

Disability inclusion in Gender-Based Violence (GBV) programming in Sri Lanka



In 2018, funds from the Australian Government were made available to the Women's Refugee Commission to pilot a component of The Inter - Agency Standing Committee (IASC) Guidelines. The pilot aimed to demonstrate and document how GBV guidance can be practically applied to support the protection and empowerment of women and girls with disabilities in humanitarian action.

IPPF's Member Association in Sri Lanka, The Family Planning Association of Sri Lanka (FPASL) was awarded by the Women's Refugee Commission to pilot these guidelines in

early 2019. FPASL, together with the Disability Organisations Joint Front (DOJF), targeted a cross section of government officials representing health, social services, disaster management, women and children's affairs at district, divisional, and community levels. The project contributed to identification of GBV-related risks, barriers, and strategies, strengthened capacity of GBV service providers on GBV and disability inclusion and enhanced coordination and referral pathways.

CASE STUDY

Manjula (R), 38, has a visual impairment and participated in the pilot program in Sri Lanka. 'I learnt how to protect myself in an emergency, as a person living with a disability. I am now aware of family health and how it is impacted during disaster situations. Women with disabilities need to have their sanitary conditions taken care of. Their protection should be there in disasters, and we have to provide the protection. Males and females need to be separated, especially in camps.

I can now advocate for people with disabilities to get better services. From the very beginning people need protection from violence because they are evacuated to unfamiliar places.

This is a good project for us as we live in such a disaster-prone area. From the grassroots level, from bottom to top, this project should be spread into other areas, so more people learn about this.' Menika (L), 42, is also living with a visual impairment. She said, 'In this program we learnt about all categories of people living with a disability (PLWD). Before we only knew about our category - visual impairment. We learnt that there are different needs for each different disability type.

We also learnt what to do as a PLWD in emergency situations. I had never thought about these protection issues before this program.'

*Excerpts from a IPPF Humanitarian Publication
Disability Inclusion in Humanitarian Action*

DID YOU KNOW?

One billion people, or 15% of the world's population, experience some form of disability. The United Nations Secretary-General has highlighted this population as a critical group for inclusion.



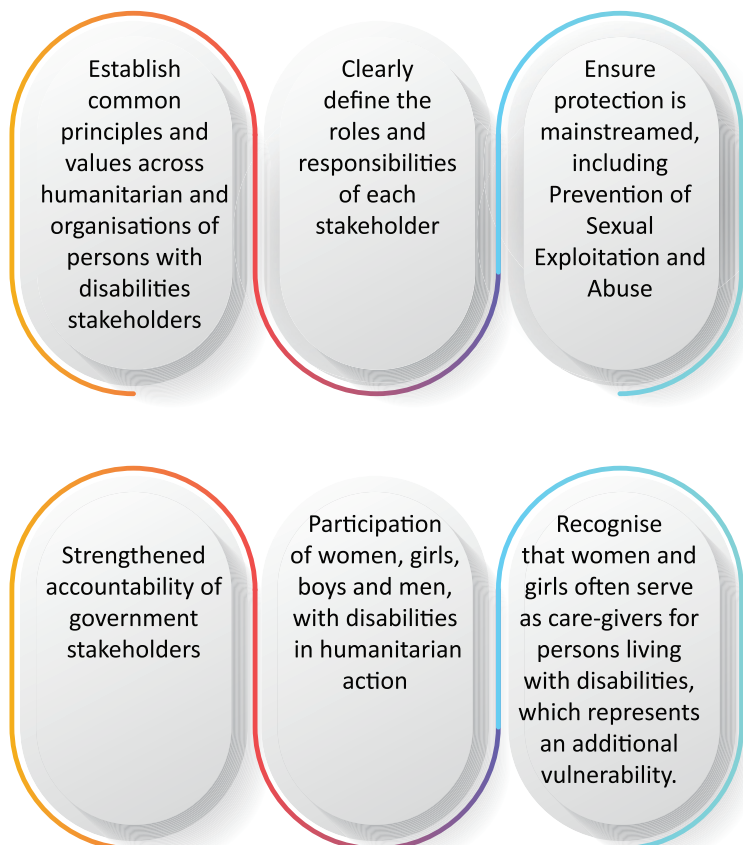
The Charter on Inclusion of Persons with Disabilities in Humanitarian Action was one of the key outcomes of the World Humanitarian Summit in 2016, and called for the development

of guidelines on the inclusion of persons with disabilities in humanitarian action. The establishment of the **UN Inter - Agency Standing Committee (IASC) Guidelines** of Inclusion of Persons

with Disabilities in Humanitarian Action marks a significant step in advancing accountability for the inclusion of persons with disabilities within inter - agency coordination mechanisms.

Key Learning

Learning from the Disability inclusion in Gender-Based Violence (GBV) programming - pilot project demonstrated the vital need to:



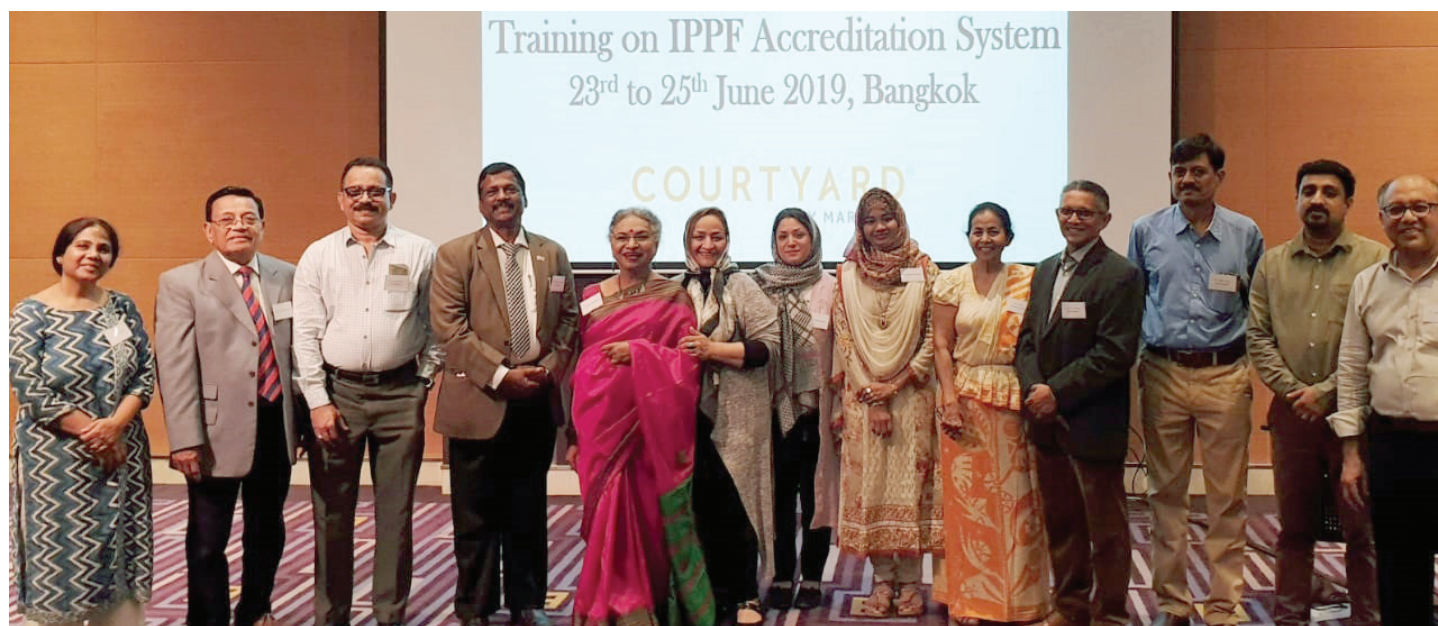
The IASC Guidelines

The Inter-Agency Standing Committee (IASC) Task Team on Inclusion of Persons with Disabilities in Humanitarian Action, comprised of UN Agencies and civil society organisations, was established in 2016. The development of the Guidelines marked a significant step in advancing accountability for the inclusion of persons with disabilities within the inter-agency coordination mechanism. Ensuring non-discrimination requires that such guidelines be gender-sensitive, as well as relevant and appropriate to GBV actors working in humanitarian settings globally.

Finally, all pilot partners demonstrated commitment towards the overall objective of the Guidelines, to ensure that 'persons with disabilities are at the centre, both as actors, and as part of the affected population.

Excerpts from IPPF Humanitarian Publication
Disability Inclusion in Humanitarian Action

Training on IPPF Accreditation System



The IPPF Regional Accreditation Training Programme took place from the 23rd - 25th June 2019 in Bangkok.

Aim and Objectives:

IPPF's accreditation system is a formalized peer review that aims to ensure that all the Federation's Member Associations meet and comply with 48 essential membership standards. The reviews

were carried out by trained staff and volunteers. Similar to the previous accreditation cycle, a regional volunteer pool was created for their participation in the accreditation review team visits.

To further augment this engagement, selected volunteers from MAs in the region were invited for a workshop on the IPPF Accreditation System. This programme is primarily aimed to

orient volunteers to actively engage themselves as review team members.

Representing FPA Sri Lanka was Mr. Chandima Gunawardena (President), Ms. Kusum de Silva (Chairperson - Information, Education and Communication Technical Advisory Committee) and Mr Anver Dole (Chairperson Finance and Administration Committee)

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We were made aware of types of malpractices that could take place and were given advice on how to ensure that they do not occur again. This programme was also a very good eye - opener for Member Associations to assess if they really carry out the tasks expected by IPPF.

I sincerely thank FPASL for giving me this opportunity to participate at this event, which was very useful to enhance my understanding of the system further. We were honoured and proud to be a part of FPASL, as the IPPF Management has high regard and confidence in our progress. My special thanks to Ms. Thushara Agus for her untiring efforts in taking this organisation to such heights. I wish her and the Management of FPASL all the success in their future endeavours.



Ms. Kusum De Silva
(Chairperson IEC)



Mr. Anver Dole
(Chairperson FAC)

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The Training programme was extremely useful and sensitized me to the core thinking and philosophy underlining the working of IPPF. It also exposed the fact that several senior MAs are not in full compliance of Accreditation standards. A special word of thanks to ED and FPA Sri Lanka for nominating me to undergo this training.

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Men and women with diabetes can have a normal sex life. Unfortunately, however it is known that in some cases, this condition can interfere with a range of sexual functions. Sri Lanka too is seeing an increase in the cases of diabetes, with more young persons being affected.

This article focuses on male sexual issues related to diabetes. Among them erectile dysfunction is by far the most common and most worrying sexual problem.

Erectile dysfunction (ED- also known as impotence), is the consistent inability to achieve or maintain an erection firm enough for satisfactory sexual intercourse.

More than half of men with diabetes have erectile dysfunction. ED due to diabetes occurs a decade or so earlier when compared to men without diabetes.

Other sexual problems that could occur

Men with diabetes, particularly in the early stages of erectile difficulties can experience early ejaculation. This condition, which may be distressing to either one or both partners, is known as premature ejaculation.

On the other hand problems of ejaculation may also involve a persistent delay in, or absence of orgasm and ejaculation, following normal sexual excitement. The volume of semen that a man releases may also be reduced.

Low libido or loss of sex drive is also a common sexual health issue for people with diabetes.

An individual's overall sexual drive varies between individuals. However, a man with low/absent sexual desire



typically does not initiate sexual activity and may only engage in it reluctantly when it is initiated by his partner. This problem is often associated with erectile difficulties, and could either be its cause or its result.

Some painful conditions of the penis are known to be more common among men with diabetes:

- * The foreskin and the head of the penis can become red and painful. This problem could recur, and is often due to a fungal infection. It is called balanitis.
- * The penis can sometimes lose flexibility. It may then be forced to bend or arc during an erection, while causing pain. This is a condition of uncertain cause, referred to as Peyronie's disease.
- * The foreskin becomes very tight sometimes, making it difficult to pull it back over the head of the penis (glans). This causes pain, and is called Phimosis.

What are the reasons for sexual problems in a man with diabetes?

Diabetes is a complex disease process, with profound effects on all systems of the human body. The manner in which it leads to sexual problems too, is a culmination of several different factors rather than one single direct process. The following explains some of these factors.

a) Damage to blood vessels and nerves

The process of diabetes related vessel damage begins even before a person develops full blown diabetes. Fat deposits and blood clots frequently block the large pelvic blood vessels of diabetic men, thereby reducing the blood supply to the penis.

Additionally, small vessels within the penis are diseased and further limit flow of blood into the erectile tissue. These factors make it difficult for a man to achieve an erection.

Diabetes also attacks the nerves of the body. Pleasurable sensations that usually occur in response to stimulation of the penis are impaired. Nerve damage also interferes with transmission of signals from the brain to the penis, which leads to a weakened erection.

b) Other conditions related to diabetes which contribute to erectile dysfunction

High blood pressure (hypertension), unhealthy cholesterol levels and excess body weight (overweight/ obese) are conditions which are closely linked to diabetes. These conditions contribute to disease of blood vessels throughout the body and act as risk factors for

erectile dysfunction, similar to the way in which they act as risk factors for heart attacks and strokes.

Some medication used to treat high blood pressure is also linked to erectile dysfunction. This may also be true of some cholesterol lowering drugs.

c) **Low testosterone levels**

Studies have shown that a substantial portion of men with diabetes who suffer from erectile dysfunction have testosterone levels below the normal range.

Although the reasons for this are not fully understood, low testosterone associated with diabetes may contribute adversely towards a man's sexual desire (libido) and the quality of his erection.

d) **Psychological and relationship issues**

Diabetes and its complications are associated with depression, which may predispose diabetic people to erectile dysfunction. Erectile dysfunction may then worsen existing depressive symptoms, thereby leading to a vicious cycle.

Furthermore, the reduction in erectile function that a man experiences can generate anxiety and make the situation worse.

Other general factors such as stress, misinformation, unrealistic expectations and poor communication with one's partner can also contribute towards many forms of sexual dysfunction.

e) **Other non related medical disorders and drugs/ substance abuse**

There are numerous other conditions and drugs/substances that may potentially lead to

erectile dysfunction. Although not specific to diabetes, some of these maybe applicable to you:

- Smoking, excessive alcohol intake and illicit drug use
- Certain medications such as anti depressants, anti psychotics, some stomach ulcer medication, hormones and hormone modifying agents
- Neurological conditions such as spinal cord injury and multiple sclerosis
- Pelvic trauma, tumours or surgery (e.g. prostate surgery)

How can these problems be sorted out?

a) **What can I do to help myself?**

i) **Modify your lifestyle**

Regular exercise, balanced diet, smoking cessation and avoiding excessive alcohol use are important. Evidence shows that men who are able to make these changes could significantly retard the progression of their problems. Some men may even see an improvement. It is worthwhile noting that many of the specific treatments available for diabetes related sexual problems have the potential to fail, if not accompanied by suitable lifestyle changes.

ii) **Crush the stigma; communicate effectively with your partner**

Many men find it extremely difficult to work up the confidence to talk to their partner about sexual difficulties. In my experience this is specially so in a Sri Lankan setting. You probably feel embarrassed, frustrated, nervous and depressed. Your partner too, despite wanting to talk about it may not do so

because she worries about hurting your feelings. She may also believe that she is to blame for the situation, and feel that you no longer find her attractive. This lack of communication can make your relationship worse.

A man is most likely to find his partner understanding and supportive when confided in. An open conversation can motivate you both to explore options to improve the situation together. It will leave both of you feeling hopeful and relieved.

It is also important for your partner to appreciate that older men and diabetic men require more physical stimulation to achieve an erection.

iii) **Don't suffer in silence; seek doctors help**

Many men who experience problematic erections suffer in silence because they are reluctant to consult a doctor. Although discussing your sex life may seem awkward to begin with, it is important to recognise that many doctors are familiar with issues regarding this topic, and there are doctors specially trained in managing sexual problems.

There are many forms of treatment available for erectile dysfunction, which include different kinds of oral medication, injections and vacuum devices. Self medication can be harmful as some treatment may be unsuitable for you. Therefore, a detailed discussion with your doctor is required before you embark on treatment. Ultimately, the goal of therapy is not just a rigid erection but a satisfactory sexual relationship and good health.

Sustainability of HIV Services for Key Populations in Asia (SKPA) Programme

FPA Sri Lanka's Director Advocacy Sonali Gunasekera, Saman Perera, the Deputy Director of Finance and Sriyal Nilanka, the Programme Officer for the AFAO project, attended the Sustainability of HIV Services for Key Populations in Asia (SKPA) Programme Kick-Off Meeting and Grant Management Workshop in Bangkok, Thailand from the 29th July - 2nd August 2019.

The programme was facilitated by the principal recipient, Australian Federation of AIDS Organizations (AFAO). The regional grant offered through the Global Fund will operate in Papua New Guinea, Timor Leste, Malaysia, Philippines, Laos, Mongolia, Bhutan and Sri Lanka.

During the workshop, the attending members were oriented on the activities laid out for the year of 2019 along with reporting mechanisms.

The SKPA Project aims to promote sustainable services for key population members, scale-up of outreach work and improve key population members' access to prevention, testing and treatment and retention in the service cascade. Strengthen advocacy efforts, community response systems and address barriers to access, including addressing stigma and discrimination and other human rights and gender-related barriers to services.

Therapeutic Play



Play therapy is a method of meeting and responding to the mental health needs of children and is extensively acknowledged by experts as an effective and suitable intervention in



As a follow up to the kick-off meeting, David Fowler, International Program Manager, and Greg Gray, Country Lead for Sri Lanka from Australian Federation of AIDS Organizations (AFAO), visited the country (2nd – 6th of September 2019) to introduce the project activities to the National STD & AIDS Control Programme (NSACP), Key Population (KP) community members and other stake holders.

During their visit, they met with the NSACP and officially commenced the activities by disseminating a call for a consultant to conduct a review of the current KP package of services. Further during their visit, they met with the community members to introduce the project activities and discuss about possible activities for the 2nd and 3rd year through the SKPA project.

David and Greg also met with the Human Rights Commission of Sri Lanka, UNFPA, UNAIDS and the National Transgender Network of Sri Lanka to gain their support on the upcoming activities for the year; such as a Stigma and Discrimination Reduction Workshop for stakeholders engaging with drug users, a Gender Assessment of KPs accessing services and scaling up transgender friendly services in the country.

dealing with children's brain development. Although sometimes used with adults, play therapy is a psychotherapeutic approach primarily used to help children ages 3 to 12 explore their lives and freely express repressed thoughts and emotions through play.

A Play Therapy workshop specially designed for parents, pre-school teachers, special needs educators, psychologists, counsellors, speech therapists, occupational and physiotherapists was facilitated by Ms Lucy Bowen - Executive Director of the National Association for Play

therapy in India, on the 10th and 11th of August. It was organised by the Alokaya Counselling Centre.

Topics addressed were: Understanding Play, What is Play Therapy, Development and Therapeutic Benefits of Play, Stages of Play, The importance of sensory play, How to facilitate individual and group sessions and Creative Play Therapy Interventions.



IPPF South Asia Region Regional Council (RC) Meeting and IPPF Safeguarding Training



The RC and Safeguarding Workshop was held by IPPF SARO in Bangkok, Thailand, from the 20th- 21st of August 2019. In addition to going over the achievements and necessary future steps of Member Associations in the South Asia region, the facilitators of the workshop also presented IPPF's intentions regarding implementing safeguarding measures within Member Associations. These safeguarding measures pertain to cases of sexual and other harassment within the workplace, and are intended to create an environment

"Young Persons Health Policy" implemented by the Northern Provincial Council discussed



25 youth from the Northern Province participated in a consultative meeting on the 5th of September 2019, to discuss the presented policy on young person's health. FPA Sri Lanka organised this meeting in partnership with the Jaffna Social Action Centre. Dr. Jeevasuthan, Senior Lecturer, Department of Sociology conducted the meeting together with FPA staff. Participants represented all ethnic groups. Differently abled persons and representatives from the LGBTIQ community were also among the participants enabling a comprehensive discussion taking into account, all views.

free of discrimination, stigma and any form of violence.

Member Associations (MAs) discussed the safeguarding measures that are currently in place within their organisations, including Child Protection and Sexual Harassment policies, and discussed needs for further strengthening reporting and response mechanisms. In addition to describing the measures that currently exist within their organisations, representatives from South Asia's MAs participated in group activities to delve into definitions, such as harassment, exploitation, and unacceptable behaviour, in order to better understand measures necessary to ensure safe and healthy working conditions for employees and stakeholders.

Representing FPA Sri Lanka were Mr. Chandima Gunawardena (President), Dr. Sriani Basnayake (Vice President) and Ms. Avanti Arsecularatna- Advocacy Campaign Manager.

Sustainable Development Goals (SDGs) Workshop

The Advocacy Unit of FPA Sri Lanka conducted a workshop in Galle on the 5th of September 2019 to specifically identify gaps and discuss the importance of SDG Goal 3 and 5 which addresses Sexual Reproductive Health and Rights (SRHR) and Gender respectively.

07 civil society organisations from the Galle district participated in the workshop.

Ms. Kala Peiris, Director of Center for Women's Research and Country Civil Society Representative for SDG related international meetings conducted the workshop together with Ms. Sonali Gunasekera (FPA Sri Lanka Director Advocacy) and Mr. Thushara Manoj (Senior Manager- Advocacy and Youth).

Knowledge is Power



FPA Sri Lanka's Youth Technical Advisory Committee together with the Advocacy Unit organised a two day Comprehensive Sexuality Education Workshop and youth camp on the 10th and 11th of August 2019 as an activity for International Youth Day at the Ecumenical Institute for Study and Dialogue.

Topics discussed were:

Cyber Crimes and Cyber Bullying- Dr Ajith Rohana Colonne - (Member of FPASL's Information, Education and Information Committee and Finance and Administration Committee)

Gender Based Violence and the Domestic Violence Act- Ms. Sonali Gunasekara (Director Advocacy FPASL)

Stigma and Discrimination- Mr. Niluka Perera

HIV/AIDS and STD's- Mr. Vimukthi Bandara (Digital and Outreach Coordinator- FHI 360 on behalf of the The National STD/AIDS Control Programme-NSACP)

Family Planning and modern contraceptive methods- Mr. Thushara Manoj- (FPA Sri Lanka's Senior Manager- Advocacy and Youth)

SDG Goal 3



Ensure healthy lives and promote well-being for all at all ages

SDG Goal 5



Achieve gender equality and empower all women and girls



In conversation with
Mr. Suhail Junaid,
Director Marketing - FPA Sri Lanka

What was your motivation in joining FPA Sri Lanka? Was it the challenge of marketing a somewhat controversial product in a conservative environment or the social good the products marketed will help achieve?

Being a marketing professional and working in the healthcare sector, I noticed that though FPA Sri Lanka had a very successful Social Marketing Programme, it had not reached its full potential.

Therefore, when I saw the advertisement for the vacancy at FPA Sri Lanka, I thought it will be a good opportunity for me to take up the challenge and test my capability of marketing products which were really sensitive in nature in a very conservative environment. At the end of the day, the goal was social benefit the products would have on society by reducing unwanted pregnancies and STIs.

Looking back, I am happy that due to

the Social Marketing Programme of FPA Sri Lanka, which holds a market share of more than 50% for condoms and 80% for pills, we were able to play an active role in controlling STIs and unwanted pregnancies in the country.

What was the most comprehensive marketing strategy you created and executed?

The most comprehensive marketing strategy executed by the Social Marketing Programme was the development and execution of the Stamina Condom. *(Stamina is a condom with Benzocaine to delay the ejaculation and extend the love time).* In this instance, we were able to identify a dire need *(men with premature ejaculation)* in the market and develop a product to fulfil the need of the consumer at an affordable cost *(An upmarket condom brand was available at a very high price and was sold only at selected outlets. Even the promotional campaigns of this brand was targeted at the upper class segment of the population, so others were not privy even to the existence of such a product).*

The most important aspect here was that though there was a dire need, the consumers were not demanding such a product as they were not aware of its availability, and/or due to stigma they were keeping silent. Therefore, our task was even more challenging as we had to speak to the customer regarding a sensitive topic in a language they could understand.

Thus, we adopted a couple of key steps in marketing the product. One of them was that our product carried the trade mark of a horse, moving away from typical condom packs which carried pictures of semi-nude women.

This helped consumers to purchase the product without being noticed. Also the promotional campaigns were carried out through various media channels including press, radio, Point

of Sales (POS), exhibitions, night clubs, etc., to increase awareness and to sample the product. We also had a call centre to advise/assist consumers with regard to their queries on using the product.

What do you think is the number one marketing channel our Association should use?

Considering the country context and the restrictions imposed on advertising contraceptives, I believe the number one channel to market contraceptives should be the POS promotions at pharmacies and modern trade outlets. Presently we are dealing with more than 5000 retail outlets directly and indirectly and this is a good platform to pass on the message of our products to the target market.

We have successfully implemented several campaigns through the above channel which has helped us maintain and improve the market share of our products over the last decade. But we should not repudiate the effect we can gain through social media.

While we can push our products to the consumer through the POS promotion, to create the pull we have to always use a media channel. I believe Social Media is a key media channel, and a cost effective method to market our products.

The condom industry historically markets exclusively to men and that has left women out of the equation. What is your opinion on this?

In Sri Lanka the condom industry is mainly male dominant. One of the key reasons for that is; it is the only contraceptive device available for men to be used at their discretion, while there are several contraceptives available in the market for women.

Another reason is the female condom being a bit complicated to use and much more expensive to purchase as well.

There were a couple of occasions where Ministry of Health under various projects tried to popularize the female condom but without any success.

In my opinion, due to the above reasons, we should popularise male condoms among women too and make them aware that the condom is the only available device with dual protection, i.e. from an unwanted pregnancy and STIs.

We must educate them to overcome the stigma and demand for condoms, whenever required.

Any plans of expanding the product range in the near future?

The secret of our success over the last four decades since the introduction of the Social Marketing Programme (then it was called 'Contraceptive Retail Sales') was the regular launching of new products. As of today, the Social Marketing Programme of FPA Sri Lanka offers the full basket of choice on

contraceptives for its clients. But for the sustainability of the Programme, we will have to be innovative and keep upgrading the existing products and/or launch new products. We are into both. As an example, we were introducing many new varieties of condoms, such as, Stamina, SKYN, etc., going a step further from the regular Preethi condoms.

Second is the non-contraceptive SRH products, such as lubricants. We feel the future market will be more open to non-contraceptive SRH products which we are working on at the moment.

In the next few years, we hope to introduce a couple of products which will enhance sexual pleasure of clients, both young and old.

Another area where we have seen immense potential is for Sub Fertility products. Presently we are researching this area as well as to find a suitable product at an affordable price.

The Social Marketing Programme is widely recognised in the IPPF fraternity and is one of the key reasons the Social Enterprise Hub was established at FPA Sri Lanka. Does this place more responsibility on FPA Sri Lanka to share this knowledge effectively?

My answer to the above question is YES. The Social Marketing Programme of FPA Sri Lanka is one of the oldest and most successful Social Marketing Programmes in the IPPF fraternity. We are working on continuous improvements of the programme by developing products and support systems. We were the first to develop a contraceptive security guideline and established a real time invoicing and inventory system with the introduction of SAGE ERP software. Due to the above reasons and the Social Enterprise Hub being established in Sri Lanka, we are obliged to share our knowledge, systems and experiences with other stakeholders which we have been doing successfully during the last couple of years.

FPA Sri Lanka at the Annual Scientific Sessions of the Sri Lanka College of Obstetricians and Gynecologists



The 52nd Annual Scientific Sessions of the Sri Lanka College of Obstetricians & Gynecologists took place on the 10th and 11th of August 2019 at the Galadari Hotel in Colombo. A host of medical professionals from here and abroad participated at this event.

FPA Sri Lanka's Social Marketing Programme (SMP) managed a stall which served as an awareness platform, through which those who visited the booth had an opportunity of obtaining information and products.



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පරිපූර්ණ ලිංගික අධ්‍යාපනය වනාහි අධ්‍යාපනය හා සෞඛ්‍යය නමුචන සංධිස්ථානය යි. කෙනෙකුගේ සෞඛ්‍ය වර්ධනය හා ස්ත්‍රී-පුරුෂ සමාජභාව සමානාත්මතාව සඳහා එම අධ්‍යාපනය මහෝපකාරී වන සාධකයකි.

සෞඛ්‍යසම්පන්න දිවි පෙවෙකට හා ජීවිතයේ ස්ත්‍රී-පුරුෂ සබඳතා ගොඩනගා ගැනීම පිණිස යොවුන් පරපුරට සහාය වන මග පෙන්වීම් එම අධ්‍යාපනික සංකල්ප තුළින් ලැබේ. එය වඩාත් වැදගත් වනුයේ, තරුණ පෙළ හා අදාළ වන්නා වූ ලිංගික හා ප්‍රජනන සෞඛ්‍යය පිළිබඳ ව, ජීවිතයට මෙන් ම අනාගතයට ද බලපාන්නා වූ තීරණ ගැනීමට එමගින් ඔවුන් මනා ලෙස දැනුවත් කරනු ලැබීම නිසා ය.

එසේ වුව ද, අභාග්‍යය නම්, අප රට තුළ පමණක් නොව, ලොව පුරා ම වෙසෙන යොවුන් හා තරුණ පිරිසගෙන් අති විශාල ප්‍රතිශතයක් ම, වගකීමෙන් යුක්ත ව එම තීරණ ගැනීම සඳහා අවශ්‍ය වන්නා වූ දැනුම හා අධ්‍යාපනය නොමැති ව අනාගතයට මුහුණදීමට සූදානම් වීම යි. එහි අවසාන ප්‍රතිපලය වනුයේ ඔවුන් නොදැනුවත්ව ම විවිධ අන්තරායකාරී බලපෑම්වලට මෙන් ම, ලිංගික ව සම්ප්‍රේෂණය වන ආසාදනයන්ටත්, අනපේක්ෂිත ගැබ්ගැනීම්වලටත් භාජනය වීම යි. එකී තරුණ පිරිස් ප්‍රවේසම් විය යුතු තවත් අංශයක් මෙසේ ය. ලිංගිකත්වය හා ස්ත්‍රී-පුරුෂ සමාජභාවය පිළිබඳ ව අවිස්වාසාත්මක හා සාවද්‍යවූ



ද, එකිනෙකට පරස්පර වූ ද, ව්‍යාකූල වූ ද තොරතුරු සම්භාරයක් දිනපතා ම පාහේ අපගේ තරුණ පරපුරට විවිධාකාරයෙන් ලැබෙමින් පවතී. එම තොරතුරු ඔවුන්ගේ සෞඛ්‍යයට, යහපැවැත්මට හා අභිමානයට ද හයානක ලෙස අවදානම් හා තර්ජනයන් එල්ල කරන්නේය. ඒ බව නොසලකා හැරීම නිසා, වර්තමානයේ බහුතරයක් තරුණ තරුණියන්ට බරපතල ලෙස ප්‍රශ්නකාරී ලිංගික හා ප්‍රජනන සෞඛ්‍ය ගැටලුවලට මුහුණදීමට සිදුව තිබීම රහසක් නොවේ. මෙම දීපව්‍යාප්ත ප්‍රශ්නයට එක්තරා විසඳුමක් වශයෙන්, අප ආයතනයේ සේවා සම්පාදන අංශයේ මෙහෙයවීමෙන්, රාජ්‍ය වෘත්තීය පුහුණු අධිකාරියේ පහත සඳහන් මධ්‍යස්ථානයන්හි දී පරිපූර්ණ ලිංගිකත්ව අධ්‍යාපනික තුන් දින වැඩමුලුව බැගින් පසුගිය දා පවත්වනු ලැබීය. ඉදිරියේ දී ද,

තරුණ පිරිස් සඳහා මෙවැනි වැඩමුලු තවත් මධ්‍යස්ථාන කිහිපයකදී ම පැවැත්වීමට එම අංශය විසින් පියවර ගනු ඇත.

2019 ජූලි 02, 03 සහ 04 - ඉමදුව මධ්‍යස්ථානයේ දී

2019 ජූලි 10, 11 සහ 12 - කොග්ගල මධ්‍යස්ථානයේ දී

2019 ජූලි 10, 11 සහ 12 - ගාල්ල මධ්‍යස්ථානයේ දී

2019 අගෝස්තු 08, 09 සහ 12 - නුවර එළිය මධ්‍යස්ථානයේ දී

2019 අගෝස්තු 06, 07 සහ 08 - S.M.I හෙද විදුහල ගම්පහ මධ්‍යස්ථානයේ දී

Global Gag Rule Emergency Fund Project - Progress review



Ms. Kumkum Pal (Senior Project Advisor - Integrated Service Delivery at IPPF) visited FPA Sri Lanka from the 9th -13th of September 2019. The overall achievement and progress report (Period: 1st June 2018 to end August 2019) was presented by Mr. S.K. Sunil Senarathne (Deputy Director - Outreach Unit)

For the review, she observed clinics being carried out by the Service Delivery Points in Koggala and Seethawaka, had discussions with Volunteer Health Assistants attached to these service points and observed a Comprehensive Sexuality Education programme being carried out for youth students of the Vocational Training Authority in Galle.

INTERNATIONAL YOUTH DAY

In today's society, the word sex has intrigued children. Therefore comprehensive sexuality education is needed to eliminate that curiosity, to normalize it and to eliminate the problems we face because of ignorance. It also helps to have a comprehensive knowledge about STDs.

Ganga Rathnayake
Youth Volunteer
FPA Sri Lanka

Poster from International Youth Day campaign - 12th August 2019

Sexual and Reproductive Health (SRH) in emergencies is crucial, truly life-saving!

The SPRINT Initiative provides one of the most important aspects of humanitarian assistance that is often forgotten when disaster and conflicts strike. Ensuring access to essential life-saving SRH services for women, men and children in times of crises, a time when services are most needed yet are not prioritised or recognised by key humanitarian responders, SPRINT delivers practical solutions for girls and women, trains humanitarian workers to deal with pregnancy, childbirth, reproductive health and the aftermath of rape and violence.

Besides working to ensure emergency humanitarian programmes in the field to respond to such needs, SPRINT engages in political processes, working towards raising awareness, strengthening coordination, and building capacities for ensuring preparedness of SRH services during emergencies.

Under 'inclusion of vulnerable and minority groups into MISP', SPRINT also focuses on the LGBTQI community and Persons with Disabilities (PWDs) in service provision during emergencies.

SPRINT Initiative is funded by the Department of Foreign Affairs and Trade (DFAT) under Australian Government and managed by International Planned Parenthood Federation (IPPF).

Under the purview of FPA Sri Lanka's Outreach Unit's SPRINT Project the following programmes were facilitated by Dr. Harischandra Yakandawala, Consultant - FPA Sri Lanka and Dr. Novil Wijesekara, Medical Officer - Disaster Preparedness and Response Division, Ministry of Health.



A Sexual and Reproductive Health (SRH) Sensitization Workshop for officers of the National Disaster Relief Service Centre (NDRSC) was conducted on 26th August 2019 at the Ministry of Disaster Management.

The NDRSC is the mandatory government body in charge of camp management during emergencies.

Mr. Chaminda Pathiraja, Director - NDRSC, Ms. Savithri Jayakody, Assistant Director - NDRSC together with 25 district officers and 10 officers from the NDRSC Head Office participated in the workshop which was facilitated by Dr. Harischandra Yakandawala, Consultant - FPASL and Dr. Novi Wijesekara, Medical Officer - Disaster Preparedness and Response Division, Ministry of Health.

Key topics addressed: 'Why integrating SRH in emergency service provision is important' and 'How to ensure SRH needs of vulnerable groups in camp management'.



A two day training on Minimum Initial Service Package (MISP) in SRH was conducted for parties working with Disabled Person Organizations (DPOs) on the 28th and 29th of August, 2019 at Best Western Elson, Colombo.

Persons with disabilities are often marginalised in terms of access to sexual and reproductive health (SRH) services, due to lack of knowledge or awareness about their needs, stigmatising attitudes, or an assumption that they are not sexually active and/or do not desire or cannot have children. In times of crisis these issues are exacerbated.

14 officers and members from several DPOs successfully completed the training course. Inclusion of vulnerable groups into SRH service provision is the main scope of the SPRINT Project, therefore persons with hearing, visual, physical and intellectual disabilities were among the recipients of this training.

FP2020 supported by the Netherlands Embassy

Sri Lanka holds a leading position amongst low and middle income countries with regard to its impressive maternal health indicators. These impressive statistics are often attributed to the country's well-organized and decentralised healthcare system.

Despite observing impressive maternal health indicators, unsafe abortions remain prevalent, unaddressed, and accountable, to a considerable extent, for the maternal deaths that do occur in the country.

In spite of its wide reach, the unmet need of family planning in Sri Lanka indicates that there are certain vulnerable populations (youth, working men and women including older women and single women) that remain unreached, without adequate access to information and modern contraceptive services.

The project will focus its efforts in the Northern and North Western Province as these two provinces have a high unmet need for family planning in the country. The main goal is to increase the use of modern family planning methods among these populations.

Activities to be carried out:

- National level Training of Trainer (TOT) trainings on modern contraceptive methods for Civil Society Organisations (CSO) from different parts of the country.
- Capacity building sessions on Sexual and Reproductive Health and Rights will be conducted at the national and district level.
- Youth camps to be held at district level in the Northern and North Western Provinces. The topics addressed during the camps would be Modern Family Planning Methods, Human Body, Gender, Gender Based Violence, Laws and Policies, LGBTIQ and Abortion.

Completed activity under the FP2020 Project



Several Training of Trainer workshops are scheduled to be held as an activity under the FP2020 project.

Prior to them being carried out, two Planning Meetings took place in Kilinochchi on the 4th of September 2019 in consultation with youth representatives from civil society organizations such as The Organization for Integrated and Sustainable Development, Maha shakthi, Samuththana, Santhiku etc. from the Kilinochchi district. Concerns raised pertained to issues and taboos surrounding Family Planning and contraceptive use in rural villages.

Mr.Thushara Manoj and Ms. Priyatharshini Vijayaratnam conducted the meetings.



Will Human Papillomavirus (HPV) cause health problems for me?

Most HPV infections go away on their own and don't cause any health problems. However, if an infection does not go away, it is possible to develop HPV symptoms months or years after getting infected.

Most men who get HPV never develop symptoms and the infection usually goes away completely by itself. However, if HPV does not go away, it can cause genital warts or certain kinds of cancer.

See your healthcare provider if you have questions about anything new or unusual such as warts, or unusual growths, lumps, or sores on your penis, scrotum, anus, mouth, or throat.

Sexually transmitted infections can affect a woman's ability to have a baby

Women with chlamydia may not experience symptoms. They can have the infection for some time without being diagnosed or treated. Undetected chlamydia infections can cause pelvic inflammatory disease (PID), which in turn can lead to infertility. If Gonorrhoea is not treated, it can also affect a person's chance of having a baby.

We want to hear your views and suggestions!

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