



செலில் சுகரண்தலசன கென்தலய  
குடும்ப புனர்தவாழ்வு நிலையம்  
FAMILY REHABILITATION CENTRE

**ANNUAL  
REVIEW  
2018**







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## MESSAGE FROM CHAIRMAN

The year 2017 /2018 was a year of stabilization and expansion. We were able to expand our services further that includes starting our services in our previous locations.

There has been more focus on prevention of psychosocial issues and mental health problems in the wider community. We were able to continue our community outreach. “Path to Healing” programme helped us to gain more inroads into the larger community thus improving the mental health literacy and reducing stigma and discrimination. We have continued our capacity building programmes to stakeholders in the psychosocial sector that not only provided the space for sharing our expertise and knowledge but also strengthen our collaboration that pave way for improved care of clients with psycho-social needs.

It was not easy to stop the formidable psychosocial challenges specially when it occurs in the context of post-conflict and globalization. These includes violence, child abuse, gender-based violence, substance use, family conflicts and suicidal behaviours. Part of the psychosocial challenges have its roots in the socio-politico-economical matrix , some others have their roots in industry based technological revolution and few in both. A community surviving to come out of the collective trauma of the past will be easily taken by these effects of consumerism and often not aware of how to use these advances in an appropriate manner. With other like-minded organizations and individuals , there is a long way to go!

I am privileged to have a board of directors, well experienced, belonging to a diverse sector who always walked that extra mile whenever there was a need despite their busy schedules and commitments. The expertise provided by the board of directors, the innovation and commitment of staff members, the management led by our executive director was behind all gains we have accrued. I take this opportunity to thank all who have helped us: government departments, non-governmental organizations and well-wishers who have contributed to our growth and performances. Many donors have offered their support, and I sincerely hope that we have matched their expectations through our outcomes. Lastly but not the least, I thank our clients who have been holding trust on our services and given us the opportunity to serve them.

**Dr.T. Gadambanathan**  
Chairman, Board of Directors

# MISSION AND VISION STATEMENT

## MISSION

To serve as one of the leading national organizations in rehabilitation of trauma survivors by engaging in counselling and holistic psychosocial services, and build capacity of relevant stakeholders to effectively address and prevent trauma in Sri Lanka

## VISION

Communities and systems strengthened to effectively address and prevent trauma in Sri Lanka.

## ACRONYM KEY

The following acronyms are used throughout this report. Please use this helpful key to best understand specific programs, individuals, and staff titles throughout this report.

### Acronym - Description

MHPSS	Mental Health & Psychosocial Supports Services
MoH	Ministry of Health
MoE	Ministry of Education
MoSEW	Ministry of Social Empowerment & Welfare
MoHNIM	Ministry of Health, Nutrition, & Indigenous Medicine
MOMH	Medical Officer Mental Health
NIMH	National Institute of Mental Health
VOT	Victims of Torture
EP	Eastern Province
PSW	Psychosocial worker
GRLAC	Grassroots Level Action Committee
GAINS	Guide to Accounts: Individual Narratives & Stories
PADHI	Psychosocial Assessment of Development & Humanitarian Interventions

### Acronym - Description

FRC	Family Rehabilitation Centre
CV	Community Volunteers
CIF	Client Intake Form
TS	Trauma Survivors
IFM	Immediate Family Members
EX	Ex Combatant
WW	War Widow/Widower
DA	Disabled
OT	Other Trauma
BB	Bomb Blast/Shelling
IDP	Internally Displaced Person
FMD	Family Member Disappeared
WHH	Women Headed Households
DV	Domestic Violence
GBV	Gender Based Violence
HRC	Human Rights Commission
SRH	Sexual & Reproductive Health
NP	Northern Province



# FRC AT A GLANCE

## OVERVIEW

Founded in 1992, the Family Rehabilitation Centre (FRC), is a not-for-profit, humanitarian, non-governmental organization that aims to address trauma, through the strengthening of vulnerable communities and government systems within Sri Lanka. The FRC accomplishes this by providing services to individuals affected by conflict as a result of systemic violence. These services are also extended to the immediate family members of our clients.

## KEY ACCOMPLISHMENTS

- Over the years, FRC has served over 30,000 trauma-affected individuals in Sri Lanka
- FRC has provided services in 20 of the 25 districts since the birth of the organization in 1992
- In 2018, FRC opened a centre in Kurunegala, and established a presence in Kaluthara and Ampara
- FRC reopened it's centres in Trincomalee and Batticaloa in 2018

## AREAS OF WORK

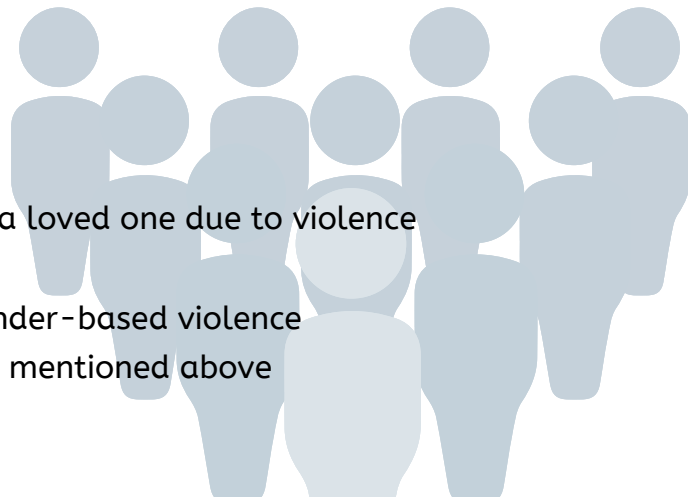
As of 2018, FRC boasts a staff strength of 64 individuals, who provide the following services: counselling and psychosocial support, advocacy, training and capacity building and raising awareness on trauma in the community. The dedicated staff of FRC provide the above mentioned services in the Northern, North Western, Western and Eastern Provinces of Sri Lanka.

## POPULATIONS WE SERVE

FRC continues to work with individuals affected by violence related trauma, and their immediate family members.

Our clients include individuals from the following categories:

- Widows and widowers of the war
- Women and men with disabilities
- Internally displaced persons
- State and non-state ex-combatants
- Women headed households
- Torture survivors
- Families of the disappeared or missing
- Individuals who have experienced a death of a loved one due to violence
- Survivors of bomb blasts or shelling
- Survivors of domestic violence and sexual gender-based violence
- Immediate family members of the individuals mentioned above



# FRC'S THREE PILLARS

## REHABILITATION

- Counselling and other Psychosocial Services
- Networking and Referrals with relevant stakeholders

## PREVENTION

- Awareness Raising
- Advocacy

## CAPACITY-BUILDING

- Capacity-building for relevant stakeholders
- Data Management and Learning



## REHABILITATION

As an organization, FRC works with survivors of violence related trauma, including systemic and structural violence. FRC's Psychosocial Workers (PSWs), conduct both individual and group counselling through a counselling framework that is implemented through three pivotal stages: (1) Safety & Security, (2) Remembering & Sharing and (3) Reconnecting with the Community and Terminating Services. They are closely supervised by the FRC's Clinical Psychologist. The PSWs of FRC use culturally-sensitive counselling methods such as relaxation techniques, coping and communication skills, and meditation. These techniques aim to reduce the clients reported symptoms, increase resilience as well as to help promote reintegration into the society.

The Client Intake Form (CIF) is a culturally-sensitive tool that is used to measure and monitor the client's distress and adaptation over the period in which counselling services are provided. It is initially administered during the initial counselling sessions and is used thrice within the counselling process to track client progress.

## PREVENTION

Whilst providing services to trauma survivors, FRC also works to increase the awareness about the impact of trauma on holistic health. The programmes are catered to address the issues present within the community and promote community level participation.

FRC strongly believes that increased levels of awareness will reduce and prevent future incidence of trauma. Raising awareness will also reduce the stigma associated with survivors of trauma, and will empower them to seek assistance with regards to addressing the trauma. This awareness is aimed at two sectors, the Community and the State.

Community:  State:

- Awareness is raised through catered programmes regarding stigmatization of persons impacted by trauma and psychosocial issues, causes and effects of trauma, and the supportive mechanisms needed for trauma survivors.
- Through the training of relevant stakeholders, FRC hopes to influence officials in positions of power to improve service provision, while also addressing practices that can lead to trauma, such as torture.

## CAPACITY BUILDING

Through prior experience, FRC knows that in order to provide effective services, the relevant parties and key contributors need to be equipped with the knowledge and skills to be able to make informed decisions to ensure adequate care is administered.

For this purpose, FRC has collaborated with Governmental bodies such as Ministry of Health (MoH), Nutrition & Indigenous Medicine (NIM), Ministry of Education (MoE), and the Ministry of Social Empowerment & Welfare (MSEW). FRC has supported these entities by developing curricula for Teacher Counselors and training Counselling Assistants and primary health care officials. The curricula are designed to address topics such as providing competent psychosocial support, effective communication skills, providing effective counsel to someone affected by violence-related trauma, understanding the difference in various types of trauma, providing Psychological First Aid, and engaging in self-care.

FRC's capacity-building component includes facilitating trainings with other key stakeholders such as police, prison officials, and lawyers. The purpose of these trainings is to enhance the knowledge-base of said stakeholders, which potentially promotes better service and interaction with those who have been affected by trauma.

## PROJECTS THAT REACHED COMPLETION IN 2018

### FOKUS

In a project focused solely on women impacted by trauma, FRC provided counselling services and enabled clients to seek redress through referrals to organisations specialized in areas such as legal aid and human rights. FRC also conducted training and capacity building programmes for key stakeholders. The priority areas of this project were i) provision of psychosocial support for women, ii) awareness creation of Transitional Justice and the role women play in it for women and youth iii) capacity building for NGOs and MHPSS service providers to prepare them to participate in Transitional Justice processes.

### MDM

The aim of the project was to Improve access to quality of Sexual and Reproductive Health (SRH) services, prevention and management of STI and unwanted/early pregnancies and provision of support for GBV victims among the most exposed segments of the population living in Jaffna, Kilinochchi and Mullaitivu districts of the Northern Province of Sri Lanka, with particular attention on women and youth. The project comprised of 3 main components, the grassroot level work, the capacity building of various officials and advocacy related to Sexual and Reproductive Health.

## STORY OF CHANGE: SWARNIKA'S STORY

Swarnika is a 43 year old mother of four children from Jaffna and has been educated only until Grade 5. Swarnika had been identified by FRC's Community Volunteer (CV) as a person who will benefit from FRC's services.

During the initial counselling sessions, Swarnika was barely open to sharing her problems but through rapport building, it was gathered that her husband did trading for a living and her eldest son had left school to do odd jobs to support their living. She had lost her 9 year old daughter to a shelling attack during the war.

During a home visit Swarnika was observed to keep to herself. The Client Intake Form assessment identified that she felt feelings of grief, guilt, anger, isolation and also neglected her children and herself.

In 2003 Swarnika and her family had been displaced and spent five years in the camp due to the war. When residing in Mullivaikkal, her daughter was insistent on wanting to go and play outside and Swarnika gave her consent to do so. A sudden shelling took place, and her daughter passed away on the way to the hospital. Due to the ongoing circumstances she could not conduct the last rituals.



## STORY OF CHANGE: SWARNIKA'S STORY

The PSW empathized with Swarnika and provided a safe place to express her grief. She was encouraged to write a letter to her daughter, to disclose all she couldn't speak about when the daughter was alive. She was given a psych education on grief and its impact. She was also encouraged to do the last rituals for her daughter in the form of a "Pooja" in a temple followed by the giving of alms.

The guilt Swarnika felt was addressed by working with her to attribute the proportionate amount of guilt to all responsible parties of her daughter's death. Swarnika was able to understand that she isn't solely responsible for the death of daughter. It was normalized that incidents such as these have happened to many people during the war and that what she did was unintentional and what she was feeling is normal in this context.

Swarnika said that she is planning to plant a tree for every death anniversary of her daughter. Her responsibilities and duties as a mother and as a person were identified. She realized that she has been mourning her child but had not given the care and attention to other people in her life.

## STORY OF CHANGE: SWARNIKA'S STORY

Ways to cope with anger were explored and a relaxation exercise was taught as she gets angry when her children argue with her or insists that she goes out with them. This relaxation exercise was also applied before she sleeps as well as she finds it difficult to sleep at night.

She was referred to the DS office as she had lost a land master during the war. As a result of treatment, Swarnika had been taking care of herself, engaging back in spiritual activities and more open to sharing events of her life when coming into sessions. Her husband also has joined as a client at FRC (through another PSW) and both of them are able to engage in their daily routines better.

Swarnika was now observed to be more welcoming, helping out in community events, spending time with her husband and children. She helped in organizing the Forum Theatre performance arranged by FRC.

She has also received the land master from the DS office which FRC hired, to transport livelihood goods for the NTT project.

## STORY OF CHANGE: RANI'S STORY

60 year old Rani is a widow and mother of three. She lives with her youngest son who is unmarried. She was amongst the audience when FRC conducted an orientation programme in her village and identified that FRC's services might help. Rani's initial problems were exhaustion, lethargy, fatigue, headaches, continuous worry, guilt and leg aches and these problems had surfaced after the war.

During the initial sessions, it was observed that a recent harsh argument with her brother has emotionally impacted her. Apparently, the argument was stirred when Rani refused to make an alliance between his daughter and her son. Her brother became furious and had started throwing accusations that she is a murderer and that it was her fault that their father is dead. Rani then shared that she feels guilty over her father's disappearance and that her brother's recent words had just brought out all the buried feelings.

Rani's father had lived with her prior to the displacement during the last period of the war. There was a shelling attack going on and people were forced to displace. Rani was displaced along with her neighbors but she had to leave her father at home as he was not physically fit to neither walk nor run. She assumed that her father will be safe as the attacks normally ceased in a while. Unfortunately, the attacks didn't cease for a long time and she had to reside in a camp. When she returned home a few months later, their house was damaged and her father was not to be seen. Her brother argued that she should have taken him along with her.

## STORY OF CHANGE: RANI'S STORY

It was observed that her brother lives close by and she has been experiencing guilt, uncertainty of her father's fate, recalling memories of her father, anger towards her brother, restless, sleep difficulties, lack of concentration and lack of interest in engaging with the community.

As guilt over her father's disappearance was something that was troubling Rani a lot, she was encouraged to do a guilt pie chart activity in order for her to identify and distribute the responsibility of the incident. This helped her redistribute the responsibility among the Army, the Paramilitary Group, her brother and herself. She explained that her brother who lives close by should have lent a hand to help her take her father with them. She acknowledged that she made a rational decision at that time.

Rani claims that he is still alive somewhere and will be reunited. She insists that as there was no body found in the house upon her return and since he cannot walk, he must have been captured. She has also done the necessary documentations to register her father as a missing person.

## STORY OF CHANGE: RANI'S STORY

Rani identified that situations such as seeing her brother and thinking about his accusations make her angry. Ways to cope with anger were also explored, where she identified that she can keep quiet, walk away and engage in another task. Also, as she finds it difficult to keep herself focused, she was taught a simple breathing technique, for her to feel relaxed. She claimed it was helping her get through daily routines.

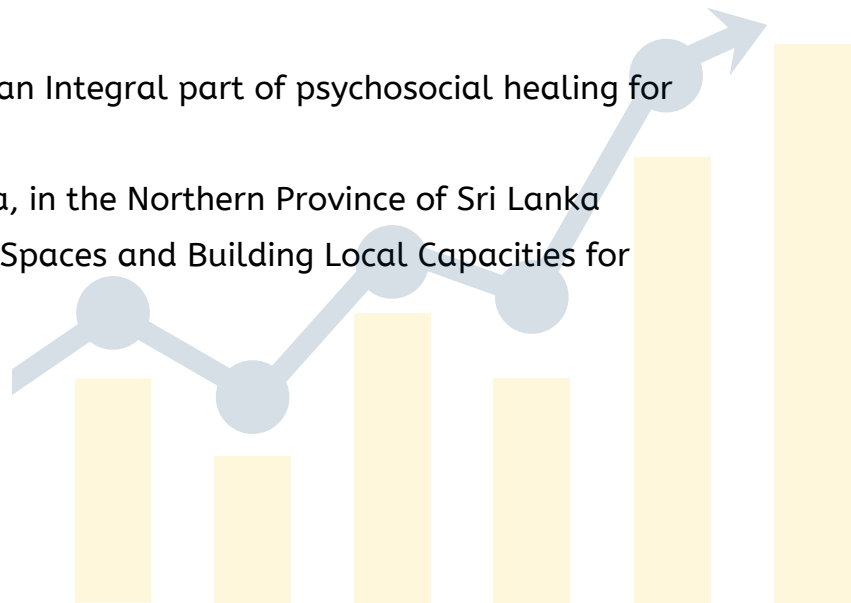
This breathing exercise was also encouraged to be done before she sleeps as she finds it difficult to remain asleep and would stay up worrying and thinking of all that had happened.

Rani claimed that she felt better as if a burden has been lifted; sleeping better, able to remember her father and not get distressed as much and been able to engage in her daily routines.

After termination, a follow up visit to Rani's house was conducted, where it was observed that her house was well kept, her self-care has improved and was observed to be relaxed. Although, her brother lives close by, she has decided to not interact with him as she feels better when she doesn't have to. She also has been engaging with the community members in community activities.

## OUR CURRENT PROJECTS

- Rehabilitation Services for People Affected by Trauma Resulting from Conflict or Structural Violence in the Northern Province of Sri Lanka
- Victims of Trauma Treatment Program
- Increasing and Improving Access to Trauma-Informed Care, Aiding efforts Towards Reconciliation
- Provision of livelihood support as an Integral part of psychosocial healing for people affected by conflict
- Structural violence related trauma, in the Northern Province of Sri Lanka
- Promoting Shared Values, Shared Spaces and Building Local Capacities for Dispute Resolution



## REHABILITATION SERVICES FOR PEOPLE AFFECTED BY TRAUMA RESULTING FROM CONFLICT OR STRUCTURAL VIOLENCE IN THE NORTHERN PROVINCE OF SRI LANKA

This project aims to contribute to the restoration of individual, family and community well-being by reducing the vulnerabilities as well as the residual & on-going trauma among communities in the Northern Province of Sri Lanka.

This project will see FRC implement 3 specific objectives in five Districts in the Northern Province (NP).

(i) To improve the mental health of 3,000 at-risk community members, including those suffering from trauma due to the negative impact of conflict as well as systemic and structural violence, using a holistic approach.

(ii) To increase and improve the quality of psychosocial services provided to vulnerable communities by both the State and other Non-Governmental Organizations (NGOs)

(iii) To promote and defend the rights of survivors of violence.

## PATH TO HEALING - PHASE 1

The Path to Healing was a walk organized across the districts of Mannar and Vavuniya to raise awareness with regards to the importance of mental health and psychosocial well-being in the community. The initiative was designed and implemented successfully by the FRC and funded by the European Union to raise awareness on psychosocial well-being among the community.

The first phase of 'Path to Healing' began on the 21st of August 2018 from Mannar and continued for 6 successive days. 'Path to Healing - Phase 1' concluded in Vavuniya on the 26th of August 2018. FRC was honored to receive the presence of the Northern Province Chief Minister Hon. C.V. Vigneshwaran as the Chief Guest at the inauguration event of 'Path to Healing - Phase 1'.





# PATH TO HEALING - PHASE 1



## VICTIMS OF TRAUMA TREATMENT PROGRAM

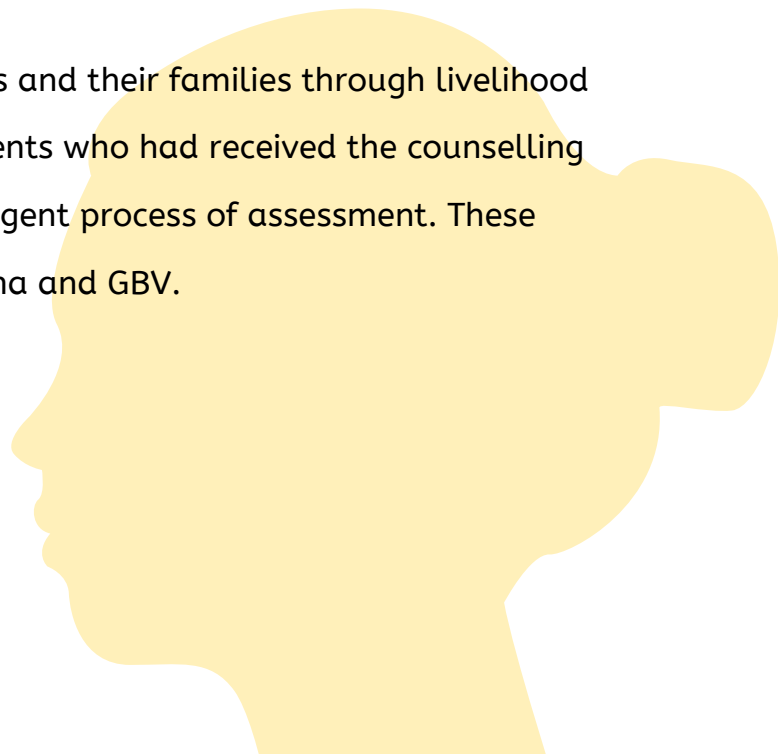
The Victims of Trauma Treatment Program-Modification project seeks to enhance the overall well-being and resilience of individuals, families and communities affected by conflict through holistic rehabilitation services and care. Further, to enhance the quality of psychosocial support services surrounding the negative discourse and stigma surrounding mental health, the project also supported capacity building of Governmental and Non-Governmental Organizations. Ultimately, the project will increase access to holistic rehabilitation services for trauma survivors in Sri Lanka.

## INCREASING AND IMPROVING ACCESS TO TRAUMA-INFORMED CARE, AIDING EFFORTS TOWARDS RECONCILIATION

Through this project, FRC hopes to increase and improve services to those who have been affected by trauma and violence in Sri Lanka. This will be done by increasing the availability of psychosocial services in the Batticaloa and Trincomalee Districts in the Eastern Province (EP) and by improving the effectiveness of psychosocial practitioners through the formulation and implementation of a new tool which measures the use of appropriate common factors in Sri Lanka.

## PROVISION OF LIVELIHOOD SUPPORT AS AN INTEGRAL PART OF PSYCHOSOCIAL HEALING FOR PEOPLE AFFECTED BY CONFLICT

This project directly benefited 90 individuals and their families through livelihood support. The recipients were former FRC clients who had received the counselling services. They were selected through a stringent process of assessment. These individuals included survivors of war, trauma and GBV.



## PROMOTING SHARED VALUES, SHARED SPACES AND BUILDING LOCAL CAPACITIES OR DISPUTE RESOLUTION

FRC, with the support of its Project Officers, gathered individual narratives of elders from the districts of Mannar, Vavuniya, Trincomalee, Ampara, Kaluthara and Kurunegala through the use of the Guide to Accounts: Individual Narratives and Stories (GAINS) tool adapted from the PADHI tool. Following the story collection, an external consultant, Dr Laurie Charles of USA analysed the stories and derived 6 recurring themes among the stories which was collated into a publication: "A Grassroots level Toolkit for Promoting Psychosocially Sensitive Group Dialogue among Older Populations". FRC initiated group discussions with the elder participants from the stories around the themes identified in the toolkit.

## CLIENT INTAKE FORM

The FRC has created the CIF to capture the work conducted with clients who access counselling services with the support of The Asia Foundation. The CIF is utilized by the FRC PSWs to quantify the degree of clients' presenting complaints and to measure their improvement. The initial CIF developed in 2012 captured symptoms of clients in an immediate post war set up and therefore, was no longer capturing the presentations of trauma that had now evolved. Hence, the revision focused on adapting the CIF to a more current context.

In a training programme that took place on the 12th and 13th of December 2018, FRC PSWs were re-trained and made aware of the changes within the CIF. A descriptor booklet was developed to aid the PSWs to categorize the clients with ease. With the revision of the CIF, the client database maintained by FRC too was amended.



## FOREIGN INTERNSHIP PROGRAMMES

### **The University of Denver**

Since 2015, FRC has been opening its doors to students doing a Masters in International Disaster Psychology at the University of Denver, Colorado. These students are equipped with skills in clinical psychology combined with the specific skills needed to work in the field of trauma and disaster globally with a focus on trauma psychology, global mental health, and policy and programme development. The Interns spend approximately two and a half months working with FRC staff, and learning about psychosocial service provision in the Sri Lankan context.

### ***Testimonials***

"As a psychology intern at FRC I was amazed by the amount of professional and personal development I achieved in a brief 8 weeks. The impact that FRC makes, on an individual and systematic level, on the trauma-affected populations in Sri Lanka is something to behold. The vast number of projects and services that FRC initiates provided many new professional opportunities from proposal writing to clinical supervision. The independence I was given, accompanied by thoughtful supervision, was a wonderful balance that has positively affected my professional direction."

CJ Clinkscales (2018) - Psychology Intern

## FOREIGN INTERNSHIP PROGRAMMES

"As an organization, FRC provides services that are vitally important to both the wellbeing of the people of Sri Lanka as well as the country as a whole. Their holistic approach both provides the best quality of care for those that they serve, as well as created an environment with a wide array of learning opportunities for me and my fellow intern. I have been both personally and professionally impacted by the work that I was able to do and the people that I was able to interact with. The staff here are creating long-lasting, life-altering change in the lives of thousands of people and I feel so fortunate that I was able to learn and work alongside them this summer."

Abigail Smalley (2018) - Psychology Intern



## FOREIGN INTERNSHIP PROGRAMMES

"I am Helene. I am 24. I come from Belgium and I worked during one month in FRC as 'Communication Intern'. Joining FRC as an intern gives me the opportunity to work hands on in a professional environment. I gain work experience and I know more about the career path I am pursuing. As an intern in FRC I was not there to get coffee or run errands but I learned so much from the team and I had strong responsibilities in my work. I enjoyed give the best I could during this internship to our common goal!"

Helene Pans (2018) - Psychology Intern

The FRC has provided these individuals with opportunities to immerse themselves in the daily activities conducted at the FRC. As a result of the work of the interns, FRC gained a social media strategy and a feelings wheel which is currently being implemented in our counselling processes.

## WHERE WE WORK

2018 has seen FRC expand to the following locations:

- Trincomalee
- Batticaloa
- Kurunegala



## WHO WE SERVE

**New & Ongoing clients for 2018**  
**650 (69 Male, 581 Female)**

438 Medical clients and 892 sessions  
 408 Physiotherapy clients and 749 sessions  
 644 Individual counselling clients and 6166 sessions

### CLIENT BREAKDOWN

#### Types of Clients

	Male	Female
Trauma Survivors	15	07
Immediate Family Members	22	215
War Widow/Widower	01	53
Disabled	05	16
Other Trauma	42	425
Bomb Blast/Shelling	26	70
Internally Displaced Person	-	02
Women Headed Households	-	04
Domestic Violence	5	222



## STRATEGIES FOR FUTURE GROWTH: REHABILITATION

A holistic, well-being approach has been adopted in collaboration with the MoHNIM in order to provide physiotherapy and basic medical services, which are offered to all clients. FRC will continue its counseling services as center-based and regular assessments and follow-up will be conducted to monitor the progress of counselling. It will also continue its established method of identifying communities in need of MHPSS services, raising levels of awareness of mental health and psychosocial issues, and then identifying at-risk individuals to whom services will be provided. Referral systems are currently in place to assist clients with legal aid, specialized medical support, livelihood assistance, and other support based on their needs.

- FRC has identified 3 areas for future growth, listed below
  - 1) To develop specialized therapeutic techniques for survivors of gender-based violence
  - 2) Extend services to other geographical areas
  - 3) To introduce a program for advocacy supported by field data

## STRATEGIES FOR FUTURE GROWTH: CURRENT STATUS AND FUTURE GOALS

Given the demonstrated need for continued support, FRC will continue to maintain its presence in the Northern, North-Western, Western and Eastern Provinces of Sri Lanka. In these provinces, FRC continues to address recovery, reconciliation, and implementation of mechanisms for accountability through the provided services. FRC aims to increase awareness around the need for psychosocial support and in turn increase the number, availability, and skill of the service providers.

FRC further aims to improve the capacity and influence the attitudes of state officials engaged in providing services to trauma survivors through training, capacity building workshops and implementation of manuals for state and FRC service providers in Sri Lanka.

## STRATEGIES FOR FUTURE GROWTH: PREVENTION

FRC targets its prevention work at two levels: the Community and the State. FRC will continue to work within both of these sectors to raise awareness on trauma-related issues within the country, improve the overall response to those who have been affected by trauma, and to aid relevant State officials to increase and improve services that they provide to trauma survivors. This work will continue in order to facilitate an increase in communities and stakeholders appropriately identifying and working with trauma-related issues, as well as, to better serve those affected by trauma.

- 1) Utilize unique engagement activities for community members
- 2) Create and implement relevant trainings for service providers on trauma and prevention

## STRATEGIES FOR FUTURE GROWTH: CAPACITY-BUILDING

FRC strives to contribute to the knowledge and methodologies of trauma counselling, stress management, and psychosocial work in communities and relevant institutions . FRC also works to develop the monitoring and evaluation (M&E) tools in the mental health and psychosocial sector. In doing so, FRC aids many stakeholders within this sector (i.e. MoMHs, Primary Health Care Officials, lawyers, police, and prison officials, etc.) by implementing and facilitating trainings, assessment tools, and evaluations for these stakeholders.

FRC continues to progress in its capacity-building abilities, and has established the following 5 areas/activities for future growth:

Conduct trainings for GRLAC and CVs on identification and referral for trauma survivors

Facilitate trainings for relevant officials on identification and referrals for trauma survivors

Continued training for counsellors on use of counselling framework, assessment tools, etc.

Facilitate development of assessment tools and provide training on tools for counsellors of government and non-government institutions

Develop an appropriate data management system together with government and non-government institutions

## STRATEGIES FOR FUTURE GROWTH: INSTITUTIONAL DEVELOPMENT

Following a systematic review of the strengths and needs of the organization currently, FRC developed the Organizational Development plan for 2016-2019, aimed at better delivering the three programme areas (rehabilitation, prevention, and capacity-building) over the next three years.

FRC is continuing to implement a resource and networking strategy for the future, which is outlined below

### Resource Strategy

- Invest in in-house proposal development capacity and implementation
- Create a funding pipeline management system
- Develop a sustainability strategy

### Network Strategy

- Increase participation at regional, national and international mental health, mental health policy and the National Action Plan for Human Rights conferences
- Continued networking with academic institutions to aid in the implementations of new trends in the field



# BOARD OF DIRECTORS AND ADDITIONAL MEMBERS OF FRC

## Board of Directors

- Dr. T. Gadambanathan - Chairman - FRC (Consultant Psychiatrist)
- Dr. Upul Ajith Kumara Tennakoon - Chief Consultant Judicial Medical Officer
- Ms. Shikanthini Varma Attanayake - Company Director
- Ms. Manouri Kokila Muttetuwegama - Attorney-at-Law
- Dr. C.S.Nachinarkinian - Medical Doctor
- Ms. Dilkie Liyanage Fernando - Finance Consultant
- Prof. Sivagurunathan Sivayogan - Emeritus Profesor
- Dr. Visvanathar Jeganathan - Medical Doctor – Former Director General of MoHNIM

## Additional Members

- Ms. Shanti Arulampalam
- Mr. Tuan Iyne
- Mr. Sunil Bastian
- Dr. Palitha Bandara
- Ms. Indulekha Karunaratne

## CENTRE LOCATIONS

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· frckilinochchi@frctl.org

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FRC - Batticaloa  
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FRC - Kurunegala  
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# PHOTO GRID







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குடும்ப புனர்வாழ்வு நிலையம்  
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