



# The Bulletin

*The latest news, views and announcements*

## Sexual and reproductive health and rights IN TIMES OF CRISIS

We are in the midst of a global pandemic and the world is turned on its head. Many countries around the world still face restrictions and lockdowns.

Many of our programmes have been affected by the COVID 19 crisis and social ramifications. We are working hard to ensure they can keep delivering services for the women and girls, marginalised communities and key populations who need them, while keeping our clients and team members safe.

Fortunately, by working in partnership with local government, FPA Sri Lanka has been able to re-open our 6 Service Delivery Points, meaning that those in need can still access care.



### SUWA SEWA CENTRES - OPENING TIMES -

**NUWARA ELIYA**  
MONDAY - 12 PM - 3 PM  
MANAGER: 077 785 0649

**BATTICALOA**  
MONDAY AND WEDNESDAY - 10.30 AM - 2.30 PM  
MANAGER: 077 346 1433

**AMPARA**  
WEDNESDAY - 1 PM - 4 PM  
MANAGER: 077 238 4763

**KOGGALA**  
TUESDAY AND THURSDAY - 10 AM - 1 PM  
MANAGER: 077 105 3492

**WATHUPITIWELA**  
TUESDAY - 9 AM - 11.30 AM THURSDAY - 2.30 PM - 4.30 PM  
MANAGER: 077 505 0262

**SEETHAWAKA**  
TUESDAY AND THURSDAY - 8.30 AM - 12.30 PM  
MANAGER: 077 306 1012

**CENTRE FOR FAMILY HEALTH - COLOMBO 7**  
MONDAY AND WEDNESDAY - 10 AM - 12 PM  
DOCTOR: 077 955 2979

# A New Covid-19 Crisis: Domestic Abuse

Violence is not just on the battlefield. It is also in homes.

Before the pandemic, it was estimated that one in three women will experience violence during their lifetimes. Violence against women and girls is increasing globally as the COVID-19 pandemic continues. Quarantine measures imposed as a response to the COVID-19 pandemic in Sri Lanka put girls and women at heightened risk of violence in the home and cutting them off from essential protection services and social networks.

**Promotion videos, click to watch :** [Happy Life](#) and [Aloykaya Counselling Unit](#)

## Helpline launched

Provision of care and support services to those who experience Sexual and Gender Based violence is essential at all times. During the emergency situation, a free online support service for individuals/families on sexual and reproductive health issues, counselling, psychological and psychosocial issues ( family problems, depression, anxiety, substance abuse, sexual abuse, and violence etc. was launched under the purview of the Outreach Unit's SPRINT Project which was funded by IPPF and the Australian Government Department of Foreign Affairs and Trade(DFAT). At present, 11 counsellors operate daily, from 8 am - 8 pm.



COVID 19 වසංගතය සමය තුළ නිවසේ සිටින කාන්තා හා තරුණ ඔබේ ගැටලු වෙනුවෙන් සුවිශේෂී වූ පවුල් උපදේශන සේවාව

අමතන්න (උදෑසන 08.00 සිට රාත්‍රී 08.00 දක්වා)

Sutharsshini	076 196 8110
Badra	077 989 5252
Sivakumar	077 785 0649
Amandhi	078 912 0252
Nawas	076 068 6786
Kokila	071 440 6570
Shamela	077 840 8664
Ramyalatha	077 504 7380
Mallika	071 847 5830
Dilmi	077 753 0726
Shani	076 270 7544

Logos: IPPF, Australian AID

## Ensuring hygiene during COVID-19

5000 Hygiene Kits were assembled and handed over to the Family Health Bureau (Distribution partner), by the FPA Sri Lanka SPRINT Project team.

These kits were distributed to ensure and promote frequent hand washing, personal hygiene and menstrual hygiene of vulnerable women and girls who cannot afford to, or do not have access to such sanitary supplies.

These women/girls were from low income families, single mothers, widows with children, families who have persons with disabilities (PWD), women and girls living in slums in lock down and high risk areas for COVID 19.

This activity was conducted under SPRINT Emergency Response Project. Technical guidance was provided by the IPPF Humanitarian Hub and funded by the Australian Government Department of Foreign Affairs and Trade(DFAT).





## UPDATE FROM EXECUTIVE DIRECTOR THUSHARA AGUS

### **The impact of COVID 19 on FPA Sri Lanka and a glimpse to the future**

Our work came to an abrupt standstill from 17 March to 11 June without any advance notice or an indication of an end line. The country adopted very stringent measures to curtail the spread of the pandemic and today as I write this, we have realized the benefits of those steps taken. It was however, extremely challenging for the senior management of FPA Sri Lanka to navigate and steer the organization through an unprecedented crisis which brought the entire organization to a standstill. Whilst we had a robust Risk Management and Disaster Recovery Procedure, a crisis of this nature and scale was something that never crossed our collective minds.

Looking back we feel, we have reacted to it very well through constant e-meetings among the directors. The organization remained closed for a long period until the curfew was imposed island-wide. Gradual easing out of the curfew enabled us to open our clinics and revive the distribution of our products in a systematic manner. However, we activated a helpline, telemedicine channels, movement of products through wholesalers even during the strictest curfew period, obtaining passes from the police. All this made it possible for us come out of the crisis with the least impact on staff, revenue and clients.

Whilst the crisis is far from over, we have resumed work in phases and are hopeful of a full opening by July, 2020. Safety of employees, particularly the front-liners is at the highest of our concerns and to this end we have even remodeled our operational environment during the period of closure. Like in every adversity there is a seed of equivalent benefit, we have found novel ways to reach out clients and the keep the Sexual and Reproductive Health Agenda moving forward. We even loaned out several thousands of Depo Provera injections to the Ministry of Health to serve the poor and marginalized during this period.

It seems a very challenging year not just to us but all organizations and we are confident that we will emerge a more resilient organization towards the end of the year and hopefully, the crisis.

## Social Marketing Programme - Reported by Mr. Suhail Junaid : Director Marketing

### COVID 19 Impact

The SMP Unit commenced a skeletal operation from the second week of April onward. The sales during the months of March and April was around 50% of the usual sales due to the closure of the pharmacies and due to restriction in mobility of the sales team. Even the collections from the pharmacies for the credit sales were impacted. Gradually things are getting back to normal now, though we are unable to meet the demand due to unavailability of packed contraceptives.

### Measures Taken

Even during the curfew period, members of the SMP Unit and few key support staff from finance, stores, transport etc obtained curfew permits and commenced operations. ButField staff were instructed not to work in their regular territories but to work in areas closer to their hometowns using the curfew permit. This was done mainly to reduce their exposure to COVID19 and to address certain logistical issues such as non-availability of accommodation. Delivery of contraceptives to their hometowns was arranged for. In addition to traditional methods of sales, we provided stocks to organizations who were involved in online sales as well and to the government, we provided them with a stock of Depo Provera as a loan.

### Future Action

From June onwards we will commence our usual operation. The sales team is instructed to minimize travelling and the time spent in pharmacies etc. and to take all precautionary measures to protect themselves from COVID19. One of the main problems we face presently is the non-availability of packed contraceptives. Number of staff at the packing unit will be increased from June onwards to increase the production to meet the demand. Due to the lower sales in the last three months, our inventory had increased for certain products. They will be analysed and future shipments will be rescheduled to minimize the negative impact on the cash-flow of the organization.

## Advocacy Unit - Reported by Sonali Gunasekera: Director Advocacy

### COVID 19 Impact

The department is negotiating with UNFPA and the Netherlands Embassy grants on future direction of the projects. Given the present situation, the Projects cannot be completed as per the proposal because of the training components in all the projects.

*Netherlands Embassy grant for FP2020*- Received a no cost extension until December 31st 2020.

### Future Action

The Advocacy Unit staff are working closely with the donors to develop virtual training material, employ new staff in the districts to conduct the programmes and restrict the training numbers to 10 persons maximum and this too only if possible.

*UNFPA FP2020 Project* - We hope to recruit 4 staff for the South, Central, East and North to take forward the activities in those Provinces

## AFAO - SKPA Grant - Reported by Sriyal Nilanka : AFAO Programme Officer

### COVID 19 Impact

The COVID health crisis and lockdown implemented led to a temporary halt of activities from the 16th of March. Given the situation faced by key population members, priority was given to enable supply of medication for people living with HIV - PLHIV (by the National Programmes) and focus on containing COVID 19 by limiting visits to the NSACP.

### Measures Taken

After a month of lockdown, the SKPA Project initiated virtual discussions with stakeholders of the HIV response to be updated on the interventions and community situation. They delegated activities to be carried out to provide immediate support to key population members. This included connecting persons for livelihood support, support drafting of emergency grants for CSOs, and providing medication for PLHIV across the country.

### Future Action

Starting from July 2020, the SKPA programme will implement the differed activities from Q1 and Q2 of 2020 by taking COVID 19 situation into consideration. Almost all training programmes will commence online and activities carried out will strictly adhere to safety protocols set by the Government. We hope to support any effort put forth by the National Programme with innovative approaches for providing virtual HIV related services.

## Outreach Unit – Reported by Rajapakse Vithanage: Consultant

### COVID 19 Impact

As the 6 Service Delivery Points had to cease operations up until mid-April, product and service information, counselling and referrals to the MOH for family planning services was offered only via phone consultations. The Comprehensive Sexuality Education (CSE) Project, Global Gag Rule Emergency Fund Project and Associate Clinics held under the Core Grant were also not carried out. Due to this, the number of people reached and SRH services delivered by the Outreach Unit within the first quarter of this year has reduced approximately by half in comparison with 2019.

### Measures Taken

*Application for a grant from IPPF SARO* - Continuous lockdown and curfew meant many were in dire need of FP services to avoid unintended pregnancies and other emerging sexual and reproductive health needs. To enable service provision, the Outreach Unit together with the Medical Unit, successfully negotiated a grant and initiated the Business Continuity Fund project from mid-April 2020. Thereafter we commenced activities at 4 SDPs. We reopened the remaining 2 SDPs in mid May, on a fixed schedule basis. We are also keen to address the SRHR needs of the Apparel sector employees within the export processing zones. Before commencing the clinics, the medical team and the staff of the SDPs were trained on infection prevention and control. Additionally, the clinics were upgraded with hand washing facilities, and safety equipment for service providers was distributed among the SDPs. COVID 19 safety messages are displayed at all sites.

*SPRINT III Project* - The planned activities had to be put on hold and we initiated the SPRINT Emergency Response in COVID-19 Project with technical assistance from IPPF and funding from DFAT, Australia. 15, 000 sanitary napkins (for women and girls in quarantine centres) and 5,000 COVID-19 hygiene kits (for women and girls from low income backgrounds, single mothers, widows with children, people living with disabilities, and those living in deprived or other high-risk areas during lockdown), were distributed

*Launch of telephone hotline* - helpline for providing free psychological support, Gender Based Violence and SRH counselling.

### Future Action

We intend to increase the number of static clinics per week in order to meet the increasing SRHR needs by extending our services to a wider community. Special focus will be given to the apparel sector employees within the Koggala, Seethawaka and Wathupitiwala EPZs by conducting mobile clinics in line with the government's safety guidelines.

The CSE Project in schools and Vocational Training Institutes will be continued by conducting online lectures, distributing print media on CSE and sharing information and messages through social media. These steps will be carried out once the approval of government and relevant educational authorities is received.

The community-based distribution programme which was halted with the outbreak will be revived as it is a key model in delivering services to unreached populations. We intend to mobilize the Volunteer Health Assistants as soon as possible. Despite the uncertainties we are committed to fulfilling the SRHR needs of the people in our country.

## Medical Unit - Reported by Dr. Nuzrath Nasoordeen: Deputy Director Medical

### COVID 19 Impact

Since the lockdown and curfew, service continuum was interrupted, especially FP services. The Centre for Family Health (CFH) and Alokaya counselling centre are closed for visiting clients. However; we have activated additional phone lines along with the Happy Life Unit helpline to provide necessary information to our clients with limited services. Planned mobile clinics / visiting associated clinics / workshops/ training programmes will not be carried out. Resuming activities will be challenging in the short and long term time periods, while adhering to all critical COVID 19 measures (including staff wellbeing and safety)

### Measures Taken

*CFH* - Since March clinics have been closed, however; healthcare staff are contactable over the phone for any information and counselling. In addition all follow ups /referrals/linking with services are done over the phone. Furthermore any treatment and advice on FP methods are given over the phone and through social media.

*Alokaya Counselling Centre* - The counselling team is working with the SPRINT Emergency Response COVID 19 Project and provides free online counselling to the general population.

*Happy Life Unit* - Continuum of services is done remotely and staff is contactable throughout the day.

## Future Action

*CFH* - Clinic functions to resume in June with minimum staff and limited essential services will be provided initially. Staff training on infection control related to COVID 19 will be carried out online prior to commencement. Minor clinic re-arrangements will be done and all necessary safety measures and guidelines will be followed. PPEs will be provided to staff during clinic sessions.

*Alokaya Counselling Centre* - Services to be delivered remotely until situation permits. Online counselling will be offered to corporates where we are contracted to conduct Associated/visiting clinics.

*SRH Institute training courses* - Options to deliver these sessions online are to be explored.

*Happy Life* - Will continue to function remotely.

## National HIV Prevention Project funded by GFATM - Reported by Nadika Fernandopulle : Deputy Director HIV & GFATM Project Manager

### COVID 19 Impact

The crisis hugely impacted our HIV prevention work with the vulnerable communities such as Men who have Sex with Men (MSM), Transgender (TG) persons, Female Sex Workers (FSW), People Who Inject Drugs (PWID), Beach Boys (BB) and people living with HIV. (PLHIV).

Since 17th March, all our KP interventions such as HIV testing and prevention activities in 11 districts were stopped. Prior to the pandemic, we conducted daily / weekly outreach clinics in 11 districts, through mobile clinics, held at night and weekends to reach these high risk communities. Though outreach work stopped, we advised KPs to maintain social distancing and follow hygiene guidelines. Our staff found mechanisms to coordinate these activities from home despite some practical challenges.

### Measures Taken

With the support of Dr. Scott Berry (International Consultant), FPA Sri Lanka is piloting an online outreach approach for KPs belonging to the Districts of Colombo and Gampaha which are under the 'Case Finding Model'. This will be used to provide HIV related services without interruption and convince them to test for HIV. Our partner organisations (Sub Recipients) working in these 2 districts have set up Facebook groups under the supervision and guidance of the National Coaches. They are actively sourcing for relevant members from social media to be added to their groups. Staff members of the group are sharing HIV, STI, COVID, etc. related posts and videos. The National STD/AIDs Control programme commenced special clinics for key populations on 13th of May.

As PLHIV members were finding it very difficult to access the STD clinics to receive ART due to curfew situation, 3 PLHIV organizations partnered to coordinate the activity and Lanka Plus staff members volunteered to deliver the medicine to the relevant PLHIV members. FPA together with the support and guidance from NSACP, managed to facilitate this delivery mechanism as it required special permission from the Sri Lanka Police to enter other district boundaries. 4 trips were completed during this period and the medicine requirement for more than 2 months was fulfilled.

### Future Action

Safety of our staff (FPA & partner organisations in 11 districts) is very important. We have requested all organisations to strictly follow the COVID-19 guidelines during this period. We have not commenced outreach activities as yet and hope to commence a weekly special clinic for key populations. This will help our partner organisations to coordinate and schedule members for testing. We are encouraging our partners to reach their members using social media, telephone, sms, etc., as much as possible and we plan to ensure provision of condoms/ lubricants without any interruption.

Our M&E team also developed reporting guidelines to cover the GFATM project activities during this period. This is to ensure that recording and reporting activities are carried out without any interruption and data is entered to our Monitoring & Evaluation System (MEIMS) by the SRs. The guideline is also aimed at reducing the circulation of large number of documents within districts to minimise the threat of spreading the virus.

It will continue to be a challenge in the coming months, as we will not be able to conduct our outreach clinics and other prevention activities as done prior to COVID 19. Also there are restrictions accessing some areas and some communities who are more at risk for HIV. We hope to expand and modify our online approaches as and when we learn. These innovative approaches will be continued for the next few months until the threat of covid-19 is totally eliminated in the country.

# Welcome

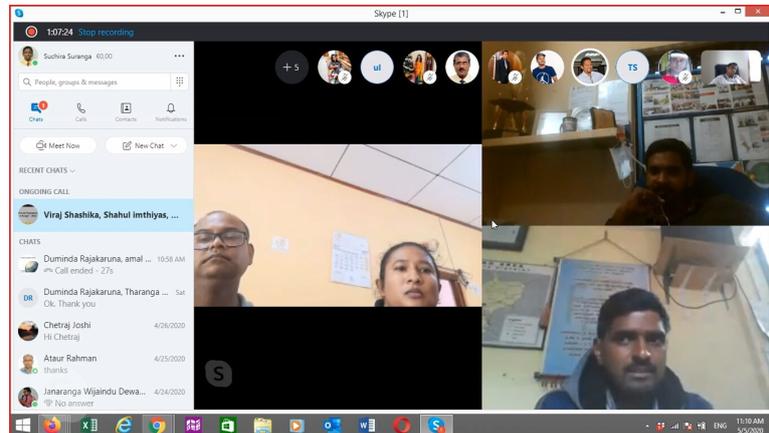
## NEW MEMBER TO THE SENIOR MANAGEMENT TEAM

We warmly welcome **Mr. Suchira Suranga** as the newest member of the Senior Management Team. He joined FPASL in 2010 as Assistant Director, Monitoring & Evaluation and currently holds the position of Director, Organisational Learning & Evaluation. Do take the time to get to know him better through our 'In Focus' segment in which he is featured in.

## Online training for telephone counsellors on use of the M & E System

An online training was conducted for the counsellors who are manning our helplines during the COVID 19 crisis and for project staff attached to the FPASL SPRINT III Emergency Response Project.

This online training was conducted via Skype by the Monitoring and Evaluation Unit of FPASL and the main objective was to provide guidance to the hotline counsellors to report and record the service delivery data as well as to encgenerated reports by the service providers, management and project staff to assist with decision making. The training was facilitated by Mr. Duminda Rajakaruna, Assistant Director and Mr. Janaranga Wijaindu Dewasurendra, Senior Manager - M & E Unit



## Online training for Outreach Unit staff on new developments of MEIMS

To introduce the latest developments pertaining to FPA Sri Lanka's Monitoring and Evaluation Information Management System (MEIMS) and reporting mechanism expected of new outreach projects, an online training programme was conducted by the Monitoring and Evaluation Unit.

It was held on the 5th of May 2020 with the participation of staff from the Head Office Outreach Unit, Service Delivery Points, Centre for Family Health and Finance Unit. Mr. Suchira Suranga Director Organizational Learning and Evaluation presented the new developments and features of the MEIMS and explained how to record and report the service statistics in an effective and efficient manner through the system. Mr. Duminda Rajakaruna, Assistant Director presented the guidelines and mechanism of data recording and reporting of the new projects; namely : Covid 19 SPRINT III Emergency Response Project and Covid 19 Business Continuity Project. Mr. Janaranga Wijaindu Dewasurendra, Senior Manager, presented on the data reporting mechanism required for Comprehensive Sexuality Education Programmes and the newly developed Pre-Post Test Analysis Report. 17 staff members participated in this online training via skype



# IN FOCUS

*In conversation with Suchira Suranga*  
**Director, Organisational Learning & Evaluation**

## **Looking back on your journey so far, what would you say helped you the most to be where you are right now?**

There is not one moment or achievement I can pin point but a merging of many experiences I feel.

I started my career in the development sector as an undergraduate in the Faculty of Agriculture, University of Peradeniya where I specialized in Agriculture Economics and Business Management. Thereafter I worked for several agencies, such as World Vision and Helpage Sri Lanka. I started my career in programme design and implementation and moved on to the Monitoring and Evaluation field after completion of my Master's Degree in Organizational Management. I was new to the field of Sexual and Reproductive Health when I joined FPA in 2010 as Assistant Director, M& E. Thankfully, I was able to learn most of the aspects of Monitoring and Evaluation of Sexual and Reproductive Health (SRH) interventions within a relatively short period of time.

Data analysis and interpretation is one of the important aspects of Monitoring and Evaluation although it is rare among most evaluation professionals. I followed a Master's Degree in Bio-statistics at the University of Peradeniya where I learnt quantitative methods in-depth and also completed a Master of Philosophy degree related to the field of SRH.

With all these qualifications and experiences that I gained while at FPASL, I took up a post at the IPPF South Asian Regional Office as the Senior Technical Adviser (Organizational Learning and Evaluation) in April 2018 for two years.

I am currently working as a visiting lecturer and examiner of the Post Graduate Diploma in Evaluation, University of Sri Jayawardhanapura. At this moment I cannot forget the two schools where I completed my primary and secondary education, namely, MR/ Palatuwa Gunarathana Central Collage and St. Thomas Boys' College, Matara.

## **The importance of data, statistics, M & E is not easily understood by many. Why is it key for an organization and more importantly for an NGO like FPASL that carries out several projects concurrently?**

Monitoring and Evaluation is an important aspect of any development project or organization throughout the programme lifecycle from planning to project closure. In fact most of the M&E tools are considered as planning and management tools which can be used as part of results based management. In general, Monitoring and Evaluation is important for an NGO like FPA Sri Lanka in several ways. First, it directs the organization to achieve corporate objectives through continuous measuring and monitoring the results based on evidences. Secondly, M&E is the means of ensuring the accountability and transparency of the results that we are achieving for the benefit of all stakeholders including donors. Thirdly, the M & E process generates strong evidences required for external communication, advocacy and lobbying. Fourthly, M & E facilitates capturing and documentation of best practices which can be replicated in other settings. Finally, the learning and knowledge management aspects of M & E contributes towards the organization operating as a learning organization which is important for any leading organization like FPA Sri Lanka.

## **For some projects, an M & E system can seem like the enemy! How do you balance the project staff and the donor to ensure continuity?**

Yes. This view is common in many organizations and perhaps has been felt among the staff at FPA as well! Establishment of a Monitoring and Evaluation culture and capacity building play an important role in this regard. We cannot create a results-based and learning culture in an organization overnight. However, it needs to be developed step by step over a period of time. A well-established M & E Policy that encompasses procedures and systems which are independent of individuals and have a consistent application among all Units and projects is vital. The M&E staff must be professional, unbiased and fair in all aspects from planning, implementation and providing recommendations. All programme and finance staff who are involved with projects and development interventions must be trained continuously and empowered to understand their role in M & E. Monitoring and Evaluation staff need to be involved right from the project planning and designing stage to ensure clear understanding and agreements of indicators and data requirement. We cannot forget the commitment and support of senior leadership for smooth operation of the M&E function in any organization.

**You took a Sabbatical from FPA Sri Lanka and took up a regional position in the Federation in 2018. Could you briefly describe that job role and how your experience at FPASL (as Head of the M & E Unit) helped you fulfill the new role.**

Yes. As I explained, I was fortunate to work for the past two years for IPPF South Asian Regional Office as the Senior Technical Advisor (Organizational Learning and Evaluation). First of all, I must acknowledge that it was possible because of the experiences that I acquired working with FPA Sri Lanka, which helped me to learn the regional context within a short period of time. Also I am not doing justice, if I forget to acknowledge all the support and encouragement provided by our Executive Director, Ms. Thushara Agus and the M & E team at FPASL.

It was basically an advisory role where I provided technical support on M&E capacity building and system strengthening for all the Member Associations located in 09 South Asian countries. I was accountable and the focal person for all aspects of institutional data in the South Asian Region (SAR) including service statistics and global indicators, where I reviewed, analysed and finalised all regional data including provision of recommendations. I worked as a member of the Accreditation Team in some MAs and contributed towards most of the post accreditation developments at MA level.

I am happy that I was able to contribute towards the development of the IPPF Data Management Strategy and the IPPF Data Utilization Guide as a member of the working team. Development of M&E policies and M&E strategies for SAR MAs including M&E Team strengthening were important tasks which we focused on during the past two years. The regional level M&E capacity assessment was an eye opener and subsequent development of M&E strategies will direct the M&E function of SA Region MAs during the next five years.

None of these interventions were new to me as I had implemented the same at FPA Sri Lanka before joining the Regional Office. All I needed to take into consideration and learn was the regional context, diversity, unique challenges and opportunities that each Member Association was operating in.

**Effective 1st April 2020, you are back at FPASL as Director, Organizational Learning and Evaluation. What does this position entail and what are your plans for the Unit and FPA?**

I am fortunate to re-join as a member of the Senior Management Team of one of the leading organizations in my country, more importantly it is the organization that is closest to my heart.

I strongly believe that wherever we are, we need to work for our community who have contributed towards our education and provided the ground to develop ourselves to the position where we are right now. I cannot think of a better place than FPA Sri Lanka to serve the underserved communities and to support the people who are in need.

Overall, I am happy with the current position that we are in, in terms of Monitoring and Evaluation, however, we need to work together to strengthen the research, evaluation and learning arms of FPA Sri Lanka. Our efforts must focus on further development of data visualization and data utilization with improved technologies.

I have joined at a time with unique challenges considering the rising healthcare situation due to the Covid 19 pandemic. All the strategies we have developed so far and past thinking processes, may not work in this future context and new organizational strategies may need to be identified.

Overall the resource mobilization arm needs to be improved at FPA Sri Lanka and the cost recovery ratio of all our branches must be increased to a level which is sustainable to operate in the coming decades.



**IPPF** International  
Planned Parenthood  
Federation

## IPPF Regional Appointment

FPA Sri Lanka President, Mr. Chandima Gunawardena, has been appointed to the Nominations and Governance Committee of IPPF, in accordance with the reforms adopted at the recently held General Assembly.

Mr. Gunawardena is the only representative from a Member Association in South Asia and we are proud that FPA Sri Lanka is making a representation at the global level. We wish him well in this new position.

For more information, click on this [LINK](#)



# VOLUNTEER COLUMN

## තරුණ පරපුර කොයිබටද? - (ශ්‍රී ලාංකීය තරුණ පරපුර පිළිබඳව වත්මන් අධ්‍යානික විග්‍රහයක්) ලලිත කුලසූරිය - (IEC උපදේශක කමිටු සාමාජික - ශ්‍රී ලංකා පවුල් සැලසුම් සංවිධානය)

මීට දශක හතරකට පෙර තිබූ තත්වය පිළිබඳව මැනවින් සොයා බලන කල ශ්‍රී ලංකාව සංස්කෘතික වශයෙන් සුවිශේෂී ස්ථානයක් අත්කර ගෙන තිබූ රටකි. එමෙන්ම ආගමික වශයෙන් පෝෂනය වූ උසස් ගනයේ හැදියාවෙන් හෙබි මිනිසුන් ජීවත්වූ රටකි. ආගම් හා සංස්කෘතිය එකට බැඳී විවිධ ජාතීන් විවිධ ආගමිකයින් ගෙන් සැදුම්ලත් මිනිසුන් ඉතා සාමකාමීව ජීවත්වූ අතර අප රට දකුණු ආසියාවේ පමණක් නොව ලොව සුපතල රටකට උරුම කම් කියූ බව නොරහසෙකි. විදේශික ආක්‍රමණයන්ට ලක් තිබුනද පසු කලෙක නිදහස්, නිවහල් රටක් බවට පත්කර ගැනීමට පෙර සිටි රාජ්‍ය නායකයින් නොපසුබවට ක්‍රියා කල ආකාරය පිළිබඳ අප ඉතිහාසයේ සඳහන් වේ.

එහෙත් පසුගිය දශක හතරකට පසු කාලය ක්‍රම ක්‍රමයෙන් රටේ අයහපත කරා ගමන් කරමින් වර්තමානය වන විට සංස්කෘතිය, විනය හා ආගමික සංහිදියාව පවා තර්ජනයට ලක්වී ඇති බව විශේෂයෙන් නොකිවමනාය.

මීට ප්‍රථම අපේ පරම්පරාවේ ජීවත්වූ මුතුන් මිත්තන් ජාතික ආගමික සංහිදියාව මෙන්ම සංස්කෘතිය, මනුෂ්‍යත්වය ඉතා ඉහලින් තම ඊලඟ පරම්පරාවට දායාද කරමින් කටයුතු කිරීම නිසා ජාති - ආගම්, පවුල් අතර සබඳතාවක් මැනවින් ඇතිකරවූ අතර රට ඉතා සාමකාමීව ගොඩනැගෙමින් පැවතුනි.

විශේෂයෙන්ම විවෘත ආර්ථික ක්‍රමය ශ්‍රී ලංකාවේ මුල් බැසගත් කාලයෙන් පසු අප රටට පමණක් සීමිතවූ සංස්කෘතික, ආගමික, ආර්ථික තත්වයන් ගෝලීය කරණයේ රැල්ලට හසුවී සීමා මායිම් ඉක්මවා ගොස් රටට ඔරොත්තු නොදෙන කාලයක් උදාවිය.

අපේ පෙර පරම්පරානු ගත සංස්කෘතිය, සම්ප්‍රදායන් ක්‍රම ක්‍රමයෙන් ගෝලීය සංස්කෘතීන් හා සම්මිශ්‍රණය වීමෙන් තරුණ පරම්පරාව මෙය වැළඳගත්තේ නුසුදුසු ආකාරයෙනි.

එහි ප්‍රතිඵලයන් වශයෙන් පසු පරම්පරාව තම පෙර පරම්පරාවන් විසින් රැකගෙන ආ සංස්කෘතිය, ආගමික සහජීවනය, සිරිත් විරිත්, ගති පැවතුම් සියල්ලම පසෙක දමා ගෝලීය වශයෙන් ලද විසිතුරු කෘතීම හා ආගන්තුක දේ තම ජීවත්වලට ආදේශ කරගනිමින් විදේශීය ගති පැවතුම් වලින් හෙබි ජීවිතයක් ගතකරන්නට පෙලඹුනි.

තම දෙමව්පිය පරම්පරාවලින් පැවත ආ සියලු ලාංකීය දේ පසෙකලා මිරිඟුවන් පසුපස හඹායාමෙන් වත්මන් තරුණ පරපුර ඉතා බේදනීය තත්වයකට මේ වන විට පත්ව ඇත. තාක්ෂණයේ දියුණුවත් සමගම එයට කළමනාකරණයකින් තොරව ඇබ්බැහිවීමේ ප්‍රතිඵලයක් වශයෙන් අද සමස්ථ රටේ තරුණ පරපුර ඉතාමත් අවාසනාවන්ත තත්වයකට පත්ව තම ජීවිත අයාලේ යමින් සමාජ ව්‍යසනයක් බවට පත්ව ඇත.

සමාජ මාධ්‍ය හරහා විවිධ විෂමාවාර ක්‍රියාවලට යොමුවී තම ජීවිතය අනාථ භාවයකට පත්කරගැනීමෙන් දෙමව්පියන්ට පවා උනුලා ගත නොහැකි තරම් තත්වයකට පත්ව ඇත.

පවුලේ සමගිය සමාදානය කඩවී, පාසල් පද්ධතිය තුළ විනය ගරුක බව ගිලිහී යාමෙන් ආරම්භ වන මෙම තරුණ ජීවිත බේදවාචකය අද රජයට පවා පාලනය කරගත නොහැකි තත්වයකට පත්ව ඇත.

නොමනා ඇසුරෙහි ඇති ප්‍රතිවිපාක ලෙස වත්මන් තරුණ තරුණියන්ගේ විවිධ ඇබ්බැහිවීම් ලිංගික, මත්ද්‍රව්‍ය, අපචාර, දුෂණ, කොල්ලකෑම්, ආරවුල් උග්‍ර අතට හැරීම නිසාවෙන් සමස්ථ රටේම සංවර්ධනයට බලවත් සේ තර්ජනයක් බවට පත්ව ඇත.

දෙමව්පිය, ගුරුවරුන්ගේ දැස් මානසයන් මිදී රහසිගතව ක්ෂණික සැප, සතුට, වින්දනය පසුපස හඹායාම නිසා අවසානයේ ඇතිවන බේදනීය ඉරණම රටේ තරුණ පරපුර වන තමන්ට පමණක් නොව තම දෙමව්පියන්ටද ඉවසා දරා ගත නොහැකි වීම කනගාටුවට කරුණකි. වර්තමානයේ ළදරු වයසේ පටන් - තරුණ විය දක්වා සෑම වයස් පරාසයන් තුළකම ඔවුන් වර්ධනය වන්නේ මෙවැනි අවාසනාවන්ත තත්වයක් මුල්කරගත් පසුබිමකිනි.

දෙමව්පියන්ට තම දරුවන් විනයානුකූලව හදා වඩාගෙන තම පවුලේ ගෞරවය රැකගැනීමට නොහැකි තත්වයක් පසුවන අතර පවුලේ විනය ක්‍රමවේදනයන් පවා අනුගමනය කළ නොහැකි තත්වයට අද සමාජය සැකසී ඇත.

මෙම තර්ජනයන් සමාජගත වන විට ගුණවත්, නැනවත් තරුණ පරපුරක් ලෙස නොව අදුරදර්ශී උද්වේග ගති ස්වරූපයෙන් හෙබි පුද්ගලයන් ලෙස පෙනීසිටීමෙන් සමාජයට සිදුවන අවාසනාවන්ත තත්වය හමුවේ යහපත් ප්‍රතිඵල රටට උදාකරගත නොහැකි වී ඇත.

අවරගණයේ නිර්මාණ රසවිදීම නිසාද තම නිර්මාණ කුසලතා ගිලිහීයාම, බුද්ධිමත්, නිර්මාණශීලී දේ බිහිවීමක් නොවන අතර තම සැඟව ඇති කුසලතා එළිදැක්වීමක් එමගින් සිදු නොවේ.

කියවීමේ රුචිය හා සිතීමේ ක්‍රියාවලියෙන් මිදී සමාජ මාධ්‍ය තුළ සැරිසරන වත්මන් තරුණ පරපුර තම ජීවිත එම සීමාව තුළට පමණක් කොටුකර ගනිමින් ඉදිරි අනාගතයේ කිසි දැක්මක්, අරමුණක් ගැන තීන්දු කර ගැනීමට පවා දුර්වලව සිටිනු ඇත. කායික මානසික තත්වය විනාශ කරගනිමින් ක්‍රියා කිරීම අවම ආයුෂ දක්වා ජීවිතය කෙටි කර ගනී.

බාල වයස් ලිංගික අපචාර, ප්‍රේමසම්බන්ධතා ගිලිහීයාම ආදී හේතුකොට ගෙන තරුණ පරපුර සියදිවි භානිකර ගැනීමේ තත්වයට පවා පත්වීම නිසා ජීවත්ව සිටින තම ඥාති හිත මිත්‍රාදීන්ට අවසානයේ අත්වන්නේ දුක හා කනස්සල්ල පමණි.

බොහෝ දුක් විඳ උස මහත් කොට හදා වඩා ගන්නා තම දරුවන් අකාලයේ මිලින වී යාම දෙමව්පියන්ට උනුලනු බැරි වේදනාවකි.

එක් අතකින් මෙය තම කර්මය ගෙවීමේ හේතුවක් ලෙස විග්‍රහ කළ හැකි මුත් එය වලක්වා ගැනීමෙන් තම ජීවිත යහපත්ව ගොඩනගන්නට කෙතරම් ක්‍රමවේද හා පිලිවෙත් ඇතිද යන්නවත් වටහා නොගැනීමට තරම් මේ බේදවාචය උග්‍රවී ඇත. මෙසේ ගියහොත් තවත් දශකයක් ඇතුලතදී උදාවන තත්වය අපට සිතාගත හැකිවනු ඇත.

එබැවින් වත්මන් තරුණ දු දරුවනී, ඔබේ අනාගතය යහපත්ව ගොඩනැගීමට සැකසිය යුත්තේ ඔබ විසින්මයි. දෙමව්පියන්ගේ ආශීර්වාදයෙන්, අවවාදයෙන්, ගුරුවරුන්ගේ ගුරු හරු කමින් ඔබ මනා ලෙස පෝෂණය වී ඔබේ ජීවිතය නිසි මගට යොමුකරගතහොත් ඔබට යහපත් හෙටක් ගොඩනැගෙනු ඇත.

නොඑසේ නම් ඔබ බිහිකළ ඔබ පෝෂණය කළ හදා වඩාගත් දෙමව්පියන්ටත්, ඔබ අධ්‍යාපනය ලැබූ පාසලටත් හෙට දවසේ පියනගන සමාජයටත් කරනු ලබන්නේ මහත්වූ අපරාධයකි. මෙය ඔබගේ මතු ජීවිතයේ උනුලා ගත නොහැකි තරම් කර්ම බේදනීය තත්වයටද පත්කරන නොඅනුමානයයි.

සමස්ථ ලාංකීය දු දරුවනි, ඔබ අපට සම්පතකි. ඔබ රටට සම්පතකි. ඔබ සමාජයට සම්පතකි. ඔබ මේ ලෝකයටම සම්පතකි.

එබැවින් අපේ පෙර සංස්කෘතිය පිළිබඳව අධ්‍යයනය කරන්න, ආගමික පරිසරයට බෙහෙවින් නැඹුරුවන්න, ආත්මික ජීවිතය වර්ධනය කරගන්න, නිහතමානී කෙනෙකු වෙන්න රටට ලෝකයට වාසිදායී ඵලදායී පුද්ගලයෙකු ලෙස ජීවිතය ගතකරන්නට ඔබ ඔබේ හැදියාව වර්ධනය කරගන්න දැන උගත් අයගෙන් මිස වෙනත් අයගෙන් ඔබ උපදෙස් අවවාද නොපිළිපදින්න.

ඔබ ස්වයං අධ්‍යාපනයක යෙදෙන්න, ඔබ වැඩිපුර කියවීමට පුරුදු වෙන්න, යහපත් ලෙස සිතන්නට පුරුදු වෙන්න, යහපත් දේ විතරක් කිරීමට පෙලඹෙන්නේ නම් ඔබට කිසිදාක නොවරදිනු ඇත. වැරදුන අය අද පසුතවෙනු ඇත. ඔවුන්ද යහ මගට යොමුවන්නට නොයක් උත්සාහයන් ද දරනු ඇත. කැඩී බිඳී ගිය ජීවිතයන් නැවත ගොඩනගා ගැනීම ඉතා අසීරු කටයුත්තකි. එසේ එය යථා තත්වයටම පත්වීම දුර්ලභය. ඔබට පැහැදිලි ස්ථිර මාවතකම ඔබේ ජීවිතය ගමන් කරගන්නට නිතිපතා ජීවිතය ගැන අලුතින් සිතන කෙනෙකු බවට පත්වන්න. ඔබට වැටහේවි එහි ඇති ඉමහත් ප්‍රතිඵලය. ඔබ සැමට යහපත් අනාගතයක් ප්‍රාර්ථනා කරමි.

## Is your spouse a Narcissist?

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Does your spouse behave entitled, throw tantrums, be hypersensitive to criticism and make you question your own reality? Do you have the need to voice-record conversations between the two of you? Have you been thinking that your spouse will love you if only you looked better or had a larger income? Then there is a high probability that your spouse may be a Narcissist.

According to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth edition (DSM-5), at least 5 of the following 9 criteria have to be fulfilled to diagnose Narcissistic Personality Disorder (NPD).

1. A grandiose sense of self-importance
2. Harbour huge fantasies of success, power, brilliance, beauty and love
3. Entitled (Believe that special treatment should be given to them and no one else)
4. Lack empathy and have no regard for other people's feelings or emotions
5. A belief that they are unique and should associate with other special high status people who are interesting as they are
6. A need for excessive admiration
7. Exploitive behaviour among relationships. Lack long term friends and have been in many short term troubled relationships
8. Envy of others or a belief that others are envious of him or her,
9. Arrogant and haughty behaviour or attitude

NPD affects more males than females and it often begins during late teen age to early adulthood. The cause of NPD is complex and experts link it to mismatches in parent-child relationships, such as under-indulging and over-indulging a child simultaneously.

For example, the parents will not be available emotionally, but be proud of the child's achievements and post on social media about it. They may have the picture perfect family with well planned vacations, but the parents under-indulge in attending to the child's emotional and mental health needs. Children of Narcissistic parents also may imitate their parents' entitled behaviour. Genetics and Neurobiology may play a role in NPD as well.

Seeking treatment for a family member who has NPD may prove to be difficult as they are highly likely to deny any abnormality in them and may perceive it as an insult to their self esteem. If you are in a relationship with a narcissist, hoping that the narcissist would change and start respecting you and be more empathetic towards you is far-fetched. If you do decide to stay in the relationship for cultural, religious and financial reasons, cultivate your positive and healthy relationships with people who you trust. Have a safe circle of family and friends that you can turn to in times of crisis.

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(IEC උපදේශක කමිටු සාමාජික - ශ්‍රී ලංකා පවුල් සැලසුම් සංවිධානය)

සෑම වසරක ම අප්‍රේල් 07 දිනට යෙදෙන ලෝක සෞඛ්‍ය දිනය ලෝක සෞඛ්‍ය සංවිධානයේ මූලිකත්වයෙන් සමරනු ලබනුයේ, ලොව පුරා වෙසෙන සියලු ජනතාවගේ ම සෞඛ්‍යය හා අදාළ වන කරුණු කාරණා කෙරෙහි ඔවුන්ගේ ම අවධානය යොමු කොට, වඩාත් ප්‍රශස්ත සෞඛ්‍ය තත්වයක් ඔවුන්ගේ ජීවිතවලට උදා කරලනු පිණිස ය. 1948 දී පිහිටුවන ලද ලෝක සෞඛ්‍ය සංවිධානයේ ආරම්භය සනිටුහන් කරනු පිණිස මෙම දිනය ප්‍රථමවරට සමරන ලද්දේ 1950දී ය.

සෞඛ්‍යය වනාහි අප හා අපගේ සිරුර අතර පවත්නා සබඳතාවකි. එම සබඳතාව සෞඛ්‍ය සම්පන්න ව පවත්වා ගැනීම සඳහා අප හා සිරුර අතර සමතුලිත බවක් තිබිය යුතුය. එම සමතුලිත බව අපට ජීවිතයේ සතුට හා තෘප්තිය ළඟාකර දෙනවා පමණක් නොව, අපගේ සිරුරේ යහපැවැත්මට ද මහෝපකාරී වෙයි. එම ධනාත්මක සාධකයන් නිසා අප ජීවිතයේ සමාජ-ආර්ථික ජයග්‍රහණයන් ද හිමිකර ගන්නේ ය. එසේ, අප මෙන් ලොව සියලු ජනතාව ම සෞඛ්‍යමත් දිවිපෙවෙතක් තුළින් එම සාර්ථකත්වයන් භුක්ති විඳිනු ලැබීම ලෝක සෞඛ්‍ය සංවිධානයේ අපේක්ෂාව වන අතර ඊට මග පෙන්වීම ලෝක සෞඛ්‍ය දිනයේ පරමාර්ථය යි.

අපට මෙන් ම සෙසු පොදු මහජනතාවට ද එසේ සෞඛ්‍ය සම්පන්න දිවි පෙවෙතක් උදාකරලීමේ අසමසම ක්‍රියාවලියෙහි දී ජනතාවට ඉතා සමීප ව හිඳිමින් ඔවුන්ගේ දුක-සැප බලා කියා ගන්නා ප්‍රජා කණ්ඩායමක් වෙතොත්, ඒ අන් කිසිවෙකු නොව හෙදියන් හා ඔවුන්ගේ සහායක ප්‍රජාව යි. කොවිඩ්-19 නමැති වසංගතය මුලු ලොව ම ගිලගැනීමට මාන බලන මෙම වකවානුවේ ජීවිතය පරදුවට තබමින් ජනතාව ආරක්ෂා කරනුයේ ඔවුන් ය. දිවා රාත්‍රි නොබලා, ස්වකීය පවුල් වගකීම් මොහොතකට අමතක කරමින්, 'මීටරයක් දුරින් සිටින්න'යි යන අවවාදය අඛණ්ඩව පමණක් නොතකා කොරෝනා රෝගීන් අසලට ම වී සෑම සත්කාරයක් ම ඉටු කරන ඔවුන්, මාධ්‍යකරුවන් විසින් හඳුන්වනු ලබනුයේ මිහිබට දේව දූතියන් ලෙසට ය. මේ නිසා ම දෝ ලෝක සෞඛ්‍ය සංවිධානය මෙවර ලෝක සෞඛ්‍ය දිනය ඔවුන්ගේ නමට හා සේවයට කැප කර ඇත්තේ මෙම දෙවිලියන්ට පිරිනමන උපහාරයක් වශයෙනි.

මෙම හෙදි දෙවිලියන් දහස් ගණනකින් කෙනෙකු වන අංගොඩ ආසාදිත රෝග රෝහලේ නිර්මලා ජ්‍යෙෂ්ඨ හෙදිය ගේ ඒකායන කැපවීම විස්මිත ය. "මම කෝවිඩ්-19 රෝගීන් මධ්‍යයේ වැඩ කරන කෙනෙක්. කොරෝනා වෛරසයට මම බය නැහැ. මේ වනවිට රෝගීන් වගේ ම රෝගීන් ය යි සැක කරන අය පණහකට වඩා මම සාක්ෂු කරලා තියෙනවා. ඉඳ හිට හෝ මම ගෙදර යන්නේ තනිව ම නොවේ, කොරෝනාත් එක්ක වෙන්න පුලුවන්. මගේ දරුවන්, මගේ ස්වාමියා වුණත් බය නැහැ. මගේ සේවයේ දී ඔවුන් මා දිරිමත් කරනවා. කොරෝනා වෛරසයට බය වෙලා මම මග ඇරියොත්, මගේ පුහුණුවෙන්, මගේ රස්සාවෙන් විතරක් නෙවේ, හෙදියක් විධියට මගේ ජීවිතෙන් ම ඇති ප්‍රයෝජනේ මොකක් ද? ඒ අනිංසක රෝගීන් ව මේ වෙලාවේ අතරමං කරන්න, අනාථ කරන්න පුලුවන් ද? ඒක මහා පාපයක්. මේක කවදා අවසාන වුණත්, මම නොකඩවා වැඩ කරනවා" යි ඇය කියනුයේ දිරිය ගැහැණියක සතු සැගැවුණු ආවේගය පණ ගන්වමිනි.

"මම එක රෝගියෙකුට සාක්ෂු කරනකොට, ඒ සාක්ෂුව රෝගියාගේ මුලු පවුලට ම බලපානවා. රෝගියා හරියට ම සුවය නොලබා ගෙදර ගියොත් මොකද වෙන්නේ? මුලු පවුල ම රෝගීන් වෙනවා. කෝවිඩ්-19 සමහර විට මාරාන්තික වෙන්න පුලුවන්. ඒ නිසා මේ සත්කාරය පවුල් සෞඛ්‍ය සත්කාරයක් වෙනවා.

අපේ පුහුණුවේ දී අපිට උගන්වලා තිබෙන්නේ පවුල් සෞඛ්‍ය සත්කාරයේ දී එක් එක් පුද්ගලයා පමණක් නොව මුලු පවුලම ඒකකයක් විධියට සලකා සෑම දෙනාගේ ම සෞඛ්‍යයට බලපාන ආකාරයට සත්කාරය ලබා දිය යුතුයි කියලා. එතකොට එය සම්පූර්ණ පවුල් සෞඛ්‍ය සත්කාරයක් වනවා යි” නිර්මලා හෙදිය දිගට ම කියාගෙන ගියාය. “පවුල් සෞඛ්‍ය සත්කාරයේ දී, පවුලේ අයගේ රෝග සුව කිරීමට අමතර ව, රෝග වළක්වා ගැනීම, පුනරුත්ථාපනය වගේ ම පවුලේ සියලු ම සාමාජිකයින් තුළ යහපත් සෞඛ්‍ය තත්වයන් පවත්වා ගැනීමත් ඇතුළත් වනවා. මෙතෙක් දී වැදගත් වන අංශයක් තමයි ප්‍රජනන සෞඛ්‍යය. ප්‍රජනන සෞඛ්‍යය කියන්නේ පවුලක වැඩිහිටියන්ට රෝග නැතිනම් වෙනත් අබල-දුබලතාවන් නැතිවීම පමණක් ම නොවෙයි. පවුලක සාමාජිකයින් අතර කායිකවත්, මානසිකවත්, සමාජ පැවැත්ම පිළිබඳවත් සම්පූර්ණ යහපත් ප්‍රවනතාවක් පවත්වා ගැනීමත් ප්‍රජනන සෞඛ්‍යයට අදාළ යි. එහෙම බලනකොට ප්‍රජනන සෞඛ්‍යය පවුල් සෞඛ්‍යයේ වැදගත් කොටසක්. එය සමස්ත රටේ ම සෞඛ්‍යයට බලපානවා. සෑම රටක ම සෞඛ්‍යයට, ඒ කියන්නේ ලෝක සෞඛ්‍යයට ම වුණත් ප්‍රජනන සෞඛ්‍යය බලපෑම් ඇති කරන්නේ එහෙම යි” යනුවෙන් ඇය තව දුරටත් පැහැදිලි කළා ය.

## INTERNATIONAL DAYS COMMEMORATED THROUGH SOCIAL MEDIA - PICTURE HIGHLIGHTS -

### WORLD HEALTH DAY - APRIL 8

A day to celebrate the work of nurses and midwives. Nurses and other health workers are at the forefront of COVID-19 response - providing high quality, respectful treatment and care, leading community dialogue to address fears and questions and, in some instances, collecting data for clinical studies.



Nurses and midwives are at the forefront of the COVID19 response, putting their own health at risk to protect the broader community.



අත්‍යවශ්‍ය හා ජීවිතාරක්ෂක ලිංගික ප්‍රජනන සෞඛ්‍යය සේවාවන් ලබාගැනීම, මානව අයිතිවාසිකමකි.

### INTERNATIONAL DAY AGAINST HOMOPHOBIA, TRANSPHOBIA AND BIPHOBIA - MAY 17

Everyone is born free and equal in dignity and rights. However, discriminatory laws, policies and practices against Lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people are still in place around the world and in Sri Lanka. The existence of discriminatory laws leads to the violation of human rights of LGBTIQ people. LGBTIQ people face barriers to access healthcare and support services, especially in places where their identities are criminalized/targeted, and may even experience abuse.

**Video Statements - click to play**

[Sriyal Nilanka - Programme Officer, AFAO Project](#)

[K.A Damith Prasad- Team Leader, Global Fund Project](#)



#IDHOT2020

#BreakingTheSilence

#LeaveNoOneBehind



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ඔබ සමරිසි, ද්විරිසි හා සංක්‍රාන්ති සමාජභාවය හිනිකාවෙන් පෙළෙන්නේ නම්, එය වෙනස් කළ හැක්කේද ඔබටයි. වෙනස්කොට සැලකීමෙන් හා කොන්කොට සැලකීමෙන් තොරව සමානව ඔවුන්ටද සැලකීමට ඔබට අවශ්‍ය නම් ඔබ නිවැරදි දැනුම, ආකල්ප මත පිහිටන්න.

තුඹාර මනෝප් ජ්‍යෙෂ්ඨ කළමනාකරු- අධිවාචන හා තරුණ කටයුතු ශ්‍රී ලංකා පවුල් සංවිධාන සංගමය



#IDHOT2020

#BreakingTheSilence

#LeaveNoOneBehind



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ගෝලීය අරමුදල සහ ශ්‍රී ලංකා පවුල් සංවිධාන සංගමය එක්ව සිදු කරනු ලබන HIV ව්‍යාප්තිය තුළින් ශ්‍රී ලංකාවේ වෙසෙන සංක්‍රාන්ති සමාජ භාවී කාන්තාවන් හට ලිංගික රෝග පිළිබඳ ලබාදෙන සේවාවන් ඉතාමත් අගය කළ යුතුය. මෙම ව්‍යාප්තිය නිසාවෙන් සංක්‍රාන්ති සමාජභාවී කාන්තාවන් හට කොන්කිරීම් වලට හා වෙනස්කොට සැලකීම් වලට ලක් නොවී HIV සහ වෙනත් ලිංගික රෝග පරීක්ෂාවන් කර ගැනීමට හැකි වී තිබෙනවා.

Satya Ramanayaka Chief Administrative Coordinator-YOHSLS Trust

## MENSTRUAL HYGIENE DAY - MAY 28

MH Day aims to break persisting taboos around menstruation, raise awareness about the importance of menstrual hygiene management (MHM) for women and adolescent girls, and engage decision-makers in raising the political priority of MHM.

Sonali Gunasekera - Director Advocacy was a speaker at a Webinar on Menstrual Health Management organized by Pad2Go Nepal.

To listen to the sessions - [click here](#)

FPA Sri Lanka's work towards menstrual hygiene management in times of crisis was highlighted in an article by IPPF. To read: [click here](#).

**Menstrual Hygiene Day 2020**

“There is a lot of negativity surrounding menstruation in Sri Lanka. Girls who are menstruating often feel ashamed to go to school on those days because of the stigma attached to menstruation.

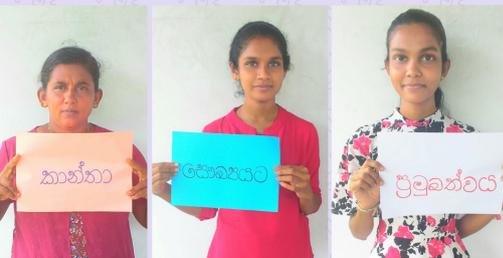
As we celebrate **Menstrual Hygiene Day** in Sri Lanka, we at FPA Sri Lanka, are concerned at the high cost of sanitary napkins in the country. With the COVID 19 situation and loss of incomes for families, women would be hard pressed to decide whether to put food on the table or buy sanitary napkins. This would lead to a drop in hygiene levels as women would choose clothes over pads.

We are also concerned with the impact on the environment with the disposing of sanitary napkins in landfills. The need to have reusable, safe and hygienic napkins at a low cost is a very real need in Sri Lanka.”

Sonali Gunasekera - Director Advocacy

## INTERNATIONAL DAY OF ACTION FOR WOMEN’S HEALTH - MAY 28

The main goal of this day was to raise awareness on the issues related to women’s health and well being, including Sexual and Reproductive Health and Rights. Also to highlight that to choose when and whether she has children is a fundamental right belonging to all the world’s women! Staff from the Service Delivery Points and members of the Youth Technical Advisory Committee participated in this campaign.



When women are able to **plan their pregnancies** around their goals for themselves and their families, they are also better able to finish their education, earn an income and contribute to their community. A woman's ability to **choose** if and when to become pregnant has a direct impact on her health and well-being.



Women and girls have a **human right** – protected under international law – to make their own choices about whether, when, and how many children they have. Unintended pregnancies can affect a range of other rights, including by ending a girl's education, contributing to child marriage, resulting in health complications, or putting a woman's life at risk. **Pregnancy by choice and not chance must be a reality.**



By reducing rates of unintended pregnancies, family planning also reduces the need for unsafe abortion. Access to contraception/family planning reduces adolescent pregnancies. Many adolescent girls who become pregnant have to leave school. This has long-term implications for them as individuals, their families and communities

## கொரோனா வைரஸ் நெருக்கடியின் போது இளைஞர்கள் மற்றும் வளர் இளம் பருவத்தினரை பெரியவர்களுக்கு துணைபுரிதல்

### Supporting Teenagers and Young Adults During COVID-19



By Mallika Samarawickrama  
 Senior Manager - Happy Life

### வீட்டில் வயதான குழந்தைகளுடன் பெற்றொளருக்கான உதவிக்குறிப்புகள்

கொரோனா வைரஸ் நெருக்கடியின் போது இளைஞர்களை வீட்டிலேயே அடைத்து வைத்திருப்பது சிறு குழந்தைகளுடன் இணைந்திருப்பதைப் போல உழைப்பு மிகுந்ததாக இருக்காது. ஆனால் அது நிச்சயமாக அதன் சவால்களைக் கொண்டுள்ளது. இளைய குழந்தைகள் பெற்றொளரின் கவனத்தை ஈர்க்கும் வாய்ப்பில் சிலிர்ப்பாக இருக்கும்போது. இளம் பருவத்தினர் வித்தியாசமாக உணர வாய்ப்புள்ளது.

இந்த நேரத்தில் பெற்றொளருக்குரிய இளைஞர்களுக்கான சில குறிப்புகள் இங்கே உள்ளன (மற்றும் இளைஞர்கள் திடீரென கல்லூரியில் இருந்து வீட்டிற்கு வருகிறார்கள்).

### சமூக தூரத்தை வலியுறுத்துங்கள்

பதின்வயதினர் மற்றும் இளைஞர்களுடனான முதல் சவால் சமூக தூரத்திற்கான வழிகாட்டுதல்களுக்கு இணங்குவதாக இருக்கலாம்.

புதிய கொரோனா வைரஸ் வயதானவர்களுக்குப் போலவே அவர்களின் வயது வரம்பிலும் சிக்கலாக இல்லை என்று இளைஞர்கள் நினைக்கலாம். இளைஞர்கள் வெளியே சென்று நண்பர்களுடன் ஒன்றிணைக்க முடியாது என்று கூறும்போது பெற்றொளர்கள் நிறைய பின் தள்ளுவதை புகாரளிக்கிறார்கள். "அவர்கள் தங்கள் நண்பர்களைப் பார்க்க விரும்புகிறார்கள். சமூக விலகல் அவர்களுக்கு ஏன் பொருந்த வேண்டும் என்று பார்க்க வேண்டாம்."

என்ன சொல்ல வேண்டும் என்று பெற்றொளர்கள் கேட்கிறார்கள். "எங்கள் பதில் என்னவென்றால், இந்த வைரஸை; வெளிப்படுத்துவது ஒரு அதிவேக விஷயம். அது உண்மையில் அவர்களைப் பற்றியது அல்ல" இது அவர்கள் நன்றாக உணர்கிறார்கள் என்ற உண்மையைப் பற்றியது அல்ல. அவர்கள் அறிகுறியற்ற கேரியர்களாக இருக்கக்கூடும் என்பதும் அவர்கள் தாத்தா பாட்டி உட்பட மற்றவர்களைக் கொல்லக்கூடும் என்பதும் உண்மை. வலியுறுத்த வேண்டிய ஒரு விஷயம் உங்கள் நண்பர்கள் நலமாக இருக்கிறார்கள் என்பதை நீங்கள் அறிய முடியாது. அந்த ஆபத்தை நீங்கள் வசதியாக இருக்கும்போது, அதை உங்கள் வீட்டிலும் கொண்டு வருகிறீர்கள்.

கொரோனா வைரஸ் வெவ்வேறு வயதினரை எவ்வாறு பாதிக்கிறது என்பதை இதுவரை யாருக்கும் தெரியாது என்பதை உங்கள் இளைஞர்களுக்குப் புரிந்துகொள்வதும் முக்கியம் - வைரஸைக் கட்டுப்படுத்துவது உங்கள் இளைஞர்களுக்கு மிகவும் ஆபத்தானது. உண்மைகள் இன்னும் தெளிவாக இல்லை என்றாலும்.

**நண்பர்களைப் பார்க்காதது குறித்த அவர்களின் விரக்தியைப் புரிந்து கொள்ளுங்கள்.**

**தொலைநிலை பள்ளிப்படிப்பை ஆதரிக்கவும்**

இளைஞர்களுக்கு - மற்றும் வீட்டிற்கு அனுப்பப்பட்ட கல்லூரி மாணவர்களுக்கு - வரையறுக்கப்பட்ட காலங்களில் வேலைகளைச் செய்வதற்கான ஒரு யதார்த்தமான அட்டவணையை உருவாக்கலாம். இடைவேளை மற்றும் நேரங்களை சமூகமயமாக்குதல். உடற்பயிற்சி செய்தல் மற்றும் பொழுதுபோக்கு ஆகியவற்றிற்காக உருவாக்கலாம். முக்கிய கொள்கை: முதலில் ஒரு அமர்வைச் செய்யுங்கள்.

பின்னர் நிதானமாக ஏதாவது ஒன்றைக் கொடுங்கள். இது பள்ளியைப் போல பயனுள்ளதாக இருக்காது என்பதை நினைவில் கொள்ளுங்கள். ஆனால் தொலைதூரக் கற்றலை மேம்படுத்துவதற்காக பள்ளி முன்னணியில் உள்ள அனைவருமே வீட்டு முன்புறமும் செயல்படுவதால் காலப்போக்கில் இது மிகவும் பயனுள்ளதாக இருக்கும்.

**ஆரோக்கியமான பழக்கங்களை ஊக்குவிக்கவும்**

பதின்வயதினர் மற்றும் இளைஞர்கள் இந்த மன அழுத்த நேரத்தில் போதுமான தூக்கம் இ ஆரோக்கியமான உணவை உண்ணுதல் மற்றும் தவறாமல் உடற்பயிற்சி செய்தால் சிறப்பாக செயல்படுவார்கள். ஒரு சீரான தூக்க அட்டவணையை வைத்திருப்பது. கணிக்கக்கூடிய நேரங்களுடன் எழுந்து படுக்கைக்குச் செல்வது இ ஒரு நேர்மறையான மனநிலையைப் பேணுவதற்கும். கல்வி எதிர்பார்ப்புகளை நிறைவேற்றுவதற்கான அவர்களின் திறனுக்கும் குறிப்பாக முக்கியம்.

கவலை அல்லது மன அழுத்தத்துடன் போராடும் இளைஞர்களுக்கு ஆரோக்கியமான பழக்கம் குறிப்பாக முக்கியமானது. நீங்கள் நம்பியிருக்கும் நடைமுறைகளை இழப்பது மன அழுத்தத்திற்கு ஒரு பெரிய ஆதாரமாக இருக்கும். புதிய நடைமுறைகளை நிறுவ பரிந்துரைக்கிறது.

நீங்கள் சரியாக சாப்பிடுகிறீர்கள் .தூங்குகிறீர்கள். சமூகமாக இருக்கிறீர்கள். இனிமையான செயல்களில் ஈடுபடுகிறீர்கள் என்பதை உறுதிப்படுத்திக் கொள்ளுங்கள். அதே நேரத்தில் இளைஞர்கள் வீட்டுக்கு வரும்போது அதிகமாக தூங்குவதை தவிர்க்க வேண்டும். வீட்டில் தூங்குவதற்கான திறன் அதிகம் உள்ளது. இப்போது ஓய்வூ முக்கியமானது என்றாலும் நீங்கள் இன்னும் சுறுசுறுப்பாக இருக்க வேண்டும்.

மேலும் குடும்ப உறுப்பினர்களை அடிக்கடி வைத்திருப்பது அதிகப்படியான உணர்வை ஏற்படுத்தலாம் அல்லது சிரமத்தை உருவாக்கலாம். "குடும்பங்கள் பெற்றொளர் மற்றும் உடன்பிறப்புகளுடன் வீட்டில் பதட்டங்களை பரப்ப வேண்டும். இதை எப்படி செய்வது என்பது ஒவ்வொரு குடும்பத்திற்கும் வித்தியாசமாக இருக்கும். ஆனால் பெற்றொளர்கள் இளைஞர்களுக்கு எப்போது அதிக சுதந்திரம் அளிக்க வேண்டும். தங்கள் குழந்தைகளின் நேரம் இன்னும் கட்டமைக்கப்பட்டிருப்பதை எவ்வாறு உறுதிப்படுத்துவது என்பதைப் பற்றி சிந்திக்க விரும்புகிறார்கள். எல்லோரும் ஏதோ ஒரு வகையில் பங்களிப்பு செய்ய வேண்டும்.

## அவர்களின் ஏமாற்றத்தை சரிபார்க்கவும்

கொரோனா வைரஸ் நெருக்கடியின் மிகவும் வேதனையான பகுதி முக்கியமான அனுபவங்களை இழக்கும்: உயர்நிலைப் பள்ளி விளையாட்டு பருவங்கள். இசைவிருந்து, நாடக தயாரிப்புகள், உயர்நிலைப் பள்ளி மற்றும் கல்லூரி பட்டப்படிப்புகள் பாதிக்கப்படுகிறது. வர்களின் உணர்வுகளைப் பகிர்ந்து கொள்ள அவர்களுக்கு இடமளிக்கவும்;

கல்லூரி விண்ணப்பங்கள் மற்றும் உதவித்தொகைகளுக்கு உதவும் என்று எதிர்பார்க்கப்படும் நடவடிக்கைகள் குறித்து சிலர் கவலைப்படுவார்கள். இது அவர்களின் எதிர்காலத்தை எவ்வாறு பாதிக்கும் என்பதை குழந்தைகள் புரிந்துகொள்ளக்கூடிய வகையில் ஆச்சரியப்படுகிறார்கள். மீண்டும் அவர்கள் எப்படி உணர்கிறார்கள் என்பதைப் பகிர்ந்து கொள்ள அவர்களுக்கு இடமளிக்கவும். அவர்கள் இருக்கும் உண்மையான மன அழுத்தத்தை ஒப்புக் கொள்ளவும். உங்கள் குழந்தையின் மீள் திறன் குறித்த நம்பிக்கையை வெளிப்படுத்துங்கள்.

## நினைவாற்றலைப் பயிற்சி செய்ய அவர்களுக்கு உதவுங்கள்

இந்த மாதிரியான சு+ழ்நிலையில் மனநிறைவு நுட்பங்கள் மிகவும் உதவியாக இருக்கும். அங்கு எங்கள் நடைமுறைகள் சீர்குலைந்து, விரக்தி மற்றும் ஏமாற்றத்தால் நாம் அதிகமாக உணரலாம். எந்த நேரத்திலும் நம் உணர்ச்சிகளைக் கட்டுப்படுத்தவும். தீர்ப்பு இல்லாமல் அவற்றை அனுபவிக்கவும் மனம் நமக்கு கற்றுக்கொடுக்கிறது.

தீவிரமான ஏற்றுக்கொள்ளல் என்று அழைக்கப்படும் விஷயத்தில், நம்முடைய உணர்ச்சிகளை எதிர்த்துப் போராடுவதை விட உட்கார்ந்துகொள்வோம். இப்போதே கவலைப்படுவது சரியில்லை என்று நீங்களே சொல்லுங்கள். பயப்படுவது பரவாயில்லை. கோபப்படுவது பரவாயில்லை. உங்களிடம் உள்ள உணர்வுகளை நீங்கள் ஏற்றுக்கொள்கிறீர்கள். அவற்றை மதிப்பிடுகிறோம், ஏனென்றால் நாங்கள் அனைவருக்கும் அந்த உணர்வுகள் உள்ளன. அவர்களுடன் சண்டையிடுவதை விட அவர்கள் இருப்பதை ஏற்றுக்கொள்வது மிகவும் முக்கியம்.

# ශාහස්ථ හිංසනය වින්දිතයාගේ මානසික සෞඛ්‍ය කෙරෙහි ඇතිවන බලපෑම

හදුරා උඩවත්ත-නියෝජ්‍ය අධ්‍යක්ෂක  
ආලෝකය උපදේශන මධ්‍යස්ථානය



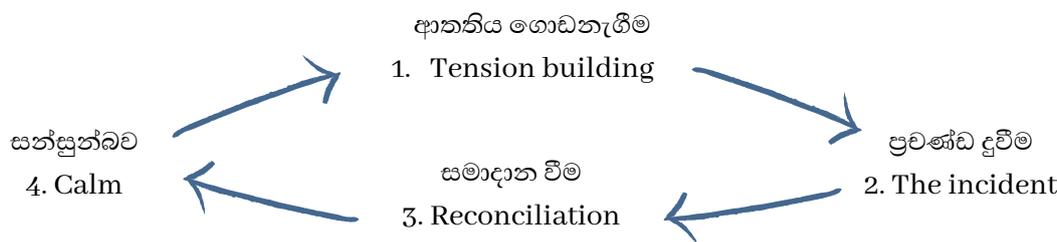
සමාජය ඉතා සංකීර්ණ වත්ම මිනිසා මුහුණ දෙන ගැටලු ද තනිව විසඳා ගැනීමට නොහැකි තරම් සංකීර්ණ වී ඇත. ඇතැම් පුද්ගලයින් තම ගැටලුකාරී මානසිකත්වය වෙනත් අයෙකු වෙත මුදා හරින්නේ තමා සතු බලය (Power) හා පාලනය (Control) යොදා ගනිමිනි. එය සරල වශයෙන් ප්‍රචණ්ඩත්වය ලෙස හැඳින්විය හැකිය. අනෙක් තැනැත්තා පාලනය කරන අදහසින් ඔහු/ඇයට අවමානයට ලක් කිරීම, රිදවීම හෝ විනාශ කිරීමට වැයම් කිරීම දැකිය හැකිය. මෙය පවුල තුළ පවුලේ සමාජික/සාමාජිකයන් විසින් තවත් සමාජිකයෙකු වෙත පළ කෙරෙන හිංසනය ශාහස්ථ පරචණ්ඩත්වය ලෙස නම් කළ හැකිය. පවුල් සංස්ථාව තුළ ඇති ශක්තිමත් බැඳීම ස්වභාවය නිසා ඉන් මිදීමද අපහසු වන අතර ඉතාම දරුණු ලෙස පරචණ්ඩත්වය ක්‍රියාත්මක වීමක් දක්නට ඇත. මේ නිසා ශාහස්ථ හිංසනයට පත්වන වින්දිතයන්ට තම ගැටලු වලට ශක්තිමත් පිළිතුරක් සෙවීම අපහසුය. වසර කීපයක් හෝ දීර්ඝ කාලීනව හිංසනයට පත්වන්නන් ඉන් මිදීමට දරන වැයම තුළ පහත සඳහන් ගැටලුවලට මැදිවේ.

- විත්තවේගික කම්පනය Emotional shock
- අවිශ්වාසය (Disbelief)
- ලැජ්ජාව (Shame)
- විශාදය (Depression)
- නැවත ආවර්ජනය වීම (Flashbacks)
- තරහව (Anger)

- කාංසාව (Anxiety)
- වරදකාරී හැඟීම (Guilt)
- දුබල බව (Powerlessness)
- පරනික්ෂේප කිරීම (Denial)
- භය (Fear)
- අපහසුතාව (Embarrassment)

මේ සියල්ල සෘජුවම බලපාන්නේ වින්දිතයාගේ මානසික සෞඛ්‍ය කෙරෙහිය. පවුල්වල කාන්තාවන් හා දරුවන් ප්‍රචණ්ඩත්වයට භාජනය වීමේ අතුරු ඵල ලෙස මෙවන් පීඩාවන්ට ගොදුරු වෙයි. මෙබඳු වින්දිතයන්ට ප්‍රචණ්ඩත්වයෙන් මිදීමට නෛතික සහනයන් මෙන්ම උපදේශන සේවාවන් සැපයීම අත්‍යාවශ්‍ය වේ. මන්දයත් මොවුන් තුළ ඇති විත්තවේගික බිඳවැටීම ඔවුන්ගේ අනාගතය කෙරෙහි ඵලදායක හා සංවර්ධනාත්මක වෙනසක් ඇති නොකරන බැවිනි.

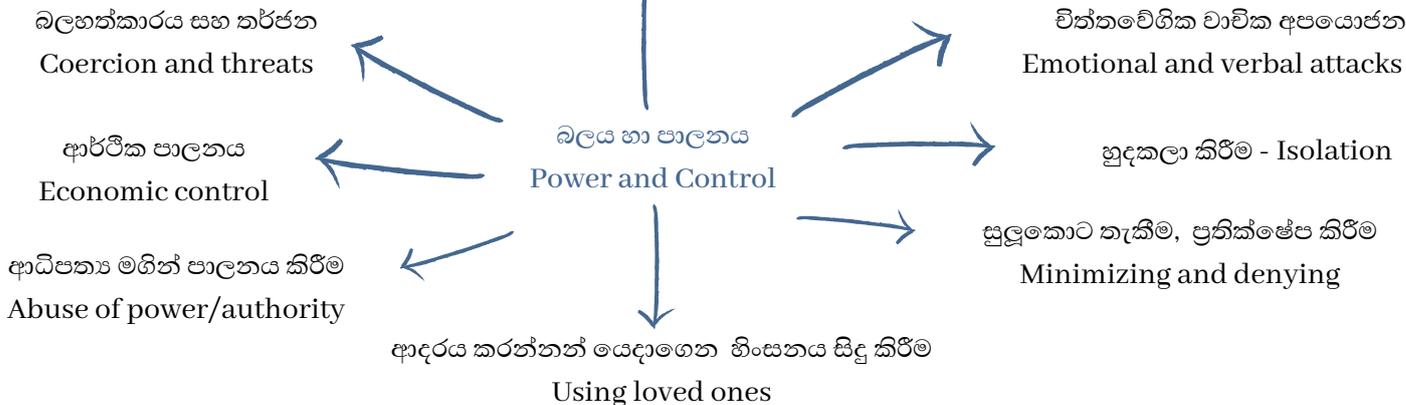
## හිංසන ක්‍රියාවලිය



## හිංසන වක්‍රය

තර්ජනයෙන් බියගැන්වීම

Intimidation



මෙබඳු ක්‍රියාවලියකට ලක්වන වින්දිතයන් සමග කටයුතු කරන්නේ කෙසේද? මෙම වෛවාහක අර්බුද අවසන් කිරීමට හැකි වනුයේ කෙසේද?

වරදකරු තමා තුළින් ම ඵම වරද නිවැරදි කරගෙන යාම තත්වයට පත්වීමට උත්සාහ නොගනී නම් උපදේශවරයාට ඔහුගේ වර්ගාව වෙනස් කිරීම අපහසුයි. මෙබඳු අත්දැකීම් ලබන වින්දිතයන් තුළ තම ආත්ම අභිමානය බිඳවැටීම, වරදකාරී සිතුවිලි ඇතිවීම, තම හැකියාවන් පිළිබඳ විශ්වාසය අඩුවීම වැනි මානසික බිඳවැටීම සිදුවේ. තමන් තුළ හටගන්නා සිතුවිලි හා කරියාවන් හි වගකීම තමා සතු බව සේවාලාභීනට අවබෝධ කරදිය යුතු සේ ම ඔවුන් හැකි ඉක්මනින් ම නාශයට පත්වීමට කටයුතු කිරීම වැදගත්ය.

## Launch of IPPF Social Enterprise Academy Website



Social Enterprise Academy

**WE ARE LIVE**

An online solution powered by:  
IPPF's Social Enterprise Hub



IPPF's Social Enterprise Acceleration Programme (SEAP\*) aims to strengthen the capacity of its Member Associations (MA) to apply entrepreneurial and business practices while delivering social value and improving lives. The programme supports the establishment and growth of social enterprise to increase and diversify the MAs' self-generated funding base and provide greater sustainability.

Over the past months, as a part of its focus on capacity building activities, the SEAP team (SE Hub) has been in the process of developing a package of online SE resources for global access and utilisation by the MAs and regional teams.

One of the online resources is a custom designed global website designed with the objective of providing a virtual knowledge repository and learning platform to support and empower MAs in their ongoing or future social enterprise and business planning process. Moreover, for colleagues who are at present restricted to working from home, this also presents an online platform to access various social enterprise related material at the click of a button.

The SE Hubs' Social Enterprise Academy Website <https://seippf.org> can be accessed from any part of the world and is free, easy to navigate and user friendly. (Access to the site is limited internally to the IPPF network of colleagues)

The website also houses an online tool for 'Readiness Assessment' (to help the user/team assess business readiness and more so the capacity of the MA to commence a new social enterprise/income generating business model) and a Business Plan tool (provides a consistent and custom online template to draft comprehensive business plan).

\*SEAP is managed by the Social Enterprise Hub, located at FPA Sri Lanka



**We want to hear your views and suggestions:**

**Email: [fpa@fpasrilanka.org](mailto:fpa@fpasrilanka.org)**

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