

Annual Report - 2009



FAMILY REHABILITATION CENTRE

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About us

The Family Rehabilitation Centre (FRC) is a humanitarian, non-profit, non-governmental organization, founded in August 1992. It is an independent organization with its own Memorandum of Articles of Association and has been incorporated under section 21 of the Companies Act No.17 of 1982.

MISSION

To treat and rehabilitate survivors of torture and those affected by severe trauma due to the recently concluded armed conflict in Sri Lanka, and to carry out awareness programmes to prevent torture. We go one vital step further, when necessary, offering supportive services to their families in our aim to provide holistic care.

AIM

To provide holistic care to those affected by armed conflict in all areas of Sri Lanka, irrespective of ethnicity, religion and political ideology.

What We Do:

Assist persons affected by armed conflict who are suffering from physical and/or psychological distress, with medical attention, physiotherapy, counselling, and other relevant services.

Conduct training programmes for relevant persons in management of torture survivors, basic counselling, befriending and empowerment Network with relevant governmental and non-governmental organizations (in both urban and rural areas), in order to obtain access to all available services for rehabilitation

Our Target Groups:

- Torture Survivors
- Torture Survivors' Family
- Trauma Victims
- Bomb Blast Victims
- War Widows
- Children of War
- Displaced people
- Other Victims of Extreme Trauma

Operational Location

Locations	Address	Telephone	Fax	E-mail	Web
FRC Colombo	73 ,Gregory's Road, Colombo 07.	0112698441 0115330531	0 112695885	frcsi@slt.lk	www.frcsi.org
FRC Kalmunai	23, Amman kovil Road, Kalmunai.	0672229609	0672229609		
FRC Anuradhapura	623/20A, 2 nd Stage, Bulankulama, Disa Mawatha, Anuradhapura.	0252226810	0252226810		
FRC Batticaloa	127/8, Warnakulasingam Road, Kalladi, Batticaloa.	0652226496	0652226496		
FRC Jaffna	No, 351, Temple Road, Jaffna.	0212226649	0212226649		
FRC Point Pedro	Hospital Road, Pulloy South, Mandhihi, Point Pedro	0213002530	0212263653		
FRC Mannar	79, Sinnakadai Main Street, Mannar	0233233758	0232222044		
FRC Trincomalee	158/1, Post Office Road, Trincomalee	0262225372	0262225372		
FRC Vavuniya	395/125 Joseph Vas Lane, Rambaikulam, Vavuniya.	0242223477	0242223477		

Executive Summary

The year 2009 will go down in the history of Sri Lanka as an year of great importance. The three decades of war ended on the 18th of May 2009 thus putting an end to a savageous war that had destroyed several thousands of lives, damaged and devastated the social, economic, psychological and cultural identities of the different ethnic groups, mainly the Tamils in the Country.

How far the Government and the Non Government Agencies have prepared themselves to face the challenges of rebuilding the infrastructure and rehabilitate several thousands of people in a post war context, still remains to be resolved. The challenges that may emerge in post war scenario would be extremely difficult to predict if there is no collective intervention and approach by the State and the Non State Agencies. Unfortunately the State has imposed very stringent measures on non-governmental organization to play their role independently and fearlessly at a time when the support of the Non State players are much wanted. Just because some Non State Agencies had been either identified or suspected over corrupt practices, it is very unfair to label all the Non-State Agencies so.

In the case of Family Rehabilitation Centre, the substantial contribution it has made towards the development of the Country since its inception in 1992, will speak for itself. The humanitarian services, it has rendered cannot be simply explained in a few lines in a few minutes. The Organisation, being the pioneer NGO in the Country for psychosocial rehabilitation has established significant benchmarks all along the way in the past 18 years. It may be interesting to discuss some of the benchmarks.

The Organisation has gradually decentralized the power and authority to the middle and front line Managers for an effective and efficient implementation of the on-going Project.

All the District Centres are equipped with Internet, Fax, Printers, Computers, Motor Cycles, Telephone facilities to avoid any communication and transport gap.

Regionalisation and decentralization of the administration has greatly enlarged the performance output at district level and helped to reduce the cost and improve the performance output by the staff.

Integration of community into the Project Management was one of the strategic approach of the Organisation to ensure a greater role for community contribution for the re-settlement and re-integration of the victims in their community of origin. In every district, District Action Committees are functioning effectively.

An innovative monitoring tool was developed and field tested during the first phase of the Project. This very tool has now been successfully field tested and confirmed as an active and simple devise to measure the progress of the clients under treatment. This is a unique benchmark achieved under the **“RESIST”** Project. The credit for this initiative should be given to **“The Asia Foundation”**.

It is important to note that even amidst risks to their lives, the dedicated staff have never retraced their forward march to extend their hands of assistance to the humanitarian needs of the several

thousands of victims of trauma, torture, widows, children and disabled who are left high and dry in different parts of the regions concerned. In fact, two of the field staff were abducted by armed and uniformed gunmen, but subsequently abductees were released after an inhuman and degrading treatments.

What the Organisation output in a pre/post war environment in the year 2009 would be an interesting account to know. Then why not pursue to read the rest of the report which gives a detail account of the activities and achievements of 2009.

To sum up, I wish to place on record the deepest appreciation and gratitude to the entire staff of FRC and to the generous contribution made by The Asia Foundation, Danish Refugee Council, USAID and EU in the form of Financial and Technical co-operation and to the Chairman, the Directors of the Board for their unstinted co-operation and support in 2009.

A.S. POOVENDRAN
CHIEF EXECUTIVE OFFICER

BOARD OF DIRECTORS

Chairman:

Mr. Desmond Fernando - PC
Former President of the International
Bar Association

Secretary to the Board:

Mr. Sandamal Rajapaksa
Attorney-at-Law

Prof. M.M. Ismail

Retired Dean of the Faculty of Medicine,
University of Colombo

Dr. T. Gadambanathan,

Psychiatrist,
General Hospital, Ratnapura

Dr Deepika Udagama

Head, Faculty of Law, University of Colombo;
Alternate Member from Sri Lanka to the
UN Sub-commission for the Protection and
Promotion of Human Rights

Ms. Kala Shikanthini Attanayake

Centre Manager for Samuthana
Kings College London
Resource Centre for Trauma Displacement and Mental Health

Mr. Gunaratne Wanninayake

President
Colombo Magistrates Court
Lawyers Association

Ms. Mano Ramanathan

Member Monetary Board
Central Bank of Sri Lanka

Dr. C.S. Nachinarkinian

Former Provincial Director of Health North & East

STAFF IN HEAD OFFICE

Mr. A. Sara Poovendran	- Chief Executive Officer
Mr. Dennis Mariasingam	- Accountant
Mr. V. Vinayagamoorthy	- Project Officer
Ms. Venuri Perera	- Psychologist
Ms. Charmila Edirisinghe	- Psychologist - Left
Mr. Imran Hasan	- Monitoring & Evaluation Officer
Mr. K.V.P. Weerasuriya	- Book Keeper - Left
Ms. T. Vinitha	- Book Keeper
Mrs. Charmaine Kelaart	- Secretary
Mrs. Marie Vanniaratchi	- Secretary - Left
Ms. Hema Pallage	- Book Keeper
Mr. S. Michael	- Multi Duty Clerk
Mr. M. P. B. Sarathchandra	- Driver
Mr. K.A. Dharmadasa	- Care Taker
Ms. Meena Logini	- Labourer

STAFF IN THE DISTRICT

Akkaraipattu	- Ms. S. Gnanamalar - Mr. M. Sangeethan - Mr. A. Thajendran - Ms. S.H. Premalatha	- Psychosocial Worker - Field Officer - Field Officer - Field Officer
Anuradhapura	- Ms. J. M. H. M. Jayasekara - Mr. U.A. Sumanasena - Ms. W.A.P. Thilakawardena - Mr. Shan Michael	- Psychosocial Worker - Field Officer - Field Officer - Field officer
Batticaloa	- Ms. Jeyaseeli - Mr. Suresh Kumar - Miss. K. Queen Mary - Mr. M. Suresh	- Psychosocial Worker - Regional Coordinator (Left) - Field Officer - Field Officer
Jaffna	- Mr. S. C. S. Chithambaranathan - Ms. Janitha Kandasamy - Ms. A. Celine - Mr. G. Sayaruban - Ms. A. Sheriel Famila - Miss. K. Thambirajah	- Regional Coordinator - Psychosocial Worker - Psychosocial Worker - Field Officer - Field Officer - Field Officer
Point Pedro	- Ms. Yasotha Ratnalingam - Ms. K. Anushiya - Mr. S. Jekathas	- Psychosocial Worker - Field Officer - Field Officer

Mannar	<ul style="list-style-type: none"> - Ms. Surenthini Jesubalan - Ms. Mala Sebanayaki - Mr. S.A. Roche - Mr. M.Noyal Nirmalan - Ms. V. Nirosha Peries 	<ul style="list-style-type: none"> - Psychosocial Worker - Psychosocial Worker - Field Officer - Field Officer - Left - Field Officer - Left
Trincomalee	<ul style="list-style-type: none"> - Mr. Sathieshkumar - Ms. Jeyanthini - Ms. Sabitha - Mr. Riyal - Ms. A.R. Sharmila - Ms. Kausalya 	<ul style="list-style-type: none"> - Regional Coordinator - Psychosocial Worker - Field Officer - Field Officer - Left - Field Officer - Left - Field officer - Left
Vavuniya	<ul style="list-style-type: none"> - Mr. S. Gopynarth - Ms. I. Arunthavachelvam - Mr. N. Raveenthiran - Mr. Thevakumar - Mr. I Sutharshan - Ms. Y. Ambigadevi 	<ul style="list-style-type: none"> - Regional Coordinator - Psychosocial Worker - Psychosocial Worker - Field Officer - Field Officer - Field Officer - Left

THE ASIA FOUNDATION PROJECT

REDUCING INCIDENCES AND EFFECTS OF TRAUMA - RESIST

A MICRO VIEW

Phase 11 of Reducing the Incidences and effects of Trauma (RESIST) is an on-going programme since 2006 under a Partnership Agreement signed between The Asia Foundation (TAF) and the Family Rehabilitation Centre (FRC). The overall objective of the Project is to facilitate the torture affected persons and their families to resume their role within the family and community. Phase 11 of RESIST emphasis on improving access to clinics and services provided.

Secondary objective is to focus on the identification of victim of torture and their families, rendering effective and systematic medical and psychotherapeutic care and assistance to the victims and to encourage the Community participation in project implementation at grass root level.

Inter Active Planning concepts were applied to draw the Annual Action Plan for the year 2009. This approach facilitates and assures a definite place and role to all the staff to have their say in drawing up the Annual Plan. The methodology applied under this is first to get every individual Officer to draw up a individual Action Plan for the particular year. After that, the draft Action Plan would be presented at small groups (preferably) on a district basis and merged.

The next level is for all the districts under each region (North/East) would be discussed and merged into a regional Plan. Finally, the two regional plans would be merged into a National Action Plan for the year. The correct Action Plan was drawn so.

In the year 2009 the overall target population was estimated to be 2000 minimum, at 250 new clients per district. Whereas the number recorded and treated in 2009 was 1942 against the expected 2000. This should be considered a very good achievement under the then given war environment in the North.

The overall treatment includes physiotherapy, psychotherapy and medical diagnosis and treatment. A total of 3233 medical, 2492 Counselling and 1207 Physiotherapy sessions had been provide through 174 in house clinics and 117 mobile clinics at an overall cost of Rs. 4,186,756.00 in 2009. FRC distribution of drugs and optical aids to the victims in prison is a part of the services.

A series of Awareness Programmes were conducted in Batticaloa, Anuradhapura and Mannar. Participants ranged from School Students, Traders to Community Leaders. Advantages of integrating the community into project activities are multi faceted i.e. cost effective, sustainability, transparency.

Human interest stories incorporated in this report will illustrate the character and nature of our clients. Harrowing tale of woes of several thousands of clients could be written in volumes, but the goal and mission of FRC is different.

While providing the required services to the victims of war, FRC pays equal attention to build up the capacity of the staff in order to enhance the **“Quality”** of the services. Quantity alone should not be the key driver to measure the success of a Project.

The Adult Counselling Intake Form (CIF) was developed and introduced in 2007 to obtain important information regarding beneficiaries' adaptation and distress levels. It is also being used as therapeutic teaching tool for our Psychosocial Workers/ Counsellors in order to make counselling work easy and also it has been an excellent tool to assess clients' overall psychosocial wellbeing, with indicators. Specifically focusing on determining a client's emotional and mental health. The results of the Adult Counselling Intake Form assists in evaluating the client's progress or deterioration, which subsequently helps the Counsellor in his/her treatment of the client, given their socio-economic cultural background.

Identification of New Clients

New clients are identified through the needs assessment survey conducted in the proposed villages in the districts FRC operates in. During the year 2009, a total number of 1942 new clients were identified for treatment and rehabilitation process, and the following table illustrates the distribution of the new clients' district centre-wise.

District Centres	Number of New Clients
Ampara	233
Anuradhapura	225
Batticaloa	211
Jaffna	250
Mannar	248
Point Pedro	254
Trincomalee	264
Vavuniya	257
Total	1942

Table 1. No of new clients treated under each district centre

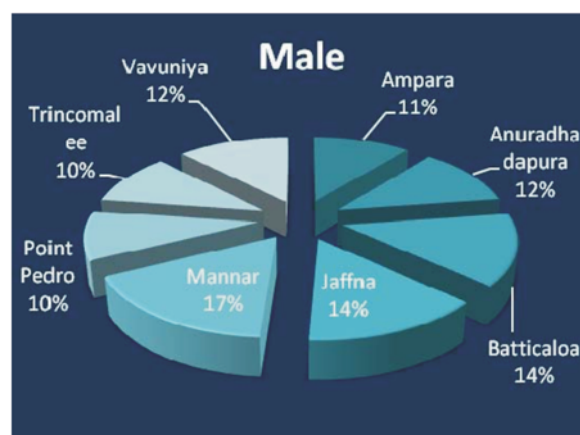


Chart 1. Male proportion of treated clients in percentage

Centres	Male	Female
Ampara	109	124
Anuradhadapura	118	107
Batticaloa	140	71
Jaffna	142	108
Mannar	168	159
Point Pedro	95	159
Trincomalee	103	161
Vavuniya	124	133
Total	999	943

Table 2. Gender segregation of treated clients under each district centre

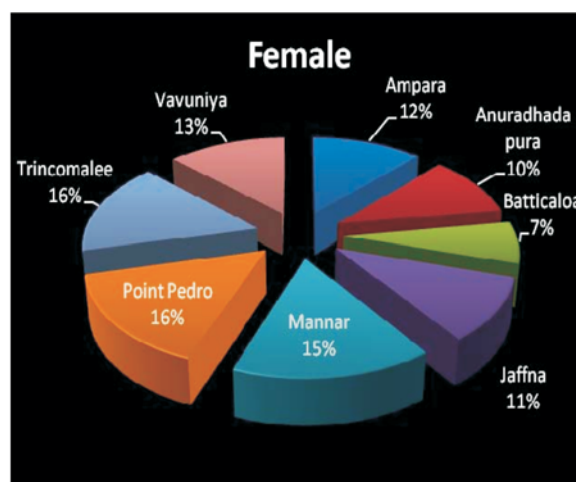


Chart 2. Female proportion of treated clients

District	D.S Division	Name of the Villages
Ampara	Thirukovil	Thandiyadi
		Vinayakapuram
		Thangavelayuthapuram
	Damana	Pannalgama
		Bakmittiyawa
Anuradhapura	Mathawachiya	Mahasiyambalagasgoda
		Thamaanakulama
	Kepitikollewa	Kunchuthutuwwewa
	Welioya	Kalapuliyakulam
		Athawetunuwwewa
Batticaloa	Poraithuvupattu	Kakachivettai
		Palacholai
		Vivekanandapuram
		Palayadivattai
		Vellaveli
Jaffna	Sandilipay	Ilavalai
		Kaddudai
	Uduvil	Kuppilan
		Pannalaikadduvan
	Jaffna	Kurunagar
	Point-Pedro	Polikandy
		Point-Pedro
		Alvai
	Karaveddi	Karaveddi
Uduppidi		
Mannara	Mannar	Sinnakarisal
		Thalaimannar
	Madu	Kunchukulam
		Periyamurippu
		Mathakirama
Trincomalee	Kinniya	Alankerni
		Eathantheevu
		Sinnathottam
		Upparu
	Muthur	Ralkily
Vavuniya	Vavuniya	Ammivaiththan
		Maravankulam
		Bharathipuram
		Kidachchoori
		Raiendrakulam

Human Interest Story

B is a 30 year old man working as a labourer in a village in the Eastern Region. In 1997, while he was traveling to Batticaloa from his village for work, he was arrested by CID personnel on suspicion. He was kept in detention for 18 days and tortured.

He underwent the following torture methods.

Hit on the heel

Masked by the petrol bag

Slapped over the ears

Hit with a rod

Hit with the gun handle

Threatened

Before this in 1987, his father was shot dead by the Sri Lankan army while traveling to Batticaloa. B said that his father's death had made him both mentally and physically depressed.

B was referred to FRC by the Field Officer who identified him during her field visit. The PSW looked into this case and opened a file for him. He was asked to attend the clinic for medical treatment and counseling. B's treatment is being continued.

B has been married 8 months. His wife is now pregnant. He is maintaining his family by doing odd jobs. B told that he is having a good relationship with his wife without any problem.

The physical effects of torture were, inability to do heavy work, find hard to peddle the bicycle, pain on the waist, neck and spinal cord, feeling faint, weakness in body and loss of appetite. Psychologically he was feeling anger, worry and depression and having sleep disturbances.

FRC is providing him with counseling, medical treatment and physiotherapy. He is currently practicing breathing exercises, meditation and physical exercises. It has been observed by the PSW that B talks about his feelings, and his feelings of depression have been alleviated. The client said that he was very happy to receive the services by FRC and that it was the first place where he was able to share his problems.

He intends to recover from his problems and live a normal life again.

During 2009 FRC was able to provide its bona fide services to the clients who have been identified for services of Medical, Counselling and Physiotherapy according to their prolonged needs. The following table clearly illustrates the services provided by district centres.

District Centres	Medical Sessions	Counselling Sessions	Physiotherapy Sessions
Ampara	339	213	166
Anuradhapura	225	265	60
Batticaloa	377	208	165
Jaffna	649	480	253
Mannar	217	291	90
Point Pedro	593	385	154
Trincomalee	435	206	167
Vavuniya	398	444	152
TOTAL	3233	2492	1207

Table3. Number of Consultations Provided

Therapeutic Clinics held

Office Clinic:

Medical Clinic consists of medical, counselling and physiotherapy at the center with the representation of a Medical Doctor, Counsellor and Physiotherapist. The Medical Doctor treats the clients who are in need of medication for physical injuries and fractures. The Counsellor conducts Counselling Sessions to the ongoing clients and new clients. Physiotherapist does his sessions as needed.

Mobile Clinic	Centres	Office Clinics	Mobile Clinics
A Mobile Clinic, which is conducted by the Technical Team comprised of the Medical Doctor, Counsellor and Physiotherapist, is organized in a village where identified clients have difficulty in accessing proper transport and health care. The similar services are carried during the mobile clinics held in the villages. Table 4 illustrates in detail about therapeutic clinics held during the year 2009	Ampara	19	17
	Anuradhapura	17	25
	Batticaloa	25	11
	Mannar	-	33
	Jaffna	37	00
	Point Pedro	36	-
	Trincomalee	04	31
	Vavuniya	36	-
	Total	174	117

Table4. Therapeutic Clinics Held

Referral:

The FRC Field Staff maintains very close contacts with local agencies, NGOs, INGOs and other community based organizations in the field. They refer clients while they are receiving services and/or upon termination of their services with FRC to other organization as seen necessary and appropriate for further support, with regards to further medical checkups, livelihoods, vocational training, legal support and educational support, social and spiritual needs and other basic needs. Following table illustrates the detailed information of referral made in 2009.

No. clients	Referred for	Organization
434	Medical checkups	General Hospital in the respective FRC operating district
30	Livelihood	Home for human Right, UNHCR, CHA, ZOA, Handicap International
4	Legal	Legal Aid Commission
16	Education support	Suweeja foundation
2	Spiritual support	Church

Table5. Referral Made

Field and Follow up Visits

Field visits and follow -ups are the crucial part of the project as the services that are offered to victims of war. During the project period a considerable number of visits have been made to the respective selected project villages. Psychosocial Workers, Field Officers and Community Volunteer Workers had jointly made 468 field visits and 386 follow -up visits to the working villages to identify new clients, to monitor the client's improvement and assess further actions that are to be taken for the improvement of clients.

Centres	Field Visits	Follow up Visits
Ampara	30	46
Anuradhapura	54	44
Batticaloa	22	26
Mannar	98	60
Jaffna	120	43
Point Pedro	78	90
Trincomalee	44	64
Vavuniya	22	13
Total	468	386

Community Awareness Programme

As a prelude to the implementation of the project in selected villages, Community Awareness Programmes (CAP) were organized in districts to make the community members aware of FRC and its services and how the project is going to be implemented with the support from the community members throughout the year. Perhaps more importantly, CAP helps build strong and cohesive ties with the communities. It fosters trust between our staff and community, which is an essential requirement to provide qualitative services to the victim's conflict.

Participants for this programme are invited from different discipline of the community ranging from GN, religious leaders, leaders of the grass root/district level community based agencies, recognised community leaders and so on. Table 7 shows brief details of carried out CAP.

Carried out Community Awareness Programme in 2009

Centre	Village	Number of participants	Conducted by	Date
Batticaloa	Kakkachivettai	25 (male 18 and 7 female)	FRC Medical officer and Physiotherapist	28 March 2009
Anuradhapura Mannar	Keppitigollawa Kunchukulam, Mathakiramam, Periyamurippu	26 School Teachers 14, RDS President 3, WRDS President 2, Community Members 28 & with 58 Student	FRC Psychosocial Worker Regional Coordinator/ North with the support from Mental Health Unit Mannar, Mr. Alex Roche Programme Coordinator SLRC Vavuniya and Dr. Sivabalan Medical Officer Nanattan	24 March 2009 07 th March 2009

Table7. Community Awareness Program



Monitoring and Supervisory Visits:

As FRC works in 8 centres in 7 districts, it is essential to supervise, monitor and evaluate the quality of the work being carried out in respective FRC centers in order to ensure standardised quality service to our clients. Thus, a team from the head office makes regular supervision visits to the centres. In the year 2009, due to the situation in the country, it was not possible to travel to the north in the first three quarters of the year. But after the conclusion of the war, although the situation was not yet ideal, head office staff travelled to the North in the third quarter. CEO's mission visit to North region, covering Jaffna and Point Pedro, was made from 5th October 2009 to 8th October 2009 and to East region covering Akkaraipattu, Batticaloa and Trincomalee made from 27th November 2009 to 30th November 2009. Monitoring and Evaluation Officer and Psychologist also went on a field and monitoring visit to all the centers in the North Region covering Mannar, Vavuniya, Jaffna and Point Pedro from the 29th November 2009 to the 05th December 2009. Objectives of this visit was to ascertain the post war scenario and identify the challenges they are facing and outline further actions to be taken in the upcoming project year. One day was spent in each Centre and detailed discussions were held with RCs Field Officers, Psychosocial Workers and Clients. Client's files, reports and other files were also inspected. The importance of such supervision and monitoring visits are paramount to ensure the quality of the service carried out by FRC.



Human Interest Story

A is a 40 year old Tamil man who was living peacefully and happily with his wife and three children. In November 2007, he went to Colombo for a business matter, and was arrested by the Law enforcement unit on suspicion on the 21st. He was detained in the detainee camp in Colombo for 26 days, and was tortured severely by them. The following torture methods were applied on him.

Prolonged blindfolded

Hand cuffed

Stripped naked and suspended

Beaten by heating iron

Hung by ceiling fan

After that he was transferred to Boossa detention camp and was released on 12th September 2008. Since then he had been unable to get back to his normal routine and life due to the fact that he was affected psychologically and physically due to torture. He was referred to FRC Vavuniya by ICRC and he was registered as a client on the 13th March 2009.

In the primary assessment he was found to be suffering from many symptoms. The psychological problems identified were sleep disturbances, nightmares, fear, loss of self esteem and anxiety. He also showed physical problems such as headache, back pain, chest pain and leg pain. All this caused difficulty in carrying out his day to day work.

He followed treatment in FRC Vavuniya for 8 months and the problems were cured step by step. The following treatment was given to A. Counseling, relaxation therapy, breathing exercises, Cognitive Behavioral Therapy, medical treatment and physiotherapy.

As his economic condition was very poor, he was referred to CH A and funds were provided to begin self employment. Now A's condition has improved tremendously and he works as a goldsmith and is slowly regaining the earlier happiness he enjoyed with his family.

After treatment he became very active, and started doing physiotherapy exercise at home. The PSW observed that he seemed to be more open and happy after the treatment. He claims to have come out of his strain and able to enter into his normal life with the help of FRC.

STAFF CAPACITY DEVELOPMENT PROGRAMMES

FRC has conducted capacity and skills development training for its field and treatment staff throughout the year with the aim of strengthening existing skills, disseminating knowledge, improving quality of services and maintaining high standards and best practices. For all the workshops FRC utilizes resource people who are qualified and recognized in their respective fields.



Training Programme for Psychosocial Workers/Counsellors

Four in- House training programs for the psychosocial workers/ counsellors were held in March, July, September and December respectively. Recap on counselling skills and methods, Peer Support and discussion of case studies were focused on in the first training program. The Client Intake Form, a therapeutic tool which has been developed specifically for FRC using culturally relevant indicators was put into use and Dr. Jon Hubbard, Director of Centre for Torture Victims; Minneapolis was present at the training in September to train the counsellors to administer the tool effectively. Follow up and further training on administration of the tool, clarification of problems faced and maintenance of uniformity in all the centres were addressed in the last program in December.



Training Programme for Field Officers

In June 2009, the field officers of the 7 Districts of FRC were given a two day comprehensive and intensive In- House Skills Development and Staff Capacity Building Workshop in Trincomalee. Basic Counseling Skills, Report Writing, Project Management and Risk Management were the main topics addressed.



Training Programme for All Staff



The entire staff of FRC including Head Office in Colombo and the 8 Outreach Centres were brought together twice in the year 2009. The first workshop included a two days orientation segment to discuss experiences of RESIST Phase 1, and introduce objectives and activities of RESIST Phase 2 for the extended project period ending in 2011. An entertainment segment was also included to encourage staff members to interact more closely with one another and build a stronger rapport by equally participating in fun, enjoyable, recreational activities. Numerous topics were covered that would assist in Project Management, Quality Management, Team-Work, Good Communication, Social Interactions, Healthy Organizational Culture, Employee Benefits etc. The second workshop was held in August and the Chief Executive Officer supported and supervised it. The aim of this Workshop was to help the employees to facilitate them to further develop their

tpotentials and to apply them in an effective manner for the overall improvement of the quality of the service, Quality Management, Quality Management, Community Mobilization, Effective finance management in a project, Child Psychology, Preliminary Yoga Session, Concept and application of frame analysis, Time management, administration, auditing and re-engineering of a project were the main topics of this workshop. As part of the care for care givers, an entertainment section was included in the program, which helped the staff from different regions to develop a good working relationship and improve communication and teamwork as well as relaxation excessive.

Training Programme for Treatment Team

The part time treatment staffs are also provided with special training by FRC. In July, the Medical Doctors were brought together for a two day workshop at Hotel Janaki with the objective of enhancing and strengthening the existing knowledge and skills on Psychological, Psychosocial and Medical aspects of the clients whom they consult at the therapeutic clinics in FRC operating districts.



Human Interest Story

C is a 40 year old mother of four children living in the village of Vinayagapuram in the Thirukkuvil Divisional Secretariat. On the 13th of November 1993, unidentified armed group came to her house and called out her husband's name. When he came out, he was shot. C came out and saw her husband lying in a pool of blood and came closer to find him dead. At the time of his death, they had a son aged two years and C was pregnant with a second.

Due to financial difficulties, she got married again in 2003. From this marriage she has two more children. Her second husband deserted her in 2008. Afterwards she went to Pasara, her native village with her children. Her elder son went to live with his relatives in Vanni to study due to poverty. During the war, the school where he studied was devastated due to shell attack on the 8th of December 2008 and as a result, his right leg below the knee was amputated. After medical treatment he was sent to C and presently lives with her.

She was identified by the Community Volunteer and registered as a client at FRC in August 2009. She was found to be highly worried, increased mental burden, feel as a destitute, has recurrent headaches and inability to sleep.

One of C's daughters is studying in grade 10. She has no means to send her disabled son for special classes. He too seemed highly worried and depressed. She is unemployed thus has no source of income. Her youngest daughter was taken by her second husband and she was suffering from mental agony, not being able to see her.

FRC provided C and her son with medical treatment and psychosocial counselling. Breathing exercises were taught to them.

FRC facilitated contact with HHR organization to enable C to claim maintenance from her husband and take the custody of her daughter from him. A case has been filed in Akkaraipattu Court. ZOA has been approached in order to obtain a monthly amount from the organization for the educational support of her children. Steps have been taken to contact authorities to fix Jaipoor leg for her son. He has now been selected by WUSC for vocational training.

C and her family are very grateful for the services of FRC and are on the way to a normal level of functioning. Her son says that he is feeling better and says he is ready and has confidence to engage in any employment activities.



DANISH REFUGEE COUNCIL PROJECT - IDP's



Many of the IDPs and returnee IDPs have experienced multiple displacements since the conflict escalated drastically from the beginning of 2009. Especially after September 2008 when all the UN and INGOs moved out of Vanni, the IDPs and returnees are made vulnerable as far as family and traditional community support are concerned. As families struggle to feed and shelter their families, the capacity to protect themselves from other human right risks was weakened; especially children, youths and elderly are at high risk.

Human right threat during displacement include,

Loss of food, Shelter, water
Sanitation and Livelihood.
Family separation.
Expose to child labour,
School drop -out and Child
neglect/ abuse.
Increased Trauma and
Depression.
Violence, alcohol abuse.

The primary aim of this project is to strengthen the capacity of the IDPs to protect their human right.

Specific objectives are

To strengthen the capacity of community based organizations and IDPs to protect themselves during displacement or soon after return.
To make the IDPs and IDP Returnees aware of their human rights and facilitate their access to effective remedies.
To provide appropriate Psychosocial treatment for traumatized individuals.
To support and facilitate the community based organizations to identify and rehabilitate vulnerable and traumatized individuals.
To provide a network for monitoring and advocating on human right threats.

Participated External Training programme

Centre	Participant's name	Program title	Organized by	Date
Akkaraipattu	Gnanamalar - PSW	Alcohol	PCA/MHU	11 August 2009
Akkaraipattu	Gnanamalar - PSW	Gender base training	HHR	24 February 2009
Trincomalee	P.Jeyanthini - PSW	Social Equity Health and Safety Workshop	ARD/USAID	15,16,17 June 2009
Batticaloa	M.Suresh - FO	Social Equity Health and Safety Workshop	ARD/USAID	15,16,17 June 2009
Trincomalee	P.Jeyanthini - PSW S.K.Kausalya - FO	HIV workshop	CENT (Community Empowerment Network Trincomalee)	12 August 2009
Anuradhapura	Shan Michael - FO	Diaspora/ Cost marketing	Diaspora	11 December 2009
Anuradhapura	Jayasekara - PSW	Case study workshop	CHA	23 September 2009
Anuradhapura	Shan Michael - FO	Family counselling	CHA	16 November 2009
Vavuniya	I.Arunthavachelvam N.Ravinthiran	Psychosocial activities in Vavuniya District	CHA	3 rd , 4 th and 5 th November 2009.
Jaffna 01	T.Sheril Pamila	Social Mobilization	NGO Council	10 th and 11 th July 2009
Jaffna 01	T.Kamaleswary	Disaster Response, Protection of internally displaced Person, IDPs related universal norms and standards, Fundamental Rights, Rights to education and IDPs	HRC	22 nd and 23 rd October 2009
Jaffna 01 (Point-Pedro)	K.Anusiya	Disaster Response, Protection of internally displaced Person, IDPs related universal norms and standards, Fundamental Rights, Rights to education and IDPs	HRC	22 nd and 23 rd October 2009

Objective of the Project

The overall objective of the project is to improve the human-rights situation for conflict affected internally displaced peoples in the four regions.

The European Commission has offered through the Danish Refugee Council a programme named “Protecting IDP Rights through Community Based Actions” and the programme amounted to 64541.00 Euros and the duration of the project is 18 months from November 2008.



Project Locations

Vavuniya
Mannar
Trincomalee
Jaffna



Target Group

Conflict affected IDPs , Returnees and Host Families in the above mentioned locations .

The number of IDPs as per the available statistics in November 2008 is

Vavuniya	72,413.
Mannar	36,928.
Trincomalee	3,742.
Jaffna	130,248.

In each of the four locations 5 villages were selected with the co-operation and assistance of the Divisional Secretaries, Grama Sevaka Niladharies and Samurdhi Officers for the first six months. Another five villages were selected for the next six months in each location.



To identify our clients, a need assessment survey was done together with our partner organizations on a participatory approach with groups of different ages, gender and backgrounds.

In addition to identifying clients the following information was also collected for easy implementation of referrals.

Basic needs - Food, water sanitation, Clothing, Shelter and physical security etc
 Access to services - Transport, Health and Education.
 Documentation needs.
 Human- right violations.
 Specific protection concerns for women and Children.
 Relation to Host Community.

The breakdown of beneficiaries as per activities in the year 2009 is as follows.

Activity	Vavuniya	Mannar	Trincomalee	Jaffna.	TOTAL
No. of Clients	115	208	160	179	
No. of Clinics	12	13	13	12	52
Medical Sessions	315	378	563	434	
Counselling Sessions	221	464	374	304	
Physiotherapy Sessions	167	36	144	122	
Referrals	113	113	76	110	
Awareness Raising	17		03	5	
GRLA Committee	63		26	42	
Community Volunteers	8	8	8	8	32

**INDEPENDENT AUDITORS REPORT
TO THE MEMBERS OF THE FAMILY REHABILITATION CENTRE**

Report on the Financial Statements

We have audited the accompanying financial statements of Family Rehabilitation Centre ("Not For Profit Organisation") which comprise the balance sheet as at 31 December 2009, and the income and expenditure statement, statement of changes in funds, and cash flow statement for the year then ended, and a summary of significant accounting policies and other explanatory notes.

Managements Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Sri Lanka Statement of Recommended Practice (SoRP) for non-governmental organizations (NGO). Our responsibilities is to express an opinion on these financial statements

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 presentation of the financial statements, and determining whether the said financial statements are prepared and presented in accordance with the Sri Lanka Statement of Recommended practice (SoRP) for Non Governmental organization.

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.

Opinion

In our opinion, the Company maintained proper accounting records for the year ended 31 December 2008 and the financial statements give a true and fair view of the Company's state of affairs as at 31 December 2009 and its profit and cash flows for the year then ended in accordance with Sri Lanka Statement of recommended Practice (SoRP) for Non Governmental Organization .

25th May 2010

Colombo

Family Rehabilitation Centre**BALANCE SHEET**

As at 31 December 2009

	Note	2009 Rs.	2008 Rs.
ASSETS			
Non-Current Assets			
Property, Plant and Equipment	3	597,596	1,048,279
		597,596	1,048,279
Current Assets			
Advance and Prepayments	4	106,642	383,705
Short Term Investment	5	5,452,111	5,296,292
Cash and Bank Balances	6	699,684	3,228,274
		6,258,437	8,908,271
Total Assets		6,856,033	9,956,550
FUNDS AND LIABILITIES			
Accumulated Funds			
Restricted Funds	7	105,384	2,898,212
Unrestricted Funds	8	968,369	5,174,548
Donation Reserve	9	1,634,352	1,634,352
		2,708,105	9,707,112
Non-Current Liabilities			
Retirement Benefit Obligation		3,310,050	-
		3,310,050	-
Current Liabilities			
Accrued Charges & Other Payables	10	344,923	185,063
Income Tax Liabilities		80,028	64,375
Bank Overdraft	6	412,927	-
		837,878	249,438
Total Funds and Liabilities		6,856,033	9,956,550

The Board of Directors is responsible for the preparation and presentation of these Financial Statements. Signed for and on behalf of the Council

.....
Director.....
Director

Colombo
25th May 2010

Family Rehabilitation Centre**STATEMENT OF FINANCIAL ACTIVITIES**

Year ended 31 December 2009

	Note	2009 Rs.	2008 Rs.
Restricted Income	11.1	28,683,952	22,732,839
Project Related Expenses	11.2	(30,665,827)	(23,013,359)
Net Deficit on Projects		<u>(1,981,875)</u>	<u>(280,520)</u>
Revenue Earned	11.3	1,023,853	762,744
Administration and Establishment Expenses		(5,149,360)	(1,268,887)
		<u>(4,125,507)</u>	<u>(506,143)</u>
Net Deficit on Operating Activities		(6,107,382)	(786,663)
Income Tax Expense	12	(80,672)	(64,375)
Net Deficit After Tax		<u><u>(6,188,054)</u></u>	<u><u>(851,038)</u></u>

The Accounting Policies and Notes on pages 6 through 19 form an integral part of the Financial Statements.

Colombo
25th May 2010