directed to the FRC centre.*

She is married and has 7 children. 5 children are females and 2 are males. 3 children out of the 5 female children have died and the rest are married and living separately. Her husband is a farmer and has gone through torture himself and due to the torture has developed a psychiatric problem to which he is still taking medication.

In 2006, LTTE has tried to forcefully recruit one of her daughters and Nirmala has tried to intervene. She was taken to the LTTE camp with her daughter and Nirmala was kept under custody for 15 days in a dark room with 23 other inmates. For the whole of the time she was kept under custody she was only provided with a single meal per day.

During these 15 days she has gone through different types of torture such as assault to her body with an iron bar and a wooden pole, her face has been covered with a polythine bag which made her suffocate that she lost consciousness for about 3 hours and her hands were tied at the back. Throughout her ordeal she was mentally also tortured where they kept on threatening her about killing her.

She somehow managed to escape with the other 23 inmates and after 7 months of escaping from LTTE custody she continuously started suffering from several physical and psychological problems. .

When Nirmala came to FRC centre she presented the symptoms of swelling and pain in her shoulders, arms, legs, burning sensation on her feet, feeling tired very easily, headaches, loss of appetite and feeling sad most of the time which prevented her continuing her daily activities and livelihood. While talking to the Psychosocial Worker she has started crying and has disclosed how sad she is at the moment.

Apart from the above physical symptoms, during assessment she and the PSW were able to identify the following symptoms and problems. She continuously worry about her and her husband's health conditions and the inability to provide for the family, the lack of economical support, avoid ceremonies such as weddings as it reminds her of her daughters who died, fear that the incident will happen again and feeling sad most of the time.

She received regular counselling and she met with the PSW for 3 months during which she received counselling for her sadness, fear and was introduced to simple relaxation activities and simple breathing to help her relax. She was also referred to the medical and physiotherapy clinics to get help for the swelling and pain in her arms and legs. After 3 months of counselling she was terminated as her condition improved and during the follow up visits done by the field officer her condition has been further improved by the economic support she received to start her own livelihood activities. She is currently raising poultry and is engaged in ornamental weaving.

OAK Foundation via IRCT

FRC works in partnership with relevant Provincial Ministries of Health to address the psychosocial needs of the population affected by trauma in the post conflict, resettled communities and adjoining regions, to resume their roles within the family and community through providing holistic psychosocial rehabilitation.

The primary objective of the project is to treat & rehabilitate survivors of trauma due to the recently concluded armed conflict. We go a vital step further by providing supportive services to their families in our aim to provide holistic care.

Specific activities are to:

1. Provide psychosocial services to survivors of extreme trauma in the selected areas of Northern and Eastern regions through provision of locally trained counselors with the supervision of the Clinical Psychologist.
2. Increase access to medical and physiotherapy services with the assistance of registered Medical Officers and Physiotherapists
3. Develop community based psychosocial services through recruitment and training of Community Volunteers and Grassroot Level Action Committees (GRLAC).
4. Provide socio economic support to clients based on needs assessment at termination
5. Strengthen the service through collaboration with the National Health Sector in treatment and management of survivors of extreme trauma
6. Increase awareness of mental health issues arising from severe trauma and violence.

The Target Clients are:

- Trauma survivors
- Trauma survivors family members
- Ex-Combatants
- Bomb Blast victims
- War Widows
- Children of war
- Multiple Displaced People & Other survivors of severe trauma.

Project Locations:

Ampara, Batticaloa, Trincomalee, Vavuniya, Mannar, Jaffna and Point Pedro.

The main Prevention activities under the project were to conduct a series of awareness programmes to selected volunteers and government officials.

Training of Community Leaders and Volunteers from selected villagers: 30 volunteers at a time would be selected from each village and a series of awareness programmes would be conducted with collaboration of external resource persons. The subject areas the sessions will cover would be;

- a) Psychosocial Problems.
- b) Conflict Management/Do No harm principles
- c) Basic Stress Management
- d) Elders Mental Health.
- e) Gender Based Violence.
- f) Major Psychological Disorders
- g) Causes of suicide & methods to reduce.



Below are some of the outputs, statistics and achievements of this project for the year 2011:

Centre	Total	Gender		TS		IFM		EX		WW		DA		OT	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
Ampara	20	15	5	15	3	0	2	0	0	0	0	0	0	0	0
Batticaloa	12	10	2	10	2	0	0	0	0	0	0	0	0	0	0
Jaffna	26	7	19	2	0	1	1	1	0	0	4	0	0	3	14
Mannar	11	4	7	2	0	0	0	0	0	0	2	0	3	2	2
Point-Pedro	60	29	31	16	1	2	7	5	3	0	9	0	0	6	11
Trincomalee	9	7	2	7	0	0	2	0	0	0	0	0	0	0	0
Vavuniya	58	15	43	11	0	0	30	0	0	0	6	3	0	1	7
Total	196	87	109	63	6	3	42	6	3	0	21	3	3	12	34

Human Interest Story

Sivayogan is a 49 years old male from the Eastern region and he is a survivor of trauma. He is married and has 4 children who are still schooling and his wife is a house wife. He was referred to FRC by the community volunteer who identified him during visit done to his village.*

During the assessment he mentioned that he is undergoing treatments form the government hospital. He was having pain in his hands and back and feeling tired most of the time which prevented him from continuing his work. He also mentioned that he feels sad most of the time and keeps thinking about the future.

In 1998, on his way to the paddy field, he was forcefully taken by an unknown group and kept in detention and was released in 2006. During the time he was in detention he has gone through different types of cruel treatment such as falanga, telephono, assault with a wooden pole and face been covered with a bag soaked in petrol.

In 2007 he and his family were affected due to the conflict and they were displaced and have lived in the IDP camp for over 3 months. By this time he has started feeling psychologically distressed.

He worries about not having a proper job and how his children's education is being affected due to it. He is feeling sad and has stopped doing activities in the community and only speaks to his wife. Feels quite tiered and has lost appetite.

He received counselling for a period of 4 months and attended medical and physiotherapy sessions at the FRC office clinics. One of his children was awarded an educational sponsorship by FRC and another child was trained and recruited as a community volunteer by FRC. The family also received livelihood support which has ensured that they receive a regular income.



Livelihood Support via CFLI Project

It has been FRC's experience in service provision for the past two decades, that livelihood support to the clients is of vital importance in order for them to successfully resume their roles within the family and community settings. As a proven result, the FRC facilitated and provided livelihood assistance to the clients who are psychologically and physically improved and successfully reintegrated to the society upon receiving FRC services.

One such intervention was the Canada Fund for Local Initiatives (CFLI) livelihood support program, which commenced activities in November and continued through December 2011. It aimed to uplift the level of psychosocial wellbeing and the living condition of our terminated clients and their respective immediate families.

The livelihood assistance program divided its beneficiaries into two categories. They are:

Category: 1. Clients who have already the livelihood but need assistance to develop (Training & Financial support).

Category: 2. Clients who have the knowledge but need assistance (Financial support for purchasing items/supplies/equipment/livestock)

The process of the project implementation for the livelihood assistance was as follows:

- Selection and screening
- Discussion with relevant stakeholders
- Procurement and delivery of input
- Brief training & awareness program for beneficiaries
- Staff capacity building to monitor the implementation
- Field follow-up visits

A preliminary need assessment was carried out with the assistance of Grass Root Level Action Committees (GRLAC) and the CVs who are directly interacting and working in the community/villages to identify clients who needed livelihood assistance. The final screening was carried out with the assistance of GRLA committee and the Grama Niladhari (GN) for each location. The GN's certification was obtained in writing indicating that the selected clients have not previously received any kind of livelihood support from any other organization.

They were able to short list 50 terminated clients from FRC Jaffna, 50 terminated clients from FRC Point Pedro and 30 terminated clients from FRC Vavuniya. Out of these short listed clients, a final list of clients was prepared considering the funding constraints, included 22 clients from FRC Jaffna, 25 clients from FRC Point Pedro, and 22 clients from FRC Vavuniya as the beneficiaries who would receive livelihood support.



Types of assistance provided under both categories:

- Support for Cattle Rearing
- Support for Goat Rearing
- Support by provision of machinery, i.e. Sewing Machine, electric water pump
- Support by provision of mechanical tools, for Manual Aerator for a mechanical workshop
- Support for Poultry Farming



Human Interest Story

Aruna is a 39 years old female from a village in the Northern region. She is married and has 2 male children and 1 female child. She was brought to FRC centre by the community volunteer as she was agitated and crying during a home visit.*

In December 2006 while her husband and eldest son were on their way to the town to buy provisions in their vehicle an unknown person has abducted them at gun point and hijacked the van. Aruna was under the impression that they will be released soon but for two years she tried to find them and in the end they were categorized as disappeared. During these two years she went from one camp to the other spending whatever the savings she had trying to find information about her child and husband.

At the time of the assessment she has been crying and has mentioned that she feels frustrated most of the time. She mentioned that she also keeps on thinking about her husband and the child who got abducted and displayed symptoms of depression such as feeling sad, inability to sleep and worrying about future. She also mentioned that she feels guilty of not being able to provide for her children properly and due to this their schooling has been irregular. She is currently making sweets using Sesame seeds but due to the lack of proper equipment the production was not enough to earn enough for the family.

She went through regular counselling (both individual and group) in order to reduce feeling sad and she was also taken through the normal grief reaction and information with regard to why some of her feelings still persists with the unresolved grief. Individual counselling sessions were done to reduce sad feelings and thoughts. Group sessions were done with regard to feeling guilty of not being able to provide for her children. During these sessions she was able to share and learn new ideas about starting her own self employment by expanding the small business she already has. With regular counselling her mood and behavior started improving and after the third assessment she was terminated from counselling services and follow up sessions were carried out.

Under the Livelihood support programme FRC initiated with the funds from the Canadian Fund for Local Initiative, Aruna was also provided with a commercial grinding machine and other necessary accessories needed for her business. With the help of these she has been able to further develop her business and now she has expanded making sweets to preparing breakfast items that now she is selling from a small shop that she opened up in front of her house. During further follow up visits she and her children have mentioned that her sadness and guilt feelings are lot less and she is content with what she is doing now.

Strategic Partnerships

The Family Rehabilitation Centre (FRC) is now implementing a project in partnership with the Ministry of Health (MoH), National Institute of Mental Health (NIMH), Provincial Ministries of Health and many other Governmental and Non Governmental Organisations in order to address the psychological and psychosocial needs of the communities in the post conflict, resettled areas and adjoining regions. To name some of them;

- The Asia Foundation
- USAID
- Danish Refugee Council
- Ministry of Social Services
- District NGO Consortiums
- Consortium for Humanitarian Agencies
- Psychosocial Forum
- ICRC
- Sarvodaya
- Butterfly Garden, Batticaloa
- National Universities
- District and Base Hospitals
- District and Divisional Secretaries (GAs & AGAs)
- IRCT

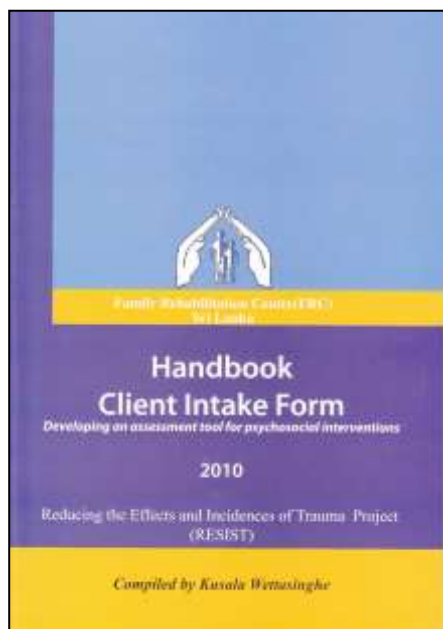
Publications



During the period of 2011 a special study was carried out on the topic of “Are Culturally Specific Measures of Trauma-Related Anxiety and Depression Needed? The Case of Sri Lanka” by the team of Dr. Nuwan Jayawickreme, Dr, Eranda Jayawickreme, Pavel Atanasov, Michelle A. Goonasekera, and Edna B. Foa. This study focused on the war affected traumatized people in North and East of Sri Lanka and FRC clients participated in the study and technical support was given by FRC. First online publication of results of the study was released on March 19, 2012. (Reference,

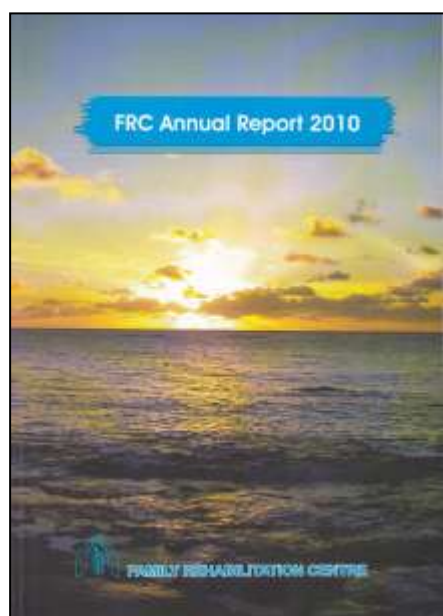
Psychological Assessment. Advance online publication. doi:10.1037/a0027564)

Following publications were added to the Family Rehabilitation Centre's existing publications.



Handbook of Client Intake Form (CIF)

This handbook outlines the process through which the CIF was developed and discusses the important phases of the process, the application of the CIF and its advantages and limitations. The objective of the Handbook is to develop user friendly guidelines to any organisation that wishes to translate qualitative impacts of an intervention into a quantifiable monitoring scale.



FRC Annual Report 2010

This report provides comprehensive information about the FRC's activities and financial performance in 2010.

Monitoring & Evaluation

With the assistance of an external consultant, the M & E Unit of FRC was able to develop the SPSS database management system. The new database was introduced to FRC to evaluate the following fundamentals:

- Progress of Counselling, Medical & Physiotherapy services
- Evaluate the counselling clients assessments
- Evaluate the client progress by analyzing the client's distress & adaptation scores.
- Creating relevant tables for the quarterly reports & annual reports



Separate data Transfer Forms for all clients and counselling clients were introduced to the centres for a high impact on to the data management to analyze and be able to interpret in international standards.

Challenges

1. Post war era has presented a situation of free movement and some of our target clients move to different locations for livelihood activities.
2. The restrictions in accessing certain villages
3. Drop out of clients (receiving counselling) due o displaced persons returning to their villages
4. Lack of sufficient livelihood support to resume their lives
5. Threats by unknown sources and abductions
6. Lack of proper infrastructure and services
7. Increased crime and adverse social disturbances
8. Poverty and basic needs not being addressed in a systematic manner
9. Lack of legal documentation to access government services
10. Staff turnover, especially in the field.

STATISTICS FOR 2011

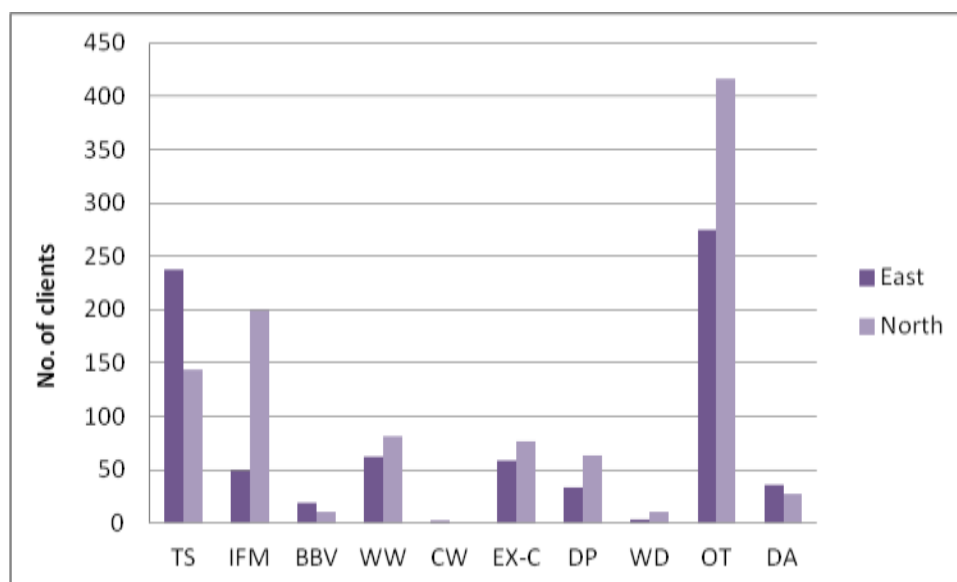
Clients Categorization by FRC Centre

No.	FRC Centre	TS	IFM	BBV	WW	CW	EX-C	DP	WD	OT	DA
1	Jaffna	21	55	02	18	00	16	26	03	212	06
2	Point-Pedro	34	42	05	19	00	36	08	02	59	13
3	Mannar	47	50	02	26	01	17	27	00	91	05
4	Vavuniya	42	52	02	18	00	08	03	05	55	03
5	Ampara	37	16	05	37	00	10	06	02	45	03
6	Anuradhapura	12	04	06	15	00	00	04	00	126	32
7	Bataloa	137	08	03	02	00	28	00	00	27	00
8	Trincomalee	51	21	05	08	02	21	23	01	77	01
	Total	381	248	30	143	03	136	97	13	692	63

Client Classification

- TS - Trauma Survivors
- IFM - Immediate Family Members of Survivor/Victim of Trauma
- BBM - Bomb Blast Victims
- WW - War Widow
- CW - Children of War
- EX-C - Ex-Combatants
- DP - Displaced Persons
- WD - Wives of Disappeared
- OT – Other persons with psychosocial issues
- DA - Differently Abled

FRC Regional Statistics



FRC Centre	TS	IFM	BBV	WW	CW	EX-C	DP	WD	OT	DA
East	237	49	19	62	02	59	33	03	275	36
North	144	199	11	81	01	77	64	10	417	27



INNOVATION

Care for Caregiver

Staff at Family Rehabilitation Centre deals with traumatized people throughout the year listening to their appalling life experiences and working continuously for the betterment of the clients' physical as well as psychological wellbeing.

As we all know, listening to such traumatic stories and working with traumatized people in order to uplift their present condition to a more positive one is not an easy task. It can be mentally and physically very demanding and if certain measures are not taken it can lead to staff "burn out."



Group work at the strategic planning workshop

Therefore, it is essential for the staff to have a chance to meet, relax, enjoy and increase their own psychological wellbeing. Hence, in June 2011, the entire staff went on a four day get-together, "Care for Caregiver" to Nuwara Eliya.



Group work at the strategic planning workshop

The get-together was from 28th June to 1st July 2011 at the National Holiday resort in Nuwara Eliya. By evening on the first day, staff from the two regions and from Colombo arrived in Nuwara Eliya. A Strategic Plan Workshop was held on the second day, which enabled the entire staff to contribute towards the changes that FRC is hoping to achieve in the future. The third day was for an outing and the staff enjoyed walking around Hakgala Botanical Gardens in the morning followed by a trip to Ambewela Dairy Farm as well as a boat ride in the Alakanda tank. After returning from the outing, some enjoyed a game of cricket or golf while others proceeded to the Gayathri Kovil for the evening pooja. The fourth and the final day was reserved for travelling and all staff returned to their respective regions.

Every evening during the get-together, after a buffet dinner there were activities such as singing, dancing, indoor games and short dramas where the staff got the chance to share their talents with each other. Even though some staff members found the cold climate of Nuwara Eliya uncomfortable as it was their first visit to Nuwara Eliya, they all appreciated the program and enjoyed the activities as it gave them a chance to meet members of the staff from the FRC branches in eight districts.

The four day staff holiday was also an opportunity to show the FRC staff that their commendable contribution to the mission of the organization is highly appreciated.



Group Picture



During Cultural night



Boat trip in Blackpool

MANAGEMENT & OPERATIONS

Chairman

The Honorary Chairman of the Board is responsible for the management, the development and the effective performance of the Board of Directors, and provides leadership to the Board for all aspects of the Board's work.

The Chairman acts in an advisory capacity to the Chief Executive Director (CED) and to other Directors in all matters concerning the interests and management of FRC and, in consultation with the CED, plays a role in the organization's external relationships.

FRC Members

There are currently 11 Members in FRC who are professionals and experts of relevant fields. Their key function is to appoint the Board of Directors, approve financial records such as end of year accounts, balance sheets, reports by the directors and auditors. These formalities are conducted once a year at the Annual General Meeting.

Board of Directors

The FRC is managed by the Board and is the main policy making body of the organization. There are currently 9 Directors and they determine in principle all FRC's major programmes and long term strategic plans, including budgets and financial conditions. The members contribute towards fundraising activities, monitor the integrity of the FRCs internal control, disclosure controls and procedures and management information systems.



The Board is responsible for the proper Strategic Direction of the organization and adopts a strategic planning process and annually approves a strategic plan which takes into account, among other things, the opportunities and risks of FRC.

The board will ensure the integrity and quality of the FRC's financial reporting and systems of internal control, risk management, compliance with legal and regulatory requirements, the qualifications and independence of the FRC's external auditors.

Chairman:

Dr. C. S. Nachinarkinian
Health Co-ordinator
International Relief & Development

Company Secretaries to the Board:

Corporate Affairs (Pvt.) Limited

Dr. T. Gadambanathan - Director

Psychiatrist, Teaching Hospital, Batticaloa

Dr. Deepika Udagama - Director

Head, Department of Law, University of Peradeniya

Ms. Shikanthini Varma Attanayake - Director

Company Director

Ms. Manouri Muttetuwegama - Director

Attorney-at-Law

Dr. Upul Ajith kumara Tennakoon - Director

Consultant – JMO
Institute of Legal Medicine and Toxicology

Ms. Dilkie Fernando - Director

Financial Consultant

Ms. Sithie Subahaniya Tiruchelvam - Director

Senior Partner/ Attorney-at-Law
Tiruchelvam Associates

Chief Executive Director

This function, with consultation and inputs from the Board, determine the vision, policies and strategic direction of the Organizations and provide necessary inputs to device the goals and objectives set out in the strategic plan.

The CED will be responsible for the overall management and supervision of a multidisciplinary group of staff and professionals to achieve objectives and implement strategic plan of the Organization by developing specific performance measurements/goals for each operational unit, monitoring the necessary budgets and communicating the results of activities and performance to the Board, relevant Government Agencies and Donor Agencies.

The CED will also maintain a high level relationship with the relevant Government institutions, Donor Agencies and Armed Forces. Fundraise identifying and developing new funding sources and establishing a rapport with potential stake holders.

Senior Management Committee

It is the function of this committee to ensure the proper Strategic Direction of the organization to reach highest levels of excellence through good governance practices, motivation and financial diligence. Also to introduce processes for cost reduction, put in place new policies and procedures, including taking necessary decision on HR matters.

The committee will ensure communication within the organization and with relevant partners is done on a professional and timely manner, share outcomes of the progress reviews and evaluations and ensure implementation of the recommendations.



FRC Staff

HEAD OFFICE

Mr. Lahiru Perera	-	Chief Executive Director
Mr. Dennis Mariasingham	-	Accountant
Ms. Amalka Edirisinghe	-	Clinical Psychologist
Mr. Imran Hasan	-	Monitoring & Evaluation Officer
Ms. Niranjala Somasundaram	-	Assistant Monitoring & Evaluation Officer
Ms. T. Vinitha	-	Account Assistant
Ms. Hema Pallage	-	Book Keeper
Mrs. Charmaine Kelaart	-	Secretary (retired)
Mr. S. Michael	-	Multi Duty Clerk
Mr. M. P. B. Sarathchandra	-	Driver
Mr. K.A. Dharmadasa	-	Care Taker (retired)
Ms. Meena Logini	-	Office Aide

STAFF IN THE DISTRICTS

Anuradhapura

Ms. J. M. H. M. Jayasekara	-	Psychosocial Worker (retired)
Ms. W. A. P. Thilakawardana	-	Field Officer
Mr. K. A. Chandana Anuradh	-	Field officer

Batticaloa

Ms. A. Jayaseeli	-	Psychosocial Worker
Ms. K. Queen Mary	-	Field Officer
Mr. M. Suresh	-	Field Officer

Jaffna

Mr. V. Vinayagamoorthy	-	Regional Coordinator
Ms. Pushpalatha Ravikumar	-	Psychosocial Worker
Ms. A. Sheriel Famila	-	Field Officer
Ms. K. Thambirajah	-	Field Officer

STAFF IN THE DISTRICTS - CONTD.

Ampara

Mr. M. Sangeethan	-	Psychosocial Worker
Ms. D. M. Indrani D. Menike	-	Psychosocial Worker
Ms. Kamalarani Saravanan	-	Field Officer
Ms. M. Vinobha	-	Field Officer
Mr. S. Paskaran	-	Field Officer

Mannar

Ms. S. Sebanayaki	-	Psychosocial Worker
Ms. Surenthini Jesubalan	-	Field Officer
Mr. R. M. R. Sara Vimal Raj	-	Field Officer

Point Pedro

Ms. Yasotha Ratnalingam	-	Psychosocial Worker
Ms. Anushiya Kathirgamathan	-	Field Officer
Mr. S. Jekathas	-	Field Officer

Trincomalee

Mr. S. Sathieshkumar	-	Regional Coordinator
Ms. Jeyanthini Ponnusamy	-	Psychosocial Worker
Mr. U. A. Sumanasena	-	Psychosocial Worker
Mr. Manokaran Mathykar	-	Field Officer
Mr. A. J. M. Nawas	-	Field Officer

Vavuniya

Ms. Sabitha Balasingam	-	Psychosocial Worker
Ms. Mangaleswary	-	Field Officer
Mr. N. Raveenthiran	-	Field Officer

AUDIT REPORT

Kreston MNS & Co

INDEPENDENT AUDITOR'S REPORT TO THE MANAGEMENT OF FAMILY REHABILITATION CENTRE

Chartered Accountants
P.O. Box 210
50/2, St. James Place Mawatha
Colombo 02, Sri Lanka
T +94 (0) 11 2323571
F +94 (0) 11 2433388
E audit@kreston.lk
www.webasia.com/kreston

1. Report on the Financial Statements

We have audited the accompanying Financial Statements of **FAMILY REHABILITATION CENTRE**, which comprise the Balance Sheet as at 31st December 2011, and the related Statements of Financial Activities and Cash Flow for the year then ended, and a summary of significant accounting policies and other explanatory notes as set out on pages 2 to 17.

2. Administrators Responsibility for the Financial Statements

Administrators are responsible for the preparation and fair presentation of these Financial Statements in accordance with the Sri Lanka Statement of Recommended Practice for not for Profit Organisations (including Non-Governmental Organisations) issued by the Institute of Chartered Accountants of Sri Lanka. This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair presentation of Financial Statements that are free from material misstatements whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

3. Scope of Audit and Basis of Opinion

Our responsibility is to express an opinion on these Financial Statements based on our audit. We conducted our audit in accordance with Sri Lanka Auditing Standards. Those Standards require that we plan and perform the audit to obtain reasonable assurance whether the Financial Statements are free from material misstatement.

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the Financial Statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall Financial Statement presentation.

We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit. We therefore believe that our audit provides a reasonable basis for our opinion.

4. Opinion

In our opinion, so far as appears from our examination, the Organisation maintained proper accounting records for the year ended 31st December 2011, and the Financial Statements give a true and fair view of the financial position of the Organisation as at 31st December 2011 and of its financial results for the year and Cash Flows for the year then ended, in accordance with Sri Lanka Statement of Recommended Practice for Not for Profit Organisations (including Non-Governmental Organisations).

Kreston MNS & Co
CHARTERED ACCOUNTANTS
COLOMBO
18TH JUNE 2012
SR/ST/bn
SR-Family Rehabilitation Centre-cd2c8

Partners
Ms Y Shirani de Silva, FCA, FCMA
Mr Srinivasa Balachandran, FCA, FCMA
S Rajanathan, FCA, FCMA (UK)
N K Arundhan, FCA, ACMA
Ms H D S C A Thelakumbura, FCA, ACMA
K I Skandadasan, BSc (Maths), FCA, ACMA
R L R Balasingham, FCA, ACMA

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FAMILY REHABILITATION CENTRE

BALANCE SHEET AS AT

		31.12.2011 Rs.	31.12.2010 Rs.
ASSETS	Note		
Non-Current Assets			
Property, Plant and Equipment	7	3,851,228.02	3,786,485.00
		<u>3,851,228.02</u>	<u>3,786,485.00</u>
Current Assets			
Advances and Prepayments	8	201,318.04	286,685.00
Short Term Investments	9	4,150,000.00	2,650,000.00
Cash at Bank & in Hand	10	11,182,340.89	1,981,216.00
		<u>15,533,658.93</u>	<u>4,917,901.00</u>
Total Assets		<u>19,184,886.95</u>	<u>8,704,386.00</u>
FUNDS AND LIABILITIES			
Accumulated Funds			
Restricted Funds	11	1,934,511.33	443,057.00
Unrestricted Funds	12	(444,659.95)	1,240,458.00
Donation Reserve	13	3,590,478.00	2,427,978.00
		<u>5,080,329.38</u>	<u>4,111,493.00</u>
Non-Current Liabilities			
Retirement Benefit Obligation	14	2,732,730.00	2,768,320.00
		<u>2,732,730.00</u>	<u>2,768,320.00</u>
Current Liabilities			
Accrued & Other Liabilities	15	10,957,024.32	300,000.00
Provision for Taxation	16	414,803.25	295,864.00
Bank Overdraft	10	-	1,228,709.00
		<u>11,371,827.57</u>	<u>1,824,573.00</u>
Total Funds and Liabilities		<u>19,184,886.95</u>	<u>8,704,386.00</u>

The Notes on pages 8 to 17 form an integral part of the Financial Statements.

The Board of Directors is responsible for the preparation & fair presentation of these Financial Statements.

Approved and signed on behalf of the Board of Directors.

Directors

1. *[Signature]*

FAMILY REHABILITATION CENTRE

18th June 2012

Authorised Signatures

