

# “Helping Communities Heal”



செலில் சுகரண்பலகை கெல்லு  
குடும்ப புனர்வாழ்வு நிலையம்  
FAMILY REHABILITATION CENTRE



**ANNUAL REPORT 2022**

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## 1. MESSAGE FROM CHAIRPERSON

The year 2022 was a tuff one for FRC as we had to face many challenges within and outside the Organization. We were able to be proactive to manage the situation and deliver the services to the neediest people in the Country. Though the need for psychosocial intervention was very high with the Country situation, we could not attend to many and we had our own limitations - especially with financial resources. We happen to close down a few of our Centres.

We have continued our psychosocial support, capacity building, and awareness programmes in the Northern Province and part of North Central Province with the funding support of Global Community. We were able to update a few of the tools we have used and introduced new tools of measurement to measure our quality of work. The momentum gathered and the continuity was disturbed by the situational changes in the aftermath of the multi-dimensional crisis. We were able to respond to some of the needs during its emergency phase as well as in the follow-up phases. Our staff were key members of the team providing psychosocial support and assistance at district and local levels. We were able to facilitate the district and provincial psychosocial forums to connect the stakeholders and service providers for a common goal of delivering the MHPSS services. Our interventions at schools also biggen and we were able to capacitate over 100 Teachers to deliver effective teacher counselling services at schools. Further, over 100 youths were trained on Befriending to work as volunteers at the community level. The community leaders were also trained to identify and refer the people to relevant service providers in terms of MHPSS.

Provision of psychosocial services in the context of changing scenarios and ever-increasing demands is not easy and it involves a team effort. Our organization is privileged to have an efficient team - a Board of Directors, an Executive Director, members of the Senior Management Committee, and the Regional Staff. The dedicated staff ensures the continuity of our services at a higher level through their hard work and innovative thinking.

I take this opportunity to thank our Donors, Heads of Government Departments, Other Stakeholders members of the AGM, and well-wishers and thus contributed to the growth and progress of our beneficiaries. I fervently hope that we have been able to fulfil the expectations of donors and the service needs of the country.

Dr. T. Gadambanathan  
Chairperson, Board of Directors

## 2. OUR LEADERSHIP

- 01. Dr.Thanabalasingam Gadambanathan : Chairman
- 02. Ms.Kala Shikanthini Attanayake : Director
- 03. Ms.DilkieLiyana Fernando : Director
- 04. Dr.Upul Ajith Kumara Tennakoon : Director
- 05. Mr.Tuan Fareeth lyne : Director
- 06. Dr.Mahesan Ganesan : Director
- 07. Mr. Mirak Wijeysekera Raheem : Director

### 3. Executive Summary

FRC has continued to provide counselling services to survivors of trauma and built the capacity of many service providers working with such groups, spread awareness on mental health to various stakeholders, and worked with the communities. During this year FRC has worked in Jaffna, Kilinochchi, Mannar, Mullaitivu, and Vavuniya as well as in Padaviya (Anuradhapura).

Apart from providing counselling services to those in need, and community awareness programs, FRC has branched out into empowering youth and CSO members to be trained as befrienders, thereby enabling them to be agents to help their own communities. Through the projects, FRC has also conducted teacher counsellor training and hope to establish a model school counselling centre in the near future. With the economic crisis and growing number of people desperate to leave the country, providing psychosocial services for survivors of human trafficking/smuggling through an IOM-funded programme was also conducted.

The dedicated FRC team continues to support communities and their immediate family members affected by all forms of trauma through the three core pillars, rehabilitation, prevention, and capacity building. As FRC continues to grow, FRC hopes to expand into developing specialized therapeutic techniques for survivors of gender-based violence, extending services to other geographical areas, and introduce more research for advocacy and other initiatives.

With the success FRC has already witnessed, FRC will continue to have a presence in the North. FRC will maintain and address recovery, reconciliation, and implementation of mechanisms for accountability, while also aiming to improve the capacity of state officials engaged in service provision to trauma survivors through training, capacity-building workshops, and implementation of manuals for state and FRC service providers in Sri Lanka. As an institution, FRC hopes to gain development through resource and network strategies which will help FRC make strides in service provision. This annual report hopes to give a glimpse into what 2022 has been like and provide a summary of our key accomplishments over the course of this year.

## **4. FRC Vision and Mission**

### **MISSION:**

To serve as one of the leading national organizations in the 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.



## 5. ACRONYMS KEY

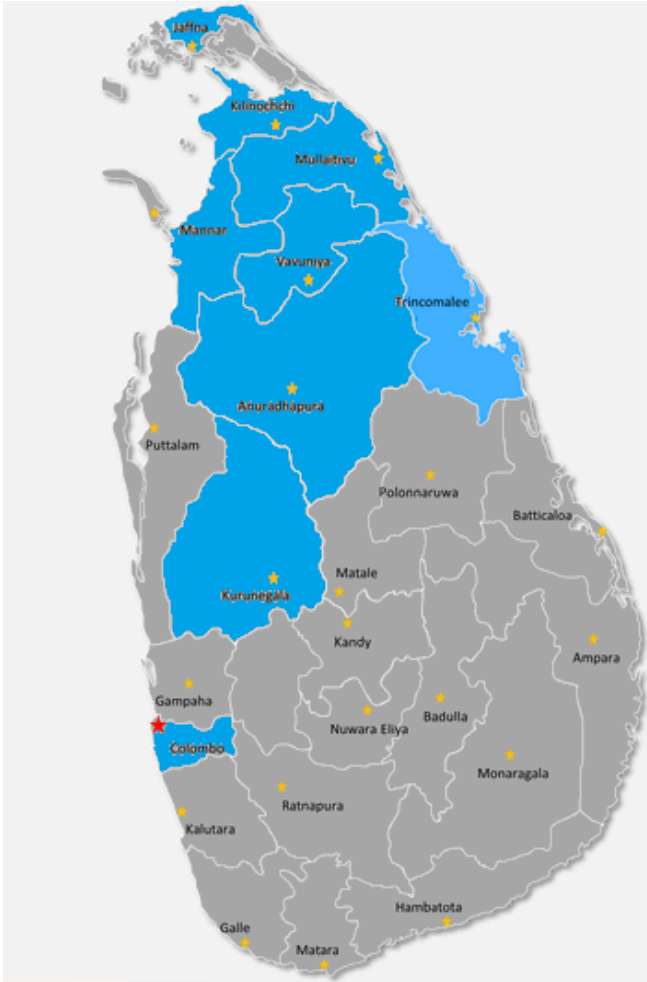
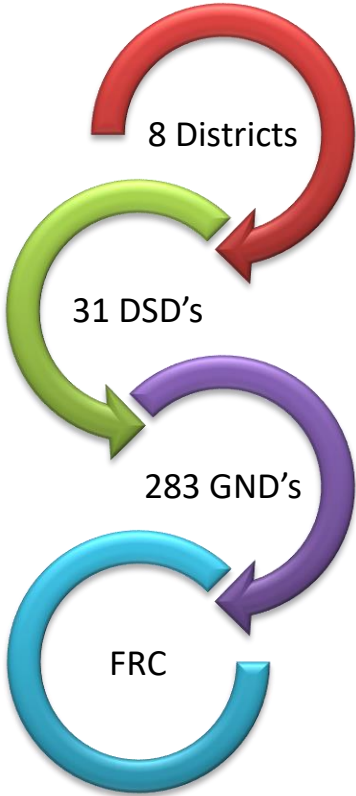
CV	- Community Volunteer
FRC	- Family Rehabilitation Centre
IOM	- International Organization of Migration
GRLAC	- Grass-Root Level Action Committee
TAF	- The Asia Foundation
IDEA	- Increased Demand and Engagement for Accountability
GN	- Grama Niladari
GND	- Grama Niladari Division
DSD	- Divisional Secretary Division
GBV	- Gender-Based Violence

## 6. Our Strategy

Using the vision and broad framework, FRC is focusing its work on three specific spheres in the psychosocial field:

1. Rehabilitation for trauma survivors
2. Prevention of trauma and (re) victimization of trauma survivors
3. Capacity building for relevant stakeholders

# 7. Our Reach



## 8. PREVENTION

Along with treating Trauma Survivors, FRC works to increase the awareness of the community surrounding issues of trauma and the effect that it can have on someone. We believe that an increased level of awareness will help to prevent future incidents of trauma and will reduce the stigma associated with victims of trauma. This awareness is aimed at two sectors, the Community and the State. At the community level, awareness is raised regarding the stigmatization of persons living with mental health and psychosocial issues, the causes and effects of trauma, and the supportive mechanisms needed for trauma survivors. Within the State sector, FRC hopes to influence officials in order to help improve service provision as well as to address practices that can lead to trauma, such as torture.

## 8.1. Raising Awareness at the Regional and National Levels

Awareness programmes are an important part of improving psychosocial well-being in any community. Such programmes, which involve group work, counselling, and exploring mental health, are essential in educating communities and helping individuals take responsibility for their own well-being. The recent awareness programme conducted focused on discussing gender-based violence, non-violent communication, economic stages, basic needs, self-care, and how to handle trauma and mental health problems.

The programme was conducted in several parts. It included sessions on discussing the symptoms of mental illness and mental health in a group setting, how to recognize and address gender-based violence, the influence of SGBV on mental health, the importance of having a referral network in place, and how to address rumours of mental illness. Workshop activities were conducted on lifestyle and economic changes and child Care.

The programme aimed to provide individuals and communities with the necessary education and resources to help in promoting psychological well-being and lead healthier lives. It also gives individuals and communities the necessary knowledge to prevent and address gender-based violence. The programme enabled participants to understand and appreciate the importance of taking responsibility for their mental health and well-being.

### 8.1.1. Raising Awareness At the Regional And National Level



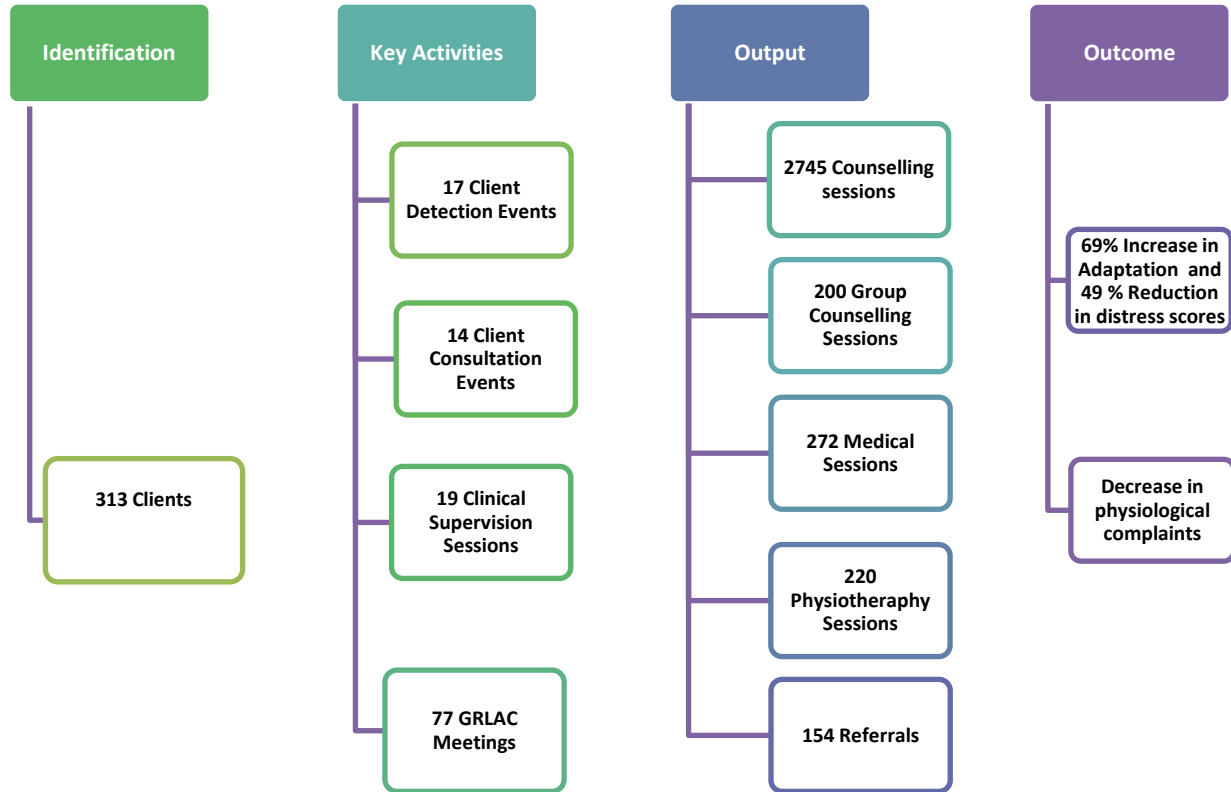
## 9. REHABILITATION

FRC works with survivors of various types of trauma, including systemic and structural violence and conflict-related trauma. FRC Psychosocial Workers (PSW) utilize both individual and group counselling, which is done using a counselling framework that progresses through three stages:

- (1) Safety & Security,
- (2) Remembering & and sharing and finally
- (3) Reconnecting with the Community and terminating services.

Working in conjunction with this framework, the PSWs at FRC use culturally validated alternative counselling methods (i.e., relaxation techniques, coping and communication skills, and meditation). These various counselling modalities work to reduce the client's reported symptoms as well as to help increase resilience and promote reintegration into the community. The Client Intake Form (CIF) is a culturally validated tool that is used to measure the client's adaptation and reduction of distress. It is initially administered at the beginning of counselling and is then periodically used to measure the client's progress.

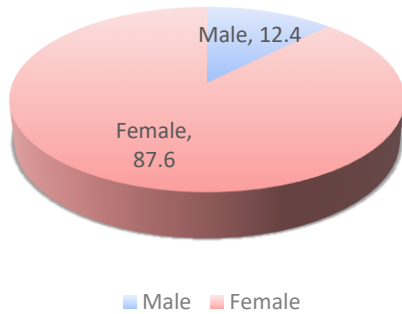
## 9.1. Direct Psychosocial Support Services



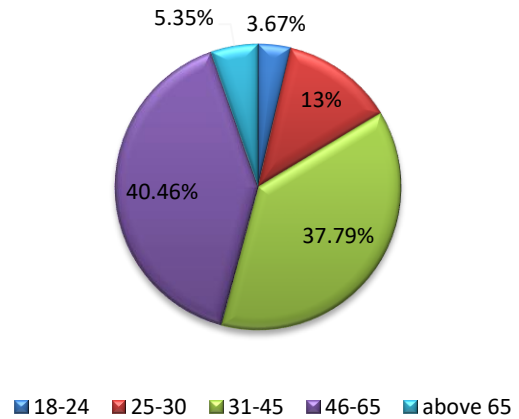


## 9.1.1. Counselling Clients In 2022

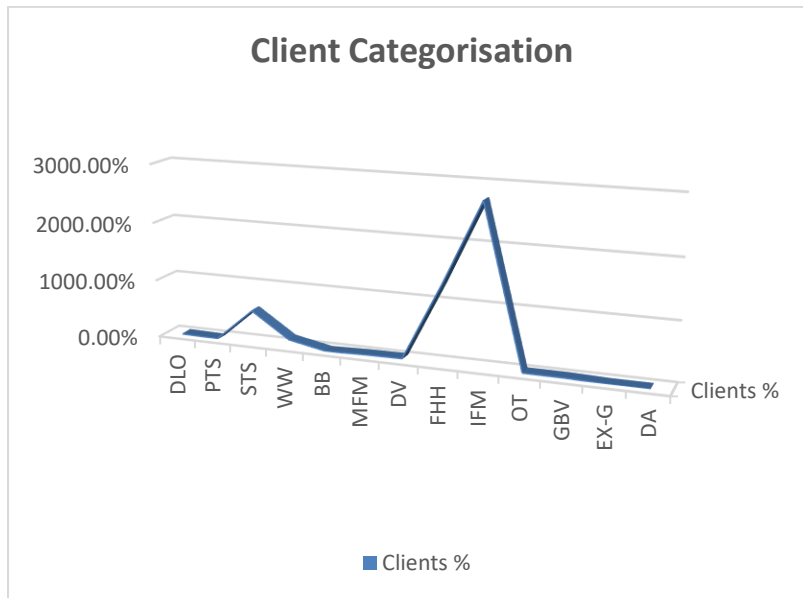
### Breakdown by Gender



### Breakdown by Age



## 9.1.2 Family Rehabilitation Centre Client Categorisation



### Types of Categories

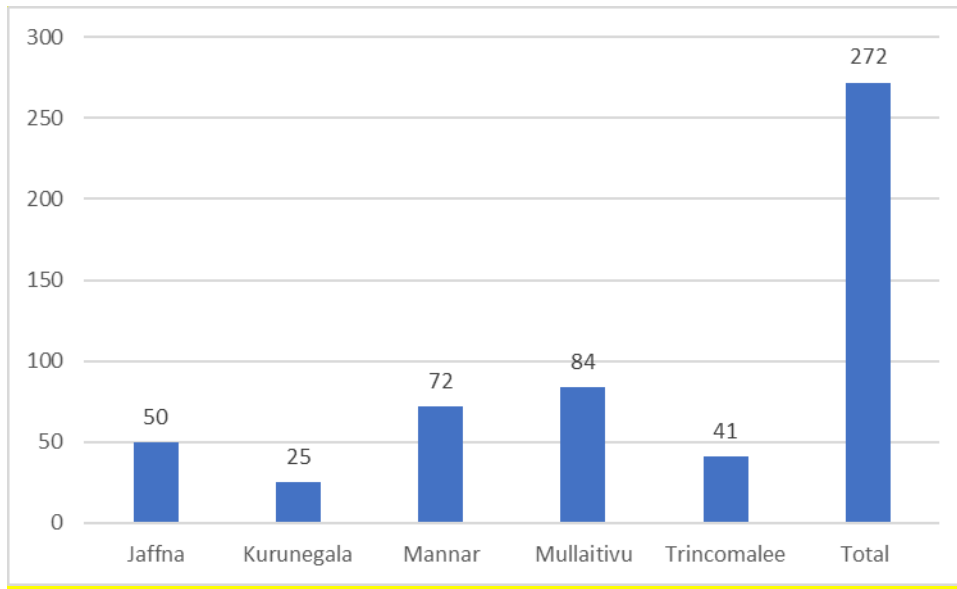
### Abbreviation

*Death of a Loved One*  
*Primary Torture Survivor*  
*Secondary Torture Survivor*  
*War Widows/Widowers*  
*Bomb Blast/Shelling*  
*Missing Family Member*  
*Domestic Violence*  
*Female-Headed Household*  
*Immediate Family Member*  
*Other Trauma*

DLO  
 PTS STS  
 WW  
 BB/S  
 MFM  
 DV  
 FHH  
 IFM  
 OT

### 9.1.3 Our impact on psychosocial support

During the particular year, FRC supported 272 clients in their psychosocial well-being through individual and group counselling. Clients were treated from



FRC provides psychosocial support to 272 clients from different socio-economic and psychosocial backgrounds to help them improve their mental well-being. Through individual and group counselling sessions, FRC covered 84 clients in Mullaitivu 72 in Mannar, 41 in Trincomalee, 50 in Jaffna district, and 25 in Kurunegala. These programmes are tailored to address the needs of clients from their respective socio-economic and psychosocial backgrounds. Furthermore, programmes may be tailored to the specific individuals who benefit from a combination of psychosocial support and interventions. FRC believes that individuals are best supported when their needs are considered holistically in the context of their family, day-to-day living environment, and any other social opportunities available to them.

FRC through a concerted effort, 313 people were provided with psychosocial counselling by trained psychosocial workers. Of those who assisted, 33 were male, and 280 were female. By receiving psychosocial counselling, those assisted were able to effectively overcome traumatic conditions, as well as overcome social integration and improve their psychosocial well-being. Psychological counselling provides individuals with the resources necessary to understand and regulate their emotions, develop healthy coping skills, and support them to make positive life choices. Ultimately, psychosocial counselling helps those who receive it lead healthier, more fulfilling lives.

Psychosocial well-being is an important part of overall health. At our facility, FRC offers various services to promote mental, emotional, and physical well-being. In the past year, 2022, we have hosted 17 Client Detection Events, 14 Client Consultation Events, 19 Clinical Supervision Sessions, 2319 Individual Counselling Sessions, 172 Group Counselling Sessions, 272 Medical Sessions, and 220 Physiotherapy Sessions. FRC, with the collaborative efforts of the medical officer of Mental health provided helpful guidance and support to those in need. We strive to provide quality care and support to ensure that our clients can achieve their highest levels of psychosocial well-being.

## Gender

The data shows there is a considerable disparity between the number of male and female respondents across all districts - there are at least twice as many female respondents in each district. Jaffna has the most significant difference, with nine male respondents compared to 41 female respondents. Mannar has the highest number of female respondents, with 67, while Kurunegala has the lowest, with 20.

Districts	Gender			Civil Status				Age				
	Male	Female	Total	Married	Divorced	Separated	Widow/ Widower	18-24	25-30	31-45	46-65	Above 65
Jaffna	9	41	50	30	0	12	5	0	6	18	23	3
Kurunegala	5	20	25	18	0	0	3	3	1	2	16	3
Mannar	5	68	73	47	0	8	14	2	2	25	35	9
Mullaitivu	2	108	110	93	0	48	40	2	21	48	39	0
Trincomalee	12	29	41	16	13	12	1	4	8	20	8	1

## Civil Status

The data suggest that across all districts, married respondents are the largest group, followed by single or never-married respondents. Divorcees and those who are separated or widowed represent a smaller portion of the respondents, with widows and widowers representing the smallest portion. Mullaitivu has the highest number of divorcees and those who are separated, at 20 and 8, respectively.

## Age Data:

The data indicates that most of the respondents in all districts are between the ages of 18 and 45, with only a small portion of respondents being above 65. Jaffna has the highest number of respondents in the 18-24 age group with six, while Mullaitivu has the highest in the 46-65 age group with 32.

## Category of Clients

District	Client Category												
	Death of Loved One	Primary torture survivor	Secondary torture survivor	War Widow	Bomb Blast	Missing family member	Domestic Violence	Female headed house hold	Immediate family member	Other Trauma	GBV	Ex combatant	Disabled
Jaffna	12	0	1	0	5	2	17	17	32	29	25	2	2
Kurunegala	1	3	2	2	1	1	14	0	1	0	0	0	0
Mannar	20	6	6	0	3	27	19	9	6	0	0	0	0
Mullaitivu	20	5	0	10	27	4	60	71	37	15	13	0	2
Trincomalee	4	4	0	0	3	14	9	5	36	35	35	0	0

The data above reflects the category of clients that received assistance from four districts in Sri Lanka in 2020. Jaffna saw the highest number of primary torture survivors receiving assistance at 12 people, while Mannar had the highest number of secondary torture survivors at 6.

In terms of family tragedy and trauma, Kurunegala had the highest number of war widows and bomb blast survivors at 2 each in the same category, followed by Jaffna with 5 people having experienced a missing family member, while Mullaitivu had 14 bomb blast survivors and 36 people with missing family members.

Domestic violence emerged as the third most common type of tragedy among clients across the four districts, with Jaffna having the highest number of domestic violence cases at 17, followed by Mullaitivu with 14 and Trincomalee

with 9. Female-headed households also had the highest number of clients in Jaffna, at 17, followed by Mullaitivu with 11, Kurunegala with 1,4 and Trincomalee with 5.

GBV had the highest number of clients who received support in Mullaitivu at 15, followed by Trincomalee at 35 and Jaffna at 25. Lastly, Trincomalee had the highest number of disabled people receiving assistance, at 35, followed by Jaffna and Mullaitivu.

The above data provides a snapshot of the number of ex-combatants and disabled people in each of the five districts in Sri Lanka. In the Jaffna district, there are 2 ex-combatants and 2 disabled people. Meanwhile, Kurunegala, Mannar, and Trincomalee have 0 ex-combatants and disabled people. Finally, Mullaitivu district has 2 disabled people.

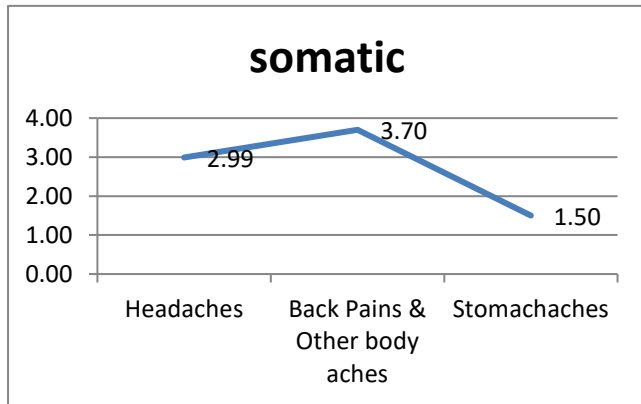
Overall, this data suggests that the number of ex-combatants and disabled people is higher in the Jaffna district than in any other community. This likely reflects the recent history of civil and military conflict in Sri Lanka and the impact it has had on the people living there. The data also suggests that while the number of ex-combatants and disabled people is low in some districts, there may be a need for increased support services for these individuals in the region.

### 9.1.4 Our learning and impact sharing

A study conducted in the community surveyed 113 trauma survivors to gain a better understanding of the causes of their trauma. 32% of respondents reported that their trauma was due to missing family members, while 30% attributed it to domestic violence. Female-headed households accounted for a further 23%, with 8% of respondents experiencing trauma due to losses of immediate family members. This survey provides valuable insight into the trauma experienced by this community and the associated causes.

#### Somatic condition

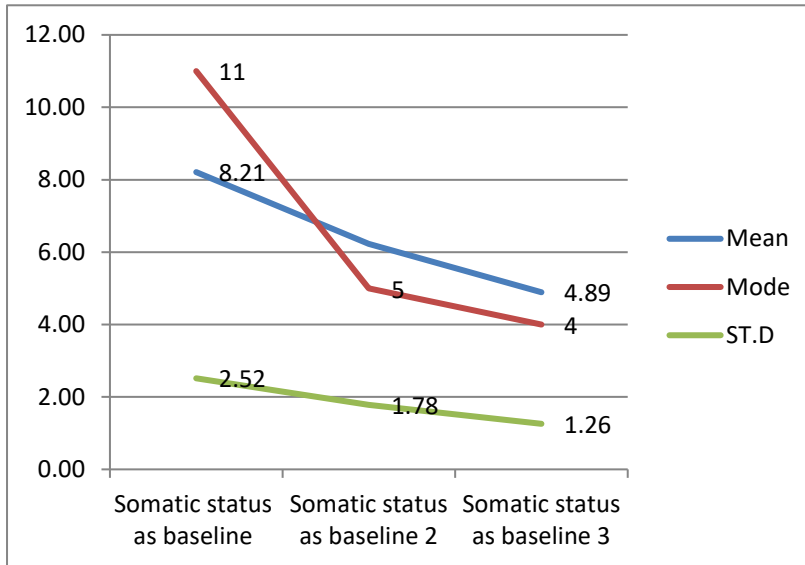
##### Before receiving counselling



The analysis suggests that trauma survivors suffer from various symptoms, with headaches being the second most common symptom after back pains. Other somatic symptoms, such as stomach aches, are less prevalent, with an average score of 1.50. This indicates that trauma survivors struggle with physical symptoms, such as headaches and back pains, more than stomach aches.



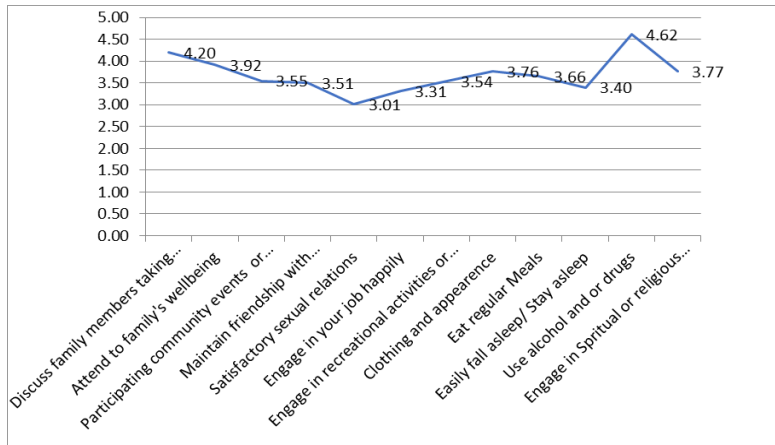
## After Counselling



The average score of somatic condition decreased significantly from 8.21 at the initial assessment to 4 at the third assessment, with the mode going from 11 to 4. The standard deviation also decreased from 2.52 to 1.26, hinting at an overall improvement in the patient's health.

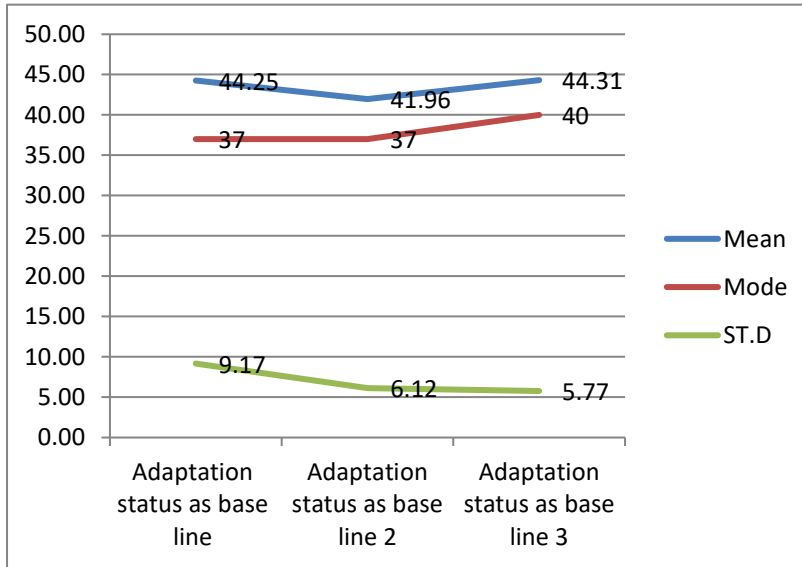
## Adaptation

Under adaption strategies, 12 coping mechanisms were observed; at the baseline, it was noticed that the use of alcohol and discussion with family members are between 4.20 - 4.62. Techniques such as engaging in your job happily, engaging in recreational activities, maintaining relationships, quickly falling asleep, eating regular meals, participating in community activities, clothing and appearance, and engaging in spiritual activities are between 3.31 to .3.77. Attend family's well-being is 3.92 while the good sexual relationship is 3.01, it was lowest among trauma survivors.



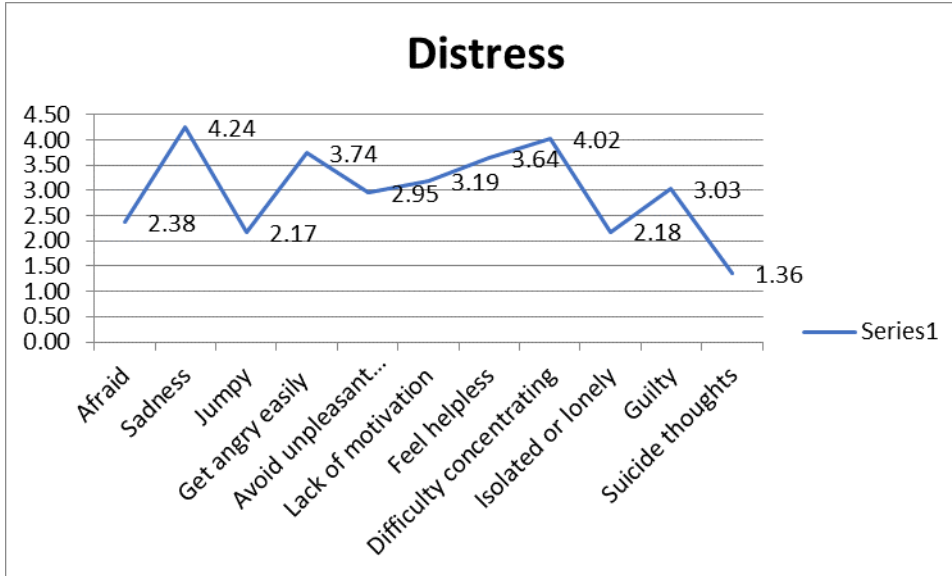
The data suggests that trauma survivors use different strategies to cope with their traumatic experiences. Alcohol use and discussion with family members are the two most used coping mechanisms, with scores ranging from 4.20 to 4.62. Other coping strategies, such as engaging in one's job happily, taking part in recreational activities, maintaining relationships, quickly falling asleep, eating regular meals, participating in community activities, and engaging in spiritual activities, are less utilised but still employed by trauma survivors, with scores ranging from 3.31 to 3.77. Attending to family well-being and having a good sexual relationship are the least used coping mechanisms, with scores of 3.92 and 3.01, respectively.

After counselling:



The adaptation status of the three baselines was relatively consistent, with the mean of 44.25, 41.96, and 44.31, mode of 37, 37, and 40, and standard deviation of 9.17, 6.12, and 5.77 respectively for baselines 1, 2, and 3 respectively. Although there is some variation between the baselines, overall, the adaptation status is relatively consistent.

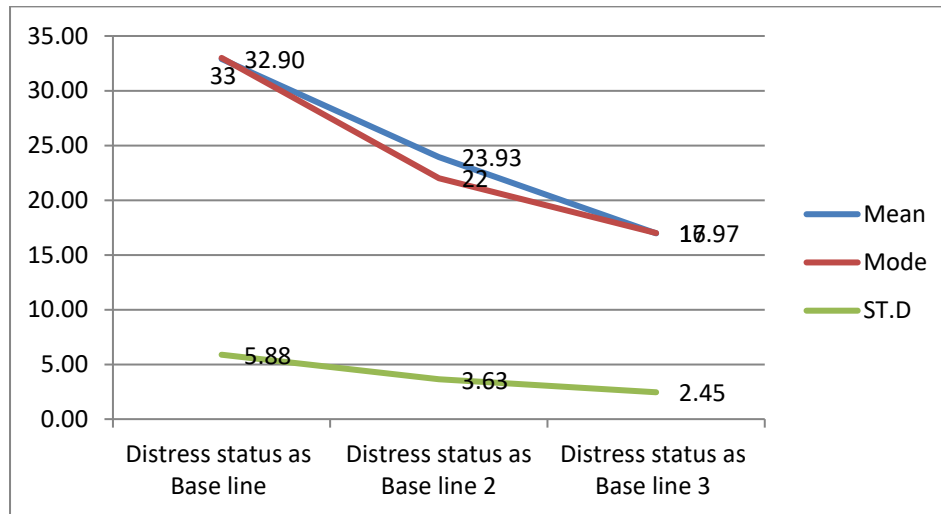
## Distress



Distress was measured by scaling 11 systems, among trauma survivors, sadness is a high prevalence of 4.24, difficulty to concentrate is 4.02, quickly getting angry is 3.74, 3.03 is guilty while most minor suicide thoughts is 1.36 afraid, jumpy, avoid unpleasant memory, lack of motivation, feel helpless, isolated guilty are between 2.17 to 3.03.

The baseline survey results suggest that sadness, difficulty concentrating, quickly getting angry, and feeling guilty among trauma survivors are the most common experiences. Minor suicide thoughts are still present but are not as frequent. Other occasions, such as being afraid and jumpy, avoiding unpleasant memories, lacking motivation, feeling helpless and isolated, and feeling guilty, are also present, although to a lesser degree.

## After counselling:



Statistically, the mean, mode, and standard deviation of the distress status at baseline indicate that most participants experienced moderate levels of distress at the start of the study (mean = 32.90, mode = 33). The standard deviation of 5.88 suggests that the levels of distress among the participants varied significantly, with some participants experiencing high levels of distress (over 38) and some experiencing low levels of distress (below 27). The mean, mode, and standard deviation of the distress status at baseline 2 and baseline 3 indicate that distress levels were generally lower as the study progressed (mean = 23.93, mode = 22 for baseline 2; mean = 16.97, mode = 17 for baseline 3), suggesting that the intervention was effective in reducing distress.

## 9.2. Livelihood Support Services

As part of the services we provide, FRC has also identified 23 clients through counselling to receive livelihood support grants and relevant skill training. These beneficiaries have demonstrated improved business skills and an increased level of confidence which have resulted in positive changes in their life.

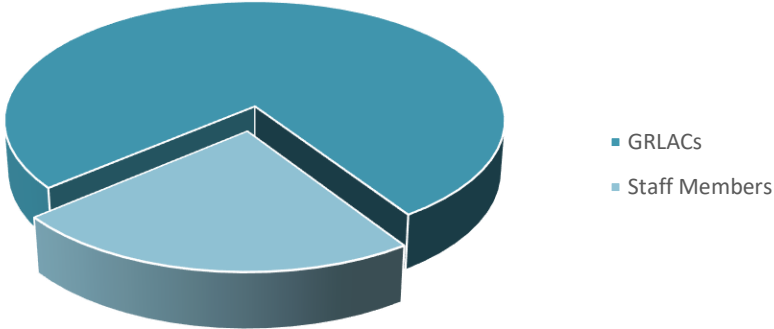


## 10. Capacity Building

FRC believes that in order for effective service provision they must also equip the relevant parties and contributors with the knowledge and skills to be able to operate in an informed manner when working with potential trauma survivors. This includes collaboration with organizations like the Ministry of Health, Nutrition & Indigenous Medicine, Ministry of Education, Ministry of Social Empowerment & Welfare, as well as developing curriculums for Teacher Counsellors, Counselling Assistants, and primary health care officials on topics such as providing competent psychosocial supports, effective communication skills, how to more effectively counsel someone effected by violence-related trauma, the differences in various types of trauma, Psychological First Aid, and self-care. FRC's capacity-building also includes facilitating training with other stakeholders, such as police, prison officials, and lawyers. These trainings enhance the knowledge base of stakeholders on how to better interact with and serve those affected by trauma within their roles.

### 10.1. Capacity Building Training Programmes for GRLACs

155 GRLAC Members were trained 7 Training Programmes



47 FRC Staff members capacitated and engaged in provision of direct psychosocial service provision



## 10.2. Capacity Building Training Programmes

FRC believes that in order for effective service provision they must also equip the relevant parties and contributors with the knowledge and skills to be able to operate in an informed manner when working with potential survivors of trauma. This includes collaboration with government and non-government entities. In addition, FRC works with Teacher Counsellors, Counselling Assistants, and Primary Health Care Officials on topics such as providing competent psychosocial support, effective communication skills, how to more effectively counsel someone affected by violence-related trauma, the differences in various types of trauma, psychological first aid, and self-care. FRC's capacity-building also includes facilitating training with other stakeholders, such as police, prison officials, and lawyers.



## 11. Projects Concluded

S.No	Project Name	Donor	Project Period	Working Districts
01	Rehabilitation Services for people affected by violence-related trauma (RESPECT)	Global Communities via TAF	1 <sup>st</sup> January 2021 – 30th May 2022	Jaffna, Kurunegala, Trincomalee
02	Service Provision for Mental Health Counselling Awareness for MAG Staff	MAG Staff Mines Advisory Group (MAG)	December 2021 – March 2022	Northern Province and Colombo
03	"HoliSTic seRvices and advocacy to mltigate ViolencE Related Trauma in the Mullaitivu District"	UNOPS	11 <sup>th</sup> February 2022 – 11 <sup>th</sup> August 2022	Mullaitivu

## 12. Ongoing Projects

S.No	Project Name	Donor	Project Period	Working Districts
01	Local initiative to address GBV and Human Trafficking	The Resilience Fund (The Global Initiative Against Transnational Organized Crime)	December 2021 – January 2023	Mullaitivu
02	Mitigation of negative impact due to economic crisis through MHPSS in the Northern Province and Padaviya of Sri Lanka	Global Communities	15 <sup>th</sup> July 2022 – 14 <sup>th</sup> July 2023	Anuradhapura, Jaffna, Kilinochchi, Mullaitivu, and Vavuniya
03	Service Provision for Mental Health Counselling Awareness for MAG Staff (Phase II)	Mines Advisory Group (MAG)	April – December 2022	MAG Staff (Northern Province)
04	Strengthening government and CSO capacity to combat TIP and create greater impact (IMPACT)	International Organization for Migration (IOM)	July 2022 – December 2024	Vavuniya
05	“Strengthening pandemic response and supporting vulnerable communities in overcoming the impact of COVID-19”	Neelan Thiruchelvam Trust (NTT)	August 2022 – January 2023	Mullaitivu
06	Improving access to survivors of GBV care, Aiding efforts Towards Gender Equality	MSI – IDEA	16th August 2021 – 31st December 2022	Mannar

# 13. DONORS AND PARTNERS

## 13.1. Donors

- The Asia Foundation (TAF)
- European Union (EU)
- Neelan Thiruchelvam Trust (NTT)
- Global Communities Sri Lanka (GC)
- United Nations Office for Project Services (UNOPS)
- The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
- The International Organization for Migration (IOM)
- Increased Demand and Engagement for Accountability (IDEA)



**The Asia Foundation**



International Organization for Migration (IOM)  
The UN Migration Agency



## 13.2. Partners

Notably, FRC implements programmes in partnership with significant support from:

- District and Base Hospitals
- District and Divisional Secretariats
- District NGO Consortiums
- Good Practice Group
- Human Rights Commission
- International Committee of the Red Cross
- International Rehabilitation Council for Torture Victims
- Legal Aid Commission
- Ministry of Health & Indigenous Medical Services
- Ministry of Law and Order & Prison Reforms
- Ministry of Social Empowerment, Welfare, and Kandyan Heritage
- Ministry of Women and Child Affairs
- Mental Health Psycho-Social group
- National Child Protection Authority
- National Institute of Mental Health
- National Universities
- Northern Provincial Council
- Psychosocial Forums

- Right to Life
- Samutthana
- Sarvodaya
- United Nations Population Fund
- University of Denver

# 14. Key Events and Highlights

## Annual General Meeting 2022

*The Annual General Meeting for the year 2022 was held at the FRC Head Office*



## All Staff Meeting

The All Staff Meeting for the year August 2022 was held at the Battaramulla



## Farewell to the Former Executive Director

FRC staff had bid farewell to the former executive director, Mr Charles Dickens Lahiru Perera, who rented his services from 2011 to March 2022. He has supported enhancing the program capacity of FRC under prevention, rehabilitation, and capacity building on the psychosocial well-being of underserved communities and families, and individuals.





## ***Awareness Program Anti-trafficking and smuggling***

23 awareness programs were conducted on Vavuniya under IOM Project



11 Training programs were conducted on Vavuniya under IOM Project



## 15. Structure, Governance, and Management

FRC is managed by a Board of Directors comprising 8 members who are responsible for its functions. The Board of Directors serves as the organization's main policy-making body and is responsible for its overall governance. It also determines all of FRC's functions including long-term strategic plans; budgetary and financial decisions; as well as the directions of Programs. The Honorary Chairman of the Board is responsible for the management, development, and effective performance of the Board of Directors and provides leadership in all aspects of work. Additionally, the board members support fundraising as well as the monitoring of the integrity of FRC's internal controls, procedures, and management information systems.

Dr. T. Gadambanathan - Chairman - FRC (Consultant Psychiatrist, Teaching Hospital, Batticaloa)

Dr. Upul Ajith Kumara Tennakoon - Chief Consultant Judicial Medical Officer

Ms. Shikanthini Varma Attanayake -

Company Director Ms. Manouri Kokila

Mr. Tuan Iyne

Ms. Dilkie Liyanage Fernando - Finance

Dr. Mahesan Ganesan

Mr. Mirak Wijesekera Raheem

The Senior Management Committee (SMC) ensures the proper strategic direction of the organisation. Through good governance practices, motivation, and financial diligence, it works towards enabling the organisation to reach the highest levels of excellence. It is also responsible for introducing the processes of cost reduction, and putting in place new policies and procedures, including making necessary decisions on Human Resource matters. The SMC is chaired by the Executive Director.

Mr. Lahiru Perera	Executive Director (Chair Person)
Dr. Ravi Nanayakkara	Executive Director
Ms. Samantha Perera	Finance & Admin Manager
Ms. Amalka Edirisinghe	Manager/Project Design & Capacity Building
Ms. Ruzla Macan Markar	Psychologist
Ms. Niranjala Somasundaram	Quality and Learning Manager (Q&L M)
Mr. Anthonipillai Jesudasan	Quality and Learning Manager (Q&L M)
Ms. Sathiyabama Sathivel	Program Manager
Mr. Muditha Kumara	Program Manager
Mr. Dinesh Chandru	Regional Program Coordinator

### **Regional Staff**

Kilinochchi	
Mr. Dinesh Chandru	Regional Programme Coordinator
Ms. K. Rishanthini	Regional Finance and Administrative Assistant
Ms. K. Kirushika	Psychosocial Worker
Mr. S. Silaxshan	Field Officer
Ms. M.Easwarapriya	Field Officer
Mr. Sisira Kumara	Regional Driver
Mr. S. Uthayakanthan	Driver

Jaffna

Mr. Jayajeewakamalathas

Mr Rio S M

Ms Sivarany N

Ms Selvanayagam Kithursana

Psychosocial Worker

Field Officer

Psychosocial Worker

Field Officer

Mullaitivu

Mr.S. Jenistan

Ms. K. Kunawanthany

Ms. R. Yasotha

Ms. Umajasotha Mahenthiran

Field Coordinator

Field Coordinator

Psychosocial Worker

Psychosocial Worker

Mannar

Ms. Ranjith Lionel Surenthini

Mr. Arulpirakasam Arun

Ms. Jokina Anne Mary

Mr.Umakaran Daniyel

Psychosocial Worker

Psychosocial Worker

Field Coordinator

Field Coordinator

Vavuniya

Ms. P. Pathmini

Ms. P. Ambiga

Ms. Nimesha Ariyadasa

Ms. S. Kasthury

Mr. Mohamed Niswer

**Kurunegala**

Ms. Nadeesha Herath

Ms. Rashmimala Herath

Ms. Dilhani Fernando

Mr. Lahiru Manapperuma

Ms. Nimesha Ariyadasa

**Trincomalee**

Mr. Vijayaraja Kantharupan

Ms. Jeyaseely Indran

Ms. Prabaha Velani Senevirathne Mailvakanam

Ms. Anuja Ravi

## Head Office

Mr. Lahiru Perera

Dr. Ravi Nanayakkara

Ms. Samantha Perera

Ms. Amalka Edirisinghe

Ms. Ruzla Macan Markar

Ms. Sathivel Sathiyabama

Mr. Muditha Kumara

Ms. Niranjala Somasundaram

Mr. Anthonipillai Jesudasan

Ms. Prabashini Sriwardana

Ms. Divyadarshini Sivagnanam

Ms. Priyadarshini Phillip

Ms. Banupriya

Mr. K. ReenJeeroy

Ms. Prutivi Thambiah

Mr. S. Michael

Ms. Meena Logini

Executive Director

Executive Director

Finance & Admin Manager / Acting CO-ED

Manager-Project Design & Capacity Building / Clinical Psychologist  
Psychologist

Acting CO ED / Programme Manager

Programme Manager

Quality and Learning Manager

Quality and Learning Manager

Psychologist/Program Coordinator

Quality and Learning Coordinator

Assistant Accountant

Assistant Accountant

Assistant Accountant

Assistant Psychologist

Multi Duty Clerk

Office Aide

## 16. FRC Locations

### FRC - Colombo ( Head Office)

No 296/14,  
Park Road,  
Colombo 05.  
0112580166 (Gen)  
0112580167(Psychologist)  
[frctl@sl.lk](mailto:frctl@sl.lk)

### FRC - Kilinochchi (North Regional Office)

No 2,  
Kumarapuram,  
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### FRC - Mullaitivu

Main Road,  
Thaneerutru  
Mullaiyawalai,  
Mullaitivu.  
021-229-0188  
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### FRC- Vavuniya

No 123,  
1<sup>st</sup> Cross Street,  
Rambiakulam,  
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Tel : 024-2052144  
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FRC – Trincomalee

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FRC - Kurunegala

No. 32,  
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Kurunegala.  
Tel : 037-222-6063  
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FRC - Jaffna

Thiruverakam Station View,  
Kadavatpulam Lane,  
Chunnakam,  
Jaffna.  
021-226-1122  
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FRC - Mannar

No 9,  
2<sup>nd</sup> Cross Street,  
Pettah,  
Mannar  
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குடும்ப புனர்வாழ்வு நிலையம்  
FAMILY REHABILITATION CENTRE

## Address

No 296/14, Park Road, Colombo 05, Srilanka

Email: [frcsl@slt.lk](mailto:frcsl@slt.lk)

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Phone: +94112580166