



As we launch 2026 under the theme "Empowering Communities, Sustaining Impact," I am filled with pride reflecting on the remarkable progress of 2025 and excitement for the journey ahead.

This year, we move from individual empowerment to collective action, prioritising health programmes for youth, women, and girls; community leadership development; integrated service delivery; digital innovation; and deepened partnerships across government, civil society, and the private sector.

We place communities at the heart of everything we do, not merely as recipients of services, but as true leaders of change. Every investment we make in 2026 is designed to create lasting ripple effects that will shape reproductive health and rights for generations to come. I am also delighted to share that our 10th clinic was successfully opened in Pallekelle - a milestone that fills me with immense pride as Executive Director.

This achievement would not have been possible without the unwavering dedication of our incredible staff, who continue to embody and uphold the values of FPASL every single day.

My heartfelt gratitude goes to each and every one of them. Together, let us sustain the impact. Wishing everyone a wonderful and fulfilling year ahead, I look forward to embracing every challenge and opportunity that 2026 brings.

Dr. Ruchitha Perera
Executive Director

A Double Milestone: FPA Sri Lanka's 10th Service Delivery Point and First in the Central Province

On 5th February 2026, FPA Sri Lanka marked an important milestone with the launch of its 10th Service Delivery Point, established at the Pallekelle Export Processing Zone (EPZ). This new centre responds to long-standing sexual and reproductive health needs of EPZ workers, particularly women, who form the majority of Sri Lanka's apparel workforce and often face barriers to accessing accurate information and quality health services.

Guided by the vision and leadership of Dr. Ruchitha Perera, Executive Director, and strengthened by the commitment of Mr. Sandun Adikari (Assistant Director – Outreach) and the Outreach Unit Team, who played a central role in planning and implementation, the Pallekelle Suwa Sewa Centre reflects a collective effort to bring essential care closer to working communities.



Speaking at the launch, Dr. Ruchitha Perera stated:

"I am immensely proud as FPA Sri Lanka opens its 10th Service Delivery Point in Pallekelle, Kandy, marking our entry into the Central Province. This milestone represents our commitment to expanding access to quality reproductive health services across Sri Lanka. Establishing our clinic within the Export Processing Zone is particularly significant, it enables us to reach working communities who need convenient, confidential healthcare. Through this partnership with the BOI, we are not just opening a building; we are creating a space where individuals can make informed choices about their health and future. I am confident this clinic will make a meaningful difference in the lives of many families in this community."



Mr. Jagath Adhikari, Secretary, Ministry of Health, Indigenous Medicine, Social Welfare, Probation and Childcare Services – Central Province, noted the broader regional impact of the centre:



“ I am pleased to see FPA Sri Lanka expanding its services to the Central Province through this new Service Delivery Point in Pallekelle. With many young people in the surrounding university communities, access to trusted, youth-friendly sexual and reproductive health services and information is essential. This centre strengthens our ability to reach them with care and dignity. I am also encouraged by FPA’s commitment to serving communities in the Matale District through mobile clinics, and I look forward to working together for the well-being of our communities.”



Highlighting the importance of workplace-based health services, Mr. Prasanna Tennakoon, Senior Deputy Director – Kandy Industrial Park, BOI, emphasized:

“ The strength of our Export Processing Zones lies in the well-being of the people who work in them. This new Service Delivery Point at the Pallekelle EPZ is a vital investment in the health, dignity, and empowerment of workers, particularly women who form the backbone of our manufacturing sector. By bringing essential sexual and reproductive health services closer to the workplace, we are enabling workers to make informed choices, safeguard their health, and participate more confidently and productively in the workforce. This initiative reflects the strong partnership between the Kandy Industrial Park and FPA Sri Lanka.”

Gracing this special occasion were Ms. Aruni Marcelline, President of the FPA Board of Directors; Ms. Kritanjali Ratnasabapathy, Chairperson of the FPA Youth Services Committee, Mr. Suhail Junaid, Director of Marketing, Dr. Chintha Rupasinghe, Director – Sexual and Reproductive Health, Ms. Zaroosha Farook, Head of Finance, FPA Sri Lanka staff; and special invitees representing the Board of Investment and local government authorities.



Building Strategic Partnerships to Expand Access and Impact

This quarter, FPA Sri Lanka continued to strengthen collaborations across development partners, corporate institutions, and digital platforms to advance Sexual and Reproductive Health and Rights nationwide.

Reaffirming Partnership with UNFPA



In his first visit to FPA Sri Lanka after assuming his role in 2026, Mr. Phuntsho Wangyel, UNFPA Representative for Sri Lanka, met with our team to reaffirm and build on our enduring collaboration. During the meeting with Executive Director Dr. Ruchitha Perera and the senior management team, unit heads shared an overview of FPA Sri Lanka's key initiatives and ongoing work, highlighting achievements across programme areas.

Over the years, UNFPA has supported FPA Sri Lanka's efforts in advancing Comprehensive Sexuality Education (CSE), promoting Sexual and Reproductive Health (SRH) awareness among young people, and strengthening humanitarian response initiatives. We look forward to continuing this collaboration and working together to further expand access to information, services, and support for communities across Sri Lanka.

Expanding Digital Access to SRH Products



On 11th March 2026, FPA Sri Lanka signed an MOU with Flash Health (Pvt) Ltd to broaden digital access to SRH products. Our full product range will now be available on the Flash Health platform, alongside Daraz, Kapruka, ShyBuy, and Celeste Daily strengthening nationwide online accessibility and convenience.

Advancing Preventive Health: Partnership with Women in Management (WIM)



On 13th February, FPA Sri Lanka signed a Memorandum of Understanding with Women in Management (WIM), formalized by Dr. Ruchitha Perera and Dr. Sulochana Segera, Chairperson of WIM.

The partnership promotes awareness on cervical and breast cancer, encouraging WIM members to access Clinical Breast Examinations and Cervical Cancer Screening services at the Bloom by FPA Sri Lanka Clinic, reinforcing the importance of early detection and preventive care.

Engaging the Corporate Sector: Collaboration with Amanté

On 9th March 2026, FPA Sri Lanka formalized a partnership with Amanté. The collaboration commenced with the "Rhythm of Love" programme, hosted for 140 female employees and facilitated by Dr. Amila Chandrasiri. The session addressed Sexual and Reproductive Health, menstrual health, and mental well-being, setting the stage for continued workplace engagement.



Strengthening Global Solidarity



From 24–26 February 2026, FPA Sri Lanka had the privilege of hosting the IPPF Sex Workers Consortium Mid-Term Review in Sri Lanka, bringing together over 50 participants from across the globe.

FPA welcomed Planned Parenthood Association of Thailand, the lead organization of the Sex Work Policy Consortium, along with project partners including RedTraSex, UNES, and Profamilia from Latin America; IPPA and OPSI from Indonesia; and SWING from Thailand.

The review also brought together representatives from key regional and global networks, including Asia Pacific Alliance for Sexual and Reproductive Health and Rights (APA), Asia Pacific Network of Sex Workers (APNSW), and Global Network of Sex Work Projects (NSWP), alongside national partners such as Community Strength and Development Foundation (CSDF), Heart to Heart, Sankranthi Foundation, and Trans Equality Trust. Colleagues from IPPF South Asia Regional Office (SARO) and the International Planned Parenthood Federation (IPPF) Secretariat were also in attendance.



Three days of reflection, knowledge-sharing, and collaboration strengthened strategies to advance sexual and reproductive health, rights, and inclusion for sex worker communities

Consortium partners gathered to review Programme progress, share learning across countries, and plan the final phase of the project. Sessions covered key areas including, community-led programme



reviews, emerging policy risks, communications and documentation, crisis response, and strategic next steps for the months ahead.

Central to the meeting was the principle that sex workers must remain at the forefront of all programming and advocacy that affects their lives. Across every session, the voices, experiences, and leadership of sex workers guided the discussions. FPA is grateful to all participants, partners, and community representatives who contributed to making this a productive and meaningful meeting. As the consortium enters its final phase, we remain committed to the shared goal of advancing the rights, health, and well-being of sex workers across all partner countries.



The Executive Director and Secretary General of the Planned Parenthood Association of Thailand and the Executive Director of the Indonesian Planned Parenthood Association (IPPA) visited Bloom by FPA Sri Lanka.

A Gift of Care for Adolescents and Young Mothers



FPA Sri Lanka received a Gift in Kind (GIK) donation from Rise & Shine Inc., including 50 Adolescent Kits and 50 Baby Bathtubs. These items will be distributed to adolescents and pregnant teenage mothers, supporting their health and dignity. We thank Rise & Shine Inc. for this valued partnership.

Supporting Youth Health: Hygiene Kits Handover at SOS Children's Village



On 5th March 2026, FPA Sri Lanka handed over 50 essential hygiene kits for adolescents at the SOS Children's Village.

This initiative was made possible by the generous "Gift in Kind" donation from Rise and Shine Inc., USA. We are grateful for their partnership in supporting the health and dignity of young people. The handover was led by FPA Executive Director Dr. Ruchitha Perera and Assistant Director (Outreach) Mr. Sandun B. Adikari, and received by SOS Children's Village National Director Mr. Diwakar Ratnadurai and Deputy National Director Mr. Dananjaya Perera.

Supporting Teenage Mothers through Youth-Led Action



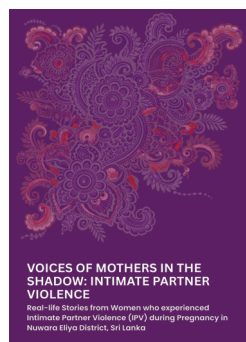
The FPA Sri Lanka Youth Team handed over 16 maternity kits in support of teenage mothers to Sarvodaya Suwasetha Sewa Society Ltd. The kits will be distributed among teenage mothers currently residing at their Child Development Centres, providing care, protection, and essential support for young mothers and their babies.

Sarvodaya Suwasetha Sewa Society Ltd., established under the Sarvodaya Shramadana Movement, Sri Lanka's largest community development organisation, has long served vulnerable communities nationwide. Their work continues to make a meaningful impact in child protection, elder care, disability support, and community-based development.

Rise and Shine Inc. also generously contributed baby bathtubs, which were included in the maternity kits, further supporting the well-being of young mothers and their newborns.

New Publication: Voices of Mothers in the Shadow

By the Monitoring & Evaluation Unit of FPA Sri Lanka.



Behind closed doors, too many women face violence during a time that should be filled with care and protection. *Voices of Mothers in the Shadow* brings together real-life narratives from women in the Nuwara Eliya District who experienced intimate partner violence during pregnancy. Their stories shine a light on a reality that often

remains hidden.

Intimate partner violence is not a private matter - it is a serious public health and human rights issue affecting women, families, and communities. By sharing these voices, we hope to spark conversation, raise awareness, and strengthen support for women who need it most.

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FPA Sri Lanka Youth Evaluators make their mark at EvalFest 2026



Our young and emerging evaluators, Ms. Irasha Jayasekara, Ms. Yadharshika Selvaraj, and Ms. Asinsala Wijerathne, represented FPA at EvalFest 2026, held in India from February 10–13, a leading international conference bringing together global voices in monitoring and evaluation. The theme this year was “Evaluations in Complex and Evolving Contexts: Harmonising Youth, Innovation, and Impact.”

Our team presented under different thematic tracks: Irasha Jayasekara spoke on the future of monitoring and evaluation, including the role of technology, AI, and ethical considerations; Ms. Yadharshika Selvaraj shared insights on inclusive and participatory evaluation approaches that centre youth, gender, and communities; and Ms. Asinsala Wijerathne highlighted the power of narratives and storytelling

as tools for driving change. In addition, Ms. Irasha Jayasekara participated in a panel discussion representing the Sri Lanka Evaluation Association (SLEVA), which explored lessons from Sri Lanka’s response to Cyclone Ditwah.

The conference, supported by key global partners including the New Development Bank (NDB), UNFPA, WFP, World YWCA, EMPOWER by The Amber Foundation, Sambodhi Research, and Outline India, provided an inspiring platform to connect with global evaluators, explore innovative practices, including the use of AI in evaluation and reflect on how evaluation can drive meaningful social change. We sincerely thank the Centre for Evaluation, University of Sri Jayewardenepura, for supporting our participation in this important international forum.

Strong monitoring and evaluation practices are vital for an organization like FPA Sri Lanka, as they help us understand what works, strengthen accountability, improve programme quality, and ensure our sexual and reproductive health initiatives create meaningful and lasting impact for communities.

Community Clinic Launched in Dematagoda to Expand Access to HIV and SRH Services



The Community Clinic was launched by The National STD/AIDS Control Programme under the Ministry of Health in partnership with FPA Sri Lanka and

other partner organisations in Colombo.

This project is funded by the Government of Sri Lanka and the Global Fund HIV Grant, strengthening access to essential HIV prevention and sexual and reproductive health services in urban underserved settings. Dr Sathya Herath/ Consultant Community Physician from NSACP, is in charge of this activity as the National Coordinator for the KP Programme



Under the Global Fund HIV Prevention Project, the National STD/AIDS Control Programme (NSACP) and MOH, in partnership with FPA Sri Lanka and SARD, conducts a Sunday Community HIV/PrEP Clinic at our Suwa Sewa Center in Wathupitwala. Free HIV screening and PrEP-related services are offered for young men.

Youth Leading the Way in SRHR

FPA Sri Lanka has established Youth Clubs across its Service Delivery Points (SDPs) islandwide, creating safe and informed spaces for young people to build leadership skills and access accurate Sexual and Reproductive Health and Rights (SRHR) information. Youth Club members serve as peer educators, trusted referral points for youth-friendly services, and advocates for Comprehensive Sexuality Education (CSE) within their communities, empowering young people to make informed and responsible decisions.



Kilinochchi



Ampara



Seethawaka

From Learning to Leading: Youth Network for Health Puttalam & Nuwara Eliya in Action



Under the RFSU-funded project, FPA Sri Lanka continues to strengthen youth leadership through two active youth clubs.

In Puttalam, members built on last year's foundation, where they were trained on SRHR and equipped to deliver Comprehensive Sexuality Education (CSE), by reviewing their progress, refreshing their Youth Club Constitution, and developing seed grant proposals to turn their ideas into impactful community initiatives.

Meanwhile, in Nuwara Eliya, the Youth Club held its first meeting of the year, reflecting on 2025 activities, sharing experiences from conducting CSE sessions, and reaffirming the roles of the Executive Committee and subcommittees as they plan ahead.

Across both districts, the journey is clear: young people are moving beyond learning into confident leadership, driving youth-led action for Sexual and Reproductive Health and Rights (SRHR).



The FPA Youth Services Committee hosted a movie night at the Head Office featuring Red, White & Royal Blue to celebrate Valentine's Day, bringing together other youth-led advocacy organizations and fostering connections.



FPA's Nuwara Eliya Centre, in collaboration with the MOH office, hosted a Valentine's-inspired youth seminar in Pedro Estate. 115 youth participated in drama, interactive sessions, and data collection on adolescent lifestyles, reproductive health, and teenage pregnancy.

Kilinochchi Centre in action



The Kilinochchi Centre conducted a mobile clinic in Pannangkandy (10 March 2026), a newly married couples' session in Shanthapuram (22 March 2026), and an SRH awareness programme at VTA Kilinochchi (13 March 2026), strengthening community access to essential information and services.

FPA Sri Lanka at the SRH Sub-Cluster: Humanitarian Response



Ms. Subashini Punchihewa and Mr. Venura Peiris. During the Partner Experience and Update Sharing Session, the team presented an overview of FPA Sri Lanka's response efforts to date, highlighting the distribution of 375 Dignity Kits, 200 Maternity Kits, 375 Adolescent Kits, and 50 Transgender Kits, alongside the implementation of 75 mobile clinics and 55 community awareness programmes, and 34 demand generation programmes.

Following the widespread humanitarian impact of Cyclone Ditwah, which affected over 1.7 million people across Sri Lanka, the Sexual and Reproductive Health (SRH) Sub-Cluster convened for an in-person meeting and training session organized by UNFPA Sri Lanka.

FPA Sri Lanka was represented at the meeting by Assistant Managers and UNFPA Focal Points,

The meeting also featured technical refresher sessions on the Minimum Initial Service Package (MISP) and an introduction to the UNFPA PERI Tool. FPA Sri Lanka remains committed to working in close collaboration with the Ministry of Health and the Family Health Bureau to ensure that essential sexual and reproductive health and rights (SRHR) services reach communities most affected by emergencies.

Under the IPPF SPRINT Project, FPA Sri Lanka's Outreach Unit conducted Sexual and Reproductive Health (SRH) awareness sessions at vocational training institutes, nursing schools and in rural communities. The sessions focused on SRH, STI and HIV prevention, and Gender-Based Violence (GBV), equipping participants with accurate information, practical knowledge, and referral pathways to access essential services.

Here are some highlights from recent engagements.



VTA Koggala



Gramothaya Centre
Kinniyady



VTA Monaragala



SMI School of Nursing
Avisawella

By taking services directly to communities, mobile clinics help overcome distance, cost, and access barriers, ensuring timely, confidential, and quality SRH services.



Zonal Education Office
Monaragala



Kiran, Batticaloa



Pallekele



Koggala

FPA Sri Lanka's Batticaloa Centre took part in the "ELEVATE Public Trade Fair" organised by GAFSO, with the support of UNFPA and ADT, at the Sri Murugan Sports Club Ground in Kallady, Batticaloa.

Our team connected with the community to share important information on sexual and reproductive health, family planning, and available services, while promoting healthy choices and well-being. Events like these create valuable spaces to reach communities and raise awareness.



Celebrating Achievement at the SRH Institute Graduation Ceremony



Celebrating a proud milestone! The SRH Institute of FPASL honoured 70 graduates at a special ceremony held at the FPA Auditorium, recognising their successful completion of courses in Psychology of Marriage, Sexual Health & Counselling, Counselling Skills Development, and CBT.

The event was graced by Chief Guest Prof. Sanath Lanarolle (Consultant Obstetrician & Gynecologist), alongside Dr. Ruchitha Perera (FPA Sri Lanka's Executive Director), Dr. Neil Fernando (Consultant Psychiatrist & Senior Lecturer), Dr. Chintha Rupasinghe (Director SRH - FPA Sri Lanka), and FPA staff. With 40 graduates present to receive their certificates, the ceremony marked an important step in strengthening skilled professionals dedicated to advancing sexual and reproductive health and counselling services.

Strengthening Staff Well-being: International Women's Day Programme



To mark International Women's Day, a motivational session for female staff, was led by Ms. Hema Ranawake of Alokaya Counselling Centre. The session focused on mental well-being, self-confidence, stress management, work-life balance, and emotional resilience, encouraging participants to prioritize self-care while balancing personal and professional roles. Each participant was also presented with a commemorative mug as a token of appreciation.

Inclusive Healthcare in Action: Well Woman Clinic



Bloom by FPA Sri Lanka partnered with the Women's Forum of the Sri Lanka Federation of the Visually Handicapped to conduct a Mobile Well Woman Clinic.

Twenty-five women accessed breast and cervical screenings, menstrual health guidance, and SRH consultations, reinforcing that health is a right for every woman.



In celebration of International Women’s Day, a Mobile Clinic was conducted at Nila Sewana, Kuruduwatta, Akmeemana by the FPA Koggala Centre, in collaboration with the Divisional Secretariat Office – Akmeemana and MOH Akmeemana, under the IPPF SPRINT Emergency Response Project (ERP).



A Women’s Day focused clinic was held for women in the Rideepana community of the Badulla District in collaboration with the Manusath Praja Samithi.

We sincerely appreciate the kind recognition extended to our institution and team.

Stress Management & Resilience Session at the Central Bank of Sri Lanka

Ms. Hema Ranawake, Assistant Director of Alokaya Counselling Centre – FPA Sri Lanka, conducted a session at the Central Bank of Sri Lanka, focusing on practical strategies for stress management and building resilience in high-pressure work environments. The session provided participants with tools to better manage workplace stress, maintain emotional balance, and strengthen personal resilience, contributing to improved wellbeing and productivity.



Launch of the 2026 Psychology Graduate Internship Programme



The first batch of psychology graduate internships for 2026 commenced at Alokaya Counselling Centre. Through this structured internship programme, graduates gain hands-on clinical experience, strengthen professional competencies, and contribute to the ethical and responsible delivery of psychological services. The programme places particular emphasis on supporting marginalized and underserved communities, ensuring emerging professionals develop both clinical expertise and social responsibility.

International Women’s Day Programme at Richard Pieris Exports PLC



In celebration of International Women’s Day, Alokaya conducted a special motivational programme for the female employees of Richard Pieris Exports PLC under the theme “Empowering Women – Celebrating International Women’s Day.” Facilitated by Ms. Hema Ranawake, Assistant Director, the session focused on mental well-being, stress management, healthy work–life balance, and building self-confidence.

The programme created a supportive space for participants to reflect on their strengths, enhance resilience, and celebrate the valuable role women play in their families, workplaces, and society.

Awareness Session at NIBM National Innovative Centre



Alokaya Counselling Centre conducted an awareness session at the NIBM National Innovative Centre for Bachelor's students in Psychology on the topic "Understanding SRHR, Consent and Support Systems."

The session was facilitated by Mrs. Kusumanjalee Thilakarathna, Visiting Counsellor at Alokaya, creating an engaging space for learning, reflection, and meaningful discussion.

The initiative aimed to equip future psychology professionals with knowledge that promotes dignity, respect, and holistic well-being.

"Who Am I – Identify Yourself" Session at Child Action Lanka

Alokaya conducted an interactive awareness session titled "Who Am I – Identify Yourself" for children and adolescents at Child Action Lanka, Colombo. The programme focused on building self-awareness, self-confidence, and self-esteem – essential foundations for nurturing emotionally resilient and healthy youth. The session was led by Ms. Hema Ranawake, Assistant Director, with the support of Counselling Assistant Ms. Tharushi Perera. By investing in the mental and emotional wellbeing of children today, Alokaya contributes to shaping confident and resilient adults for tomorrow.



Weekly Newsletter: Strengthening Connections, Sharing Impact



We are pleased to share that we launched a Weekly Newsletter in January, designed to keep our valued donors and stakeholders informed, engaged, and connected with our ongoing work.

This initiative reflects our commitment to transparency, accountability, and meaningful collaboration. Through this newsletter, published every Friday, we provide concise weekly updates from the field, programme highlights, partnership milestones, advocacy efforts, and the tangible impact made possible through your continued support.

Since its launch, the newsletter has served as a dedicated platform to strengthen communication, celebrate progress, and ensure you remain closely connected to our journey.



Scan to View the Editions

Among a plethora of issues left unaddressed due to social dilemmas, idealised socio-cultural beliefs, and stagnated value systems rooted in decades-old traditions, the lack of a progressive discourse on comprehensive sexuality education (CSE) and sexual and reproductive health (SRH) stands out.

The steady rise in mental health challenges, teenage pregnancies, child abuse cases, and sexually transmitted diseases (STDs) across the country calls for progressive action from both the health authorities and the general public. To better understand these pressing concerns and explore potential solutions, The Daily Morning reached out to the Family Planning Association of Sri Lanka (FPASL) – a volunteer-based non-governmental organisation dedicated to advancing SRH and rights – and its Executive Director (ED) Dr. Ruchitha Perera. He shared insights on the current state of SRH knowledge, the diverse needs of Sri Lankan families, and the path forward for policy and social reform. *Following are excerpts of the interview:*

How would you rate knowledge about SRH in Sri Lanka?

SRH knowledge in Sri Lanka can be described as moderate. It is strong in some areas but with notable gaps in comprehensive understanding. Awareness of family planning amongst even-married women is nearly universal (99.7 per cent know at least one method, per the Demographic and Health Survey 2016), reflecting sustained outreach. However, knowledge is uneven: only about half are aware of emergency contraception, and awareness is lower amongst adolescents and estate-sector communities. Amongst young people, gaps are more evident in practical knowledge, service access, and stigma-free help-seeking. Many rely on peers for information, some are unsure where to obtain condoms, and menstrual health education remains inconsistent. Overall, awareness of methods exists, but, confidence in correct use and service navigation requires strengthening.

The definition of the term ‘family’ continues to evolve in

response to contemporary social dynamics. What challenges does your organisation face in delivering services amid these rapid structural changes in society?

Family no longer has a single fixed meaning in modern service delivery. Families exist in diverse forms, and SRH programmes must recognise the unit of care as defined by people’s lived arrangements, even if administrative systems rely on narrower legal or household definitions. Clients may come from nuclear or extended families, singleparent or female-headed households, cohabiting or blended partnerships, grandparent-led caregiving, migrant-linked families, separated co-parenting contexts, or chosen support networks. Organisations must also invest in the workforce capacity through inclusive, non-judgemental training, adapt monitoring and evaluation tools to reflect evolving realities, and navigate legal and policy constraints in sensitive SRH and protection cases.

In Sri Lanka, discussions on integrating sexual education into schools have been overshadowed by broader education reforms. At what age should sexual education be introduced? What key topics should be covered to address rising abortion and teen pregnancy rates?

Research consistently shows the lack of CSE, including accurate information on SRH, contributes to high rates of unintended teenage pregnancies. In Sri Lanka, the number of adolescent pregnancies and pregnancy terminations highlights the urgent need to strengthen preventive education. CSE equips young people with essential knowledge about puberty, fertility, contraception, menstrual health, consent, healthy relationships, and sexually transmitted infections (STIs), enabling them to make informed and responsible decisions. CSE must be introduced in an age-appropriate and culturally and religiously sensitive manner, aligned with national values and child protection principles. It should begin in the upper primary grades with topics such as bodily changes, personal safety, and boundaries,



and progressively expand during adolescence to include contraception, consent, and relationship skills.

It has been reported that approximately 30% of Sri Lanka’s adult population suffer from mental health issues. What are the common causes? Are there any patterns and long term strategies the country could be implementing economically, politically and socially to mitigate this situation?

Nearly 30% of Sri Lanka’s adult population is estimated to experience mental health difficulties. Common contributing factors include family and relationship stress, extended family interference, boundary challenges, and differing expectations within partnerships. Increasingly, excessive digital device and social media use has led to communication breakdowns, emotional disconnection, and unrealistic comparisons. Sexual health concerns, misinformation, and stigma further strain relationships. Economic pressures such as financial insecurity, debt, rising living costs, and job instability, alongside workplace stress and poor work-life balance, also play a major role. Mental health challenges often build gradually and are normalised, delaying help-seeking. The FPA focuses on prevention, early intervention, mental health literacy, and accessible, non-judgemental support.

Sri Lanka is seeing an increasing number of teen pregnancy cases. What are your suggestions to cope with this situation and are there any common reasons being identified?

A recent National Child Protection Authority report recorded 79 cases of teenage pregnancy last year (2025). Research shows that teenage pregnancy in Sri Lanka is driven by

multiple factors, including low education levels, school dropouts, gaps in CSE, limited access to contraception, unmet family planning needs, early relationships, health inequalities, maternal migration, and weak parental supervision. Addressing this requires strengthened CSE, adolescent-friendly health services, gender-based violence (GBV) prevention.

Postpartum depression is identified to be experienced by men as well. Does the society have enough awareness regarding these novelties?

In Sri Lanka, awareness of emerging mental health concerns such as paternal postpartum depression (PPPD) remains limited. Mental health is often viewed primarily through a maternal or medical lens, leading to emotional difficulties amongst men being overlooked or normalised. Research confirms this gap: a study in Anuradhapura found that around 11% of fathers experience depression after childbirth, closely linked to maternal PPD and stressors such as income changes. Despite this, routine maternal and child health services do not include formal screening for PPPD. Through the Alokaya Counselling Centre, the FPA plans to extend early support through Medical Officer of Health prenatal clinics.

How widely recognised is the concept of family planning? How have attitudes towards contraception been changing over the years?

Family planning and contraception are widely recognised, with national surveys showing near-universal awareness. Almost all ever-married women aged 15–49 can name at least one contraceptive method. According to Health Ministry data, approximately 69.8% of eligible families use some form of contraception, with about 60.6% relying on modern methods such as pills, intrauterine devices, injectables, and condoms. The unmet need for family planning remains relatively low at around 5.2%, suggesting that most women who wish to avoid pregnancy are able to access services. Sri Lanka's strong performance is supported by a long-standing Government family planning programme that provides free contraceptives nationwide. Compared to many regional countries, accessibility is high. However, gaps persist. Recent declines in numbers are also linked to demographic shifts and the increased uptake of long-term methods. Overall, whilst family planning is widely accepted and used, targeted efforts are needed to address access gaps and youth friendly service delivery.

What are the common misconceptions that the public have of contraception that hinders awareness?

Despite the high awareness of contraception in Sri Lanka, persistent myths and misconceptions hinder correct use, particularly amongst youth. Common beliefs include: contraception is only for married couples; modern methods cause infertility; condoms are unreliable or unsafe; natural methods like withdrawal or calendar tracking are always sufficient; only women are responsible for contraception; talking about contraception is shameful; side effects are always severe; and emergency contraception is the same as abortion. Most modern methods are reversible, condoms are effective when used correctly, side effects are usually mild and manageable, and emergency contraceptive pills prevent ovulation rather than terminate a pregnancy.

What are the misconceptions associated with sexually transmitted infections (STIs) and STDs?

To protect yourself, it is important to practise safer sex, get tested regularly, seek medical care promptly if symptoms appear, and vaccinate against hepatitis B and human papillomavirus (HPV). There are also many misconceptions about STIs: looking healthy does not guarantee that you are infection-free, STIs are not only transmitted through vaginal intercourse, and they don't only affect sex workers — anyone who is sexually active can be at risk. Most infections are invisible without testing, and whilst condoms greatly reduce the risk, they don't provide complete protection. Awareness, testing, and prevention are key to maintaining SRH.

All STIs can be cured or controlled with timely care. It is important to practise safe sex, get tested every three months if you have multiple partners, and use pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP) as appropriate. Many STIs have no early symptoms, so delayed diagnosis can cause permanent damage such as infertility, nerve or organ damage, or cancer. Antibiotic resistance, particularly in gonorrhoea, is a growing concern, and advanced infections like late-stage syphilis or long-term HPV can cause irreversible harm even after treatment. Feeling fine does not mean you are infection free. Testing is the only reliable way to know, and most tests are simple, quick, and confidential. Avoid self diagnosis, seek medical advice early, practise safer sex or abstain until

results are clear, and be honest with partners to protect them and prevent further spread.

The focus should be on prevention, control, and management. Society can help by providing CSE in schools and communities, normalising open conversations about STIs, teaching correct condom use, consent, and healthy relationships, reducing stigma and blame, promoting affordable and accessible testing and treatment, encouraging vaccination for HPV and hepatitis B, supporting human immunodeficiency viruses prevention tools like PrEP and PEP, training healthcare workers for respectful care, improving partner notification, and supporting community-led health programmes to reduce risky behaviours and increase healthseeking.

What are the most common reproductive cancers that are being identified in Sri Lanka and what are your suggestions to identify them at their earliest?

In Sri Lanka, the most common reproductive cancers amongst women are breast and cervical cancer. Breast cancer accounts for over a quarter of female cancers, with about 5,500 new cases annually, many still diagnosed at advanced stages. Cervical cancer is the second most common, with around 1,400 new cases and 780 deaths each year, nearly half detected late. Early detection improves outcomes: breast cancer screening includes self-examinations from age 20, clinical examinations, and mammography for women aged 40–69. Cervical cancer prevention includes HPV vaccination, pap smears, HPV deoxyribonucleic acid testing, and strengthened referral pathways.

What aspects should society modernise in creating a better environment for menstrual hygiene for girls and women?

Sri Lankan evidence shows very high awareness of single-use pads, but, knowledge and use of newer reusable products — menstrual cups, reusable pads, and menstrual underwear — remain limited, varying by age and setting. Period poverty affects 50% of menstruating people, and products beyond disposable pads are often available only online, with no advertisements to inform users. Creating a better environment requires going beyond products, addressing social, informational, and infrastructural conditions, including normalising menstruation, engaging boys and men, providing practical guidance on safe use, and mythbusting to support informed, confident choices.

Access to affordable menstrual products directly affects the wellbeing of menstruating individuals.

In Sri Lanka, sanitary napkins have historically been heavily taxed, with household period poverty recorded at 50% in 2016. Against this backdrop, the Government's plan to distribute sanitary napkins to schoolchildren is a necessary and progressive step. However, product access alone is insufficient. Adolescents also need CSE, improved access to adolescent-friendly SRH services, trained teachers, inclusive education for students with disabilities, and stronger collaboration between schools, health services, and social systems. In Sri Lanka, menstrual health issues are often overlooked due to stigma, the lack of awareness, and poor education, yet, they can indicate underlying conditions. Studies show that many girls and women experience dysmenorrhoea (painful menstruation), menorrhagia (abnormally heavy or prolonged menstrual bleeding), oligomenorrhoea (infrequent periods), or irregular cycles, but, less than half seek care. About 66% of girls were unaware of menstruation before menarche, and fewer than 37% of university students have satisfactory knowledge. Severe or persistent symptoms — heavy bleeding, large clots, missed periods, intermenstrual bleeding, or debilitating pain — may signal conditions like endometriosis, polycystic ovary syndrome, or fibroids. Menstrual education, cycle tracking, accessible counselling, and normalised healthseeking are crucial to address these gaps.

There is a discussion on banning social media for children under 12 following the common belief that social media is affecting the social life and the mental wellbeing of children. However, an experiment by the Cambridge University, led by Prof. Amy Orben has identified that taking the chat groups and social media away from children

could have an adverse impact on them as well. What is your standpoint?

As mental health service providers, we see this as a balanced issue rather than a simple yes or no decision. Whilst excessive or unregulated social media use can affect children's well-being, research, including studies like those led by Prof. Orben, also show that completely removing digital social connections can have unintended negative effects, such as social isolation. In the Sri Lankan context, where parents and grandparents often play a strong guiding role, the emphasis should be on parental supervision, clear boundaries, and open communication, rather than outright bans. Our stance is that supporting parents in guiding children towards age-appropriate, balanced digital use and the safe and meaningful use of technology alongside real-world social interaction is more beneficial for their long-term mental and social development.

The number of child suicides has increased over the years. Some associate this with their exposure to social media at an early age, and others with academic pressure. What is your stance?

The increase in child and adolescent suicides in Sri Lanka cannot be attributed to a single cause. It is usually the result of multiple interacting pressures. Academic stress plays a significant role — high expectations, exam-focused education, the fear of failure, and the limited space to express emotional distress can overwhelm young people. At the same time, early and unregulated exposure to social media can add to this vulnerability through comparison, cyberbullying, and reduced real-life support. However, social media alone is not the cause; it often amplifies existing stress, isolation, or emotional pain. What

we consistently see is a lack of safe spaces for children to talk about their struggles. Strengthening emotional support at home, reducing excessive academic pressure, improving mental health awareness in schools, and guiding healthy digital use are essential steps in prevention.

There are loopholes in the Constitution that have created a confusion regarding the age of consent for sexual intercourse and the age of legal marriage. Do you think that these failures in the law have affected the increasing cases of teen pregnancy, abortions and such situations? What are your suggestions for legal reforms to mitigate these events?

Sri Lanka's General Marriage Registration Ordinance sets the legal age of marriage at 18 for both men and women. However, under the Muslim Marriage and Divorce Act, no effective minimum age exists, allowing the marriage of girls under 12 with Quazi authorisation. The Penal Code sets the age of consent at 16, yet exempts marital rape where the wife is over 12 and not judicially separated from the man. These legal inconsistencies undermine bodily autonomy and increase the risk of unintended pregnancies. Higher adolescent fertility rates in Eastern Province Districts such as Trincomalee and Batticaloa, and elsewhere Puttalam suggest links to early marriage practices. Legal reform is essential, including a uniform marriage age of 18 without exceptions, criminalising marital rape, and permitting the termination of pregnancy in cases of rape, incest, and lethal congenital foetal malformations to protect girls' reproductive rights.

The views and opinions expressed in this column are those of the interviewee, and do not necessarily reflect those of this publication

FPA Youth Workshop Series on Inclusion and Rights



FPA Youth successfully conducted the first two sessions of its latest workshop series, supported by an IPPF grant, bringing together university students and outreach and field workers for meaningful dialogue on diversity, inclusion, and LGBTQIA+ rights.

Facilitated by Mr. Thushara Manoj, the sessions strengthened participants' ability to engage respectfully with diverse communities and enhanced their understanding of relevant legal frameworks in sensitive areas. Two more sessions will follow in this series.

UNFPA-Supported Youth Camps Launched



Under the theme “Youth Action for Crisis Response,” Youth Camps have commenced in areas affected by Cyclone Ditwah in 2025. This initiative aims to support and motivate young people impacted by displacement and disruption, while equipping them with knowledge, skills, and leadership opportunities in key areas of development.

The camps create safe, interactive spaces for learning, dialogue, and collaboration, encouraging participants to become informed advocates and active contributors within their communities. Pictured are highlights from the first session held at the National Youth Services Council - Ulapane Training Centre in Gampola.

A series of additional camps are planned under this initiative and will be conducted in the Kandy, Badulla and Nuwara Eliya Districts.



Building stronger school communities starts with informed leadership



The Monaragala Centre successfully conducted an awareness programme at Royal College, Monaragala, bringing together Principals from schools across the Monaragala District.

The session focused on sharing the comprehensive health and educational services available through the centre, and how schools can effectively connect students to these resources.

When school leaders are aware of the support systems in place, they can make informed decisions that strengthen student well-being and learning outcomes.



In conversation with
Ms. Thakshila Gamage
Assistant Director - Outreach

Can you give us an overview of FPA Sri Lanka's Service Delivery Points (SDPs) and the unique communities they serve?

FPA Sri Lanka's Service Delivery Points (SDPs) are central to its mission to make Sexual and Reproductive Health (SRH) services accessible to everyone, especially poor, marginalized, and socially excluded communities. Ten SDPs currently operate in Nuwara Eliya, Batticaloa, Kilinochchi, Koggala, Seethawaka, Wathupitiwala, Ampara, Monaragala, Puttalam and Pallekele.

Each centre is strategically located to reach marginalized communities. Four SDPs, including Koggala, Wathupitiwala, Seethawake and Pallekele, serve many women in Export Processing Zones, a critical yet vulnerable workforce. The Nuwara Eliya centre supports plantation communities, while Kilinochchi and Batticaloa reach minority ethnic groups.

Monaragala, Ampara, and Puttalam operate in deeply rural

areas, ensuring access for underserved populations.

All SDPs provide safe spaces for key populations, LGBTQIA+ communities, people with disabilities and empower young people through comprehensive sexuality education. Together, they reflect FPA Sri Lanka's commitment to equity, inclusion, and the right to SRH for all.

Recently, FPA Sri Lanka has started providing services for indigenous communities. What inspired this initiative, and what impact do you hope to achieve?

For the first time, in 2025, Outreach SDPs reached indigenous communities, marking a key step in FPA Sri Lanka's commitment to inclusive SRH services. These groups are among the most socially and economically marginalized, often living in remote areas with limited infrastructure, livelihood opportunities, and minimal access to essential SRH services.

FPA partnered with UNFPA to support indigenous families by distributing dignity kits and maternity kits to enhance maternal and menstrual hygiene. This initiative provided a crucial entry point to expand outreach and strengthen presence among a unique and often overlooked population.

Through this programme, 1,309 dignity kits and 409 maternity kits are being distributed across Mahiyanganaya, Monaragala, Polonnaruwa, and Batticaloa, as well as to the Afro-Sri Lankan community in Puttalam, who face similar barriers. Teams are also conducting community-based awareness sessions on SRH and menstrual hygiene, pairing immediate support with long-term knowledge.

By engaging these communities, we aim to build trust, improve health outcomes, and ensure leave no one behind in accessing sexual and reproductive health.

How do you ensure that the services offered at SDPs remain accessible while transitioning to a cost recovery model?

Sustainability is crucial to keeping our services uninterrupted. With global funding increasingly uncertain, NGOs can no longer rely solely on donor support. Our SDPs are gradually moving toward a cost-recovery model to strengthen long-term service delivery without compromising access.

To maintain accessibility, essential SRH services continue free through mobile clinics, ensuring marginalized groups are not left behind. A minimal fee structure is introduced at centres, well below private sector rates, so regular clients can still access quality services at a fair cost.

SDPs are exploring new income generating opportunities by adding services that meet community needs, reducing dependency on external funding. Many centres plan to collaborate with private hospitals to establish sample collection centres, offering convenient access to medical check-ups.

Additionally, SDPs are preparing to offer legal advisory services for survivors of gender based violence and initial subfertility and infertility screening services, expanding essential reproductive health support. The ultimate goal is a sustainable model that protects accessibility, strengthens community trust, and ensures SRH services remain within reach for everyone who needs them.

How do you identify underserved populations in Sri Lanka and plan outreach strategies for them?

Underserved populations include communities that are economically disadvantaged, socially or culturally marginalized, and geographically isolated, with limited access to public services, restricted livelihood opportunities, or social barriers preventing them from seeking SRH care.

To reach these communities effectively, we use multiple service delivery models, mobile clinics, static clinics, and associated clinics, tailoring approaches to each community's needs. SDPs also conduct awareness sessions, CSE programmes, and demand generation initiatives to improve understanding of SRHR and promote available services. Underserved areas are identified using internal assessments and national data. Our M&E Unit conducted a programme gap analysis and needs assessment, Mapping for Impact: District Prioritization Strategy for SRH Interventions in Sri Lanka, which highlighted districts with the highest SRH challenges and service gaps. For example, our recently opened centres in Puttalam and Monaragala are examples of the findings that guided our work.

These efforts help people recognize SRH challenges they may face while reassuring them that support and services are nearby and easy to access.

Could you share some success stories or significant milestones from the SDPs that highlight their impact?

Every SDP has unique success stories, and one recent highlight comes from our Nuwara Eliya centre, one of the oldest SDPs operating since 2011. Over the years, the team has built strong, trusted partnerships with government institutions to improve community wellbeing. As a result, Nuwara Eliya SDP was recognized by the District Secretary as a key partner of the new Model District Resource Counselling Centre at the District Secretariat, with permission to provide counselling services on three designated days. This is the first time a government institution has entrusted such responsibility to an NGO in the district. Despite over 52 NGOs operating locally, this recognition reflects our strong relationships with government bodies and the

quality of services provided. Special recognition goes to Mr. Sivakumar, Head of Nuwara Eliya SDP, and the team, whose dedication and commitment were key to achieving this milestone. It is a proud moment that highlights the impact of our SDPs and their commitment to the communities they serve.

Among the ongoing outreach initiatives, which current projects do you feel are making the strongest impact, and why?

Currently, four key projects are implemented under the Outreach Unit: the IPPF Core Grant, SPRINT, Levi's, and UNFPA supported initiatives. Each contributes to expanding access to Sexual and Reproductive Health and Rights while focusing on the specific needs of the communities it serves.

The IPPF Core Grant enables the organization to reach socially, economically, and culturally marginalized groups across the country with essential sexual and reproductive health (SRH) services and education.

The SPRINT and UNFPA projects are humanitarian initiatives that support the delivery of lifesaving SRH services during emergency situations. The Emergency Response Project under SPRINT provided immediate assistance to communities affected by the recent disaster, ensuring continued access to essential SRH services, while SRH awareness sessions are also now being conducted to strengthen knowledge.

The Levi's project focuses on female factory workers in Export Processing Zones, addressing a wide range of SRH needs within this vulnerable group.

Each project fills a distinct but vital gap, collectively improving the wellbeing of women and underserved communities. Together, they strengthen our outreach network and uplift the lives of women and girls.

Youth volunteers play a vital role in FPA Sri Lanka's outreach efforts. How do they contribute, and what opportunities exist for young people to become involved?

Youth volunteers play a vital role in FPA Sri Lanka's outreach efforts. The youth peer-leader model is one of the most effective ways to reach young people with accurate, age appropriate SRHR information.

An impactful initiative introduced by our Executive Director, Dr. Ruchitha Perera, is the establishment of youth clubs at every SDP. Each youth club is supported by a dedicated Youth Ambassador who coordinates and leads all youth focused activities. These young leaders engage with schools, training institutes, youth groups, and community organizations to raise awareness on SRHR, promote healthy behaviours, and connect peers with youth-friendly SDP services.

Their ability to speak the language of their peers makes them powerful advocates for change. Young people can get involved by joining their SDP youth club, volunteering at events, referring peers, or participating in SRHR awareness programmes. Through this engagement, they gain skills while helping create a better-informed generation.

Is there a community experience that stayed with you and reminds you why this work matters?

One experience that stood out was during our recent dignity and maternity kit distributions among Indigenous communities in Polonnaruwa and Batticaloa. These geographically isolated areas face poverty, limited education, cultural barriers, and restricted access to services, increasing risks of sexual exploitation, gender-based violence, teenage pregnancies, unsafe abortions, and other health issues.

What touched me most was not only the challenges faced by the community, but also the extraordinary dedication of government health workers. In Dalukana, I met a midwife in her late stage pregnancy who travels long distances, sometimes going beyond door-to-door visits, to reach mothers unable or reluctant to attend MOH clinics due to financial hardships or lack of awareness. Her commitment despite limited resources was inspiring.

Seeing the daily struggles of women and the determination of those supporting them reminded me why expanding SRH access is crucial. Being part of this initiative gave me a deep sense of purpose and satisfaction, reinforcing my belief that every woman and girl deserves safe, accessible, and respectful healthcare.



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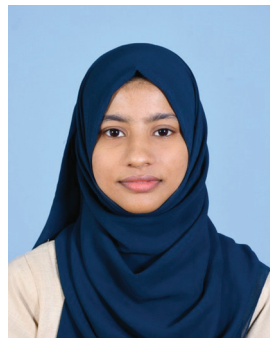
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Stronger Together – FPA Sri Lanka Team Retreat



On 9th and 10th February, the FPA Sri Lanka family came together for a memorable two-day staff team-building retreat at Laya Leisure, Kukulegama. Bringing together our Head Office team, Service Delivery Point staff, and youth volunteers, the retreat was filled with energy, laughter, and connection - from engaging team-building games and a friendly cricket match to a vibrant staff-led talent show and a lively bonfire night representing every unit.

Moments like these help us strengthen teamwork, build lasting connections, and return to our work with renewed spirit.





We want to hear your views and suggestions! Please write to: FPA Sri Lanka, 37/27, Bullers Lane, Colombo - 07, Sri Lanka.
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