

Equipped and Ready for Action



Problems related to Sexual and Reproductive Health are the leading causes of death and ill health globally for women of childbearing age. In times of crises, this susceptibility increases. Around the world, thousands of women and girls are subjected to sexual assault in conflict situations.

Integrating Sexual and Reproductive Health Services into humanitarian response interventions and addressing Gender-Based Violence has been a key focus in FPA Sri Lanka's humanitarian response efforts.

What is MISP

MINIMUM INITIAL SERVICE PACKAGE (MISP)

Decrease mortality, morbidity & disability in crisis-affected populations

- 1 Identify an agency to lead the implementation of the MISP
- 2 Prevent and manage the consequences of sexual violence
- 3 Reduce transmission of HIV
- 4 Prevent maternal and infant mortality
- 5 Plan for comprehensive reproductive health services integrated into primary health care

In preparing to face calamities that could occur in 2018, FPA Sri Lanka held a 2 day residential training for staff on the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in Emergencies, so that the Staff, are geared with adequate information and knowledge to tackle same, if and when they arise.

The Facilitators were: Dr. Yakandawala (SPRINT Project Head/Director - Medical of FPA Sri Lanka) and Mr. Rangika Wickramage (Assistant Director - Public Affairs, Policy & Advocacy, FPA Sri Lanka/SPRINT Project Coordinator)

Shedding light on Mental Health

Mental Health includes our emotional, psychological, and social well-being and affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence to adulthood.

The stigma attached particularly to mental illness in our country prevents many from living a normal healthy life. Going to a doctor for a physical ailment does not raise any eyebrows, yet, visiting a therapist or a counsellor for a mental discomfort is viewed as abnormal.

FPA Sri Lanka's Alokaya, provides a wide range of counselling services. It provides both individual and group counselling to its clientele. Issues relating to Sexual and Reproductive Health, personality development, relaxation, stress management, trauma, are some of the areas addressed.



An awareness programme on Mental Health was conducted by Ms. Hema Ranawake of the Alokaya Counselling Centre for staff of the Mahaweli Authority of Sri Lanka.

Leave no one behind

Protecting the Rights of Key Population groups through Advocacy

Sri Lanka is a country with a low HIV prevalence rate. However, there is a disproportionate burden of HIV in many settings, for Key Populations, i.e. higher risk groups, especially men who have sex with men (MSM) and transgender (TG) people. High social stigma and punitive laws that criminalize same-sex sexual behaviour in Sri Lanka, increases the vulnerability of these groups to HIV by creating barriers to access healthcare and legal and social services. This makes it difficult for healthcare providers to reach them for HIV prevention, treatment, care and support programmes.

As a sub-recipient of the Multi-Country South Asia Global Fund HIV Programme (from 2014 to 2017), FPA Sri Lanka undertook an array of advocacy initiatives to create an enabling environment for Key Population groups. This regional HIV Programme complemented the national grant of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Among the many advocacy initiatives are; sensitisation and capacity building workshops for healthcare providers, legal officers, media personnel, parliamentarians, law enforcement authorities, university students and individuals representing Key Population groups, exposure visits and learning exchanges to South Asian countries, development of a

range of Information, Communication and Education materials, capacity building of Community Based Organisations and awarding Seed grants.

The Principal Recipient of the Multi-Country South Asia Global Fund HIV Programme, Save the Children International in Nepal, organised a meeting for its partners from 26th to 27th March, 2018 in Bangkok, Thailand, where the progress made by FPA Sri Lanka during the implementation of the project was recognised and appreciated. Ms. Devmi Dampella, Project Manager-MSA Global Fund HIV Programme, attended the meeting and these are her thoughts on the impact of this project in Sri Lanka:

“Sri Lanka received the Multi-country South Asia HIV grant from the Global Fund as a way of complementing the national HIV response through advocacy. A HIV programme focused on creating a conducive environment for Key Population groups, was much needed to reduce the impact of and vulnerability to HIV among Key Population groups. Over the last few years, we were able to create an important dialogue about the rights of Key Population groups in the country and witnessed health and legal systems progressing towards protecting the rights of Key Population groups, which I think is our greatest achievement”



Comprehensive Care under one roof

FPA Sri Lanka focuses on aiding the under-served and disadvantaged populations. Serving through a country wide network of static and mobile clinics, we ensure that services reach the people who need them, when they need them, regardless of where they are.

We provide vital information on SRH services, including counselling and services related to family planning, adolescent health, ante- and post-natal care, prevention of HIV and other sexually transmitted infections, cancer screening and general health investigations. All of these services are delivered under one roof and can be accessed in a single visit.

FPA Sri Lanka works closely with key stakeholders such as policy makers and parliamentarians in order to ensure that peoples' Sexual and Reproductive Health and Rights are being met.

The Batticaloa Service Delivery Point conducted a mobile clinic on the 3rd of April in Mattakali. The Centre plays a vital role in the community, helping build awareness on key issues and providing essential health services.



විවාහ දැන යමු

පූර්ව විවාහ උපදේශනය

විවාහ දිවියට පිවිසීමට සැලසුම් කරන යුවලක් ඒ සඳහා සූදානම් කරවීමේ ක්‍රියාදාමය පූර්ව විවාහ උපදේශනය වේ. මේ තුළින් දෙදෙනා අතර යහපත්, සෞඛ්‍ය සම්පන්න සබඳතාවයක් ගොඩනගා ගැනීමට සහයෝගය ලබාදෙන අතර වඩා තෘප්තිකර, ස්ථාවර විවාහ දිවියක් පවත්වා ගැනීමට අවස්ථාව සලසා දෙනු ලැබේ. සාමාන්‍යයෙන් දෙදෙනා අතර විවාහයට පෙර සම්ප සබඳතාවයක් පැවතුනද විවාහයෙන් පසු අර්බුද හා ගැටලු ඇතිවිය හැකි අවස්ථා හඳුනා ගනිමින් ඒවා විසඳා ගැනීමේ කුසලතා වර්ධනය කරමින් සබඳතාවය තව දුරටත් ශක්තිමත් කර ගැනීමේ මාර්ගය පෙන්වා දෙනු ලැබේ.

පූර්ව විවාහ උපදේශනයේ අන්තර්ගතය

විවාහය සාර්ථක වීමට නම් කායික, මානසික, සමාජීය හා අධ්‍යාත්මික යන පැතිකඩයන් සියල්ල පෝෂණය විය යුතුය. ශක්තිමත් බැඳීමක් පවත්වා ගැනීමට සහකරු, සහකාරිය අතර පැවතිය යුතු ආදරය, විශ්වාසය, ගෞරවය, කැපවීම, ඉවසීම, අන්‍යෝන්‍ය අවබෝධය, සන්නිවේදනය, රැකවරණය, ආත්මාර්ථකාමීත්වයෙන් තොර වීම, වගකීම් දැරීම, හවුල් නිර්ණාය, යථාර්ථවාදී බලාපොරොත්තු ආදී ගුණාංග මතු වන ලෙස අපගේ පූර්ව විවාහ උපදේශන සැසි අන්තර්ගතය නිර්මාණය කර ඇත. අප සමාජ සංස්කෘතිය තුළ බොහෝවිට දෙදෙනාට සෘජුව කතාකල නොහැකි මාතෘකා පිළිබඳ කතාබහ කිරීමටද උපදේශකවරයා මැදිහත් වේ.

1. විවාහය අර්ථ කථනය කිරීම, විවාහය පිළිබඳ තමන් දරණ ආකල්පය හා විවාහයේ අරමුණු
2. එකිනෙකා පිළිබඳව ඇති අවබෝධය

3. ආදරය, ආදරයේ භාෂා සහ සහකරුගේ, සහකාරියගේ ආදරයේ භාෂාව හඳුනා ගැනීම
4. අධ්‍යාත්මික පසුබිම (ආගම, විශ්වාස)
5. දෙදෙනා අතර සන්නිවේදනය පවත්වා ගැනීමේ ක්‍රම, අනාගතයේ ඇතිවිය හැකි ගැටලු සහ ඒවා විසඳා ගන්නා ආකාරය
6. ලිංගිකත්වය සහ ලිංගික දිවිය විචිත්‍රවත් කර ගැනීම
7. පවුලේ ආර්ථිකය සහ මුදල් පරිහරණය
8. ස්ත්‍රී පුරුෂ සමාජ භාවය මත පදනම් වූ හුම්කාවන්
9. පවුලේ ඉතිහාසය, සහකරු/සහකාරියගේ පවුල සමඟ සබඳතා පැවැත්වීමේ හැකියාව
10. දරුවන් ලැබීම
11. විවාහයෙන් පිට අනෙකුත් සබඳතා

පූර්ව විවාහ උපදේශනයේ වැදගත්කම

විවාහය යනු පුද්ගලයකුගේ ජීවිතයේ වැදගත් සමාරම්භයක් සනිටුහන් කරන සන්ධිස්ථානයකි. මේ ජීවිතය තුළම නැවත ඉපදීමක් ලෙස විවාහය සැලකිය හැක. බොහෝ කාලයක් පෙරැම් පුරා විවාහ දිවියට ඵලඹෙන දිනය ඉතාමත් සුන්දරව, ආකර්ෂණීය ලෙස සැලසුම් කරමින් ජීවිතය සමරන්නට බොහෝ යුවතිපතීන් කටයුතු කරනු ලැබේ. මංගල ඇඳුම්, රන් ආභරණ, මල් කළඹ, රූපලාවණ්‍ය කටයුතු, ආරාධනා පත්‍ර, ඡායාරූප, සංගීතය, පෝරුව සහ සැරසිලි සඳහා විශාල මුදලක් වැය කරමින් උත්කර්ෂවත් විවාහ මංගල උත්සවයකින් නව යුවතිපතීන් සොඳුරු කැඳැල්ලකට පියමං කරති. එහෙත් ඉතා කෙටි කාලයක් තුළ එක වහලක් යට එකට වෙසෙනු නොහැකිව පවුල් අර්බුද විසඳා ගැනීම සඳහා අපගේ උපදේශන මධ්‍යස්ථානය වෙත පැමිණෙන අඹු සැමියම් ගණන ඉතා ඉහළය. විශේෂයෙන්ම වර්තමාන සමාජය තුළ පුද්ගලයා ගෙවන මේ පෙරට වඩා කාර්යබහුල, අධිවේගී ජීවන

රටාව සමගින් බොහෝ විවාහ ජීවිත දෙදරා යමින් පවතී. ඇතැම් විට සහකරු සහකාරිය එක වහලක් යට එකට විසුවද සන්නිවේදනය නොමැතිව ජීවිතයේ බැඳීම් දියවී යමින් අවසානයේ එකිනෙකාගෙන් ගිලිහී යති. සෞඛ්‍යය අධිකාරිය විසින් මෘත කාලයේදී ශ්‍රී ලංකාව තුළ කරන ලද සමීක්ෂණයකට අනුව වසරකට දික්කසාද වීමේ ප්‍රතිශතය 54% දක්වා ඉහළ ගොස් ඇති බව වාර්තා වේ. එසේ නම්, මේ අප ක්‍රියාත්මක විය යුතුම කාලයයි. මංගල දිනයේ සුන්දරත්වය ජීවිතාන්තය දක්වා පවත්වා ගන්නටත්, විවාහ දිවිය සැමදා සොඳුරු මිහිරියාවකින් පුරවා ගන්නටත්, සහකරු හා සහකාරිය බලගැන්වීම, විවාහ දිවියට ඇතුල් වීමෙන් පසු පැන නැගෙන ගැටලු විසඳීමට සහයෝගය දීමට වඩා වැදගත් වේ.

ආලෝකය උපදේශන මධ්‍යස්ථානය දෙආකාරයකින් පූර්ව විවාහ උපදේශන සේවාව දියත් කරනු ලැබේ.

1. උපදේශන සැසි

විවාහ වීමට බලාපොරොත්තු වන යුවල ඔවුන්ට පහසු දින හා වේලාවන් යොදා ගෙන අප ආයතනයට පැමිණ සේවාව ලබා ගැනීම.

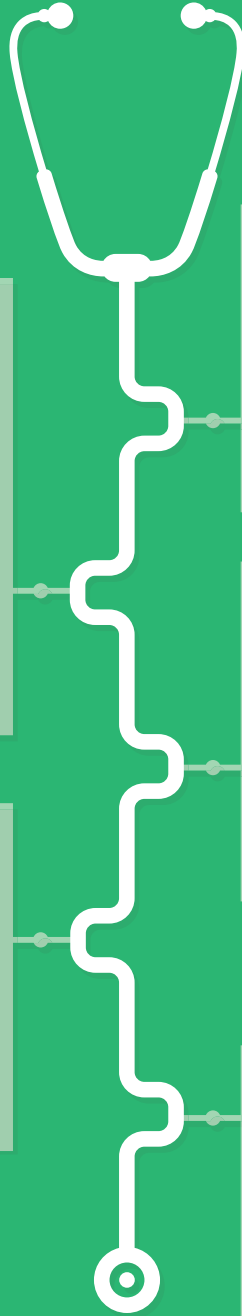
2. උපදේශන වැඩමුළු

අප විසින් සැලසුම් කරන ලද දිනයක, හෝටල් ශාලාවක, ආහාරපාන හා වෙනත් විශේෂ ප්‍රතිලාභ සහිතව, තම සහකරු/සහකාරිය සමගින් දැනුවත් වීම. තෘප්තිමත් විවාහ ජීවිතය මානසික යහපැවැත්මෙහි සුවිශේෂී අංගයකි. ඒ සඳහා සමාජය දැනුවත් කිරීමට ආලෝකය උපදේශන මධ්‍යස්ථානය කැපවී සිටීමු.

හේමා රණවක

ජ්‍යෙෂ්ඨ කළමණාකාරිනී
ආලෝකය උපදේශන මධ්‍යස්ථානය

Health Myths Busted



Myth: "Wait a year before seeing a doctor."

Fact: Regardless of whether you want to start or grow your family today or several years down the road, it's never too early to begin talking to your doctor about your fertility. Particularly if you and your partner are age 35 or older, if you have frequently irregular periods or conditions such as polycystic ovary syndrome (PCOS), if you have had surgery or other conditions that might alter your fertility, or if the male partner has reason to believe he may have a low sperm count, it's best to talk with your doctor about your options in advance.

Myth: Wearing an underwire bra increases your risk of getting breast cancer

Reality: Claims that underwire bras compress the lymphatic system of the breast, causing toxins to accumulate and cause breast cancer, have been widely debunked as unscientific. The consensus is that neither the type of bra you wear nor the tightness of your underwear or other clothing has any connection to breast cancer risk.

Myth: Most breast lumps are cancerous.

Reality: Roughly 80% of lumps in women's breasts are caused by benign (noncancerous) changes, cysts, or other conditions. Doctors encourage women to report any changes at all, however, because catching breast cancer early is so beneficial. Your doctor may recommend a mammogram, ultrasound, or biopsy to determine whether a lump is cancerous.

Myth: Prostate cancer is an "old man's disease"

Prostate cancer mainly affects men over the age of 50 and the most common age for men to be diagnosed is between 70 and 74 years. This means that if you are under 50 then your risk of getting prostate cancer is very low. But it's important to remember that whilst being diagnosed with prostate cancer in your forties is very rare - it can happen.

Myth: Eating late makes you gain weight

You've probably consistently been told by people that eating late in the evening will make you put on more weight than eating at other times, but there is little evidence to support this. It is not when people eat that makes a difference but rather what they eat and the amount they eat. So long as the calories consumed are burnt off, it doesn't matter what time of the day you consume them.

Making a Mark

FPA Sri Lanka collaborated with The Ministry of Education and the Sectoral Oversight Committee on Women and Gender of the Sri Lanka Parliament to pilot test a Sexual & Reproductive Health & Rights education module in a few select schools in the Western Province. This is a result of decades of advocacy by Civil Society.

Based on the results of this pilot project, the Government of Sri Lanka has committed to expanding the module throughout the country.

The module covers key information on consent, contraceptives, HIV and Sexually Transmitted Infections, etc.



Premature Ejaculation

Premature Ejaculation (PE) is a condition in which a man ejaculates earlier than he or his partner would like him to, causing distress to either or both partners.

Many men occasionally ejaculate sooner during sexual intercourse than they or their partner would like. As long as it happens infrequently, it is not a cause for concern. If this happens in most of their sexual encounters it may cause significant distress and can affect the sexual satisfaction in the man as well as the woman. PE is a condition that can be treated very effectively. Medications, psychological counseling and sexual techniques that delay ejaculation can improve sex for you and your partner. For many men, a combination of treatments works best.

Average time from penetration to ejaculation is 5 to 6 minutes. According to latest guidelines, to be considered as having PE time from penetration to ejaculation (ejaculatory latency time) should be less than 1 minute. Men with ejaculatory latency time that is less than two minutes, also need treatment if the condition causes significant distress. PE could broadly be classified as life long PE (primary) or acquired PE (secondary). Men with life long PE experience rapid ejaculation in all sexual encounters including masturbation and with all partners. Men with secondary PE develop the problem later in life after having a normal ejaculatory latency time previously. Both of these conditions can be treated.

Causes for Premature Ejaculation

It was previously thought that this condition is primarily due to psychological factors. We now know PE is more complicated and involves a complex interaction of both psychological and biological factors. Therefore, proper evaluation by a doctor is needed to identify the underlying cause.

Complications

While premature ejaculation does not increase your risk of serious health problems, it can be a symptom of an underlying medical problem like over activity of the thyroid gland and other biological conditions. Long standing PE can affect your sexual as well as personal life. The common complications of PE include relationship distress, lack of intimacy, lower self esteem and marital disharmony. In men who ejaculate before penetration, fertilisation can be difficult or impossible unless PE isn't effectively treated.

Treatment

All men need careful evaluation before treatment in order to achieve better outcome. Treatment options for premature ejaculation include sexual therapy, medications and psychotherapy. For many men, a combination of these treatments works best.

During consultations with the doctor, sexual confidence will be improved while addressing negative emotions and reducing anxiety levels. Sexual myths will be addressed aimed at increasing perception of control. The outcome is better if the man visits the doctor with his partner as some female sexual dysfunctions, attitudes and behaviors can also lead to PE.

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Specialist in Sexual Medicine

பீரியட்ஸ் - ஏன் இந்த ஒழிவு மறைவு?

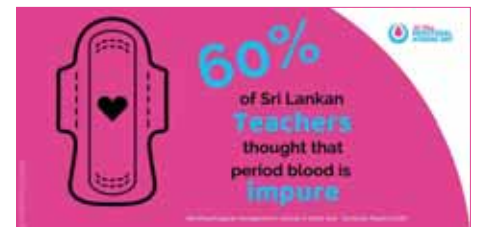
Menstruation – why are we so secretive about it?

மாதவிடாய்(பீரியட்ஸ்) என்பது இயற்கையானது. வயதுக்கு வந்த ஒவ்வொரு பெண்ணும் அனுபவிப்பது. சுழற்சி முறையில் 28நாட்களுக்கு ஒருமுறை கருப்பையிலிருந்து யோனியினூடாக 3 தொடக்கம் 7 நாட்கள் வரை குருதி வெளியேறுவது மாதவிடாய் எனப்படும். கருப்பையில் கர்ப்பம் தரிப்பதற்கு ஆயத்தமான சீதமென்சவ்வு மற்றும் குருதி, அச்சுழற்சியில் கர்ப்பம் நிகழாவிட்டால் உடலிலிருந்து வெளியேருவதை இது குறிக்கும். எளிதில் சொன்னால் மாதவிடாய் இல்லாவிடின் மனித இனப்பெருக்கமே இல்லை. அவ்வாறெனில் ஏன் இந்த சங்கடம்?

தாய்மார்களே! உங்கள் பெண்பிள்ளை பூப்படைவதற்கு முன்னர் (10 வயதளவில்) தயவு செய்து பீரியட்ஸ் பற்றி விளக்கப்படுத்துங்கள் (ஒன்றுமறியாமல் இரத்தத்தைக் கண்டு பயந்து அதை ஒழித்த பிள்ளைகள் ஏராளம்). இன்டர்னெட் அல்லது புத்தகங்கள் பாவித்து பீரியட்ஸ் வருவது ஏன், பேட் (pad) அணிவது எப்படி என்று சொல்லிக் கொடுங்கள். பிள்ளை பூப்படைந்த பின்னர், தாங்க முடியாத வயிற்று வலியோ, சீர்ற்ற பீரியட்ஸ்ஸோ அல்லது இரத்தக்கட்டிகள் வந்தாலோ வைத்தியரின் உதவியை நாங்கள் நாடுவோம் என எடுத்துக் கூறுங்கள். தன் தந்தையிடம் "அப்பா! எனக்கு யிளள வாங்க வேண்டும்" அல்லது சகோதரனிடம் "எனக்கு பீரியட்ஸ், எனக்கு தொல்லை கொடுக்காதே" எனக் குடும்பத்தின் ஆதரவைப் பெற்றுக் கொள்ளக் கூடியதன் நன்மையை உங்கள் பெண்பிள்ளைகளுக்குக் கொடுங்கள்.

இவ்வாறாக வீட்டில் பீரியட்ஸ்ஸைப்பற்றி ஒழிவு மறைவின்றி கதைக்கக்கூடிய சூழ்நிலையை உருவாக்குவோம். இயற்கையாக மாதமொருமுறை வரும் மாதவிடாய் பற்றி சங்கோஜப் படாமல் நேர்மறை அணுகுமுறை (positive attitude) உடன் உரையாடக்கூடிய எதிர்க்காலத்தை அமைப்போம்.

Dr. Zaneefar Careem Drahman
(MBBS, DCH)





Community Health Worker Trainings

Focus on HIV began at FPA Sri Lanka at the same time the Sri Lankan Government decided to address HIV among vulnerable populations in the late 1980s. The Association has gained significant experience working in extensive HIV focused projects supported by the World Bank, European Union and currently through the Global Fund. Empowering and serving Key Populations such as men who have sex with men, female sex workers, drug users, beach boys and people

living with HIV have been our main goal. We aim to realise the objective of keeping a low HIV prevalence in the country by increasing access to prevention in order to support the implementation of the National Strategic Plan for HIV (2018-2023)

FPA Sri Lanka works closely with the National STD/AIDS Control Programme to deliver this as a sexual-health package in several

districts using peer education as the key tool.

We were pleased to have Mr Scott Berry, (Consultant, GFATM New HIV Prevention Pilot Project) join us for two weeks in May 2018 to conduct training's for 10 field teams of community health workers representing 5 districts, helping them review and rethink how they do field work for community health.



Training of Trainers to deliver Comprehensive Sexuality Education for adolescents and youth

FPA Sri Lanka conducted a three day Training of Trainers to deliver Comprehensive Sexuality Education (CSE) for adolescents and youth with a group of expert trainers from FPA India (FPAI), the Ministry of Education, the Ministry of Health and FPA Sri Lanka. It was organised with the support of the International Planned Parenthood Federation South Asia Regional Office.



Centre from 25 - 27th April 2018 and was sponsored by The United States Agency for International Development (USAID)

Established in 1980, Alokaya operates under the purview of FPA Sri Lanka's Medical Unit. It primarily supports people with different types of sexual, reproductive health and psycho-social problems and at present has widened its scope to include other areas of personal concerns as well.

It is recognised as the only counselling centre in Sri Lanka to provide comprehensive counselling facilities for SRH issues.

Training Programme for Family Counsellors

The Alokaya Counselling Centre conducted a training programme for 31 Family Counsellors affiliated to

the Ministry of Justice. Topics addressed were Sexual and Reproductive Health Counselling, STD and HIV Counselling, Family Counselling and Child Counselling.

It was held at the Judicial Training



DID YOU KNOW?

In spite of the fact that the Constitution of Sri Lanka clearly sets out non-discrimination as a key pillar, the LGBT community in Sri Lanka faces many discriminatory practices both socially and legally. In order to support the LGBT community we at FPA work tirelessly with the Government and the community in advocating changes to the laws and practices.

Through our advocacy efforts, which as a part of the multi-country South Asian Global Fund HIV Programme, we have been able to play a proactive role in safeguarding their right to life and healthcare.



Gender Recognition Certificates are being issued to Transgender persons in Sri Lanka

In 2015, the Human Rights Commission of Sri Lanka, in consultation with the Ministry of Health, Department of Registrar General and civil society organisations brought forward a recommendation to the Ministry of Health to issue a circular enabling Transgender people to change their sex in their ID and other personal documentation. FPA Sri Lanka was among the civil society organisations that advocated for this initiative as a part of its advocacy and capacity building efforts towards the rights of Key Population groups. As a result of this collective recommendation, the Ministry of Health and the Department of Registrar General issued circulars in 2016, enabling Transgender persons to change their Sex and Name in the Birth Certificate as per the Gender Recognition Certificate.

පරිපූර්ණ ලිංගික අධ්‍යාපනය පාසල් දරුවන් සඳහා

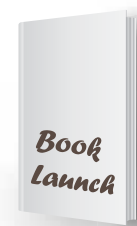
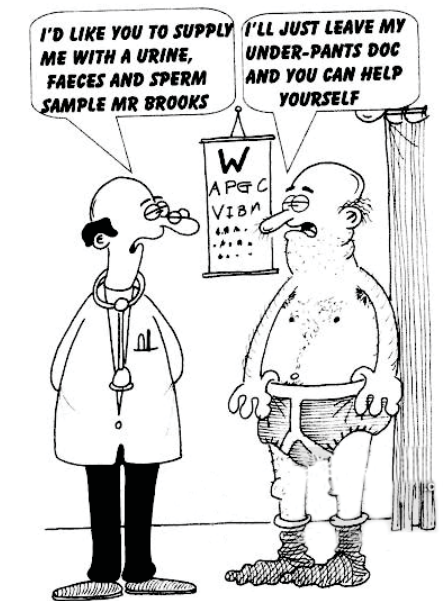
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වැඩමුළුවේදී සාකච්ඡා කළ මාතෘකා පහත පරිදි වේ.

ප්‍රජා වෛද්‍ය විශේෂඥ අසන්නි ප්‍රනාන්දු ප්‍රජනන ලිංගික සෞඛ්‍යය හා පිරිසිදුකම ප්‍රජා වෛද්‍ය විශේෂඥ ජානකී විද්‍යාපතිරණ නව යොවුන් විය, සම්ලතාව හා ද්විතීයික ලිංගික ලක්ෂණ හා ලිංගිකව සම්ප්‍රේෂණය වන රෝගසහකාර අධ්‍යාපන අධ්‍යක්ෂ එන්.පී ගුණසේකර ජීවන කුසලතා හා යෞවන වියේ ගැටළු හඳුනාගැනීම සංවර්ධන සහකාර හා පුහුණු නිලධාරී ආර්.පී. මාලින්ද එච්.අයි.වී හා ලිංගාශ්‍රිත රෝගවල සමාජ අවදානම හා අවදානමෙන් මිදීම පරිපූර්ණ ලිංගික අධ්‍යාපන හා නරඳණ කටයුතු සම්බන්ධ කළමනාකාර තුෂාර මනෝජී, ශ්‍රී ලංකා පවුල් සංවිධාන සංගමය ස්ත්‍රී පුරුෂ සමාජභාවය හා මානව ලිංගිකත්වය මෙම වැඩමුළු මාලාව සඳහා සම්බන්ධීකරණයෙන් ශ්‍රී ජයවර්ධනපුර කලාප අධ්‍යාපන කාර්යාලයේ ක්‍රීඩා හා ශාරීරික අධ්‍යාපන ඒකකයේ සහකාර අධ්‍යාපන අධ්‍යක්ෂ ආර්. යූ. මිනිනන්තිගේ මහතා සම්බන්ධ විය.



"When I was a teen, I ate anything and was skinny as a rail. I didn't gain weight until I became an adult and started eating sensibly!"



A collection of stories and case studies titled "Reasons behind our smiles" was compiled and published by the M & E Unit. These stories give testimony to the life-changing services that FPA Sri Lanka provides on a daily basis.



Please give a brief introduction of yourself

I am Emma Bakhle, Manager, High Value Partnerships at Central Office. I manage relationships with the large foundations (eg, Gates, Packard, Hewlett etc) and support IPPF to develop and grow partnerships with companies. I have been with IPPF for 5 years but have worked in the non-profit sector, building relationships and funding partnerships primarily with companies, for 20 years.

To support the Federation to expand its work with companies, I have been focusing on the opportunity of delivering SRHR information and services to workers in large-scale environments. These include garment factories and tea or coffee plantations, fruit and vegetable farms, electronics factories, mining and extractive operations and construction sites.

What brought you to Sri Lanka?

I came to Sri Lanka with Faeza Khan, from the New Business Development team, to work with FPA Sri Lanka on a model of costing this workplace health service delivery that can be shared across the Federation. The model will cover direct and enabled service delivery, information and education to drive demand, and capacity building and peer education.

FPA Sri Lanka was the ideal Member Association (MA) to work with on this as they have been delivering workplace health services for many years. Also I have been working with a global clothing brand on a programme for their supplier factories to be piloted in Sri Lanka, so we could now bring these two pieces of work together.

What is the potential of IPPF to contribute to the SRH sector in factory environments?

Workplace health service delivery supports the Federation to fulfil several aims of the strategic framework; reaching the underserved, increasing direct and indirect services and (I hope) supporting

the financial sustainability of MAs through fees / funding from the brands or workplace owners. It is work that delivers real business benefits; workplace management frequently report that it reduces absenteeism and sickness and increases productivity. There is huge interest from consumers these days to know where products come from and that the people who made the products are treated well.

What are the interventions that you are planning?

So I have been building relationships with companies and brands that have large supply chains, to ensure that they recognize the SRHR health needs of their workers. I have been identifying the different models that MAs use to deliver SRHR information and services to workers in these settings. Many Member Associations (MAs) do work but far too few of them are getting paid for it. This may be because a few record the impact of their services on the wellbeing of the workers. Without this information, they can not build the business case for the factory management to pay for their work. But I am hoping that with support, we can help them to change this; MAs should not be providing a business benefit for free to a profit-making company that can afford to pay!

The intention is that along with the costing tool we will create a template that shows the range of service delivery models that correspond to the costing tool options. This will enable MAs to design and cost workplace health service delivery that are tailored to the needs of the workers and the management.

How would you describe FPA Sri Lanka's interventions and links with the industrial sector in Sri Lanka?

When we got to Sri Lanka, the MA had set up visits for us to several partners including the Board of Investment, a tea processing company and three garment factories; this meant we heard from the agency encouraging the growth of manufacturing in Sri Lanka, and directly from the factories. They all said how much they valued the work of FPA Sri Lanka and we saw a real desire to increase this. For the Board of Investment, they see the advantage of

FPA opening service delivery points in more industrial zones. For the factories, there was a desire to increase certain kinds of service delivery and introduce new services to provide a better outcome for their workers.



We learned much in Sri Lanka – there is nothing like seeing the work of the MA on the ground and going to the factories and speaking to the HR management to understand the needs of their workers and the attitudes the management have towards them.

Some management are really concerned about worker wellbeing and are very open to expanding the kinds of services their workers can access and are happy to fund them (hurrah!). Other managers will take more persuading, needing to be shown why it's a good business decision to give the workers access to FPA Sri Lanka's wide range of services and how it will make their jobs easier – always a bonus!

I have to thank everyone at FPA Sri Lanka for their warm welcome to me and Faeza and the care they took to ensure that we not only achieved our aims but had a really good time.

I am really looking forward to working with FPA Sri Lanka to help develop some of their partnerships further.



At Aitken Spence Garments, Koggala

உங்கள் பிரச்சினையை Happy Life க்கு சொல்லுங்கள்

Happy Life ஆனது உடனடி தகவல்களை பெற்றுக்கொள்ளும் சேவை நிலையமாகும். இது முற்று முழுதாக இலவச சேவையாகும். இச்சேவையின் ஊடாக பாலியல் மற்றும் இனவிருத்திச் சுகாதாரம் தொடர்பான எந்தொரு பிரச்சனை மற்றும் சந்தேகங்களையும் கேட்டு தெளிவுபடுத்திக் கொள்ள முடியும்.

இவ்வாறான பாலியல் மற்றும் இனவிருத்தி சுகாதாரம் தொடர்பான தெளிவுட்டல்களை நன்கு பயிற்சி பெற்ற வைத்திய நிபுணர்கள் மற்றும் உளவியல் ஆலோசகர்கள் மூலமாக வழங்குவதில் Happy Life முன்னிலை வகிக்கின்றது.

பிரதானமாக தற்கால ஆண்கள் மற்றும் பெண்கள் இடையே இருக்கும் பொதுவான பிரச்சனைகளின் ஒன்று பாலியல் சம்பந்தமான சந்தேகங்களை ஒருவருக்கிடையே பகிர்ந்து கொள்ள முடியாதவைகள், இவ்வாறான பிரச்சனைகளின் காரணமாகவே விவாகரத்து முறையற்ற பாலுறவு, குடும்ப பாலியல் வல்லுறவு, பிரிந்து வாழ்தல், ஓரினசேர்க்கை, பாலியல் தொற்று நோய்கள் தொற்றுதல், உளவியல் பிரச்சனைகள், தம்பதிகளிடையே ஏற்படும் சந்தேகம், என்பனவற்றை குறிப்பிடலாம். இவ்வாறான பிரச்சனைகளின் இருந்து விடுவிக்கவே எங்களுடைய சேவை தொடர்கின்றது. பொதுவாக எங்களுடன் இருக்கும் சேவையாளர்களால் வினாவப்படும் சில பிரச்சனைகள்.

ஆண்களின் பிரச்சனைகள்

ஆண்குறியின் அளவு.

விரைவில் விந்துக்கள் வெளியேருதல்

சுயஇன்பம் பெறுதலில் சந்தேகம்.

ஆண்குறி வீரியம் இன்மை.

கண்ணித்தன்மை.

பாலியல் தொற்று நோய்கள்.

மதுபானம் மற்றும் போதை வாஸ்த்து பாவித்தல்.

பாலியல் தொடர்புகள் பற்றிய முடநம்பிக்கை.

பாலியல் செயல்களுக்கு பலவித மருந்துகள் பாவித்தல்.

நித்திரையில் விந்து வெளியேருதல்

கொண்டம் பாவிப்பதை பற்றிய அறிவுரைகள்

பெண்களின் பிரச்சனைகள்

மாதவிடாய் தொடர்பான பிரச்சனைகள்.

குடும்பத்திட்ட முறைகள் தொடர்பான தவறான நம்பிக்கை மற்றும் பொருத்தமான குடும்பத்திட்ட முறையை தெரிவு செய்வதற்கான ஆலோசனை.

மகப்பேற்று தன்மை தொடர்பான பிரச்சனைகள்.

கண்ணித்தன்மை தொடர்பான பிரச்சனைகள்.

உடலுறவு கொள்வதற்கு மனப்பயம்.

உடலுறவு கொள்ளும் போது ஏற்படும் வலி.

தாய்பாலுட்டல் பற்றிய ஆலோசனைகள்.

மார்பு மற்றும் கருப்பை கழுத்து புற்றுமேய் பற்றிய சந்தேகம்.

மாதவிடாய் வராமல் முற்றிலும் நின்ற பின்னர் ஏற்படும் பக்க விளைவுகள் தொடர்பான ஆலோசனைகள்.

மார்பகங்களின் அளவு.

உடலுறவின் போது இன்பம்.

பாலியல் துஷ்பிரயோகம்.

துணைவரின் பாலியல் நடத்தைகள்.

திருமணத்திற்கு முன்பான ஆலோசனைகள்

முகத்தில் பருக்கள் வருதல்.

பாலியல் தொற்றுநோய்கள்.

உளவள ஆலோசனைகள்

உங்களுக்கு மற்றவர்களுடன் பகிர்ந்து கொள்ள முடியாத இவ்வகையான பிரச்சனைகள் இருப்பின் எங்களுடன் தொடர்புகொள்ளுங்கள். தொலைபேசி இல. 0112 588 488



S. Umeshkaran
Sales Executive



Hashan Bandara
System Administrator



Nuwan de Silva
Sales Officer



Thushara Manoj
Senior Manager- CSE & Youth

National Council Appointed for the period 2018-2020



FPA Sri Lanka's Annual General Meeting was held on Saturday the 9th of June 2018, at which the new National Council Team was elected. We sincerely thank the members of the outgoing National Council for their service and dedication during their tenure.

The 2017 Annual Report was presented at this event.



President :

Mr. Chandima Gunawardena

Vice President :

Dr. Sriani Basnayake

Secretary :

Dr. Esther Amarasekara

Treasurer :

Mr. Nihal Wadugodapitiya

Asst. Secretary :

Ms. Jayomi Marasinghe

Asst. Treasurer :

Mr. Lakshan Senevirathne

Chairperson Medical :

Dr. Lasantha Malavige

Chairperson IEC :

Ms. Kusum De Silva

Chairperson SMP :

Mr. Benjamin Christhumani

Chairperson FAC :

Mr. Anver Dole

Chairperson YTAC :

Ms. Desaree Soysa

Past President :

Dr. Pramilla Senanayake



Helping people, changing lives.

Volunteer Health Assistants, in their capacity, play a key role in ensuring healthy lives and promoting well-being. Although sometimes less visible, they also contribute towards other goals, such as achieving gender equality and empowering of communities, including women and girls.

A two day residential training workshop for Volunteer Health Assistants was held under the purview of FPA Sri Lanka's Outreach Unit, (Global Gag Rule Emergency Fund Project), on the 7th and 8th of June for volunteers attached to the Nuwara-Eliya and Batticaloa Service Delivery Points (SDP) and on the 15 and 16th of June for those attached to the Ampara and Matara SDP's. Sessions addressed the following topics: Importance of Sexual and Reproductive Health education and services, The Reproductive Health system - functions and issues related to it, Family Planning methods, Post-natal and pre-natal care, Sexually transmitted infections including HIV/AIDS, How to develop communication skills?, What is counseling? The importance of counselling in dealing with gender based violence, The role and responsibilities of a Health Assistant, and How to report in an accurate manner.

The dynamic Resource Persons were Dr.Achchuthan - MOMCH (RDHS Batticaloa), Dr.(Mrs). A. Srisankar, National STD/AIDS Control Programme, Batticaloa, Mrs.K. Kamalarani - PNHS (RDHS Batticaloa), Mrs.B.Sangeetha - Counsellor of WIN Batticaloa, Dr. Thilak Rajapakshe - RDHS, Ampara, Mr Prageeth Lasantha Munasinhe Incharge officer NSD, Ampara , Mrs. Kumuduni Maithreepala- PNHS (RDHS Ampara), Mr.Sunil Senarathna - DD FPA Sri Lanka, Mr. Sivakumar, Manager, Nuwareliya,

Mr.S. H.Imthiyas, Manager, Batticaloa, Mr. Jayasiri Kularathne, Manager, SDP Ampara and Mr.Sunil Wijerathne, Manager, Matara.



Workshop held at the American Mission in Batticaloa.



Workshop held at the Human Rights Commission Seminar Hall at Karangawa in Ampara.

“The Belt and Road Reproductive Health and Maternal and Child Health Care Seminar”

With the rapid pace of globalisation, health problems are no longer issues for a single nation. Collective actions by multiple countries are necessary to combat global health crises, such as infectious diseases, lifestyle risks, and health inequity, which all span beyond one's sovereign border.

Mr Suhail Junaid, Director Marketing represented FPA Sri Lanka at this event in Beijing, China from the 31st of May to the 1st of June and delivered a presentation on “South - South Collaboration : Challenges and opportunities in the field of Reproductive Health” together with Prof. Yilma Melkamu Alazar (Global Programme Director - IPPF Central Office)



FPA Sri Lanka at the IPPF's Annual Consultative meeting

The meeting took place at the Sir Christopher Wren Hotel in Windsor, England from 10th to 12th June, 2018. This three day gathering was to inform Global Donors and participants of IPPF's performance and funding landscape over the previous year, including the effects of the Global Gag Rule, to stipulate the new President and Director General's vision and plans for IPPF and the introduction of the new Business Plan.

It served as a good opportunity to discuss what is at stake for the global SRHR architecture in the current environment, affected by increased opposition, and how we can strengthen strategic partnerships to preserve our gains and overcome obstacles.

FPA Sri Lanka, invited for this forum for the first time, attended as one of the seven Member Association's (MA) to illustrate examples of results achieved at country level, and was represented by Mr. Rishikeshan Thiyagaraja, Manager, Social Enterprise Hub. At this conference, FPA Sri Lanka, who is also leading on IPPF's Social Enterprise Acceleration Programme (SEAP), advocated on how Social Enterprise models are gaining strength and on how new enterprise models are helping establish businesses that deliver social value and save lives and allow our MAs to increase the services that they can provide to poor and vulnerable populations.



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Healthcare for urban poor falls through the gap

Mobile camps are special outreach activities undertaken to take Sexual and Reproductive Health (SRH) and general health services to the people. They are usually held in rural areas, in pockets of urban poverty, under-served areas as well as hard to reach areas. Though it may not be an obvious issue, the urban poor population struggle daily with inadequate housing, a lack of basic services such as electricity and water, and extreme overcrowding that often leads to infectious disease epidemics. They do not have the capacity to afford healthcare that the middle class and wealthy city dwellers access but neither do they benefit from health programmes run by non-governmental organisations (NGOs) or governments in the way that rural areas do. In short, they fall through the cracks of healthcare.

FPA Sri Lanka considers the urban poor, a key population, a target group to which we provide SRH services that includes SRH education, Family Planning services, investigations and services for Sub Fertility, men's clinics, cancer screenings and examinations and treatment for STI's and HIV. For this reason, the Medical Unit recently carried out free clinics at Parakumba Viharaya, Ethul Kotte on the 06th of May and at Visakha Vidyalaya premises on the 13th of May.

Equality in aid - breaking barriers

At most times, discrimination and general lack of awareness hinder the ability of the humanitarian sector to support vulnerable groups in times of crisis. People with disabilities are largely excluded from humanitarian response efforts. Shelters may not be accessible and aid workers not adequately trained. This means that many people with disabilities do not receive the assistance they desperately need.

LGBTIQ people too, often face discriminatory treatment in the delivery of humanitarian aid or services. For example, when responses are guided by processes that do not consider LGBT rights or views or where aid is delivered by homophobic, biphobic or transphobic persons.

With this reality in mind, a series of meetings took place:

1. A consultative meeting on LGBTIQ needs in emergencies was convened, where persons belonging to this community were asked to identify Sexual and Reproductive issues that they could face during emergencies and to provide recommendations to overcome such concerns.
2. A two day residential training programme on "MISP for SRH in emergencies for the LGBTIQ community" was conducted for 32 participants. The facilitators were Dr. Yakandawala (SPRINT Project Head and Director Medical - FPA Sri Lanka & Rangika Wickramage (Assistant Director - Public Affairs, Policy and Advocacy and FPA Sri Lanka SPRINT Project Coordinator.
3. The SPRINT Steering Committee Meeting took place with regard to the response and preparedness efforts to cater to the needs of differently abled persons and sexual minorities in emergency situations that could occur in Sri Lanka. Participants

comprised representatives from the Australian High Commission, World Health Organisation, The Ministry of Health, Family Health Bureau, Ministry of Women's & Child Affairs, UNFPA and The Sri Lanka Army together with Ms Keya Saha - Chaudhury from IPPF Bangkok Hub, Bhoomi Harendran and FPA Sri Lanka's SPRINT Team.



Client Testimony



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මගේ නම සුනන්ති. මගේ වයස අවුරුදු 33 යි. මම ජීවත් වෙන්නේ පුතුමණ්ඩපතාවි. මට අවුරුදු 04 ක දියණියක් සහ අවුරුදු 2 1/2 ක පුතෙක් ඉන්නවා. මගේ සැමියාගේ දිනක ආදායම රු. 450.00යි. මෙම ආදායම අපේ පවුල සඳහා ප්‍රමාණවත් නැහැ. මම DMP එන්නත අවුරුදු 02 ක් තිස්සේ භාවිතා කරනවා.

මේ නිසා මගේ සෞඛ්‍යය, මගේ ආදායම මගේ පවුල් ජීවිතය සුරක්ෂිතයි. මධ්‍යම පවුල් සැලසුම් ආයතනයේ සුව සේවා කාර්යාලයට ස්තුති පුද කරන්න කැමතියි.