

Annual Report 2012



Family Rehabilitation

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MESSAGE FROM THE CHAIRMAN

Dear Friends and Colleagues,

FRC has entered its 21st year of existence in 2013. The existence and functioning FRC is a credit to the staff and shows the determination with which they are functioning. The political climate in the country is changing. Political leaders are taking an upper hand over the general administration of the officials in state service. This naturally leads to corruption and frustration among the law abiding citizens and the honest government employees. They see those on the “right side” of the politicians gaining recognition and moving higher and taking control of the administrative structure. This ultimately leads to break down of natural justice and law and order.



It has started happening where officials are coaxed and forced to perform functions, from kneeling down before politicians, to giving orders and instructions against public interests. Even professionals in high positions are being instructed to perform against public interest. FRC too unfortunately in a way is affected in this situation and face difficulties.

Many INGOs are reducing / or closing down their activities under such circumstances. FRC had been requested to take over such functions in the North where the recently concluded long drawn out war had affected the civilian populations physically and mentally; not only the loss of employment and properties, but missing family members, survival of young women headed households, threat of strong military presence and political stooges in a situation described earlier, are all creating psycho social problems, more than what is expected in the rest of the country. The shortage of Psychiatrists, Suitably qualified psychosocial workers are aggravating the problems. The non recognition of such problems by the authorities responsible at that level of administration, or forced to do so, is a great concern for those in the field, who could provide assistance to the affected people; and that is a great concern for FRC.

I do hope our appeals to higher authorities at national level will be heard. If the present trend of amassing power with mini political leaders continue, mushrooming of lawless groups will become inevitable; there will be more need for FRC to expand; FRC functioning itself could become a threat to those concerned in power positions! Of course that will be a threat to the existence of FRC.

Let us all hope and pray that those in higher authority will provide the right directions to prevent the situation worsening and make Lanka ‘The Wonder of Asia’ as proclaimed, before people begin to wander.

Dr.C.S.Nachinarkinian.

23rd September 2013.

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

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

Objectives

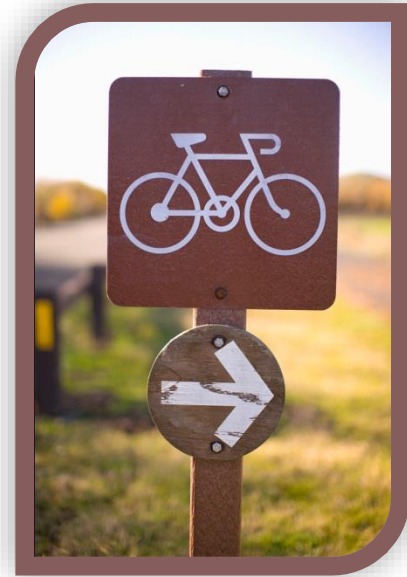
FRC will offer its services and provide support to:

- 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



FRC CENTRES

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.395,
Nagathampiran Lane,
Ananthapuram,
Kilinochchi
Tel: 024-324-3481
021-228-3878
Email: frc-kilinochchi@frctl.org

FRC MANNAR

No. 121, Hospital Road,
Mannar
Tel /Fax: 023-222-3176
Email: frc-mannar@frctl.org

FRC Mullaitivu

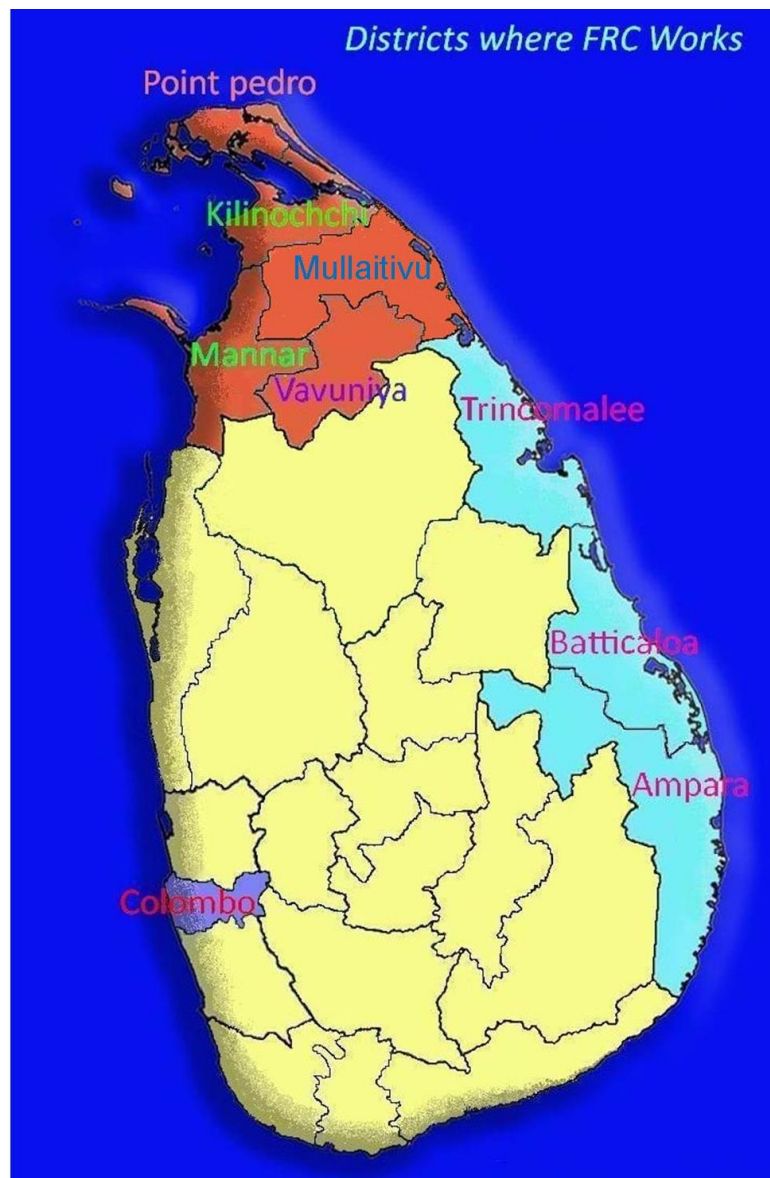
Temple Road
Karaichchi, Kuddiyiruppu,
Mullaitivu
Tel /Fax: 021-229-0188

FRC POINT PEDRO

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

FRC VAVUNIYA

Station Road,
Omanthai
Vavuniya
Tel: 024-324-5714
Email: frc-vavu@frctl.org



OUR PROGRAMMES

FRC is maintaining and strengthening its reputation as a non-governmental organisation representing the interest of its clients at the national level since 1991. FRC will continue the work done in the past and will actively seek to raise its profile at the national level primarily through lobbying influential individuals, state institutions and agencies and through advocacy at the national level on behalf of its clients. FRC's continuing presence in the Northern and Eastern Provinces and its expansion to the south and the west will be internally reviewed during the course of next two years.



FRC's Two Core Programmes

- FRC's **Trauma Rehabilitation Programme** delivers services and implements activities, the purpose of which is to provide holistic treatment and care to those who have been affected by trauma.
- Under its **Trauma Prevention Programme**, FRC staff lobby influential individuals, decision makers and decision making institutions and organisations and conduct advocacy campaigns aimed at preventing trauma in Sri Lanka.

FRC's Trauma Rehabilitation Programme continued to be the lead programme within the organization with majority of the services, activities and funding during the year being accounted for by the Programme. However, FRC also wishes to focus on its Trauma Prevention Programme and raise funds, implement activities and delivery services under this initiative, over the coming years with the view to reduce the incidence of trauma in Sri Lanka.

This annual report highlights the implementation of FRC's core projects for the year and their achievements. Also presented are the organizational changes and some of the important case studies that provide an understanding of the implementation approaches, strengthening of staff capacity and other grassroots activities.

Victims of Trauma Treatment Project Outline (VTTP)

Main objective of this project is to provide psychosocial care/support and medical assistance to the survivors of trauma and their families. Focus is also on working towards reducing the use of substances that create trauma and in general to make the public and the stake holders aware of their needs to address the problems they face.

IMMEDIATE OBJECTIVES:

Three immediate objectives of this initiative are:-

(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 strengthen 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

In order to achieve the objective - "treatment and rehabilitation of survivors of trauma and their family members", FRC implemented activities within this programme that help reduce psychosocial problems and physical problems and enable affected people to play their role within family and community.

Details of outputs and achievements of this project during 2012 are given with facts and figures in the ensuing analysis.

Distribution of Clients by Gender, Age and Ethnicity

Total no of clients in 2012 for VTTP										
Centre	Total	Gender		Age				Ethnicity		
		Male	Female	Below 18	19-32 years	33-55 years	over 55 years	Sinhala	Tamil	Muslim
Anuradhapura	82	39	43	0	23	39	20	79	0	3
Ampara	170	68	102	0	18	102	50	26	142	2
Batticaloa	230	181	49	0	48	133	49	0	230	0
Trincomalee	123	49	74	2	42	68	11	7	116	0
Jaffna	47	7	40	0	7	24	16	0	47	0
Mannar	147	42	105	0	44	87	16	0	147	0
Point Pedro	156	50	106	2	55	81	18	0	156	0
Vavuniya	173	47	126	11	42	94	26	0	173	0
Kilinochchi	95	22	73	0	21	58	16	0	95	0
Total	1223	505	718	15	300	686	222	112	1106	5

Distribution of Therapeutic Services

Medical Treatment

Medical treatment was provided for clients who were identified during the initial screening stages by FRC. During the year 2012, **1,043** clients were provided with **3,212** medical treatment sessions. During these consultations clients were provided with medication and health advice followed by referral to specialised institutions in the area or in another region for further treatment.

Physiotherapy Treatment

During the period under review, 745 clients were provided with 2,039 physiotherapy treatment sessions.

Counselling Services

Individual counselling:

FRC provided counselling services to people living in conflict affected areas, who had 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 those who needed counselling services. Thereafter, through mutual discussion, a counselling treatment plan was developed as a guide to the healing process of psychological problems. During the year FRC district PSWs were able to provide 4,119 counselling sessions for 929 clients.

Group Counselling

Group counselling mainly involves a small group of members, who come together forming their own specific goals, share their problems and provide support to each other. As a group, the members strive to change their self-defeating behaviours. FRC centres successfully conducted various group-counselling for the identified clients, categorizing them into the speciality of their problems and assisting them in developing their existing skills to deal with the psychosocial problems. During 2012 a total of 62 clients were grouped and provided counseling.



Following table provides specific details on the number of sessions carried out by FRC in each Centre.

Details of Group Counselling				
FRC Centre	Group Name	No. of Participants	No. of Sessions	Main Topic Discussed
Ampara	OT (IDP)	05	08	Sharing & remembering Referral & Terminated
Batticaloa	TS	02	06	Safety & Security Problem Identification Remembering and Sharing Reconnecting
Mannar	TS	03	06	Safety and Security
	EX	02	07	Relaxation exercises
	TF	08	04	Letter writing
	IFM	08	03	Group discussion of a social problem
	TS	13	03	Remembering & Sharing Self-employment Referral Termination & Reconnecting
Point Pedro	Widows	02	02	Safety & Security
	Teenagers	02	08	Remembering & Sharing
	EX	03	05	Defense mechanism
	Widows	04	08	Sharing of recourses
	Widows	03	06	Relaxation techniques
	DA	03	03	Reconnecting
Trincomalee	TS	04	01	Safety & Security
	TF	02	01	
Vavuniya	WW	03	08	Safety & Security
	EX	03	03	Problem identification Referrals

EX – Ex Combatant
WW – War Widow
TS – Survivor of Trauma

IDP – Internally Displace Person
IFM – Immediate Family Member
TF – Survivor of Trauma (Family)

Field, Follow-up and Home Visits

Regular follow up and home visits were done throughout 2012 to monitor the activities that are being implemented. This helped to ensure that the expected end results and impact of the project are achieved as planned. These visits assisted the Counselors, FOs, and CVs to make note of the progress made by their clients, identify deviations from agreed actions, changes in the family context and also clear out any bottle-necks/challenges faced in the process. These visits have been a major component of the monitoring process of the project.

Referrals

Clients whose treatment needs could not be met by FRC and referred to specialist service providers during 2012 numbered 423. The referrals were made based on location

up on the progress of the referrals with clients and termination carried out.

Geetha is 50 years old female from the North region. She is a Hindu and she was referred to the FRC centre by a community volunteer.*

She is married and her husband is 48 years old. She has 4 boys, they are 21, 18, 12 and 10 years of age and she currently lives with them. She was engaged in agricultural activities with her husband prior to the conflict.

In 2009 she was displaced from her village with her children and according to her more than 150 of her relations and friends died from artillery and shell attacks. She explained how difficult it was to escape from her village and during their escape, her wrist, fingers and thigh was wounded by the shell attacks. She was taken to the general hospital for treatment then she was moved to an IDP camp with her family members. Now she is resettled in her own village, but after that incident, her husband has become an alcoholic and is violent and would abuse her and the children physically.

When Geetha came to FRC she presented the symptoms of inability to sleep, nightmare experiences, helplessness, flashbacks of trauma, inability to control her thoughts, tiredness, loneliness, suicidal thoughts, uselessness, difficulty in breathing, pain all over her body, and also she explained the feeling of guilty that she survived from the war. While talking to Psychosocial Worker she started crying and disclosed how she feels sad, tension, and angry.

She explained how she sewed some parts of her wounds and the ordeal that she went through as a consequence. The recollection of these traumatic memories and the incidents make her uncomfortable and when she described how she walked through the dead bodies with eyes closed, clutching her children's hands she almost lifted her feet off the ground, depicting her psychological distress that she was undergoing. During the discussion it was difficult for her to explain her experience to the PSW as she was so afraid even to think about the incidents that she experienced.

PSW after discussing with the technical committee started treatments with Geetha for PTSD symptoms. She was referred for medical treatment and the PSW continued counselling treatment to help her to reduce the trauma she is feeling. At the beginning she was reluctant to continue sessions but with continuous support she received from the PSW and the community volunteer she is attending sessions regularly.

She was also referred to the mental health unit at the general hospital for further treatments. Through the counselling sessions PSW listened to what the client said allowing her to freely express her traumatic experience. Psycho education was given helping her to overcome her problems, and simple relaxation techniques were introduced to her with a hope of helping her to overcome her psychological distress. Opportunities for participation in social welfare programs through community workers, possibilities of getting help to improve family support were also presented and explained by PSW in these sessions. Geetha was properly observed by our community workers during home visits throughout and the CV found out that the husband's violent behavior

is affecting her and her children which was intervening with the counselling being provided by FRC. The PSW has discussed with Geetha about things that can be done in such situations, a safety plan for her and the children and possible help for her husband through another organization working with people with addictions. Geetha now expresses how relaxed she is and how less disturb she is feeling. She is actively

Psychological Intervention for Former Combatants (PIFC) via IOM

The Project focused on the psychosocial intervention and medical needs of the former combatants and their families that are working with IOM, in the Northern Province of Sri Lanka. This intervention is designed to instill a sense of confidence in the former combatants and ensure their well-being and behaviour in society.

IMMEDIATE OBJECTIVES:

Three immediate objectives of this intervention are:

- (1) To provide psychosocial support services to the clients to resume their roles within family and community and provide psychological support services.
- (2) To train and enhance the knowledge and professional skills of IOM and FRC staff.
- (3) To increase the capacity of FRC to support an integrated and holistic approach to former combatants and access through strengthened linkages and partnerships with other essential service providers in mental health, economic support, legal assistance, and other community-based services.

FRC efforts to achieve the above objectives and the facts and figures pertaining to these during 2012 are discussed in the ensuing sections.

Distribution of Clients by Gender, Age and Ethnicity

Total no of clients in 2012 for PIFC									
Total	Gender		Age				Ethnicity		
	Male	Female	Below 18	19-32 years	33-55 years	over 55 years	Sinhala	Tamil	Muslim
132	55	77	11	53	55	13	0	132	0

Distribution of Therapeutic Services

Services in 2012					
Counselling		Medical		Physiotherapy	
No. of Clients	No. of Sessions	No. of Clients	No. of Sessions	No. of Clients	No. of Sessions

74	327	109	167	37	66
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FRC with IOM provided counseling, medical and physiotherapy services to former combatants, of the Northern Province of Sri Lanka, who have experienced various physical and psychological problems that have directly or indirectly affected their wellbeing. After client identification by IOM/FRC field staff, the Psychosocial Workers (PSW) of FRC initially screened and assessed the clients to verify the need and the type of services required. During the year 2012 FRC were able to provide 327 counselling sessions, 167 medical sessions and 66 physiotherapy sessions for 132 clients.

Referrals

During the year total of 177 referrals were made to General Hospital, Killinochchi for medical treatment (i.e., surgery, prosthetics, and orthotics, visual or aural impairment) and further treatment at Mental Health Unit. Furthermore, total of 10 referrals were made to other government offices and to other NGOs to get legal support. FRC followed-up the progress of the referrals with these clients and termination carried out.

Regular follow up, home visits and field visits were done throughout the year to monitor the activities and to ensure that the desired results are achieved.

OAK Foundation via IRCT

FRC works in partnership with relevant government, NGOs and INGOs to address the psychosocial needs of the population affected by trauma. Through this initiative FRC reaches those persons affected by conflict and resettled and those living in adjoining regions, to resume their roles within the family and community and provides holistic psychosocial rehabilitation. The primary objective of this programme is to treat & rehabilitate survivors of trauma following the recent conflict by ensuring that the FRC projects reach them. Partnership with OAK Foundation helped to: extend FRC's capacity in the provision of psychosocial services; increase access to medical and physiotherapy services; develop community based psychosocial services and; increase awareness of mental health issues.

Rehabilitation of Survivors of Trauma

Under this project, additional 72 new clients, 30 males and 42 females were identified and treated. FRC provided 222 individual counselling sessions for 38 clients, 268 medical sessions for 62 clients and 168 physiotherapy sessions for 43 clients and reintegrated them into their communities. 20 clinics were conducted to provide medical and physiotherapy services. 31 clients were referred to obtain further medical care.

Prevention of trauma

In order to prevent trauma and make the communities more aware on psychological

consequences of trauma, 4 community awareness programmes were organized in the areas where FRC operates. In addition, FRC conducted 2 training programmes on identification of Trauma among Community Volunteers (CVs) as they are the first focal point within the community.

Institutional Strengthening

Under this project, 4 capacity building programmes were carried out for existing and newly recruited staff. Main objective of these programmes were to further develop their knowledge, skills, attitude, and practices to ensure that they are able to provide quality services to the beneficiaries.

The Target clients were;

- Torture survivors
- Torture survivor's Family
- Ex-Combatants
- Bomb Blast victims
- War Widows
- Multiple Displaced People & Other victims of severe trauma

Project Locations

Ampara, Batticaloa, Trincomalee, Point-Pedro, Mannar, Vavuniya, Kilinochchi

Livelihood Support via CFLI Project

Mental health issue has a direct link with poverty and shows that living in poverty for any significant length of time increases risk factors for physical/ mental health problems. People living in poverty are stressed due to constantly worrying about their finances and their future. The relationship between mental health problems and poverty is cyclical where poverty increases the risk of mental health problems and having a mental health problem increases the likelihood of descending into poverty. Addressing the problems of the people with mental health issues should be included in poverty reduction programmes. Regular developmental programmes should provide livelihood support to bring them out of poverty. For such programmes to achieve positive outcomes, they should be targeted with a holistic perspective wherein the interventions are a combination of psychosocial activities, medical treatment, creating awareness and provision of income generating opportunities.

One such intervention of FRC was supported by Canada Fund for Local Initiatives (CFLI). This livelihood support programme commenced activities in October 2012 and continued through March 2013. Objective of this project was to increase the income generating opportunities of FRC's terminated clients and thereby improving their quality of life and that of their families by reintegrating them successfully into the society as respectable individuals and families.

During the reporting period, the preliminary needs assessment survey to identify and select clients for the project was done through the Grass Root Level Action Committee (GRLAC) and the Community Volunteers (CVs). FRC was able to short list 209 clients from the districts of Kilinochchi, Mannar, Trincomalee, Batticaloa and Ampara **who were successfully terminated from our services.** This process was carried out with the assistance of GRLA Committee and Grama Niladhari (GN).

Beneficiaries were provided with awareness on the importance of psychosocial wellbeing for livelihood development, basic livelihood activities and selection of livelihood. Technical training was provided on life skills related to agriculture, fishing, wood crafts, cattle breeding, goat rearing, home gardening, rain water harvesting etc. with the support of the relevant government Development Officers. This institutional support has enhanced their opportunities to undertake income earning ventures through groups with access to finance from MFIs/Banks and establish production with necessary market linkages.

Human Interest Story

Nimalan is a 30 years old male form the northern region. He was referred to FRC centre by the community volunteer as the family members during a home visit has disclosed that he was having physical and psychological problems due the incidents he has gone through.*

In 2008 when he was 26 years old he was forcefully recruited by the LTTE. He has been sent for training and when he refused he was assaulted by the LTTE and was sent to the battle field before he received any formal training. He has tried to escape from LTTE 3 times during the year 2008 but has been recaptured and brought back to the LTTE camp. As a punishment he has been put in to a dark room and has kept in it for 3 months. During this time he was not given enough food or water and he has lost perception of day and night. He has also been physically assaulted with a wooden pole and a wire rod.

He was released from the dark room 3 months later and was put on the troop. He has once again escaped from the LTTE and while he was being pursued by the LTTE he got shot and his shoulder got hit by a bullet. Nimalan managed to escape and was admitted to the hospital and the bullet was removed. After he recovered he was sent to an IDP camp from where he once again escaped. He settled down at one of his relative's place in his native village.

During the assessment the PSW has observed that he was stressed and his self-care is reduced. Facial expressions were sad and he was also agitated. The PSW was able to identify symptoms similar to PTSD. He had physical symptoms such as reduced sleep and appetite, nightmares and pain in the joints. The psychological symptoms the PSW identified are fear when he travels near the sea, anger, sadness and suicidal thoughts and flashbacks. Behaviorally he has started drinking alcohol and eating Beatle leaves.

He went through continuous counselling and medical treatments for three months. He has received 3 medical sessions for the physical complaints and 3 physiotherapy sessions were conducted for the pains. He was referred to the hospital to get further treatments for his suicidal thoughts and medical services.

Nimalan received individual counselling for the psychological symptoms he was displaying and completed 12 sessions with the PSW. He underwent simple breathing exercises for anger, sadness and agitation. The PSW also did activities which involved Nimalan imagining pleasant scenery of the sea and beach which has helped to reduce his fear of the sea. Psychoeducation sessions were conducted on sleep hygiene and activities to reduce nightmares.

The PSW started noticing positive changes in Nimalan with continuous counselling. His fear and agitation has reduced and is talking freely about his feelings. His sleep pattern

is improving and is able to look after his hygiene. He reported of being happier and that his general wellbeing has improved. During follow up visits he expressed about increased involvement in the community development activities and religious activities.

STRENGTHENING FRC STAFF

Working with trauma survivors and reintegrating them into society requires extensive expertise and skills. In order to serve the clients in a professional way it is essential for the field staff as well as head office staff to have access to the latest knowledge. During the year 2012, FRC arranged and conducted regular training programs for field staff to develop their skills in their field of expertise and the details of these are as follows:



FRC Start-Up Workshop

FRC's start-up workshop for all program staff (Regional Coordinators, Psychosocial workers and Field Officers) was held at the EISD on 26th and 27th January 2012. The objective of the workshop was to share FRCs attainments during the past year and share the FRC plans under the VTT Program for the following year. While FRC and TAF were the main facilitators, resource person for the workshop Dr. Ganesan conducted a session on the effects of trauma.



Regular Training programs were conducted for field staff during the year 2012. Following are the details of the Programs:

Capacity Building Workshops for PSWs

<i>Area</i>	<i>Date</i>	<i>No of Participants</i>	<i>Theme of the Program</i>	<i>Name of Facilitators</i>
Vavuniya	14 th – 15 th February 2012	06	Regional Training on Group Counseling	FRC Clinical Psychologist
Trincomalee	16 th – 17 th February 2012	05	Regional Training on Group Counseling	FRC Clinical Psychologist
Jaffna	30 th January 2012	18	Regional Training on Tree of Life Narrative Technique	Clinical Psychologists Dr. Laura Kemmis and Dr. Anita Marsden of Kings College of London
Trincomalee	30 th March 2012	10	Regional Training on Tree of Life Narrative Technique	Clinical Psychologists Dr. Laura Kemmis and Dr. Anita Marsden of Kings College of London
Anuradhapura	24 th July 2012	14	Trauma and working with people with trauma Session on CIF Introduction to M & E procedures of FRC	Dr. Eranda Jeyawickrama and his research team including a Psychiatrist and a Clinical Psychologist from USA, FRC Clinical Psychologist, Assistant M & E, & Regional coordinator (east)
Colombo	21 st - 23 rd November 2012	14	Skills of conducting group interventions through the use of group counselling. Data collection and record keeping	Dr. Laurie Charles, Dr. Linda Neilson, the clinical psychologist and M & E Team of FRC



Capacity Building Workshop for Field Officers

Area	Date	No of Participants	Theme of the Program	Name of Facilitators
Anuradhapura	26 th & 27 th of March 2012	13	Understanding of working environment and clients, improve competency of FOs to deliver better services and understanding of client screening process	Mr. Ranawake and Dr. Sivathas
Colombo	28 th & 29 th August 2012	12	FRC strategic plan for 2012 to 2015, enhance the knowledge of FOs on trauma and understanding traumatic clients behaviours to client screening process and improving data & financial management in centres	Ms. Kanthi Hettigoda, TAF & FRC Team

Training Programme for IOM & FRC Field Staff

A training module was developed, shared and finalized with IOM staff and the first training programme in screening and basic communication skills was held on 21st June 2012. It was facilitated by the FRC Clinical Psychologist, Medical officer and the Senior PSW of General Hospital, Kilinochchi. Participants were the IOM field staff, FRC Kilinochchi staff and the regional coordinator – North.

Care for Caregiver

FRC staff deal with traumatized people throughout the year, listening to their appalling life experiences and work continuously for the betterment of their 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 precautionary measures are not taken it can lead to staff “burn out.”

Therefore, it was necessary for the staff to have a chance to meet, relax, enjoy and increase their own psychological wellbeing. In July 2012, the entire staff went to Trincomalee on a three day get-together called “Care for Caregiver”.

The get-together was from 03rd July to 5th July 2012 at the Sarvodaya in Trincomalee. On Day 1 evening, staff from the two regions and from Colombo arrived in Trincomalee. The same day evening, after a buffet dinner there were entertainment activities such as singing, dancing, and indoor games where the staff got the chance to share their talents and an opportunity to interact with each other.



Day 2 was for an outing and the staff went to Koneshwaram Temple for the morning Pooja. This was followed by a trip to Kinniya where they got the chance to experience the dip in the 7 Hot Water Wells. Nilaveli beach was the next destination for the team where they enjoyed the boat ride to Pigeon Island. At the end of the day, the staff had a wonderful time in Marble Beach enjoying the dinner in the picturesque surrounding.



Day 3 was reserved for travelling and all staff returned to their respective regions. Staff members appreciated the program and enjoyed the activities as it gave them a chance to meet and interact with staff members from FRC branches in seven districts.



Group Picture

Monitoring & Evaluation process especially in data management has been developed substantially with the effort of FRC staff, The Asia Foundation (TAF) team and external consultants. Data collection and transferring tools were continuously revised to capture most essential information to evaluate FRC initiatives. In addition, SPSS database management system was introduced to evaluate the following:

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

When developing the FRC database, foreign consultation was taken to improve technical background of the staff. A technical consultancy workshop was held from 19th to 23rd November 2012 with Dr. Jon Hubbard at TAF. The M&E Officer, Clinical Psychologist, Assistant M&E, and the External Consultant participated in the discussion. Following areas were covered during the consultation:

- Data Management System
- Summary of Preliminary Internal Analysis of (FRC) CIF Data
- A comprehensive discussion on prepared outcome of internal analysis
- Next phase of the analysis

ORGANISATION DEVELOPMENT

FRC Kilinochchi Centre was ceremoniously opened by the Honorable Ambassador for Japan and his wife on the 10th of July 2012. Country Director, Co-ordinator and the field Staff of IOM; Chief Executive Director, Psychologist, Accountant, Monitoring & Evaluation Officer, Regional Co-ordinator for North and the field staff of FRC; INGO representatives, Additional GA, and Medical staff participated in the event. Honorable Ambassador emphasized the importance of Psychosocial intervention in Kilinochchi and welcomed FRC for its efforts.



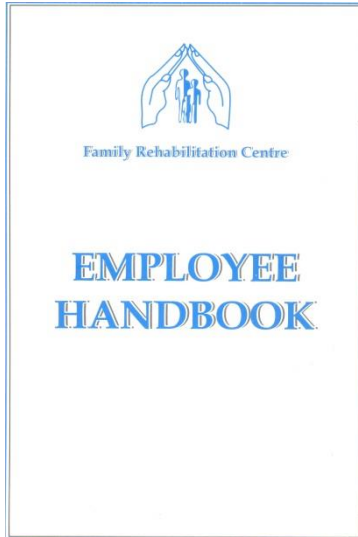
STRATEGIC PARTNERSHIPS

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
- Ministry of Social Services
- District NGO Consortiums
- Consortium for Humanitarian Agencies
- Psychosocial Forum
- ICRC
- Sarvodaya
- National Universities
- District and Base Hospitals
- District and Divisional Secretaries (GAs & AGAs)
- IRCT
- IOM
- Human Rights Commission
- CARITAS
- Legal aid Commission
- Group for Helping Hand
- Brendina - Micro credit organization
- Norwegian Refugee Council
- Sewalanka Foundation
- Women and child bureau
- Cooperative Union
- Lanka Rain Water Harvesting Forum
- Handicap International
- Child Protection Office

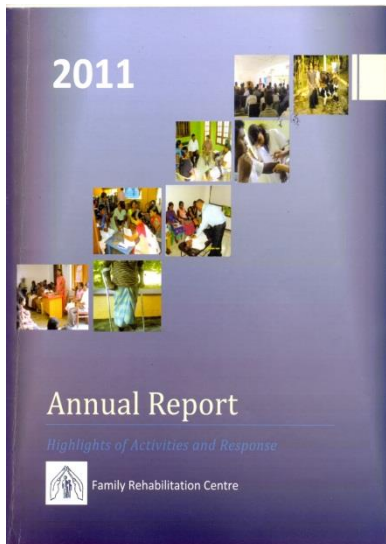
PUBLICATIONS

During 2012 following were added to the Family Rehabilitation Centre's list of publications:



Employee Handbook

This handbook provides policies and procedures pertaining to terms and conditions of employment in FRC. The policies written here are applicable to all employees unless otherwise indicated. Policies and provisions set herein are governed by the Laws of Sri Lanka and the contents of the handbook are in keeping with the current labour legislation of Sri Lanka.



FRC Annual Report 2011

The Annual Report provides details of FRC's Programmes, their mandates and reach during the year together with the financial performance of the institution in 2011.

Chairman

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

The Chairman acts in an advisory capacity to the Chief Executive Director (CED) and the 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 on the FRC Board who are professionals and experts in different 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 adhered to and conducted once a year at the Annual General Meeting.

Board of Directors

FRC is managed by the Board and is the main policy making body of the organization and responsible for its governance. There are currently 9 Directors and they determine in principle all of FRC's functioning including long term strategic plans and the programme thrust, budgetary and financial decisions. The members support in fundraising, monitoring the integrity of FRCs internal and disclosure controls, procedures and management information systems.

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

The board ensures 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/ Medical Doctor

Company Secretaries to the Board:

Corporate Affairs (Pvt.) Limited

Dr. T. Gadambanathan - Director

Psychiatrist, Teaching Hospital, Batticaloa

Dr. Deepika Udagama - Director (Resigned from BOD)

Head, Department of Law, University of Peradeniya

Ms. Shikanthini Varma Attanayake - Director

Company Director/ Project Manager, Bishops College

Ms. Manouri Kokila 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

Prof. Sivagurunathan Sivayogan - Director

Community Medicine, faculty of Medical Science,
University of Sri Jayawardanapura

Dr. Visvanathar Jeganathan

Former Director General Ministry of Health

Chief Executive Director

This is an Executive function, carried out in consultation with and support from the Board. CED executes the vision, policies and strategic direction of the Organization and provides necessary inputs to device the goals and objectives set out in the strategic plan.

CED is responsible for the overall management and supervision of a multi-disciplinary team of staff and professionals to achieve the objectives and implementation of the

strategic plan of the organization. CED monitors the performance measurements/goals for each operational unit, Programmes, budgets and communicates the results of activities and performance to the Board, relevant Government Agencies and Donor Agencies.

CED maintains a high level relationship with the relevant Government institutions, Donor Agencies and Armed Forces. CED is also responsible for Fund raising by identifying and developing new funding opportunities and maintaining rapport with different 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. It is also this committee which is responsible to introduce processes of cost reduction, put in place new policies and procedures, including taking necessary decision on HR matters.

The committee ensures communication within the organization and with relevant partners in a professional and timely manner, shares outcome of the progress reviews and evaluations and ensures implementation of the recommendations.

FRC STAFF

HEAD OFFICE

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

STAFF IN THE DISTRICTS

Ampara

Mr. M. Sangeethan	-	Psychosocial Worker (Resigned)
Ms. D. M. Indrani D. Menike	-	Psychosocial Worker (Resigned)
Ms. A. Nawsna	-	Psychosocial Worker
Mr. M. Thirumal	-	Psychosocial Worker
Ms. M. Vinobha	-	Field Officer (Resigned)
Mr. S. Paskaran	-	Field Officer

Anuradhapura

Mr. U. A. Sumanasena	-	Psychosocial Worker
Ms. W. A. P. Thilakawardana	-	Field Officer
Mr. K. A. Chandana Anuradh	-	Field officer

Batticaloa

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

STAFF IN THE DISTRICTS - CONTD.

Jaffna (Closed down & Shifted to Kilinochchi in March, 2012)

Ms. Pushpalatha Ravikumar	-	Psychosocial Worker (Transferred)
Mr. Anton Paul Rajesh	-	Psychosocial Worker
Mr. Anton Punitharasa	-	Psychosocial Worker
Ms. A. Sheriel Famila	-	Field Officer (Transferred)
Ms. K. Thambirajah	-	Field Officer (Transferred)
Mr. S. Kunatheeswaran	-	Field Officer (Resigned)
Mr. S. Sivagnaseharam	-	Field Officer
Mr. Diron Shenal	-	Field Officer

Mannar

Ms. S. Sebanayaki	-	Psychosocial Worker
Ms. Surenthini Jesubalan	-	Field Officer (Promoted as PSW)
Mr. R. M. R. Sara Vimal Raj	-	Field Officer
Mr. Kumar Dinesh	-	Field Officer

Point Pedro

Mr. V. Vinayagamoorthy	-	Regional Coordinator (Retired)
Mr. C. Ragan	-	Psychosocial Worker
Mr. R. Jegananthan	-	Psychosocial Worker (Resigned)
Ms. Anushiya Kathirgamathan	-	Field Officer (Resigned)
Mr. S. Jekathas	-	Field Officer (Resigned)

Trincomalee

Mr. S. Sathieshkumar	-	Regional Coordinator
Ms. Jeyanthini Ponnusamy	-	Psychosocial Worker (Resigned)
Ms. Praba V.S. Mailvahanam	-	Psychosocial Worker
Mr. A. J. M. Nawas	-	Field Officer (Resigned)
Ms. Jananthan Jeyarani	-	Field Officer
Ms. Meganathan Manjulanchali	-	Field Officer

Vavuniya

Ms. Sabitha Balasingam	-	Psychosocial Worker (Resigned)
Mr. N. Raveenthiran	-	Psychosocial Worker (Resigned)
Ms. Venthakumar Jeevasharmila	-	Psychosocial Worker
Ms. C. Anparasi	-	Psychosocial Worker
Mr. V. Rajeevan	-	Field Officer (Resigned)
Mr. N. Ragunathanan	-	Field Officer (Resigned)
Ms. Jeevarani Rajikumar	-	Field Officer