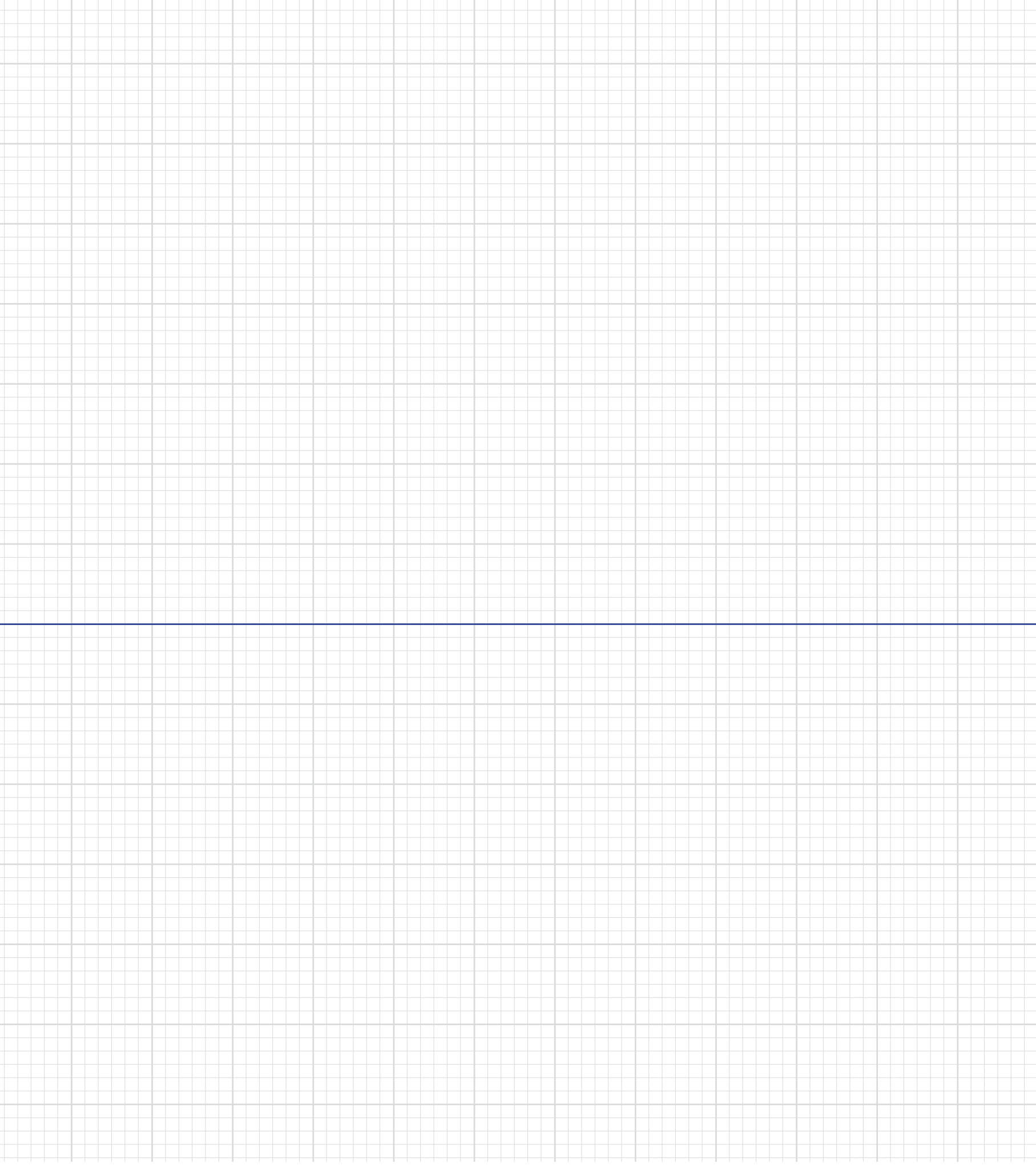
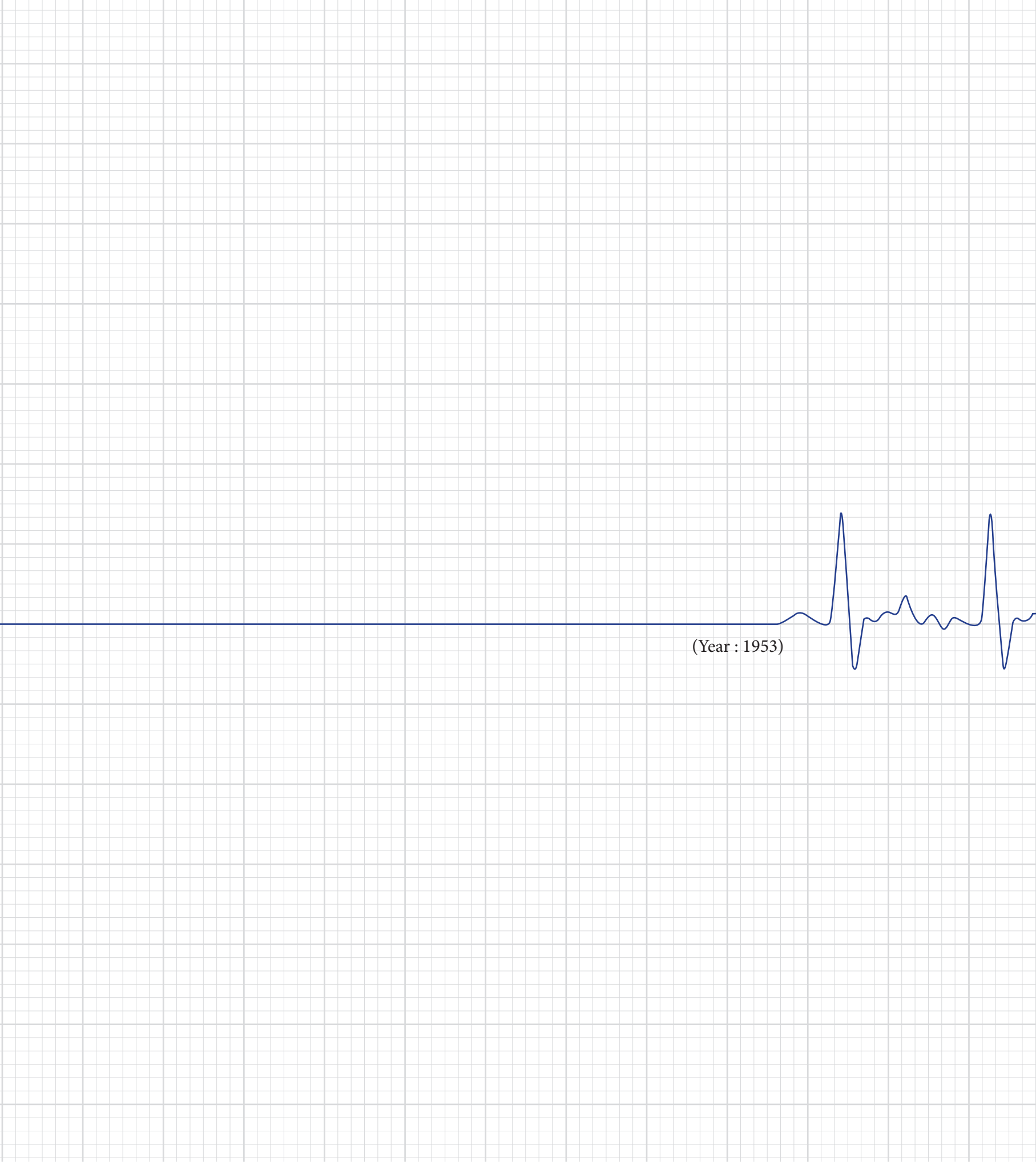


THE
JEWEL
OF
The Jewel of Initiative
INITIATIVE





(Year : 1953)

The Jewel of Initiative





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The Jewel of Initiative

For sixty years, the Family Planning Association has worked to improve the health and quality of life of women and their families, and beyond that, to improve the reproductive health of the nation.

Much has been achieved in those six decades. Maternal and infant mortality in our country have fallen to levels of which a rich, developed country might be proud. Millions of women have enjoyed greater freedom of reproductive choice and the chance of a fuller, happier life. The incidence of sexually-transmitted diseases is relatively low, and the scourge of AIDS has blighted very few lives. Almost incidentally, the danger of a population explosion in Sri Lanka has also been avoided.

These are great accomplishments. But in the end, they have been brought about by the synergetic action of countless small, individual actions and initiatives. Every one of them is vital to our success - as are the people who undertake them. They reflect the commitment, passion and love for humanity that drive each us all - from our President down to the youngest, most inexperienced of our volunteers. And every individual, every initiative, is a unique facet shining brightly in the light of our Diamond Jubilee.

Our Vision

FPA Sri Lanka to be the pioneer in providing sexual and reproductive health as a right for all.

Our Mission

Enrich relationships to improve the quality of life of individuals by advocating sexual and reproductive health rights and providing services while maintaining sustainability and volunteerism.

Core Values

Quality

Our products, services and programmes are gender sensitive, non-judgmental, affordable and are of high quality.

Choice

We believe and respect free choice and the rights of all individuals.

Good Governance

We value participatory, consensus oriented, accountable and transparent decision-making. The process, by which decisions are implemented, should be responsive, effective, efficient, equitable and inclusive of following the rule of law.

Volunteerism

We believe in the spirit of volunteerism as central to achieving our goals and ideals.

Sustainability

We uphold sustainability of programme effectiveness, financial security and organisational viability.

Diversity and Equality

We believe in diversity and equality in extending our services to everyone who needs them, irrespective of race, gender or sexual orientation. We respect sociocultural values, norms and concerns of the people.

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Earth Summit

Population pushed to background at Earth summit

RIO DE JANEIRO, Tuesday, (Reuter) - The world's population, set to double in 40 years and exert even greater strain on resources, got scant attention from the Earth Summit, disappointing those who wanted a spotlight on the issue.

"We must curb population growth by more effective means than we were able to agree upon here and which recognise and reinforce the links to poverty and the rights of women", Norwegian Prime Minister Gro Harlem Brundtland told the U.N. Conference on Environment and Development.

The summit, a historic 12-day meeting of more than 100 world leaders, concluded on Sunday. The controversial nature of family planning may have left many delegates happy by sweeping it to the side in favour of discussing treaties on climate change and ways to save plant and animal life.

The population explosion is central to the crisis", U.S. Senator Al Gore, a Tennessee Democrat and environmental advocate, told Reuters. "It's an issue we really must address". In the past 30 years the population of the world has grown to 5.3 billion and is forecast to grow to six billion by the turn of the century, as 100 million more people are born

Maurice Strong, who headed up the Earth Summit, reminded delegates of the seriousness of the issue at closing ceremonies when he pointed out to delegates that 260,000 children had been born each day during the 12-day conference.

But population experts see a bright spot on the horizon because of what they see as the desire on the part of families everywhere to learn about and use birth control methods.

"Today's women want smaller families than their parents did", said Nafis Sadik, secretary-general of the 1994 U.N. Conference on Population and Development.

While some delegates criticised the summit for sidestepping the subject, others noted it will be taken up on a full scale at the 1994 meeting.

"That's just an excuse", said Sally Ethelston, a spokeswoman for the Washington-based Population Crisis Committee, one of the 500 non-governmental organisations that attended the summit.

The 1994 Conference, which will mark 10 years since a population summit in Mexico City, promises to be a battle royal, delegates said.

But those on both sides of the issue agree on one thing: forced methods are not the answer.

"On the contrary, it (family planning) emerges naturally through education and development", said a spokesman.

Monkey in AIDS research

By Jacqueline Frank
WASHINGTON, (Reuters) - Scientists said they may use an animal they may use in tests of AIDS vaccines. The macaque -- the monkey -- they discovered infected with the AIDS virus. Scientists have been looking for an animal model for the AIDS disease in part because of this very difficult potential form of the AIDS virus found in humans. Rhesus monkeys can be infected with the simian AIDS virus but do not develop AIDS. Pigtail macaques, native to Southeast Asia, are plentiful in the wild. The University of Washington also keeps breeding colonies of the monkeys. The degree to which the pigtail macaque will be useful to researchers depends on how closely the AIDS virus replicates in the monkeys, Fauci said. Studies are being conducted to determine the degree to which the pigtail macaque will be useful to researchers.

1992 කවුළු මස 22 වැනිද බදද

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DINAMINA, MONDAY JULY 13, 1992

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Monday 6th July, 1992

THE ISLAND

Colloquy to prepare charter for Asian NGOs

The Forum of Asian NGO and Popular Organisation Leaders will be inaugurated tomorrow 7 at 8.30 a.m. at the SLFI auditorium in Colombo to meet to reflect for 4-days on "People's Movement in Asia - Myth or Reality" and prepare a charter for Asian NGOs and People's Movement. The forum has been organised by the Asian Development Innovation Centre.

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SUNDAY, JULY 12, 1992

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beyond the ashes

Dowry system exists among SL monkeys

By T. Sabaratnam

The dowry system is there even among Shri Lankan monkeys a 20-year study on Polonnaruwa monkeys has shown. Like human beings monkeys too

Wednesday 1st July, 1992

How old is the Universe?

going on and we do not know when it will end," said Professor Piero Benvenuti, European Scientific Representative of the Hubble telescope project. He was introducing a week-long "Science

Chia, outside Cagliari. The \$2.1 billion telescope, designed for the U.S. space agency NASA in the 1970s, was launched in April 1990 to allow astronomers to view space from outside the confines of the Earth's atmosphere.

The conference heard that readings from the telescope had allowed an international team of astronomers to take a major first step in re-determining the expansion rate of the universe. Previous calculations of this rate, which helps

to determine the size and age of the universe, have varied widely. But by using the space telescope to study the brightness of a faint galaxy 16 million light-years away, scientists have managed to come up with more pre-

cise figures. Their calculations include the universe is at least 15 billion years old according to a communique from the Space Telescope Science Institute, Baltimore, U.S.

Common Os

experiences and perceptions in respect in their own countries which sought a commitment of the Heads of State or Government at the Summit of the Heads of State or Government in full agreement on the need for the Poor and irrevocably linked to the main Asian Regional Director of IRED Regional Session of the Forum of Sri Lanka NGO speaking NGOs



DAILY NEWS, WEDNESDAY JULY 22, 1992

Dowry system...

(Contd. from page 1) "Fathers will carry their sons and chase their daughters away. Mothers too pay more attention to their sons"

He explained that that was due to a biological need, and that the sons should grow bigger if they are to survive.

Sons are driven out of the social group, once they reach adolescence. They have to attach themselves to other social groups and they have to fight their way in. They have to compete with the males already in those group to win their females.

The daughters, on the other hand, stay with the group in which they were born. Dittus had calculated that all in all the resources the mother allocates to her sons...

S, WEDNESDAY JULY 22, 1992

Conference

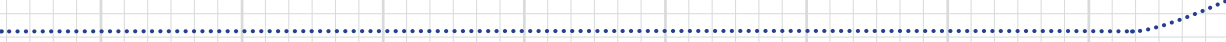
ia, Africa rdest hit AIDS:WHO

M, Tuesday (Reuter) - A were infected with AIDS in 1992 with countries in sub-Saharan Africa is a vicious circle", he said. "The poor community that is vulnerable to AIDS becomes even more impoverished by



The Princess of Wales shakes hands with William Drake, a patient at the London Lighthouse Aids Centre.

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Dr. Pramilla Senanayake
President

1.0

President's Message

From its founding in 1953 the Family Planning Association grew through challenges to make a significant and meaningful contribution to improve health and quality of life of women in Sri Lanka.

FPA was formed to reach out to the underprivileged women and children in an era where colonial darkness still lingered. Since then, FPA has made great strides in uplifting the quality of life and health of women and children in Sri Lanka.



ubilees, particularly diamond ones, are occasions to celebrate. And the sixty-year history of the Family Planning Association of Sri Lanka contains much that is worthy of celebration. Our achievements in the area of women's and children's health, in education and advocacy, in reaching out to the underprivileged, the tragedy-stricken and desperate, have been real and tangible. Almost as a side effect, our efforts have helped avert a possible demographic catastrophe in our country. We have much to be proud of.

But jubilees are also times for stocktaking, and a Diamond Jubilee in particular is a time for mature reflection. So, while the supplementary section of this year's FPA Annual Report documents and celebrates the great things our Association has done in the past, and the Executive Director reports on the activities and successes of this anniversary year, I should like to take a little space to reflect on the meaning and effect of what we have done, where we stand today, and what role our Association can and should play in the new Sri Lankan society that is taking shape around us.

Dispelling the Colonial Darkness

Ceylon, now Sri Lanka, had been independent for only five years when our Association was founded. The shadow of the colonial past still lay upon its people and institutions. Colonial Ceylon had been a place of odd contradictions. Its people enjoyed an unusual degree of freedom and self-determination for a subject nation, and institutions of Government were relatively liberal and advanced. In terms of commerce, ideas and even the adoption of technology, Ceylon was one of the most advanced countries in Asia. And many amongst its citizens had enthusiastically embraced such supposedly European ideals as progress, equality, individual liberty and responsibility, and freedom of speech. All these ideals were incorporated into the Constitution of the newly independent country.

However, there was another colonial Ceylon, a place where hope did not shine so bright. This was a country whose administration was simultaneously paternalistic and neglectful, where access to education was limited to a few and people lay mired in superstition; where public health was threatened by epidemics, poor water supply and sanitation, even malnutrition; where the oppressive hand of tradition snatched away, in the name of faith, family, caste, class and racial pride, the very freedoms supposedly enshrined in law; and where many, particularly on the plantations and among the urban poor, lived hopeless, wretched lives while those who ruled, and those complicit with the rulers, grew fat on the produce of their labour.

Much of this, too, became part of the legacy handed down to independent Ceylon. Some of it is still with us today. It is this inheritance from the dark past that the Family Planning Association of Sri Lanka was formed to help dispel.

Amidst challenges and opposition FPA's mission gathered momentum. Through sheer commitment and dedication of volunteers and supporters, the message of family planning spread far and wide in our nation.

From Abuse to Acceptance

We were opposed from the very beginning. Authorities of all kinds - political, religious, communal - inveighed against us. We were accused of indecency, of meddling in the private lives of men and women, of promoting vice, even of plotting ethnic revolution. When our female volunteers visited the slums of Colombo they were treated to angry abuse, insults and projectiles. Our commitment did not waver. We were on a mission - to improve the health and quality of life of our countrywomen and through them their families, their communities and the whole nation.

There were many who supported us too - the farsighted ones who understood how the political health of a nation is bound up with the physical and mental health of its citizens. We began to receive State assistance - a pittance at first, but it soon became substantial. Individual statesmen, philanthropists and other influential figures helped in many ways. We began winning friends and support from abroad, too, chief among them the International Planned Parenthood Federation (IPPF), of which we have been a member since 1954, as well as a number of international charities and scientific foundations.

Official recognition, grudging at first, soon gained momentum. We were asked to train Government medical workers in family planning methods, and were chosen to help implement the first bilateral project on family planning in Ceylon. In 1961, with Government approval, one of our most eminent volunteers began the first research study carried out on oral contraceptives in Asia.

Success Follows Recognition

The watershed came in 1962, when the incumbent Prime Minister (she had previously been one of our volunteers) directed that family planning should become part of the State maternal and child health programme. But success, too, had its challenges. Under the socialist model of Government that prevailed for most of the '60s and '70s, the extension and administration of public and social services was the business of the State. Gradually, we were 'taken over' - our functions and programmes assumed by Government departments that at first depended heavily on us for know-how and direction. For a while, there was a sensation of drift. However, with the full weight of State resources (and considerable foreign aid and expertise) behind family planning, the message spread far wider, and penetrated much deeper, than we might, perhaps, ever have achieved on our own.

And we were still very much a part of it. When the *Preethi* (and later, *Mithuri*) marketing campaign made family planning mainstream and changed the demographic future of Sri Lanka for ever, it was the Family Planning Association that assisted in the first studies and test-marketing efforts, and took over the entire

Through understanding and co-operation, through persuasion and consensus-building, FPA makes progress on controversial issues whilst preserving the traditions and values of the Sri Lankan culture.

programme a few years later. This was the genesis of our programme of contraceptive marketing and distribution, which is now a key aspect of our operations and a source of funding for other projects.

Since then, though we have had our ups and downs, the overall picture has been one of ever greater activity and impact. Neither have we sought in vain for co-operation and support from the Government - whichever political party happened to be in power.

A New Threat to Our Mission?

That is not to say that we no longer face difficulties, or opposition from groups opposed to our programme and message. In fact, such opposition appears to be gaining ground. The ancient, vicious canard that family planning is a conspiracy to reduce the population of the majority community while others proliferate is being heard again. And those who oppose us have powerful champions, including some within the State apparatus itself; one indication of this is a circular lately received by us forbidding us to carry out permanent sterilisations.

Sri Lanka is, for the most part, a conservative Asian society, one that values tradition and does not care to wash its dirty linen in public. This is something which, given our history, we cannot fail to be conscious of. As an Association, we have always sought to make progress through understanding and co-operation, through persuasion and consensus-building. We do not seek to create confrontations and ruffle feathers.

Neither, however, are we supporters of the *status quo*. We cannot escape the fact that social reform lies at the very heart of what we do. By seeking to improve the condition of women, giving them more control over their reproductive health and choices and therefore over their lives, we set in motion very fundamental changes in society. By involving ourselves in advocacy on behalf of those living with AIDS and other sexually-transmitted diseases and attempting to address the problem of abortion, we force society to confront issues some would rather avoid or deny. By seeking greater understanding and acceptance of minority groups such as sex workers, homosexuals and the mentally ill, by promoting sex education for adolescents in the face of unrelenting conservative opposition, we seek to change deeply entrenched attitudes and practices.

Abortion is an especially thorny subject. Reliable estimates put the number of illegal abortions taking place in this country at over a thousand a day. The women who undergo them risk their health and even their lives, as well as opening themselves up to obloquy, stigmatisation and even violence. Yet, despite our best efforts, the subject remains taboo. In the ensuing silence we cannot even freely discuss, let alone address the problem. In this area, our national attitudes and laws are long overdue for change.

FPA enshrines
fundamental
values and rights
in an increasingly
conservative society.
Equality of men and
women of all faiths and
races being the most
significant value of all.

I am convinced that such changes benefit everyone. Others disagree. I fear their opposition is likely to increase, in the short term at least, threatening our mission and possibly reversing the gains we have made, with such effort and cost, over sixty years.

Reaffirmation

So it is that, despite all our achievements and successes, the Family Planning Association of Sri Lanka must re-dedicate itself to its cause, and prepare for greater efforts against stronger opposition, even as we enter the seventh decade of our existence.

We can and must succeed in this. And we will succeed, if only we do not lose sight of the values that motivate and guide us. There are some who castigate those values as ‘foreign’ and ‘unpatriotic’. I affirm that they are universal. And in a world often characterised by compromise, prevarication, hypocrisy and double standards, I urge our members, staff and volunteers to be fearless and vocal in their defence.

Chief among these values is *equality* - the equality of men and women of all faiths and races, of civic rights and duties, of all before the law. As a body, we must reject any notion of superiority based on class, race, caste or gender. By the same token, we must refrain from making moral judgements about the people we serve - they are all human and have an equal right to help and care.

Moreover, if all are equal, then all have an equal right to *choose* the most personal aspects of their lives. They have an equal right to information about sex, about STDs, about all aspects of reproductive health; they have an equal right of access to reproductive-health services. And all should have equal *freedom* to speak out on sexual matters, or STDs, on abortion, whatever their opinions might be.

For members of the Family Planning Association, reaffirming these fundamental values and rights in an increasingly conservative society will not be easy. We must be optimistic, believe in success and our power to change things. If our conviction flags, we have only to look back on what we have achieved.

We must work together, meshing our efforts in order to attain the greatest effect. Our actions must speak louder than our words. And to those who would oppose our efforts out of fear, denial, bigotry or hatred of those unlike themselves, we must prove by example the worthiness of the Golden Rule: *do unto others as you would have them do to you*. If we remain courageous and stay true to these values, we cannot fail.


Grateful
acknowledgement
of all who have
supported and
partnered the cause
of FPA. Their efforts
have enabled FPA to
make an important
and meaningful
contribution to society.

A Final Word

Before I close, I would like to express my thanks to those who have been part of our effort, both today and in the past.

Our pioneers, back in 1953, laid the foundations on which we build. Those who came before us - my own predecessors as President, all those who have held office in our Association during the past, and of course our multitudes of volunteers young and old - created the structure, which we have modified and added to in keeping with the times. Let us remember them all with gratitude, just as we remember the many non-members - national leaders, policymakers, bureaucrats, philanthropists, scientists and - who helped us from without. Into this category, too, fall our various friends, well-wishers and project partners down the years, chief among them, of course, the head of our 'family' of associations, the IPPF.

Moving forward to the present, I should like to thank all our donors, without whom we could have achieved nothing, for their generosity. I sincerely thank all our friends and partners in Government, administration, the NGO sector and civil society for their good wishes, assistance and co-operation. I thank my fellow office-bearers in the Association, in particular our Executive Director Ms. Thushara Agus, for their help and support. And finally, I would like to offer warm thanks to our staff and our many volunteers (especially the youth volunteers who have become such an important and valuable part of our Association) for their efforts, passion and dedication to our cause. Their enthusiasm and participation in our efforts give me confidence in the future, not only of our Association, but of our motherland.



Dr. Pramilla Senanayake
President

6 May 2013



Dr. Mary Rutnam,
who pioneered
family planning
in the country in
early 1930s

2.0

Commitment and Continuity: the FPA at Sixty

Evolution of FPA through diverse social, economic and political changes and its unwavering commitment to make a positive difference in the life of the nation.



At the beginning of the Twentieth Century, according to the national census of 1901, the population of Ceylon was 3,565,954.

Fifty years later, it had more than doubled.

The census of March 1953 showed that the population stood at 8,103,648, not counting the numerous British military personnel still stationed on the newly-independent island. Concerned observers noted that the country was in the throes of a population explosion, and wondered apprehensively what the economic and social consequences would be.

Some were not content merely to wonder. Two months before the publication of the 1953 census, a group of fifteen pioneers had formed a new association dedicated to what, in those days, was commonly referred to as 'birth control'. Shying away from this rather clinical term, they chose instead to call themselves the Family Planning Association of Ceylon.

Family planning was a new idea then, especially in Asian countries where poverty, tradition and high rates of infant mortality combined with ignorance of contraceptive methods continued to keep birth-rates elevated. It was, in fact, a remarkable fall in infant mortality since the beginning of the Twentieth Century that had caused colonial Ceylon's demographic explosion; its people were reproducing so energetically that even a horrific malaria epidemic in 1934-35, which killed about a million people, could not keep the population down. Already, by the fifties, the strain on social services and the economy was beginning to tell. However, only a small number of people had the vision to see what the consequences of uncontrolled population growth would be; 'birth control' was a taboo subject, and there were large social constituencies opposed to it. As for policymakers at the time, most were happily engaged in expanding the ambit of State provision in education, healthcare and so on, effectively increasing the cost of every citizen to the Government - a prescription for future disaster in the absence of effective fertility control. Thus it was left to individual visionaries and private activism to foresee and attempt to avert the consequences of an exploding population.



Health and nutrition programme conducted in rural areas in early days of FPA

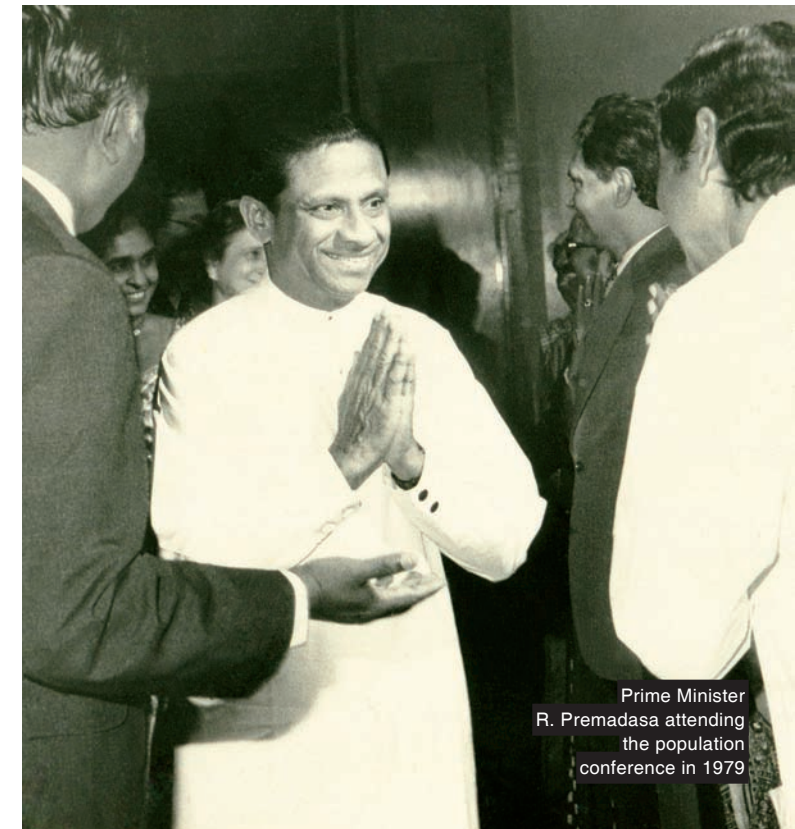


The Pioneers

The leader of the small group of volunteers who founded the Family Planning Association was not particularly concerned with demographic policy; her interest was in improving the health and welfare of her adopted countrywomen. Mary Rutnam, a Canadian gynaecologist who had married a Ceylonese, had been an apostle in the cause of family planning since the early 1930s. Against stiff conservative opposition, she had started a small family planning clinic in Colombo in 1936 and continued to run it successfully until the exigencies of the Second World War forced its closure. Dr. Rutnam was a seasoned and tenacious campaigner on behalf of Ceylonese women; before starting her clinic, she had already set up two important women's organisations, the Family Welfare Association and the Lanka Mahila Samiti. When the war ended, she returned to the cause of family planning with renewed vigour, gathering about her the group of fifteen who, in January 1953, would come to be the founders of the FPA.

Other members of that group would play important roles in the history of the Association. Joined a year later by Siva Chinnatamby, a former volunteer doctor at Dr. Rutnam's clinic who would later earn fame for her work as a researcher into contraception and for pioneering the use of oral contraception in Asia. Also among that founding group were a number of strong, energetic, dedicated women who were to spend, collectively, many decades in the service of the Association - such as Sylvia Fernando, its founding secretary, and two of its future presidents, Leila Basnayake and Phyllis Dissanayaka.

The business of the Association in its early years set the template for much of its subsequent activity. Broadly, this fell under the headings of promoting family planning and extending family-planning services and resources to those in need of them. Family planning was promoted to women and married couples directly and indirectly to society through lobbying and advocacy. All these efforts had to be privately funded at first, although in 1955 the FPA received its first Government grant - a princely Rs. 2,500! Two years later this would be increased to Rs. 75,000 an indication that the authorities were at last beginning to take family planning seriously. These funds were added to a grant of US\$8,600 from the International Planned Parenthood Federation, with which the Association became affiliated in 1954.

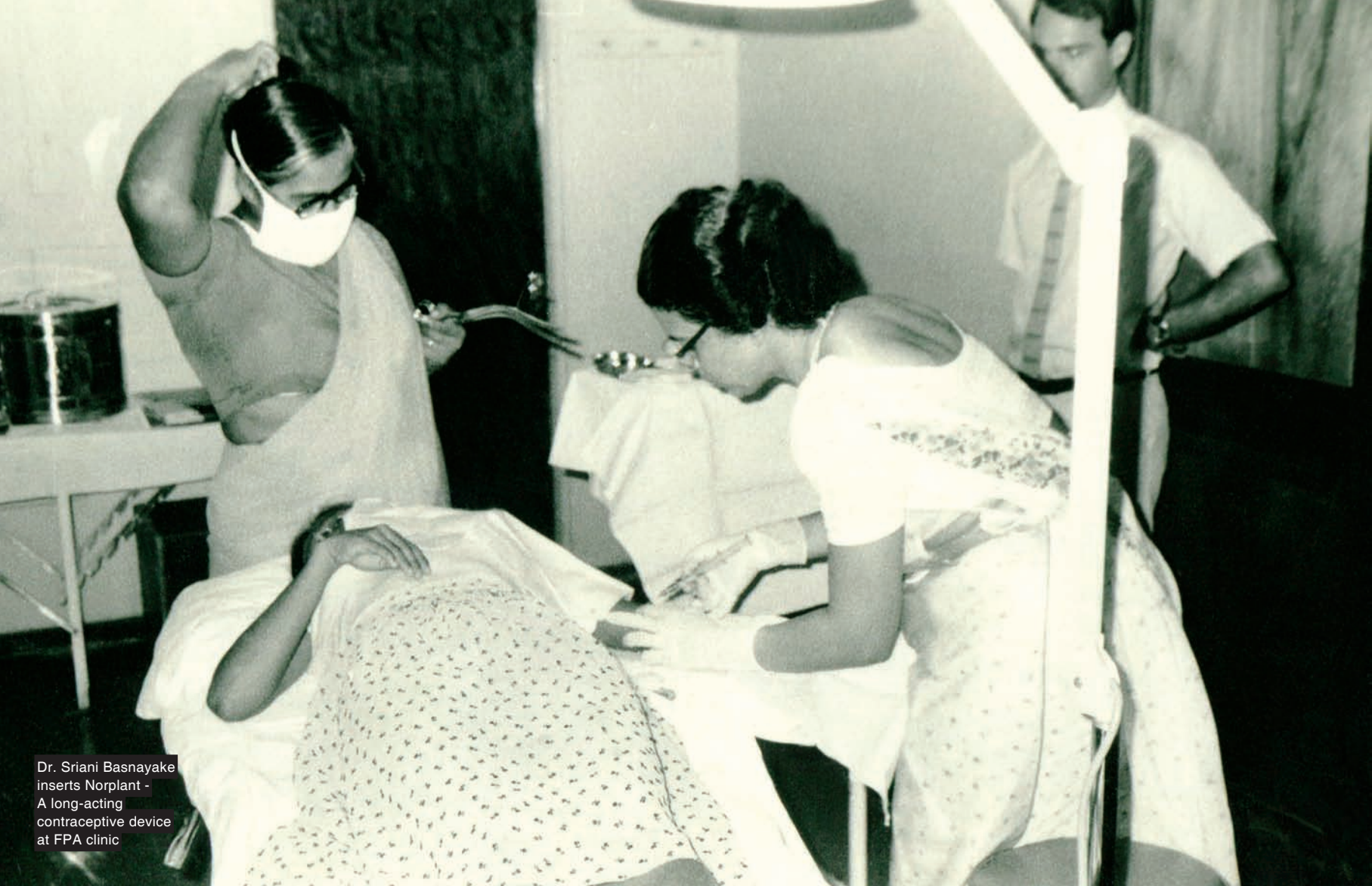


Prime Minister R. Premadasa attending the population conference in 1979





Family life in rural Sri Lanka in 1960s.



Dr. Sriani Basnayake inserts Norplant - A long-acting contraceptive device at FPA clinic

On the occasion of the Golden Jubilee of the FPA in 2003, those who remembered the early years spoke fondly of the camaraderie and commitment that prevailed among the small, tight-knit group of pioneers - of long meetings, strong but friendly arguments and an almost revolutionary fervour. Fuelled by their energy, the movement began to gain ground. Dr. Rutnam and her group of volunteer doctors and assistants opened a fully-fledged family-planning clinic in Colombo in September 1953. Support from the medical community was growing, too; in 1955 C.C. de Silva, Professor of Paediatrics at the University of Ceylon, succeeded Mary Rutnam as President of the FPA. Soon afterwards, in 1958, Dr. Rutnam received a prestigious international award, the Ramon Magsaysay Foundation Award for Public Service.

Coming in from the Cold

At home, recognition was slower, though the need for family planning was increasingly accepted. An important milestone was passed in 1958 with the launch of the first State family-planning initiative - a pilot project in Bandaragama and Ulapane planned and implemented in co-operation with the Government of Sweden. By then, the Association had already set up a total of 34 family-planning clinics around the country; their popularity and social effects were too plain for even the most obtuse policymaker to ignore. 'Birth control' was finally on the national agenda.

With Government support, the number of FPA clinics multiplied. By 1965, there would be 115 of them. Meanwhile, at the request of the Director of Health Services, the Association had begun training Government doctors, nurses, midwives and public-health inspectors in family-planning methods.

Siva Chinnatamby, after representing the FPA at an international IPPF conference in New Delhi in 1960, travelled on to the United States to study the use and effects of a newly-developed hormonal contraceptive that women could take orally - a social and cultural revolution in the form of a pill. Returning home, she began conducting her own research into the pill at Ragama Hospital, moving on to clinical trials at De Soysa Maternity Hospital in 1961. Her work put Ceylon at the forefront of fertility research, a fact confirmed when Gregory Pincus, the 'father of the Pill', visited the country to learn about her work. In later years, Dr. Chinnatamby would conduct research on IUDs and a long-acting injectable contraceptive, Depo-Provera, working to ensure that these methods were safe for women to use.

A watershed in official attitudes was passed in 1962, when Prime Minister Sirimavo Dias Bandaranaike directed that the Government's maternal and child health programme should incorporate family planning and that the Health Department should undertake educational work on the subject. It was, perhaps, appropriate that the World's First Woman Prime Minister should take such an action. When the FPA acquired a mobile vasectomy clinic and began extending its services to poor plantation workers, then as now one of the country's least-privileged demographics, it was clear that family planning had come to stay in Ceylon. By the time the Association celebrated its tenth anniversary, the change in attitudes was perceptible: officially, there had been a complete turnaround, while the stream of women passing through the Association's clinics bore ample testimony to the acceptance of family planning among at least some sections of the populace; and while certain constituencies, both secular and religious, remained implacably opposed, the days when FPA volunteers on community visits were greeted with insults and pelted with rubbish were over.

The same year, 1962, saw the passing of Mary Rutnam. Her life had been a long and often difficult one, but her legacy - her bequest to her adopted nation - was assured. In the years to come, the FPA would multiply that legacy, helping transform Sri Lankan society and shape the country's future.

The State Steps In

Indeed, Ceylon, soon to be Sri Lanka, was shaping into a family-planning success story almost unique in the developing world at the time. It is no idle boast to say that the FPA was largely responsible for this. However, it could not have been accomplished without State patronage and involvement - which, by the end of the sixties, seemed set to turn the Association into a victim of its own success.

In 1964, the FPA at last gained recognition as an approved charity. Supported and funded by the Government and the IPPF, active across a rapidly-expanding network of clinics and projects and in bilateral co-operation with the Swedish Government, the Association seemed poised on the verge of great things. The State, however, had other plans. The increasingly socialist policy outlook of the times demanded control not just of the sources of production but also those of social provision. In a phased programme, the Government acquired most FPA clinics as well as a near-monopoly on the distribution of contraceptives and other aspects of service delivery. In a relatively short time, the Association was all but deprived of its most salient functions.

It responded by reinventing itself, focusing on information, education and publicity while continuing to assist in the service-extension work now largely handled by the Government. This transition from



A team of researchers at work



A group of young working women in the early years



Prime Minister Rani Wickremasinghe attending a workshop on Population in 2002



Seminar on Population and Environment





A publication of FPA
being shared with
President Chandrika
Kumarathunga

a lead role to a supporting one was not easy, especially since the Government was obliged to rely very heavily on the Association's personnel, infrastructure and knowledge base in order to function in this area at all. Some members were frustrated or disheartened; a few were resentful. Yet, after a period of adjustment, the FPA soon found itself as active - and as indispensable to the nation - as ever. Apart from being the principal source of personnel qualified and experienced in the subject, the Association remained a key partner in the national family-planning programme that had grown out of the earlier Swedish-Ceylonese pilot project, and which now involved the United Nations Population Fund (UNFPA) as well. It also continued to train Government medical personnel in sterilisation and fertility-control techniques. Beyond this, individual FPA members continued to play key roles in the national effort - Dr. Chinnatamby's research programme being only one example of this. Another was the introduction, in 1972, of a vasectomy programme serving estate workers.

Population growth and fertility control were prominent items of public discourse as the sixties turned into the seventies. In India, an ill-conceived programme of forced sterilisation had ended in failure and created grassroots opposition to birth control that would hamper family-planning efforts in that country for decades to come. In Thailand, by contrast, a publicity campaign promoting condom use was enjoying such success that condoms in that country came to be known as 'mechais' after its architect, the former Government economist Mechai Viravaidya. Most influential of all had been a book, *The Limits to Growth*, published by the Club of Rome in 1972, that foretold disaster for humanity if population and economic growth were not curtailed. Policymakers and intellectuals in Ceylon, soon to become Sri Lanka, were undoubtedly aware of all these developments, but it was events at home that really served to concentrate their minds. The JVP insurrection of 1971 showed all too clearly how dangerous to society a large and growing population of unemployed youth could be. Fertility control was no longer merely seen as desirable, but as an urgent necessity.



A Third World Success Story

In this hour of need FPA turned to International Planned Parenthood Federation for a remedy. Their response was immediate: through intermediation of the IPPF, a highly-respected international NGO, Population Services International (PSI), was commissioned to undertake a nationwide programme of contraceptive promotion and distribution.

To develop and implement the programme, the IPPF set up a regional office at the headquarters of the FPA, which had recently moved from its earlier premises on Horton Place to the ones it now occupies on Buller's Lane. The establishment of the regional office was placed in the hands of a former Government Agent,

Francis Pietersz, who would later praise the Association - and in particular its then president Prof. D.A. Ranasinghe, its new Executive Director Daya Abeywickrema and prominent members such as Sylvia Fernando and Phyllis Dissanayaka - for their open-mindedness and willingness to embrace change. He might have added that, since the FPA had itself been in the vanguard of social change since its inception, this response from its senior members was hardly surprising.

In March 1973, the contraceptive-marketing programme commenced with a research and planning phase conducted by PSI. Market researchers from Lever Brothers, a leading manufacturer and distributor of consumer products, carried out the study. Its results showed that the Association had done its work well; a survey of 259 general retailers and pharmacies in the rural Wet Zone indicated almost universal awareness and approval of family planning. This was a complete turnaround from the situation that prevailed when the FPA commenced its work in 1953.

Mr. Daya Abeywickrema addresses foreign delegates at the opening of the ward at FPA Clinic





Preethi sign board juxtaposed with other popular brands in a retail outlet

4 for Rs. 3/50

Moon Beam
CONDOMS

CLOSE TO NATURE

2 for Rs. 175 cts.

PANTHER
CONDOMS

**For the discerning male,
3 brands
of superior
Condoms.**

Available throughout the country

preethi ප්‍රීති පිරිඳි

Commercial advertisements of condoms marketed by FPA

FAMILY PLANNING ASSOCIATION OF SRI LANKA

3 for Rs. 1/-

The main phase of the programme then commenced under the combined aegis of PSI and the IPPF. The product to be marketed was a condom, branded *Preethi* by De Alwis Advertising, which handled the advertising component of the programme. The name, meaning ‘happiness’ in both Sinhala and Tamil, was an inspired one - as were the logo designed by De Alwis, which took the form of a *mudra* or hand gesture that shy customers could use to ask vendors for the product without actually speaking its name aloud, and the marketing decision to display the product openly on shop counters. The advertising campaign for *Preethi* was perhaps the most successful ever carried out for any product in Sri Lanka; its slogan, ‘Until you want another child, rely on *Preethi*’, eliminated the long-standing association of condoms with illicit sex and infidelity and successfully overcame resistance to the campaign from conservatives.

The FPA had been involved in the *Preethi* programme from the outset. In 1975, in association with the IPPF regional office in Colombo, it took over altogether. By then, almost six million condoms had been sold. In May that year, *Preethi* became an exclusively Sri Lankan operation; around the same time, the programme was expanded to include a contraceptive pill for women, *Mithuri*. This, too, was a success, and both *Preethi* and *Mithuri* remain in the product portfolio of the Association to this day.

The success of *Preethi*, and later *Mithuri*, changed the fertility and demographic map for ever. Before them, Sri Lanka was another impoverished third world nation headed for demographic disaster; afterwards, reduced fertility made it possible for economic growth and social development to deliver better lives for everyone. The programme was a third world success story, praised by academics and social workers around the world, and soon became a model for other countries in a similar predicament.

The Association Transformed

The contraceptive-marketing programme also transformed the FPA, giving it an important new mission as well as a vital source of funds. By 1978, the programme was entirely in the hands of the Association. The demands of running a large, essentially commercial operation, combined with certain administrative requirements of the IPPF, made necessary a number of changes in the structure of the Association, commencing with the appointment of a full-time Executive Director in 1974.

The Association was also growing rapidly, broadening the scope of its activities and attracting volunteers, young and old, from all over Sri Lanka. In 1974, it set up its own research unit, funded by an American donor; 1975 saw the extension of its activities to rural areas beyond the plantation sector.

That year was also noteworthy for the formation of the Youth Wing of the FPA. The *Preethi* campaign had by then demonstrated the relative openness of younger people to the family-planning message, and the Youth Wing was created to leverage this by ‘catching them young’, spreading the message that planned parenthood, especially among the disadvantaged, helped promote family happiness. Later, it would play a vital role in the campaign against HIV/AIDS and other sexually-transmitted diseases. With increasing membership, activity and responsibility, the Youth Wing was reconstituted as the Youth and Reproductive Health Division of the FPA.



In 1978, the FPA celebrated its Silver Jubilee. Though some of its founding members were still active (the redoubtable Phyllis Dissanayaka would continue to attend meetings until her death in 1999), few could have foreseen the transformation the years had wrought. The Association was now a robust corporate body involved in a wide range of family-planning-related activities across the country, besides running a successful contraceptive-marketing operation. It continued to receive funding from the IPPF, which regarded it as an exemplary association for its other members. The foundations of 1953 had proved solid. An even more imposing structure would be built on them in the years to come.



The Executive Director addressing the audience on contraceptives at a FPA conference while Dr. Sriani Basnayake looks on



Launch of the 'Red Ribbon' on national AIDS day 2009

A Decade of Growth... and Problems

Growth and success brought demands and problems of their own. Among the former was the need to train the growing body of youth volunteers, paramedics, teachers, community leaders and NGO staffers who undertook or participated in the Association's ever-lengthening list of family-planning activities. Since the training involved took several days and space at the Buller's Lane headquarters was at a premium, the FPA began seeking a site for a dedicated training centre, close to Colombo but easily accessible from all over the country. In 1981, a suitable property was found in Wennappuwa, about 40km from Colombo. On this 15-acre property, already partly occupied by a large house, the Association built a lecture hall and,



Ms. Phyllis Dissanayaka welcoming foreign delegates to FPA head office

over time, a number of additional residential chalets and other facilities. The complex, named *Chintana*, was operational almost from the outset; today, it provides residential and study accommodation for up to eighty people, as well as conference facilities and warehouses for the storage of contraceptives.

Problems there were too, in plenty. For nearly thirty years, many of them would arise as consequences of the bitter and debilitating ethnic and civil conflict into which the country was plunged after 1985. Among them were reduced access to contraceptives and family-planning services in conflict areas, an increase in the number of displaced and unprotected women and families, and potential increases in HIV/AIDS and other sexually-transmitted diseases. Frustratingly, the war impeded service extension at precisely the times and places where it was most needed. On a broader level, there was also a turning away of attention from long-term development and policy goals toward the more immediate problems of a nation at war.

Undeterred, the Association stuck to its task. In 1980, it had begun training doctors in Government service to carry out vasectomies and tubectomies. An intensive Government sponsored vasectomy campaign commenced the next year, with incentives offered to men who underwent the operation. 1985 saw the commencement of sex-education programmes in some Colombo schools by FPA medical officers. In 1985, Sriani Basnayake, the daughter of then-FPA president Phyllis Dissanayaka, began conducting trials of a new long-acting contraceptive device, Norplant, at the Association clinic on Buller's Lane. These were only the most noteworthy among a host of activities carried out by the Association during the early 1980s.

In 1986, the Family Planning Association conducted the first national reproductive-health survey. The findings were sobering. Despite widespread literacy and the universal education provided by the State, Sri Lankans were still oppressed by ancient myths, taboos and practices relating to sexuality and fertility. Ignorance and superstition were too often the rule. Dr. Basnayake, who had been principal investigator on the project, remarked on the dire need for better education on sexuality and reproduction, which, she said, should be provided in primary schools. Another serious problem was the very high prevalence of abortion, which was often resorted to in lieu of contraception. Since abortion in Sri Lanka was (and remains) illegal except under very special circumstances, most abortions were (and are) carried out clandestinely, often by unqualified practitioners under insanitary or dangerous conditions. This, sadly, is a problem on which little progress has been made up to the present day.

The year 1987 saw the first case of AIDS in a Sri Lankan. Here was another problem, and a terrifying one - in those days, a positive diagnosis for HIV infection was a slow death sentence, and little was known about the virulence and epidemiology of the disease. The Association had already begun training doctors in AIDS prevention; it now began gearing up to face the threat in earnest. By 1988, its first public HIV/AIDS awareness programmes had begun.

Other problems arose from the Association's own success. As fertility and population growth in Sri Lanka had now fallen to manageable levels, family planning had fallen lower on the national policy agenda; and with the threat of a demographic explosion now well contained, the flow of funds to the FPA from foreign donors also decreased. Funds from the contraceptive-marketing programme helped fill the gap, but the Association still faced the annual - sometimes day-to-day - challenge of finding the money it needed to carry out its work.



A midwife advising a young mother on the use of oral contraceptives



A Mature Association

The scope and intensity of this work had continued to grow all through the seventies and eighties as the FPA carried its mission to new social groupings and geographical locations. There were separate programmes and campaigns targeting estate workers, industrial workers, rural families, teachers and medical personnel. The Association was also involved in research, often donor-funded, into public understanding and practices regarding family planning and reproductive health - for example, Aponso's and Lewis's studies of family-planning awareness and practice in Mawanella and Girandurukotte. The medical research programme also continued, with research and clinical trials being carried out on various contraceptives and contraceptive methods - one result had been the approval of Norplant for use by the National Health Services in 1998.

The Youth Wing, too, was increasingly active, mainly in the area of education and information, with programmes targeting secondary schools and teacher-training institutes, vocational training centres, youth clubs and even young parliamentarians. It was also very active in publicity, marketing greeting-cards with a family-planning message, holding poster competitions, slogan contests and exhibitions. Indeed, young people had emerged as an important target group for the FPA; a separate education programme for adolescents, *The Facts of Life*, had been initiated by Sriani Basnayake as early as 1982. In 1990, the Association set up a dedicated counselling centre, *Alokaya*, offering help on an individual basis to young people dealing with sexual and reproductive-health issues of various kinds.

By the early nineties this plethora of initiatives and activities was becoming somewhat unwieldy; to eliminate duplication of effort and restore efficiency and focus, the Association drew up a new strategic plan in 1992. This was largely informed by three factors: the growing importance of adolescents as a target group, the potential threat of HIV/AIDS, and the need for the Association to become self-sustaining as funds from donors grew more scarce. In conformity with

this new strategic outlook, a new set of memorandum and articles were drawn up for the Association. This was the beginning of a period of formalisation and administrative restructuring out of which a mature Association would emerge.

One of the first fruits of the new focus on youth was a feature film, the first in Sri Lanka to carry a family-planning message. Financed by the IPPF's Challenges project and directed by Amarnath Jayatilaka, *Yuvanpathi* was conceived and created as an innovative way to bring reproductive health information to a youth audience, as well as to raise funds for the FPA through ticket sales. It succeeded admirably on both counts, becoming the second-highest-grossing film of the year on its general release in 1995. The focus on youth was also reflected in an intensification of the activity of the FPA Youth and Reproductive Health Division, which was renamed the Youth Caravan in 1999.

The Association also displayed its maturity in another way - by becoming increasingly self-sustaining. The contraceptive-marketing operation had gone from strength to strength. This was just as well, for in 1997 the IPPF announced a re-categorisation of FPA Sri Lanka among its affiliates, leading to immediate funding cuts and a complete withdrawal of funds by 2004. While there can be no opportune moment for such an announcement, the timing in this case was particularly unfortunate because, with the growing need (and rising demand) for clinical and other family-planning services and the multiplication of programmes targeting adolescents, war victims and other groups at risk from sexually-transmitted diseases, the financial requirements of the Association were greater than ever.

One immediate source of relief was the commencement of a four-year bilateral reproductive health project conducted by the Government and UNFPA, from which the FPA received funds as a partner and executing agency. The project was later extended until 2007 with EU assistance, providing a welcome income stream as IPPF funding was progressively withdrawn.



Clinics for the whole family under the 'Family Health Project' of FPA



Workshop on Youth
Population and
Development
conducted by FPA

However, the main brunt of fundraising continued to be borne by the ‘social marketing’ programme of contraceptive distribution and sales. A steady procession of product introductions and innovative marketing ideas helped keep revenues growing. Even so, the withdrawal of IPPF funding soon had its effect: 1998 saw the closure of the Kandy clinic (though a more recently-opened one in Colombo continued to operate), while staff cuts and retrenchment were the order of the day as the century drew to its close. Celebrations connected with the Association’s golden jubilee in 2003 struck a largely reminiscent note, as doubts about the future were partly assuaged by recalling what had already been achieved, often on a shoestring, in the past. The organisation remained strong and increasingly self-sufficient, yet many members wondered what the future would bring.

The New Century

Meanwhile, Sri Lanka’s tragic national conflict smouldered on. By the turn of the century it had displaced tens of thousands of people, many of whom were living in refugee camps at various locations around the country. These people were particularly vulnerable to threats to their reproductive health - indeed, thanks to their ‘temporary’ status (often extended for years on end), they were poorly served by the Government’s healthcare system and their general health, as a group, was poor and deteriorating. They were threatened by communicable diseases, including sexually transmitted ones, and by shortages of various kinds.



Plantation
workers at a
health clinic

In April 1998, the FPA began an eighteen-month project to improve the general and reproductive health of displaced people in three districts: Anuradhapura, Polonnaruwa and Puttalam, which between them played host to nearly 70,000 refugees. The project, funded by the IPPF the Netherlands Trust Fund, involved a wide range of activities, from improving sanitary facilities at IDP camps and holding dental clinics for children to the distribution of contraceptives and the provision of volunteer sexual-health and family-planning counselling to women and couples. From now on, IDPs would become an important focus of FPA activity. When, in 2009, refugee numbers swelled hugely in the final weeks of the war and its immediate aftermath, the Association redoubled its efforts to ensure access to reproductive health services, including counselling, testing for HIV/AIDS and other sexually-transmitted diseases, and basic healthcare.

In 2004, this ongoing tragedy was briefly eclipsed by another, the Asian tsunami of December 26, which destroyed coastal communities and towns, took tens of thousands of Sri Lankan lives and displaced



Girl guides being given peer education on sexual and reproductive health

hundreds of thousands more. State emergency and healthcare services were overwhelmed. Thousands of volunteers flocked to bring what relief they could to those whose lives had been shattered, but co-ordinating and expediting these efforts was not easy. In the immediate aftermath, the FPA was active in organising immediate relief supplies and transporting them where they were most needed. Counselling services of various kinds were extended to thousands of victims housed in temporary shelters. Contraceptives were distributed to couples in affected areas. Later, the Association also helped rehabilitate thousands of wells that had been damaged or contaminated during the tsunami. It also commenced a project in association with the IPPF and the Hewlett Foundation, an American charity, to counteract the spread of sexually-transmitted diseases in tsunami-affected areas.

As far as possible, these emergency operations were not allowed to interrupt the ongoing programmes and activities of the FPA. In the jubilee year of 2003, these had been reorganised under five areas of intervention, the famous 'five A's': Access, Adolescents, AIDS, Abortion and Advocacy. The growing number of illicit, often dangerous abortions practised in Sri Lanka had risen to frightening levels - literally hundreds were being performed every day - and despite the legal and cultural obstacles in the way of addressing the problem, the Association was determined to tackle it from every possible angle.

Meanwhile, activity in other programme areas had led to new partnerships with the Girl Guides' Association (which would become an important vehicle for sex education efforts directed at schoolchildren) and the Plantation Human Development Trust. Despite the cash flow problems, both Chintana, the Association's training centre in Wennappuwa, and the Buller's Lane headquarters were renovated and improved. The Association's efforts received recognition from the World Health Organisation in the form of a Sasakawa Health Prize

in 2004; IPPF accreditation, signifying that the FPA Sri Lanka met certain stringent standards of the Foundation, came in 2006 - ironically, just a year before the complete withdrawal of IPPF funding.

By this time, however, the Association was fully capable of managing on its own. Indeed, it had further broadened its mission, and was now carrying the message of family planning deep into the rural heartland of Sri Lanka through mobile operations and new rural offices, the first of which opened in Ampara in 2007. That year, an important review of FPA operations and administration was carried out by the South Asian Regional Office of the IPPF. The Association emerged triumphant from this exercise, which was the first step along the road to renewed IPPF funding, which recommenced in 2010.

Sixty Years Young

Looking back over the history of the Family Planning Association of Sri Lanka, the picture we see is one of remarkable continuity. Despite the many social, economic and political changes that have taken place in our country over the last sixty years, and notwithstanding the historical discontinuities imposed by radical changes of State policy as well as by insurgency, terrorism and natural disasters like the 2004 tsunami, the Association has never wavered from its commitments and its programme. Although the latter has become elaborated over the years, as well as expanding to encompass new social problems such as HIV/AIDS and illegal abortion, it is still recognisably the same basic programme of education, advocacy and resource provision that the FPA has followed from the outset, though now reorganised under the 'Five As' framework of operation and intervention.

Less recognisable, perhaps, is the organisation itself. In its Memorandum and Articles of Association, its operational and administrative structure, its strategic and programmatic outlook, much has changed. The pioneers of 1953 were, in the best possible sense, amateurs: they involved themselves in family planning for reasons of philanthropy and personal inclination,



SRH education
to youth
volunteers at the
Nuwara Eliya Centre



FPA mobile clinic
offers general
health check-ups
to the public

requiring no financial recompense but rather spending their own resources to carry out the work of the association. They did things the best way they knew how, and did not always think very hard about balancing the books at the end of the day.

Today, while it still relies heavily on volunteerism to achieve its goals, the FPA is a thoroughly professional outfit - professionally managed, professionally staffed, professional in its governance. Its commercial operations are carried out along the same lines as any successful business. Its books are internally and externally audited. Its interventions are rigorously planned in consultation with its partners in order to maximise their impact and cost effectiveness; these interventions are also subject to rigorous monitoring and evaluation. Professionalism is also evident in the areas of volunteer and staff training, advocacy and co-operation with policymakers and the constituted authorities, and linkage with partner organisations (including the IPPF).

And it is still learning, still growing and expanding its remit. Even as the number of women and families displaced or otherwise affected by the war dwindles, other groups in need for family planning and reproductive-health services have assumed new prominence. Among new target groups to which the FPA is now reaching out are homosexuals and the mentally ill. People living with HIV/AIDS in Sri Lanka, though relatively small in number, are another important group. The Association has also embraced new methods of outreach and communication; one example of this is the Happy Life Reproductive Health Contact Centre and counselling website, launched in 2009.

Today, as the Family Planning Association of Sri Lanka celebrates its sixtieth anniversary, it is both as relevant and as necessary to our growing, changing nation as it ever was. With its funding no longer in jeopardy, its strategic plans drawn up from now until 2015 and IPPF accreditation secured for the same period, the Association looks forward to the future with confidence, determined to continue making a positive difference in the life of the nation.





Young Volunteers
affiliated to
Nuwara Eliya
Centre discussing
IEC (Information,
Education and
Communication)
material on SRH

Momentous Changes

by Bradman Weerakoon



Civil servant *extraordinaire* Bradman Weerakoon was Secretary-General of the International Planned Parenthood Federation, 1984-89. This article originally appeared ten years ago, in our Golden Jubilee Souvenir

The personal experiences of people who made up the Association, at volunteer and staff level, and even those who touched it at a distance, locate the FPA of Sri Lanka in the wider environment - political, economic and social - through which any living organisation is sustained and nurtured.

The FPA's history in any country must be a microcosm of the broader existential reality of the country in which it is embedded. FPA Sri Lanka's growth and development parallels closely the island's historical experience through the past fifty years. Especially to an organisation which has necessarily close relationships with the Government, donors, other NGOs doing-related work, as well as with people at all levels in one of the most intimate and sensitive aspects of their lives - reproduction - its activities must necessarily be profoundly influenced by the policy frameworks and programme priorities of its stakeholders, local, regional and international. The more so in a multi-ethnic, developing country like Sri Lanka as it continues its unfinished business of nation building, which began around the time of the FPA's own birth in 1955. Among the many challenges, the FPA story, as now recounted so movingly, reflects the almost silent but ceaseless struggle to win empowerment for women and their right to choose when, how often and how many children they might bear. Powerful opposition groups, political, ethnic and religious, with their own agendas, were, over time and much effort, approached and persuaded to change conventional modes of thinking and practice.



Orientation on SRH for youth volunteers

A significant development over the 50 years, which these pages portray, is a change in the structure and functioning of the Association itself as the FPASL responds to the compelling demands of a changing environment:

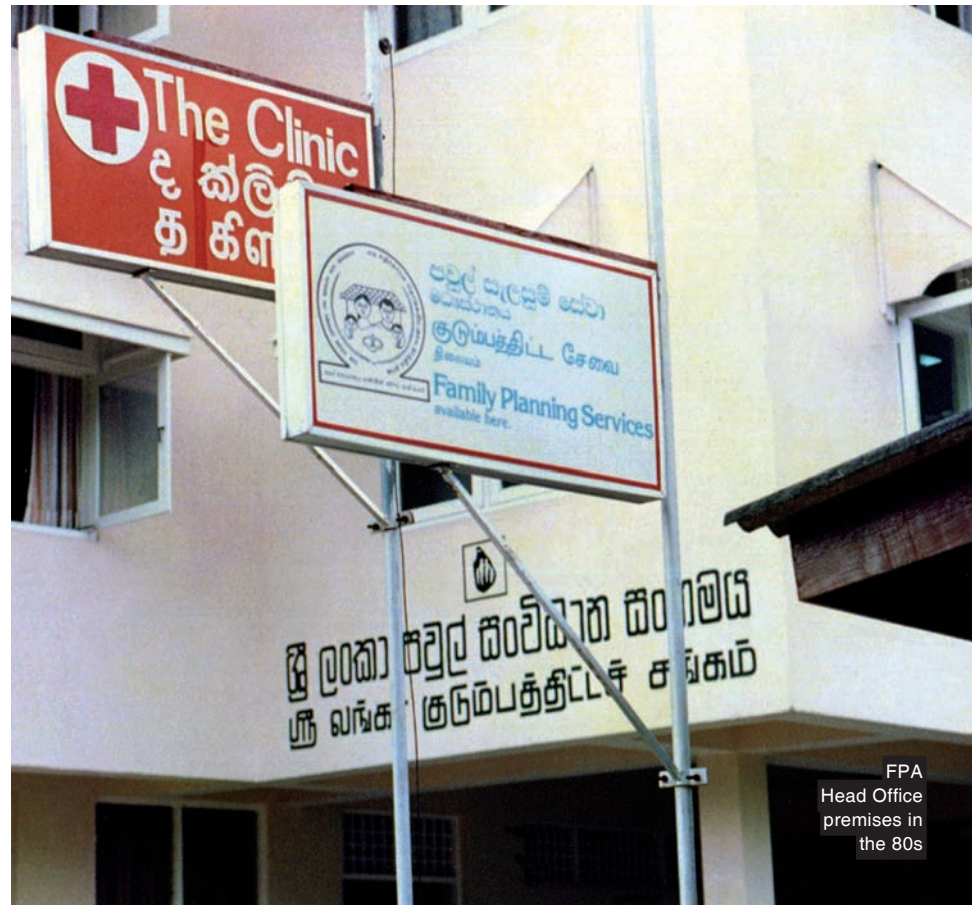
- The Government's takeover of the bulk of its clinical mission, forcing it to reach out into new niches of space, social marketing in the 1960s being a brilliant example.
- Funding, which the developed donors supplied in good measure when demographic priorities ruled the donor agenda, becomes restricted as Sri Lanka's population rate of increase slows, giving rise to imaginative and innovative ways of local self-financing.
- Policy guidance from the centre, so crucial in the early days, reduces in importance as regional identity and power structures assume a greater significance.

Volunteerism, the lifeblood of an NGO, is itself affected as the demands of a society fast moving into modernism affect the numbers of those who can afford the time and money to involve themselves in voluntary work. Professional staff, as has happened to the FPA, have

perforce to take on more and more of the responsibilities of decision-making, in addition to their time-honoured role of programme implementation.

The pages that follow endeavour to capture these momentous changes in the life of an organisation which, as a Prime Minister of Sri Lanka put it, "is an essential institution of modern Sri Lanka". As many of the country's ablest sons and daughters who have written of their personal experiences with the FPA over the years have said, "the past must inspire and illuminate the future".

There is much work yet that remains to be done. Building on an illustrious past, renewed and vibrant at fifty, the Family Planning Association of Sri Lanka stands committed and ready for the challenges of the future - a future in which 'the right to choose' which will always remain compelling and relevant.



Youth to Youth in Family Planning

By Lal Hewapathirana



Pioneering YPC Member, Founding Secretary and former Hony. Secretary - FPASL

During the early years, the Family Planning Association (FPA) took its message on family planning and sexual and reproductive health mainly to the middle aged married mothers. Communication with the fathers was at minimal level. Moving away from this practice, FPA commenced spreading its message to the youth which proved to be extremely effective and highly accepted by the society at that time. Accordingly, in the 1970's FPA launched its 'Youth to Youth' movement. This was initiated at a time when a negative perception was attached to the youth with the infamous youth revolution in 1971. FPA was the only organisation that analytically interpreted the circumstances and positively conceptualised new thinking in harnessing the energies and the strengths of the youth for the benefit of the society at large. The youth were intensely involved in the affairs of FPA at all levels of the organisation.

This was the first time that a FPA in the world, under the umbrella of International Planned Parenthood Federation (IPPF) developed a youth group to work hand in hand with the champions in family planning. Named the 'Youth and Population Committee' (YPC), the group was trained to discuss population related topics including sharing of family responsibilities and basic family health with their peer groups. Within the first six months, the group became highly popular among the youth that they received invitations by youth clubs and schools to conduct seminars. The team gradually evolved into a formidable youth group with excellent communication skills and very inspiring oratorical talents.

The effectiveness of this initiative led other members of the IPPF to follow suit, while in 1977 the movement was awarded the prestigious Dhanwantari Rama Rao award of US\$ 10,000 for the best Youth Project developed by a member association. Encouraged by the success, the seminar agenda was expanded and was keenly observed by medical professionals who highly commended their work. The effectiveness of the movement was affirmed by the fact that over 50% of the participants of the 'Prajā Shanthi' the annual conference organised by the FPASL being attended by youth.

Over the years, thousands of young people from all walks of life have developed their personalities, capacities, qualities through YPC to hold imminent positions in society and lead wholesome family lives. Most importantly, each and every one became a dedicated and committed volunteer of the organisation spreading the message and extending goodwill.



WORLD
TWENTY20
SRI LANKA 2012

LET'S TALK



FPA youth members with South African Cricketers at the 'Let's Talk Campaign' coinciding with 20/20 cricket tournament in 2012

Evolution and Revolution: the Social Marketing Project

by Nimal Wirasekara



A marketing and management specialist, Mr. Wirasekara is Vice-President of the Family Planning Association of Sri Lanka

The Social Marketing Project of the Family Planning Association was initiated in 1973 by Population Services International (PSI), a non-Governmental organisation, with funds provided by the IPPF. Originally named the Contraceptive Retail Sales Project, this initiative saw the launch and successful adoption by consumers of two contraceptives: a sheath, brand named *Preethi*, and a pill branded *Mithuri*. An objective of the project was to show that commercial marketing could reduce the unit cost of contraceptives compared to clinic-based distribution, in addition to increasing the number of couples using contraceptives. John Davies and Terrence Louis, specialists from PSI, initiated the project. Sri Lankan marketing and sales specialists who would come to be involved in it included Daya Abeywickreme, Anandatissa de Alwis, Lalith de Mel and Frank Samaraweera. However, the programme began modestly enough, with just the two PSI experts and a part-time Sri Lankan consultant. This team conducted market studies, drew up the operational plan and oversaw the advertising and printing components. The four-thousand-strong retail sales force of Reckitt & Colman (Ceylon), a manufacturer of household products, was mobilised to undertake distribution.

The project was launched on 1 October 1973. It was monitored, evaluated and modified by PSI over the next 18 months before being handed over to Association in May 1975, by which time it was entirely in the hands of Sri Lankan personnel.

Revolution

Popularising contraceptives among conservative Sri Lankans was a revolutionary idea, but it was one whose time had come. Within just 18 months, the brand names *Preethi* and *Mithuri* had become household words and would eventually turn into generic denominators for their respective product categories. This reflected the success of the advertising campaign, which started in a small way with advertisements in the newspaper classified columns before expanding in size and into every available medium. The *Preethi* campaign pioneered the open display of advertising for contraceptives in the Sri Lankan mass media and in public places, with frank discussion of the subject and strong sales messages.

The appearance of contraceptives on the open market was equally revolutionary. It was also a resounding success, and recently won high commendation from a team of expert judges from a US university, who selected the *Preethi/Mithuri* initiative to share joint honours with the Columbian 'Profamilia' social marketing programme of the late 1990 as the best of its kind in the world.

A different kind of revolution ensued when the IPPF stopped funding the Family Planning Association of Sri Lanka due to the success of the contraceptive campaign. It seemed there was no need for an FPA in Sri Lanka any more, as we had succeeded in overcoming the population issue! We were given notice that funds would be gradually reduced to nothing over five years. Under the guidance of FPASL Executive Director, Daya Abeywickreme, the contraceptive programme shifted from social to commercial marketing to help the Association survive. This, too, was revolutionary; no other social marketing programme in history had succeeded well enough to be commercialised.

Evolution

Today, the social marketing programme (as it continues to be known at the FPA) produces an annual turnover of more than Rs. 400 Mn and employs around 35-staff under the leadership of a full-time marketing director. In addition to domestic retail sales, the programme also supplies contraceptives to the Government through a tender process and even has a distinct export component.

Meanwhile, product and brand offers have undergone considerable development and elaboration. Marketing strategies have evolved in parallel. The leading oral contraceptive brand, *Mithuri*, underwent a successful youth-friendly makeover. Other new products and variants were introduced. Quality packaging replaced the original cheap, unattractive material. Much of this was necessary to maintain market share as new competitors arose to exploit the markets we had opened up. They were successful; FPA-marketed contraceptive brands still hold the lion's share of the market. With such innovations as ribbed condoms, lubricants and a 'morning-after' emergency pill called Postinor 2, the Association remains the leader in this category, and sales from the Social Marketing Project help fund many other FPA activities.



Promotional campaign for 'Preethi' condoms



An early advertisement on 'Mithuri' oral contraceptives

The Importance of Research in the Programme of the Family Planning Association

by Sriani Basnayake



An illustrious FPA volunteer of long-standing, Dr. Basnayake carried out research studies on Depo-Provera, IUDs, Norplant, Postinor 2 and a variety of oral contraceptives under the auspices of the Association between 1967 and 2000, as well as conducting the first-ever national reproductive-health survey in 1986.

Since its inception, the Family Planning Association of Sri Lanka has played a key role in the national contraceptive-service delivery programme. All modern ‘spacing methods’ used in Sri Lanka, such as the pill, the IUD, the Depo-Provera three-monthly injectable and the contraceptive implant Norplant, were introduced to the country by the FPA.

Public acceptance of these methods was due mainly to the fact that they were not suddenly thrust upon Sri Lankan women. Their introduction was preceded by carefully monitored clinical trials and research. It was never enough for us that these methods had already achieved great acceptability and success in the developed world; we were determined to determine their acceptability, side effects, failure rates, etc., specifically in Sri Lankan women. The quality research carried out by the FPA on each of these methods established their safety and efficacy in the Sri Lankan context. Having studied the reports and results of the Association’s research work, the Government health authorities approved of these methods for use in the national family planning programme.

In 1961, Dr. Siva Chinnatamby, one of the founder members of the FPA, began a three-year study on oral contraceptives, conducting clinical trials at Ragama Hospital. She conducted similar trials on the use of the intrauterine device (IUD or ‘loop’) in 1965, while in 1967 the FPA commenced research studies on the long-acting injectable contraceptive Depo-Provera under her guidance.



In 1974, the Association established a separate unit headed by the author to undertake organised contraceptive research. The FPA Research Unit collaborated with several international medical and research organisations and charities such as the WHO, Family Health International, the Population Council, the Southwest Foundation for Research & Education and others. These activities were amalgamated with the FPA's regular clinical programme in 1977.

This pioneering role continued into the Eighties with the introduction of Norplant, a contraceptive implant with a five-year effectiveness period, in 1985. The first clinical trials of Norplant, conducted at the Association's clinic in Colombo, formed the basis on which the Government approved the method for use in the national programme a few years later. The studies on Depo-Provera, as well as many other studies on IUDs, Norplant and different types of oral contraceptives, including the Emergency Contraceptive Pill Postinor 2, were carried out by the author under the auspices of the FPA.

In 1983, Family Health International, a foundation based in the USA, recognised the Association as a 'family health research centre', incorporating it into their network of collaborating research centres around the world. Contraceptive research was one of the most important activities of the FPA's Medical Division in the 1980s and 1990s.

The FPA is one of the very few Sri Lankan organisations to conduct systematic research into all methods of contraception currently in use in Sri Lanka. In a society where many people still harbour grave doubts about the safety of contraceptives and fear their putative ill effects, the data collected by the FPA is of invaluable importance for improving public knowledge and dispelling rumours, speculation and anxiety.

Other Research Activities

Another area in which the FPA has led the way is that of sexual and reproductive-health education for adolescents and young adults. Here, too, research - in this case, into public attitudes and practices - was and remains of great importance.

In 1986, the Association conducted a national reproductive-health survey among a large sample of young, unmarried men and women to determine their knowledge, attitudes and practices pertaining to reproductive health. The survey revealed widespread ignorance of the subject. Reading this as an urgent call to action, the Association carried out a strong advocacy programme for the introduction of reproductive-health education for schoolchildren, and finally succeeded in obtaining permission to carry out a programme for State school students in Grades 10-15. This project had unprecedented success thanks to the careful research done by the Association prior to its implementation.

As a result of this and many other initiatives, the Family Planning Association now has a well-established reputation for credible and responsible research. It is to be hoped that the Association will continue to play a vital role in reproductive-health research for many years to come.



Prof. A. Sheriffdeen,
Dr. Sriani Basnayake and
Mr. Daya Abeywickrema
attending a workshop

From Volunteer to President

by Shiranthini De Silva



Mrs. De Silva is a former President of the Family Planning Association

I joined the Family Planning Association as a volunteer in 1975. Even though it had already been in existence for 22 years by then, a few of its woman pioneers were still active members, and I consider myself fortunate to have met and worked with them.

The one who influenced me most was Sylvia Fernando - one of the greats. She never sought to be President of the Association she co-founded; her unflinching modesty and energy position were, perhaps, better suited to the post of Honorary Secretary, which she held until 1971. She had a very clear vision of the goals of the Association and how they should be achieved. One of her core beliefs was that the FPA's work should never clash with Government plans and policies but complement them and support the national development effort.

Volunteer Days

In the early days, my fellow volunteers and I travelled round the country spreading our message to poor village folk. Most greeted us warmly, inviting us into their simple homes and listening with great interest to what we had to say. Such visits later became the kernel of the FPA Integrated Community-Based Family Health Project.

On these visits, we never spoke to the villagers of *not having children*. Population control was not our aim. Instead, we would explain how important it was for another to leave enough time between her pregnancies to recoup her health and give each newborn the close attention and care it needed. We also tried to instil the thought that every child should be a wanted child. We thought of family planning as something that benefited mothers and children, not some high-flown instrument of political or economic policy.

Our little group of Colombo-based volunteers was soon supplemented by volunteers from the villages, who were trained and supported by the Association. These village-based volunteers were very proud of their role, and we had little difficulty in recruiting a large number of young women from all over the country. If memory serves, it was my friend Shirley Silva who pioneered this effort. He put great effort into it, and the results were gratifying. Once, when an IPPF Secretary-General visited Sri Lanka to see how our work was progressing, he could scarcely believe how many competent female volunteers Maj. Silva had recruited and trained, and kept referring in astonished tones to 'the ladies clad in white sarees,' meaning our volunteers.



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A mobile health clinic in progress

Silver Jubilee Congress

The FPA celebrated its Twenty-Fifth Anniversary in 1978 under the presidency of Leela Basnayake. An international medical congress was held at the Bandaranaike Memorial International Conference Hall to commemorate the occasion. Arrangements were handled by our indefatigable Honorary Medical Director, Siva Chinnathamby. Several internationally-eminent medical personalities were invited to address their Sri Lankan colleagues on the importance of maternal and child health and the development of new contraceptives, methods of sterilisation, etc.

A Shift in Government Policy

Our programme was going on as well as could be expected in the 1970s when family planning in Sri Lanka suddenly received a boost from the incumbent Government. New policies designed to improve the health of mothers and children were put in place, and a campaign to encourage smaller families was carried out under the Sinhala slogan *punchi pawula rattaran* ('a small family is as good as gold'). Incentives to encourage sterilisation were offered to men and women alike. The doctors who performed sterilisations also received payment from the State. All this was due largely to the efforts of Wickreme Weerasooriya, then the Secretary to the Ministry of Plan Implementation, a ministerial portfolio held directly by the President of the country. The programme thus had the blessings of the Government in power and was extremely beneficial to our Association and work programme.

As a result of this support, the FPA became very popular with policymakers and donors. The sterilisation programme became our flagship project, with many doctors working on it in a full-time or part-time capacity. The programme flourished between 1978 to 1983, was extended right across the country and was especially popular in the plantations. The future of family planning in Sri Lanka looked bright.



War and Retrenchment

Sadly, that bright future never fully-dawned. The ethnic conflict which engulfed our country in 1983 caused most of our programmes to be curtailed or terminated. The sterilisation programme, for example, came to a virtual standstill. It was a depressing period for the Association.

Fortunately, our Executive Director, Daya Abeywickreme, was not prepared to see the activities of the FPA come to such an unhappy end. He undertook a severe programme of retrenchment, pruning down resource-intensive community-based programmes and concentrating on activities such as health programmes and clinics that could be conducted 'in-house'.

One bright spot in these troubled times was our 'social marketing' programme. The FPA had taken over a previously State-run contraceptive sales programme in 1978. Although this programme, too, had to be pruned back to a certain extent - with an ethnic war raging in the country, family planning had once again become a bad word - but we persevered with it on a low key, using the profits earned



Arrival of dignitaries
to the Medical
Congress (1978)

Financial Crisis in IPPF

Experiencing financial difficulties in the mid-nineties, the IPPF warned its member associations that the Federation funding they had depended upon would gradually be reduced. Mr. Abeywickreme was quick to cut down on programme activities and freeze recruitment. Staff numbers were gradually reduced, and the Association focused on making a success of its contraceptive sales programme, introducing and promoting new products, holding educational campaigns on their use, etc. Thus things continued for the remainder of the old century.

Ending on a High Note

It was my good fortune to be President of the Association in 2003, its fiftieth year. We celebrated our Golden Jubilee in grand style. I still recall how grateful I felt towards all those from within the FPA, as well as the Senior Volunteers, the IPPF Regional Council Members and most of all Mr. Abeywickreme for their hard work and good fellowship. The event was planned and executed to near perfection.

Unfortunately, Mr. Abeywickreme fell ill soon after the celebrations and was obliged to retire. Ariya Abeysinghe took over as Executive Director in his stead. I, too, completed my tenure as President that year and handed over the reins to my successor, Maj. Silva. The Jubilee had struck a high note; it was an opportune moment to leave the stage.

Besides giving up the Presidency, I also retired from being an active FPA volunteer. I had completed sixteen years on the Regional Council, which is the maximum period allowed by IPPF regulations. I still serve on FPA committees when asked to do so and I am always ready to help the Association in any way that lies within my capacity. I feel honoured that the FPA still calls upon me to assist them whenever the need arises.

I keep in close touch with the Association, following all its activities. I feel that the FPA Sri Lanka is currently moving forward well and remains one of the best-managed member associations of the IPPF, which presently has a membership of some 170. It remains, and always will remain, very close to my heart.

for our other activities and concentrating a good deal on fundraising, for with diminishing donor and State support our coffers were almost empty.

It was at this time that the Association organised a fundraising sale at our Buller's Lane Headquarters. With curfews almost every night and nothing much happening by way of entertainment, the event attracted a crowd and raised quite a sum of money. We even received an IPPF award for 'innovation in fund raising'!

Another of Daya Abeywickreme's ideas was to produce a film in order to raise funds for the Association and propagate an important social message at the same time. The film, *Yuvathipathi*, dealt with the ignorance, superstition and taboos surrounding virginity, a topic that has always been controversial in our country. The film was a commercial success and also won us an IPPF award. Despite our various troubles, we were considered the best family planning organisation in South Asia, well ahead of the rest of the region in all our activities.

The Early Days of Family Planning in Ceylon

by Shirley Silva



Maj. Silva is a past President of the Association

Our Association was created by a group of dedicated, visionary and affluent volunteers who donated their skill, time and money to the improvement of the quality of life of the people of their country. Their special concern was for poor, underprivileged women who, in the absence of contraceptive methods or knowledge, continued to bear child after child under social and environmental conditions that resulted in high rates of infant and maternal mortality, as well as widespread malnutrition.

Family planning in Ceylon, as Sri Lanka was then known, began with two pioneers who at first worked independently of each other but later teamed-up, the better to overcome the numerous obstacles they faced. In 1953, their collaboration resulted in the birth of the Family Planning Association of Ceylon.

The first of these pioneers was a Canadian gynaecologist and erstwhile Christian missionary, Mary Helen Irwin. Born in Elora, Ontario, she first came to Ceylon with her husband, the Tamil missionary and educationist Samuel Kanaga Rutnam, in 1873. Dr. Rutnam, née Irwin, was one of those people who are lightning-rods for controversy; immediately on her arrival in Ceylon, she was ordered to leave the country by her missionary superiors on account of having married a 'native'. In defiance of their orders and the condemnation of colonial society, she stayed - much to the benefit of her adopted country.

A Lifetime of Activism

It was at Lady Havelock Hospital, where she worked in a temporary capacity, that Dr. Rutnam encountered "some of the very pathetic experiences of my life pertaining to poor women, who came with anaemic problems due to childbirths every year and little children suffering from malnutrition with its resultant complications." Out of these experiences was born a long, illustrious and often combative career of activism on behalf of women.

In 1930, Dr. Rutnam launched the Family Welfare Association, an organisation focused on improving maternal health. It advocated the spacing-out of pregnancies, distributed milk for children and undertook various activities to secure the moral and physical well-being of mother and child. Recognising that it takes more than advice to avert an unwanted pregnancy, Dr. Rutnam later opened a family-planning clinic



Age appropriate
SRH education
programme

at Dean's Road, Maradana. The first of its kind in the country, it functioned until the outbreak of the Second World War forced its closure in 1939.

But Mary Rutnam had a missionary's determination, and when the war was clearly approaching its end, she returned to her former activities. Now eighty years old but with energy and commitment undiminished, she took to lecturing on sex education at girls' schools and wrote a school textbook, the *Manual of Health*, which ran into many editions. By now, she had gathered about herself a group of prominent Colombo doctors and society ladies with a penchant for social service to help spread the gospel of family planning.

The Doctor's Daughter

One of the women in Mary Rutnam's group was Sylvia Fernando, who had already begun her own work of promoting family planning. The daughter of an eminent gynaecologist, Mrs. Fernando had been a member of the Ceylon delegation to a seminar for Eastern women in Stockholm, where she had come under the spell of Elise Ottenson-Jensen, a pioneer of family planning who had advocated setting up a family planning association in Ceylon. Inspired, Sylvia Fernando returned to Colombo to do just that. Family planning had acquired some support in high places by then; Dudley Senanayake, then Minister of Agriculture, was sympathetic and had already invited the apostle of the 'rhythm method', Abraham Stone, to visit Ceylon under the auspices of the WHO. Another visitor was Margaret Sanger, the famous American family planning activist. In January 1953, the Family Planning Association of Ceylon held its inaugural meeting.



Healthy, happy
children are
Sri Lanka's
hope for a
better future

Brickbats and Slander

The task before it would not be easy. Even in the West, family planning was only just becoming acceptable. In Ceylon, traditionalists were (as many in Sri Lanka still are) horrified by the very idea. Mary Rutnam, who had by now been elected the first woman member of the Colombo Municipal Council, had met with thunderous opposition from many quarters when she and her group of volunteers began spreading the family planning message; their position as members of the elite in a rigidly hierarchical society had not protected them from jeers, abuse and fusillades of rotten groceries when visiting slums in the city.

Conservative opposition to family planning also took an uglier form - the spreading of a racist canard to the effect that the Sinhalese were being *out bred* by the minority communities, and that family planning was a ploy to promote this. Dishearteningly, this rumour, which has been disproved by census after national census, continues to be put about to this day by intolerant 'nationalists'.

Other opposition was milder but no less determined. The Roman Catholic Church opposed all forms of birth control, while many Muslims and some Buddhists also regarded such interference in the divine or natural order as sinful or improper. All of these forces were arrayed against Mrs. Fernando and Dr. Rutnam in their campaign to improve the health and welfare of Ceylonese women.

Initially, the work of the FPA was carried out by volunteers in the Colombo Municipality area (one of whom, interestingly enough, was the future Prime Minister, Sirimavo Bandaranaike). The Association focused on family welfare with a view to reducing maternal and infant mortality and fighting malnutrition. Neither Sylvia Fernando nor Mary Rutnam were interested in population control; their concern was with the health and welfare of their fellow women, not with politics or demographics.

The Tide Begins to Turn

S.W.R.D. Bandaranaike, then Ceylon's Minister of Health, was among the first prominent Asians to publicly promote birth control on an international scale, an idea he proposed in his address to the second World Health Assembly Conference in Rome in 1949. The idea was vociferously condemned by the US delegation to the conference as well as by many of his fellow delegates. Not all Ceylonese politicians were opposed, however; as we have seen, Dudley Senanayake was another who favoured family planning. However, it would be left to Mr. Bandaranaike's widow Sirimavo, the former FPA volunteer, to make family planning an integral element of the government's maternal and child health programme.

The tide that turned in the '50s and '60s appears, sadly, to be turning back today. Once again, the FPA faces opposition to its activities from conservatives and traditionalists, particularly in the areas of HIV/AIDS and abortion. Meanwhile, ignorance and superstition about sex and reproductive health remains widespread. Family planning continues to be thought of as limiting of families to two children using birth control methods'. The broader concepts of delaying a first child, spacing out pregnancies and having recourse to terminal methods to avoid the birth of unwanted children are still poorly understood, as are the FPA's subfertility services. The concept of the small family, popularised by Government health programmes under the slogan '*punchi pawla rattharan*', has been subjected to severe criticism by fundamentalist groups and opportunistic politicians. The FPA has overcome such obstacles before, however, and we can continue to face the future with full confidence in the social and ethical value of what we do.

DISTRICT ACTION COMMITTEE WORKSHOP
(SOUTHERN REGION)
FAMILY PLANNING ASSOCIATION OF SRI LANKA
13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.
DAY HOTEL - TANGALLE.

RECREATION ROOM



Operations Director
Mr. A. Dissanayake
addressing the
district action
Committee of
Southern Region
in early 90's

3.0

Chronology

A journey of thousand miles begins with a single step...
the footprints of FPA over the years.

- 1937** • Canadian gynaecologist Mary Rutnam opens first family planning clinic in Colombo.
- 1953** • Volunteers found the Family Planning Association of Ceylon.
• FPA's first clinic set-up at De Soysa Maternity Hospital.
- 1954** • Visit to Ceylon by family planning philanthropist Barbara Cadbury.
• FPA affiliated to International Planned Parenthood Federation.
- 1955** • First State assistance in the form of an annual Government grant of Rs. 2,500, increased to Rs. 75,000 in 1957.
- 1958** • First partnership with an international donor: Swedish-Ceylonese project on family planning spearheaded by FPA.
- 1959** • FPA begins training Government medical personnel in family planning and contraceptive methods.
- 1961** • First oral-contraceptive trials in Asia commence at Ragama Hospital under the guidance of FPA volunteer Dr. Siva Chinnatamby.
- 1962** • Prime Minister Sirimavo Bandaranaike directs that family planning should be included in the maternal and child health programme of the Government.
• FPA extends family planning services to plantation sector.
- 1963** • First trials of IUD, again under Dr. Chinnatamby, begin at Ragama.
- 1964** • FPA becomes an approved charity.
- 1968** • Most FPA clinics taken over by Government to form the nucleus of a national family planning programme.
• Depo-Provera long-term contraceptive introduced.
• Family planning services commence at Kandy Hospital.
- 1972** • Vasectomy programme for estate workers commences.
- 1973** • New FPA HQ opens at Bullers Lane, Colombo.
• IPPF regional office set-up at FPA HQ in Colombo.
• FPA Ceylon becomes FPA Sri Lanka.
- 1974** • Research unit set-up under Dr. Chinnatamby, funded by an American foundation.

- 1975 • FPA Youth Wing founded.
- FPA programmes extended to rural areas, beginning in the Kandy District.

- 1978 • International Medical Congress held at BMICH to celebrate FPA's Silver Jubilee.

- 1983 • Training facility, *Chinthanaya*, opens in Nainamadama.

- 1984 • New vasectomy programme proves popular with members of the public.

- 1985 • First trials of Norplant, a contraceptive implant for women, conducted.

- 1986 • First national reproductive health survey conducted.
- First training programme for doctors on AIDS prevention.

- 1988 • Government approves Norplant.
- HIV/AIDS awareness and education programmes commence.

- 1990 • *Alokaya* youth counselling centre set up.

- 1992 • New strategic plan developed and, over the next few years, successfully implemented. Highlights include new programmes aimed at adolescents (a new programme area) and 75% funding self-sufficiency by 2000.
- New Association Memoranda and Articles drawn up, beginning a long period of formalisation and administrative restructuring.

- 1993 • Dedicated family planning clinic set-up at FPA's Colombo HQ.

- 1996 • Despite increasing competition from commercial brands and heavily-subsidised State-distributed products, FPA is growing increasingly to support itself through contraceptive sales.
- FPA commences training in SRH education for Government schoolteachers.

- 1997 • IPPF announces a recategorisation of FPA SL with attendant funding cuts, leading to a total withdrawal of funds in 2004. FPA starts looking for alternative ways to sustain itself, mainly through contraceptive sales.
- Commencement of four-year bilateral UNFPA/ Government reproductive health project. Later, the EU will also participate and the project will be extended, along with funding, until 2007. UNFPA becomes an important source of funding for FPA as IPPF funding is gradually withdrawn.

- 1998**
- Funding cuts start to bite. Staff retrenchment, reduction in activities. Kandy clinic closed down.
- 2000**
- Emergency ‘morning-after’ pill, Postinor 2, introduced.
- 2003**
- Golden Jubilee. Achievements in 50 years include:
 - visible improvements in women’s health and reproductive autonomy
 - SL fertility brought down to replacement level
 - family planning now an accepted way of life for most Sri Lankans
 - widespread acceptance of reproductive-health and sexual counselling for adults as well as sex education for adolescents
- 2004**
- FPA wins WHO Sasakawa Award.
 - Training centre, *Chinthana*, improved and facelifted.
 - Emergency activities following December 26 tsunami.
- 2004**
- ‘Five A’s’ strategic model adopted.
- 2006**
- FPA receives first accreditation from IPPF.
 - New partnerships with Girl Guides, Plantation Human Development Trust
 - HQ and clinic facelifted and refurbished.
 - Mobile operations to extend RH services to deep rural areas inaugurated.
- 2007**
- IPPF funding ceases completely.
 - Important review of FPA operations and administration carried out by IPPF’s South Asian Regional Office (SARO).
 - First permanent rural centre set-up at Ampara.
- 2008**
- Rebranding, new (current) logo.
- 2009**
- War work with IDPs as conflict draws to a close.
 - Outreach to new groups: homosexuals, patients at Angoda, people with HIV.
 - Administrative changes formalise operations in a more elaborate ‘corporate’ structure, with externally and internally audited accounts, etc.
 - FPA takes SRH counselling online with Happy Life website.
- 2010**
- IPPF renews core funding.
 - FPA is accredited by IPPF for 2011-2015 in record time.
 - FPA sets up five satellite clinics as service delivery points.
- 2011**
- FPA rolls out IPES (Integrated Package Essential Services) through all its clinics.
 - FPA doubles its services per year, through this initiative
- 2012**
- Partners with Global Fund to fight AIDS, TB & Malaria as Sub-Recipient of HIV Project



A machine operator of the apparel sector form the target group for sexual and reproductive health services of FPA



Ms. Thushara Agus
Executive Director

4.0

Executive Director's Review of Operations

Making a positive difference in our nation...activities and initiatives of FPA in providing sexual and reproductive health as a right for all.

Introduction



he 60th anniversary has been a remarkable one for the FPA. We exceeded expectations in every aspect of our work. Having achieved a 30% increase in service delivery in 2011 by converting six satellite Youth-Friendly Resource Centres, to service-delivery points, we built on that momentum during the year under review by adding more services and exceeding our operational targets in every area. Meanwhile, the social-marketing programme achieved an all-time revenue record of Rs. 400 Mn against a budgeted target of Rs. 326 Mn. This was mainly due to the energy and commitment of the sales team, who sought out and exploited every market opportunity.

The year was also significant in that it marked the selection of FPA Sri Lanka as the Government's implementing partner for a major HIV-prevention programme funded by the Global Fund for Aids, Tuberculosis and Malaria. In Sri Lanka, the Fund has been active in different areas of intervention since 2002, but this partnership with the Association was only established in 2012. In 2013, as the Principal Recipient 2 of the Global Fund we will not only receive funds under the programme, but contribute to a national cause through this partnership, which is a major milestone for the Association.

None of this would have been possible without the exemplary efforts of our Directors and Staff, all of whom gave off their best to achieve these outstanding results. I should also like to offer special thanks to the President of our Association, whose advice and support encouraged and enabled me to take the necessary steps, some very bold and not necessarily popular, in order to bring about these results. My thanks also goes to the members of our National Council and Technical Advisory Committees all the volunteers who helped make our vision a reality, the Directors and members of the IPPF, and all our donors.

Thushara Agus
Executive Director

9 May 2013



World AIDS
day walk 2012 -
Ministry of
Health partnered
by FPA



A World of Changing Demographics

Around the world, the dynamics of family planning have changed. There is no longer a great need to offer family planning services. Most young couples are very well-informed and equipped to make reproductive choices for themselves. The Association can take special pride in the fact that it is largely due to our efforts over sixty years that Sri Lankans, too, are informed and equipped in this way.

However, the need for other sexual and reproductive-health (SRH) services has risen even as family-planning interventions assume less significance. The demand for sub-fertility services and the need to protect against sexually-transmitted infections has increased. Many Sri Lankans are uninformed or poorly informed about the risks and prevention of HIV and other infections. Our Happy Life call centre is one source of such information and advice; people can call in anonymously and discuss their problems with a trained volunteer. We are also an important recourse for those wishing to obtain SRH services of various kinds.

Demographics are changing as population growth slows and women gradually increasingly assume control over their own fertility and reproductive health. Sri Lanka is actually in the forefront of these changes: having dealt with our 'population explosion' during the sixties and seventies, we now have a rapidly-ageing populace, whose sexual and SRH needs are very different from those of young people. For example, women nearing menopause require counselling and reassurance, special tests such as cancer screening, PAP smears and so forth. The Association offers these services through our Well Woman screening programmes.

With fertility in Sri Lanka now around replacement level, sub-fertility issues - difficulties with conception or carrying a foetus to term - assume greater importance. Through our services in this area we help people improve their fertility through proper planning.

By changing our approach in keeping with changing society, we remain relevant and responsive to the needs of those who call on us. This is very much in keeping with the mission of the IPPF, from which we have drawn so much support and so many worthy examples in the course of our long association.



Mr. Ismeth Issadeen - Treasurer,
Dr. Pramilla Senanayake - President
with Thushara Agus - Executive Director at
60th Anniversary Celebrations of IPPF



A mobile clinic
of FPA

Service Delivery in 2012

The following brief review of our activities in 2012 has been structured according to the successful Five A's model of service delivery, which the Association first adopted in 2005.

Access to SRH technology and services was the original mission of the FPA. It remains our principal field of activity and continues to receive a large share of resources. Of course, the services we offer and the methods of delivery have changed over the years, reflecting change and development in Sri Lankan society.

In the area of medical SRH services, our delivery strategy again changed slightly in 2012 as we sought to bring in more clients by offering a broader menu of services: SRH information access, premarital counselling and sub-fertility clinics for couples who are unable to conceive easily. In these clinics we offer three months of counselling for both husband and wife, during which time we work to identify the cause and find a solution. Sub-fertility is widespread in Sri Lanka today, but FPA has all the facilities necessary to address the problem.

We were especially proud to be involved in the distribution of medical equipment valued at over Rs. 70 Mn to hospitals in the Northern Province under the UNFPA Reproductive Health Programme. As the implementing partner of this project, FPA undertook the delivery in

two tranches, the first carried out in March and the second in May. The equipment provided will avert neonatal deaths and reduce maternal mortality at these hospitals.

In fact the north and east of the country, now slowly recovering from the effects of war, saw much access-related FPA activity in 2012. A mobile LISA clinic toured the Kilinochchi and Mullaitivu Districts in April, while in July an SRH programme for the differently abled was held in Vavuniya and promotional activities were carried out in Kandakadu, Poonthottam and Iranamadu. Batticaloa was the focus of activity the following month, when a series of mobile clinics, promotions and SRH training workshops were held in the area. Interventions also took place at Kalmunai, Vakarai, Valaichenai and elsewhere in the North and East.

Another timely and important programme targeted the garment industry, one of the largest sectors of the Sri Lankan economy, which employs hundreds of thousands of women. Many of these women live and work far from their families and communities and are therefore particularly exposed to threats to their reproductive health and social standing, which led to their being identified as a target population under the REACH project REACH funded by AUSAID refers to a project aimed at reaching out to Poor, Marginalised, Socially Excluded and Under-served (PMSEUS) communities. In response, we conducted special programmes for workers at a number of garment factories belonging to the MAS and Omegaline groups. Some of these factories were located in remote regions of the country, others within the national export-processing zones at Katunayake and Biyagama.

Other marginalised groups reached by our SRH services during the course of the year were disabled forces personnel, LTTE cadres undergoing rehabilitation, differently abled communities, mental-hospital inmates, sexually harassed women, technical-college students and the 'beach boys' who make a living off tourists at coastal resorts. Most of these interventions were carried out through our mobile clinics. Meanwhile, our ongoing programmes targeting plantation labourers and

women seeking employment abroad as domestic helpers continued in collaboration with our partners, the Plantation Human Development Trust and the Foreign Employment Bureau.

Adolescents In an age of instant accessibility to information, entertainment and advertising through internet-enabled devices and the media, sex and reproduction are no longer unfamiliar and mysterious to most young people. The question is, of course, whether they are receiving the right information and guidance - these media contain as much or more misinformation and misdirection often deliberate, as useful content. Also, they are full of pitfalls for unwary youngsters. Meanwhile, in more remote and poorer areas of the country, old superstitions, folk-tales and taboos are still prevalent.

The Association works to protect young people against these dangers by disseminating reliable information and inculcating responsible attitudes towards sexual behaviour and reproductive health. Many years ago, adopting the IPPF's peer-education model, we began to address this need through the Girl Guides' Association. Since then we have successfully trained many Guides as SRH 'champions', who work with our support to improve their peers' access to information and address the myths and anxieties about sex and reproductive health that trouble many adolescents. In 2012 the focus of our activity was Ampara, where we held a number of workshops, leadership programmes and even a debating competition.





Advocacy for integration of SRH/HIV services workshop at FPA





SRH education to employees of the Koggala Industrial Zone

Besides our work with the Girl Guides' Association, we conducted several other awareness and training programmes for adolescents out of our service-delivery points around the country. In Thihariya, a mobile medical and SRH camp was held exclusively for this group. We also conducted a membership drive at such events to enrol young people willing and able to participate in FPA youth activities.

AIDS/HIV In this area, our main work is counselling and referring to voluntary testing. We offer hope and help to members of marginalised and stigmatised groups such as people living with HIV, sex workers and those with different sexual orientations, all of whom find it difficult to obtain the services and support they need elsewhere. We also deal with sex workers and members of the LGBT community. At our clinics they are made to feel at home and treated as individuals without being stigmatised or discriminated against. All are treated the same, regardless of orientation, occupation, gender, health or social status. We help them make informed choices about their sexual and health issues with no coercion or pressure.

For the Association itself, the most significant development in the AIDS/HIV area last year was the partnership we established with the Global Fund for AIDS, Tuberculosis and Malaria, discussed above. In connection with this new partnership, we held a briefing workshop on HIV programme activities for civil-society organisations in March. In May, two five-day residential training workshops were conducted for peer educators on the Fund's HIV project's sexual health package for men who have sex with men (MSM). The workshops, one held at FPA headquarters and the other at our *Chinthana* training centre, were for the benefit of representatives from project partner organisations who had not previously worked with MSM. In August, a further workshop on counselling MSM was conducted for FPA staff and selected government officers.

We are also a key partner in the long-running EU project on SRH/HIV integration, which was extended in 2012 to allow us to hold a number of capacity building workshops for community organisations and health sector employees. Among the sectors covered were government medical services, the three armed forces, prisons, private-sector hospitals and municipal health workers.



Factory employees of Koggala EPZ, attending a FPA mobile clinic

Our popular “Let’s Talk” publicity campaign, which aims to lift the veil of silence regarding HIV and AIDS, was extended this year with a new effort leveraging the popularity of the Twenty20 international cricket tournament, of which a number of matches were played in Sri Lanka. As well as the publicity we generated for the subject through this association, we were also able to give children from key affected populations the once-in-a-lifetime pleasure of a friendly game of cricket with members of the South African Twenty20 team.

Also during the course of the year, the Association undertook to import and donate various locally unavailable drugs needed by a two-year-old child who is living with HIV. This was a relatively minor intervention compared to our other initiatives in this area, but one of which we are especially proud.

The year’s HIV/AIDS-related activities concluded with a charity walk to publicise World AIDS Day, which falls on

1 December, in collaboration with the national STD and AIDS control programme and a number of other organisations. Turnout was high and the walk was deemed a success by those who attended.

Abortion In matters connected with sex and reproduction, Sri Lanka has always been a conservative society. In recent times, this tendency seems to have grown stronger, supported by statements issued by various groups and a number of prominent religious, political and cultural figures. It is not our place to judge the manners and morals of society, but it has to be said that such conservatism often creates difficulties for the Association as we go about our work. This has been the case ever since the FPA was founded in 1953.

One activity area of which this is particularly true is abortion. It is a taboo subject in our country, rarely discussed or debated. Except under rare and special circumstances, it is illegal. Despite this, however, the provision of abortions to those who have need of them is a flourishing underground industry in our country and poses a serious, ongoing threat to the health of many Sri Lankan women.



100,000 signature campaign for a national policy on the Health of Young Persons - FPA staff in action



Ms. Lene Christiansen
Country Representative -
UNFPA with Anarkali Akarsha,
MP pledging support
for 100,000 signature
campaign for a national
policy on the health of
young persons

The President has gone into some detail about this in her message and there is no need to repeat her observations here. What matters is that the atmosphere of silence, denial and condemnation that surround this issue make it very difficult for anyone to address it effectively. While the Association continues to grapple with the issue of abortion, its scope of activity is severely limited and is becoming more so.

In spite of this, we persevere. On 5 December of the year under review, we conducted an advocacy briefing and workshop for representatives of the media, during which the dimensions of the problem were outlined and reviewed and the urgent need to reduce the occurrence of unsafe abortion stressed. The workshop was attended by 42 participants representing multiple sectors, many of whom made valuable and meaningful contributions to the discussion.

Advocacy is another area in which the FPA must often contend with the more conservative elements of our society. This has never deterred us, as it has always been the case and we have only to look at how much we have achieved in the last sixty years to draw fresh inspiration for the struggle. In January, our staff members

organised a 100,000-signature campaign to advocate the adoption and implementation of the national policy on the health of young persons that has remained suspended in finalised draft state for some time now.

To follow this up at the provincial level, a meeting was held on 3 September at the offices of the Uva Provincial Council to develop a provincial adaptation of this national policy. The choice of Uva was based on the priority given to this province due to its high incidence of teenage pregnancies and other SRH problems.

Our SRH orientation, capacity building and training workshops for the members of various Government bodies, civil society organisations and other groups can be regarded as advocacy activities that, in the long term, also improve access to SRH services and information, especially when the attendees go on to act as SRH champions or trainers among their own co-workers and colleagues. These activities continued throughout the year. Workshops were conducted for medical personnel, youth organisations, the differently abled, the Police Special Task Force and members of the Roman Catholic charity Caritas.

Of all our advocacy activities in 2012, perhaps the most ambitious was a feature film with an HIV/AIDS awareness message, *Swara*, which was produced partly with FPA support. This film has already won several awards at international festivals and is expected to attract

large audiences on its general release in late 2013 or early 2014. We believe it will make as significant an impact on HIV-related issues as our previous venture into advocacy through the cinema, the film *Yuvanpathi*, which carried the message of sexual and reproductive health to Sri Lankan audiences in the nineties.

Human Resources

The landscape of the development sector is changing. The pressure to deliver results has culled many organisations and transformed the way the survivors look and operate. Donors are more exacting, demanding tangible returns on their generosity. If the Association is to continue securing good projects and making its much needed contribution to Sri Lankan society, we too must be seen to 'deliver the goods'.

Overall, we have been successful in this. Donors of the calibre of UNFPA, the Global Fund, AUSAID and the EU are happy to partner with us. However, we take nothing for granted. If we are to continue to deliver results, it is essential for us to have competent, dynamic people manning all of our units.

Upgrading staff skills is an important component of this. Last year, we conducted performance appraisals of all our staff members, from which we identified their training needs. Programmes designed to meet those needs and promote team-building within the organisation are now under development. These and other planned initiatives in the human-resources area will yield not only immediate benefits but will, in the long term, increase the stature of our organisation as a whole.

Plans for 2013

We mean to take our work to the next level in 2013. As the implementing partner of the national HIV-prevention programme, we shall be working with many small NGOs and community-based organisations, many of which will need significant support if programme



A preview of the film 'Swara' supported by FPA which gives a strong message on HIV

results are to meet donor expectations. We have already strengthened the HIV team, acquiring the necessary skills through training and recruitment, in order to deliver those results.

We will, of course, continue to work with the same donors as we have in the past.

The social marketing side of our operations also continues to flourish, and will expand in the years to come as the market for our products grows in volume and diversity. Two exciting new products are scheduled for introduction next year; they will broaden our portfolio, moving slightly away from traditional family-planning methods to focus more on safeguarding users' reproductive health.



An inhouse training programme for FPA staff on personality Development

We will continue to meet all the standards set for us in the IPPF accreditation protocols, sustaining our pride in being among the first five institutions in the world to receive accreditation by qualifying with equal promptness and merit in the next round of accreditation.

Meanwhile, we aim to keep staff turnover low and increase productivity through training, development and motivation. A performance-driven reward and remuneration scheme will be introduced as part of a personnel retention plan in the near future. Overall, the indications are that 2013 will be a vibrant and productive year in which we continue on course for the realisation of our strategic objectives.



Counselling and advice on sexual and reproductive health



A bundle of
joy satisfied
client of FPA

5.0

Activities at a Glance

A review of activities during 2012 - as per
Five A's model of service delivery.

January

- | | |
|---------------------------|---|
| Access | <ul style="list-style-type: none">• Youth-Friendly Health Centre (YFHC) opens in Nuwara Eliya• Mobile health clinics, Ahangama and Koggala• SRH programme for the differently abled, Matara |
| AIDS/HIV | <ul style="list-style-type: none">• Donation of ARVs for a two-year old PLHIV |
| Advocacy | <ul style="list-style-type: none">• Signature drive supporting implementation of National Youth & Young People's Health Policy |
| Leadership and Governance | <ul style="list-style-type: none">• Workplace HIV policy reviewed• Long-serving staff felicitated |

February

- | | |
|---------------------------|---|
| Access | <ul style="list-style-type: none">• 50+ mobile LISA clinics conducted across Sri Lanka• Promotional programme, Dematagoda |
| Advocacy | <ul style="list-style-type: none">• Capacity-building workshop on HIV & SRH for youth organisations, Colombo• SRH training for student nurses, Hatton• 5 exhibitions on SRH, Nuwara Eliya |
| Leadership and Governance | <ul style="list-style-type: none">• Training workshop for Alokaya counsellors• Dr. Karthik of IPPF SARO visits new YFHC at Nuwara Eliya |

March

- | | |
|---------------------------|--|
| Access | <ul style="list-style-type: none">• Equipment donated to hospitals, Northern Province• Mobile health clinic, Ampara• Social mapping programme, Obeyesekerepura• Online-catalogue promotion, Kalutara• SRH programme for the differently-abled, Colombo |
| Adolescents | <ul style="list-style-type: none">• Leadership programme for Girl Guides, Ampara |
| AIDS/HIV | <ul style="list-style-type: none">• Workshop on Global Fund HIV-related activities for civil society organisations, Colombo• HIV/AIDS awareness promotion, Ampara and Nuwara Eliya |
| Advocacy | <ul style="list-style-type: none">• Capacity-building programme for health volunteers, Galpalama |
| Leadership and Governance | <ul style="list-style-type: none">• Group of doctors from Bangladesh visits FPA |

April

Access	<ul style="list-style-type: none">• Mobile LISA clinic tours - Kilinocchi and Mullaitivu Districts• Two promotional programmes, Colombo
AIDS/HIV	<ul style="list-style-type: none">• Workshop for EU project partners on integration and partnerships for HIV prevention
Advocacy	<ul style="list-style-type: none">• Mobile exhibition on SRH, Colombo
Leadership and Governance	<ul style="list-style-type: none">• Medical/SRH clinic and donation programme for schoolchildren and parents by FPA Welfare Society

May

Access	<ul style="list-style-type: none">• 2nd tranche of equipment donations to Northern hospitals• SRH training for health volunteers under LISA• SRH programme for FPA library members• SRH programme for the differently-abled, Moneragala
AIDS/HIV	<ul style="list-style-type: none">• Two 5-day residential training workshops on Global Fund HIV project service package for MSM conducted for trainers of peer educators
Advocacy	<ul style="list-style-type: none">• Youth orientation programmes, Nuwara Eliya and Batticaloa

June

Access	<ul style="list-style-type: none">• Progress review for MOH staff and home visitors, Koggala• SRH programme for garment factory employees, Biyagama and Thulhiriya• Mobile clinic, Vakarai
Adolescents	<ul style="list-style-type: none">• Awareness programme for adolescents, Athurugiriya• SRH programme for Girl Guides, Ampara
Advocacy	<ul style="list-style-type: none">• Capacity-building programme by Nuwara Eliya YFHC for health assistants from Nuwara Eliya and Hatton
Leadership and Governance	<ul style="list-style-type: none">• Training programme on in-house Monitoring and Evaluation Information System (MEIMS) for FPA staff• Religious rites in connexion with Poson organised by FPA Welfare Society

July

- | | |
|---------------------------|---|
| Access | <ul style="list-style-type: none">• Mobile SRH clinic for garments workers at Thulhiriya• Mobile SRH and health clinics for ex-LTTEs, Poonthottam and Marandamadu• SRH programme for the differently-abled, Colombo and Vavuniya• SRH workshop for garments workers, Naiwala• Promotional programmes for online catalogue, Kandakadu, Poonthottam and Iranamadu |
| Advocacy | <ul style="list-style-type: none">• Training programme for Police STF trainers in STIs and AIDS |
| Leadership and Governance | <ul style="list-style-type: none">• Review of contraceptive stocks, storage and security undertaken |
-

August

- | | |
|---------------------------|---|
| Access | <ul style="list-style-type: none">• Mobile medical camp, Naiwala• Medical and SRH health camps, Ja-Ela and Kebithigollawa• Mobile clinics, promotions and SRH training, Batticaloa• SRH workshop for ‘beach-boys’, Kirinda |
| AIDS/HIV | <ul style="list-style-type: none">• Workshop on counselling MSM for FPA staff and selected government officers, Colombo |
| Leadership and Governance | <ul style="list-style-type: none">• Second training workshop on MEIMS• FPA Annual Report receives Gold Award from League of American Communications Professionals |
-

September

- | | |
|---------------------------|---|
| Access | <ul style="list-style-type: none">• SRH workshops for garments workers, Kuliyaipitiya, Kandy, Naiwala Nittambuwa• 4 SRH education programmes in Nuwara Eliya District• Mobile clinics: Alutgama, Batticaloa and for families of disabled soldiers, Nittambuwa• Promotional programme, Homagama |
| AIDS/HIV | <ul style="list-style-type: none">• ‘Let’s Talk’ HIV awareness campaign piggybacks on Twenty20 Cricket Tournament |
| Advocacy | <ul style="list-style-type: none">• Policy and strategy planning meeting for government officers on implementation of National Young People’s Health Policy• SRH awareness programme for Caritas staff, Colombo |
| Leadership and Governance | <ul style="list-style-type: none">• Relaxation programme for FPA personnel• Planning meeting with Foreign Employment Bureau on offering SRH services to migrant workers |

October

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- | | |
|-------------|--|
| Access | <ul style="list-style-type: none">• SRH education for garments workers, Embilipitiya and Habaraduwa; for the differently-abled, Batticaloa and Kalmunai; for technical college students, Galle• Training-of-trainers programme for MAS Holdings HR Executives• Mobile clinics: Habaraduwa, Seeduwa (for the differently-abled)• Promotional programmes: Ampara, Yakkala, Maradana and Colombo |
| Adolescents | <ul style="list-style-type: none">• Debating competition on SRH subjects for Girl Guides, Ampara |
| Advocacy | <ul style="list-style-type: none">• SRH exhibitions, Ahangama, Ampara, Galle, Habaraduwa |
-

November

-
- | | |
|---------------------------|--|
| Access | <ul style="list-style-type: none">• Mobile clinics: Agalawatte and Embilipitiya (for factory workers), Ampara, Colombo, Kiran, Lahugala and Valaichenai• Promotional programme, Ratmalana Technical College• 5 SRH workshops at Colombo, Embilipitiya, Mahiyangana and Polonnaruwa• Social-marketing programme dealer convention, Gampaha |
| Adolescents | <ul style="list-style-type: none">• Mobile medical and SRH camp for adolescents, Thihariya |
| Advocacy | <ul style="list-style-type: none">• Capacity-building workshop to help develop national advocacy framework on human rights, sexual diversity and HIV• SRH exhibitions, Ampara, Lahugala and Valaichenai |
| Leadership and Governance | <ul style="list-style-type: none">• SARO team visits FPASL for observation, orientation and technical assistance• Popular play Dolahak staged to raise funds for FPA Welfare Society |
-

December

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- | | |
|---------------------------|--|
| Access | <ul style="list-style-type: none">• SRH workshops: Agalawatte, Biyagama, Kalutara, Pimbura and Thulhiriya• Mobile clinics for sexually-harassed women, Colombo• Mobile clinics: Mandoor, Oddamavadi, Pepiliyana, Ratmalana and Wekanda |
| AIDS/HIV | <ul style="list-style-type: none">• Public walk on World AIDS Day |
| Abortion | <ul style="list-style-type: none">• Workshop and briefing for media personnel on unsafe abortions |
| Leadership and Governance | <ul style="list-style-type: none">• Annual staff get-together, Saffron Beach Hotel, Wadduwa |
-

For Women



the oral contraceptive pill.

The outer cover
of Mithuri -
Oral Contraceptive
in early days



FAMILY PLANNING ASSOCIATION OF SRI LANKA

6.0

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'Fuelling the mission'...Financial Statements of FPA.



Distribution of
'Hygiene Kits'
to young
girls of IDP
camps in
Settikulam 2009

Independent Auditor's Report



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Sri Lanka

TO THE SHAREHOLDERS OF THE FAMILY PLANNING ASSOCIATION OF SRI LANKA

Report on the Financial Statements

We have audited the accompanying financial statements of The Family Planning Association of Sri Lanka ("Company"), which comprise the Statement of Financial Position as at 31 December 2012, and the Statement of Comprehensive Income, Statement of Changes in Fund Balances and Cash Flow Statement for the year then ended, and a summary of significant accounting policies and other explanatory notes as set out on pages 92 to 103.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Sri Lanka Accounting Standards. This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Scope of Audit and Basis of Opinion

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Sri Lanka Auditing Standards. Those standards require that we plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting policies used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit. We therefore believe that our audit provides a reasonable basis for our opinion.

Opinion

In our opinion, so far as appears from our examination, the Company maintained proper accounting records for the year

ended 31 December 2012 and the financial statements give a true and fair view of the Company's state of affairs as at 31 December 2012 and its surplus and cash flows for the year then ended in accordance with Sri Lanka Accounting Standards.

Report on Other Legal and Regulatory Requirements

In our opinion, these financial statements also comply with the requirements of Section 151(2) of the Companies Act No. 07 of 2007.

BDO Partners

CHARTERED ACCOUNTANTS
23rd April 2013
Colombo

BDO Partners, a Sri Lankan Partnership, is a member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

Partners : S. Rajapakse FCA, MBA. Ms. M.S.E. Raymond FCA. S. G. Ranjith ACA. Tishan H. Subasinghe FCA, CISA
H.S. Rathnaweera ACA. Ashane J.W. Jayasekara ACA. MBA. H.M. Saman Siri Lal ACA

Consultant : V. Sinnadorai FCA

Statement of Comprehensive Income

Year ended 31 December	Note	2012 Rs.	2011 Rs.
Revenue	12	547,268,197	373,048,662
Donor Grants	11	152,930,947	76,383,017
Project Costs on Goals	13	(173,769,578)	(104,422,752)
Grant Deficit Over Project Expenditure		(20,838,631)	(28,039,735)
Contraceptive Sales		394,337,250	296,665,645
Cost of Contraceptive Sales		(256,839,803)	(181,388,090)
Gross Profit		137,497,447	115,277,555
Other Income	14	13,682,753	16,871,027
Administration Expenses	15	(62,837,537)	(58,549,170)
Selling and Distribution Costs	16	(58,200,684)	(43,692,513)
Finance Income	17	14,141,783	10,532,185
Surplus Before Tax	18	23,445,131	12,399,349
Income Tax Expense	19	(2,676,733)	(2,136,281)
Surplus for the Year		20,768,398	10,263,068

Other Comprehensive Income

Actuarial Gain and Losses		-	-
Gain and Losses on Translating Foreign Operations		-	-
Change in Fair Value of Hedging Instruments		-	-
Total Comprehensive Income		20,768,398	10,263,068

Figures in brackets indicate deductions.

The Accounting Policies and Notes on pages 92 to 103 form an integral part of these Financial Statements.

Colombo
23 April 2013

Statement of Financial Position

As at 31 December

	Note	2012 Rs.	2011 Rs.
Assets			
Non-Current Assets			
Property, Plant and Equipment	4	50,439,689	43,962,390
		50,439,689	43,962,390
Current Assets			
Inventories	5	95,488,669	66,294,455
Trade and Other Receivables	6	90,193,126	123,983,668
Investments	7	127,141,071	135,135,809
Cash and Bank Balance		37,501,269	5,830,657
		350,324,135	331,244,589
Total Assets		400,763,824	375,206,979
Fund And Liabilities			
Accumulated Fund		122,032,983	115,555,680
Revenue Reserves	8	216,025,779	201,734,684
Total Fund		338,058,762	317,290,364
Non-Current Liabilities			
Retirement Benefit Liability	9	13,809,933	11,066,143
		13,809,933	11,066,143
Current Liabilities			
Trade and Other Payables	10	30,332,512	26,594,527
Deferred Income	11	16,853,449	19,880,880
Income Tax Payable/(Recoverable)		1,709,168	375,065
		48,895,129	46,850,472
Total Fund and Liabilities		400,763,824	375,206,979

Certification

It is certified that the Financial Statements have been prepared in compliance with the requirements of the Companies Act No. 07 of 2007.



Ms. Thushara Agus
Chief Executive Officer



Mr. Ruwan Kannangara
Finance Officer

The National Council is responsible for the preparation and presentation of these Financial Statements. Signed for and on behalf of the National Council by,



Dr. Pramilla Senanayake
Director/National Council Member



Mr. Ismeth Issadeen
Director/National Council Member

The Accounting Policies and Notes on pages 92 to 103 form an integral part of the Financial Statements.

Colombo
23 April 2013

Statement of Changes in Fund Balances

<i>Year ended 31 December 2012</i>	Accumulated Fund Rs.	Special Reserve Fund Rs.	Endowment Fund Rs.	President's Discretionary Fund Rs.	Total Rs.
As at 1 January 2011	108,860,050	190,683,431	6,094,785	1,389,030	307,027,296
Surplus for the Year	10,263,068	–	–	–	10,263,068
Transfer to Special Reserve Fund	(3,034,294)	3,034,294	–	–	–
Transfer to Endowment Fund	(433,644)	–	433,644	–	–
Transfer to President's Discretionary Fund	(99,500)	–	–	99,500	–
Balance as at 31 December 2011	115,555,680	193,717,725	6,528,429	1,488,530	317,290,364
Surplus for the Year	20,768,398	–	–	–	20,768,398
Transfer to Special Reserve Fund	(13,528,967)	13,528,967	–	–	–
Transfer to Endowment Fund	(603,227)	–	603,227	–	–
Transfer to President's Discretionary Fund	(158,901)	–	–	158,901	–
Balance as at 31 December 2012	122,032,983	207,246,692	7,131,656	1,647,431	338,058,762

Figures in brackets indicate deductions.

The Accounting Policies and Notes on pages 92 to 103 form an integral part of the Financial Statements.

Colombo
23 April 2013

Cash Flow Statement

Year ended 31 December

	2012 Rs.	2011 Rs.
Cash Flows from/(Used in) Project Activities		
Surplus Before Tax for the Year	23,445,131	12,399,349
Adjustments for -		
Depreciation	13,788,474	11,863,489
Income from Investments	(14,141,783)	(10,532,185)
Profit on Sale of Property, Plant and Equipment	-	(4,531,978)
Provision for Defined Benefit Plans	3,601,570	3,361,863
Operating Profit/(Loss) before Working Capital Changes	26,693,392	12,560,538
(Increase)/Decrease in Inventories	(29,194,214)	18,764,091
(Increase)/Decrease in Trade and Other Receivables	32,706,388	(49,613,874)
Increase/(Decrease) in Trade and Other Payables	3,737,985	(8,950,368)
Increase/(Decrease) in Deferred Income	(3,027,431)	3,889,360
Cash Generated from Operations	30,916,120	(23,350,253)
Defined Benefit Plan Costs Paid	(857,780)	(1,282,210)
Income Tax Paid	(258,476)	(1,677,578)
Net Cash from/(Used in) Project Activities	29,799,864	(26,310,041)
Cash Flows from/(Used in) Investing Activities		
Acquisition of Property, Plant and Equipment	(20,265,773)	(18,559,119)
Proceeds from Sale of Property, Plant and Equipment	-	4,939,551
Increase in Refundable Deposits	-	(285,525)
Interest Received	14,141,783	10,532,185
Net Cash Flows from/(Used in) Investing Activities	(6,123,990)	(3,372,908)
Net Increase/(Decrease) in Cash and Cash Equivalents	23,675,874	(29,682,949)
Cash and Cash Equivalents at the Beginning of the Year	140,966,466	170,649,415
Cash and Cash Equivalents at the End of the Year	164,642,340	140,966,466

Figures in brackets indicate deductions.

The Accounting Policies and Notes on pages 92 to 103 form an integral part of the Financial Statements.

Colombo
23 April 2013

Significant Accounting Policies to the Financial Statements

1. Corporate Information

1.1 General

The Family Planning Association of Sri Lanka ('Association') is a liability limited by guaranteed company incorporated and domiciled in Sri Lanka. The registered office of the Association is located at No. 37/27, Bullers Lane, Colombo 07 and the principal place of business is also situated at the same place.

1.2 Principal Activities and Nature of Operations

During the year, the principal activities of the Association were as follows:

- (i) The formulation and development of information, education and training programmes including the application of audio visual and mass media materials.
- (ii) The provision of medical and clinical services, advice on family planning technology and maintenance of clinical service statistics.
- (iii) The promotion of national and local fund raising campaigns.
- (iv) The assessment of the conduct and effect of the programmes undertaken.

1.3 Date of Authorisation for Issue

The Financial Statements of The Family Planning Association of Sri Lanka for the year ended 31 December 2012 were authorised for issue in accordance with a resolution passed by the National Council on 23 April 2013.

2. Basis of Preparation

2.1 General

The Financial Statements have been prepared on a historical cost basis and are presented in Sri Lankan Rupees.

The preparation and presentation of these Financial Statements are in compliance with the Companies Act No. 07 of 2007.

2.2 Statement of Compliance

These Financial Statements have been prepared in accordance with the Sri Lankan Financial Reporting Standard for Small and Medium-sized Entities issued by The Institute of Chartered Accountants of Sri Lanka.

2.3 Going Concern

The Association has made an assessment of its ability to continue as a going concern and they do not intend either to liquidate or to cease trading.

2.4 Comparative Information

The Accounting Policies have been consistently applied by the Association and, are consistent with those used in the previous year. Prior year figures and phrases have been rearranged where necessary to conform to the current year presentation.

3. Summary of Significant Accounting Policies

3.1 Foreign Currency Translation

The Financial Statements are presented in Sri Lanka Rupees, which is the Association's functional and presentation currency. Transactions in foreign currencies are initially recorded at the functional currency rate ruling at the date of the transaction. Monetary assets and liabilities denominated in foreign currencies are retranslated at the functional currency rate of exchange ruling at the Balance Sheet date. All differences are taken to profit or loss. Non-monetary items that are measured in terms of historical cost in a foreign currency are translated using the exchange rates as at the dates

of the initial transactions. Non-monetary items measured at fair value in a foreign currency are translated using the exchange rates at the date when the fair value was determined.

3.2 Taxation

Current Taxes

Current income tax assets and liabilities for the current and prior periods are measured at the amount expected to be recovered from or paid to the taxation authorities. The tax rates and tax laws used to compute the amount are those that are enacted or substantively enacted by the Balance Sheet date.

The provision for income tax is based on interest income as reported in the Financial Statements and computed in accordance with the provisions of the relevant tax legislations, relating to the charitable institution status.

Sales Tax

Revenues, expenses and assets are recognised net of the amount of sales tax except where the sales tax incurred on a purchase of assets or service is not recoverable from the taxation authorities in which case the sales tax is recognised as a part of the cost of the asset or part of the expense items as applicable and receivable and payable that are stated with the amount of sales tax included. The amount of sales tax recoverable and payable in respect of taxation authorities is included as a part of receivables and payables in the Balance Sheet.

3.3 Inventories

Inventories are valued at the lower of cost and net realisable value, after making due allowances for obsolete and slow moving items. Net realisable value is the price at

which inventories can be sold in the ordinary course of business less the estimated cost of completion and the estimated cost necessary to make the sale.

The cost incurred in bringing inventories to its present location and conditions are accounted using the following cost formulae:

Packing Materials and Pharmaceutical Items	- At purchase cost on first-in first-out basis
Finished Goods/ Contraceptives	- At the cost of direct materials
Goods-in-Transit	- At purchase cost

Net realisable value is the estimated selling price in the ordinary course of business, less estimated cost of completion and estimated costs necessary to make the sale.

3.4 Financial Instruments

Financial Assets

Trade and Other Receivables, Investments and Cash and Cash Equivalents

These financial assets are recognised initially at the transaction price. Subsequently they are measured at amortised cost using the effective interest method, less provision for impairment. Sales are made on normal credit terms and trade receivables do not bear interest. Where there is objective evidence that the carrying amounts of receivables are not recoverable, an impairment loss is recognised in profit or loss.

Other Short-Term Financial Assets

Other short-term financial assets comprise staff loans, refundable deposits and prepaid expenses. They are recognised initially at transaction price. Subsequently they are measured at cost, less provision for impairment

Financial Liabilities

The Association's financial liabilities include trade and other payables. Financial liabilities are recognised initially at transaction price. After initial recognition they are measured at amortised cost using the effective interest method. Trade payables are on normal credit terms and do not bear interest.

3.5 Property, Plant and Equipment

Property, Plant and Equipment is stated at cost, excluding the costs of day-to-day servicing, less accumulated depreciation and accumulated impairment in value. Such cost includes the cost of replacing part of the plant and equipment when that cost is incurred, if the recognition criteria are met.

Depreciation is calculated on a straight line basis over the useful life of the assets.

An item of Property, Plant and Equipment is derecognised upon disposal or when no future economic benefits are expected from its use or disposal. Any gain or loss arising on derecognition of the asset (calculated as the difference between the net disposal proceeds and the carrying amount of the asset) is included in the Statement of Comprehensive Income in the year the asset is derecognised.

The asset's residual values, useful lives and methods of depreciation are reviewed, and adjusted if appropriate, at each financial year end.

3.6 Provisions

Provisions are recognised when the Association has a present obligation (legal or constructive) as a result of a past event, where it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation.

When the Association expects some or all of a provision to be reimbursed, the reimbursement is recognised as a separate assets but only when the reimbursement is virtually certain. The expense relating to any provision is presented in the Statement of Comprehensive Income net of any reimbursement.

3.7 Retirement Benefit Obligations Known as Severance Fund

Defined Benefit Plan - Gratuity

Gratuity is a defined benefit plan. The Association is liable to pay gratuity in terms of the relevant statute. In order to meet this liability, a provision is carried forward in the Balance Sheet.

The Association measures the present value of the promised retirement benefits of gratuity which is a defined benefit plan with the advice of an actuary every year using the Projected Unit Credit method. Actuarial gain and losses are recognised as income or expenses in the Statement.

The gratuity liability is not externally funded.

This item is grouped under deferred liabilities in the Balance Sheet.

Defined Contribution Plans - Employees' Provident Fund and Employees' Trust Fund

Employees are eligible for employees' provident fund contributions and employees' trust fund contributions in line with the respective statutes and regulations. The Association contributes 12% and 3% of gross emoluments of employees to Employees' Provident Fund and Employees' Trust Fund respectively.

3.8 Deferred Income

Where income from donors is restricted for specific activity and specific future accounting period, the income has been deferred and shown as a current liability.

3.9 Grants and Subsidies

Grants are recognised where there is reasonable assurance that the grant will be received and all attaching conditions will be complied with. When the grant relates to an expense item, it is recognised as income over the period necessary to match the grant on a systematic basis to the costs that it is intended to compensate. Where the grant relates to an asset, it is set up as deferred income. Where the Association receives non-monetary grants, the asset and that grant are recorded at nominal amounts and is released to the Statement of Comprehensive Income over the expected useful life of the relevant asset by equal annual instalments.

3.10 Impairment of Non-Financial Assets

The Association assesses at each reporting date whether there is an indication that an asset may be impaired. If any such indication exists, or when annual impairment testing for an asset is required, the Association makes an estimate of the asset's recoverable amount. An asset's recoverable amount is the higher of an asset's or cash-generating unit's fair value less costs to sell and its value in use and is determined for an individual asset, unless

the asset does not generate cash inflows that are largely independent of those from other assets or groups of assets. Where the carrying amount of an asset exceeds its recoverable amount, the asset is considered impaired and is written down to its recoverable amount.

3.11 Revenue Recognition

Revenue is recognised to the extent that it is probable that the economic benefits will flow to the Association and the revenue and associated costs incurred or to be incurred can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable net of trade discounts and sales taxes. The following specific criteria are used for the purpose of recognition of revenue.

(a) Sale of Goods

Revenue from the sale of goods is recognised when the significant risks and rewards of ownership of the goods have passed to the buyer, usually on dispatch of the goods.

(b) Interest

Interest income is recognised on an accrual basis using the effective interest method.

(c) Grants

Where income from donors is restricted for specific activity it has been deferred and released into revenue as funds are expensed on those specific activity.

(d) Others

Other income is recognised on an accrual basis.

3.12 Transition to the SLFRS for SMEs

These are the Association's first Financial Statements prepared in accordance with the SLFRS for SMEs. Previously they were prepared in accordance with SLAS. The Association has prepared its opening Statement of Financial Position at the date of transition to the SLFRS for SMEs, which is 1 January 2011. There was no impact over transition to SLFRS for SMEs on total equity, profit and cash flows on the same date.

Notes to the Financial Statements

4. Property, Plant and Equipment

4.1 Gross Carrying Amounts

	Balance as at 01.01.2012 Rs.	Additions Rs.	Disposals Rs.	Balance as at 31.12.2012 Rs.
At Cost				
Freehold Land	665,780	–	–	665,780
Freehold Buildings	14,311,386	–	–	14,311,386
Leasehold Land and Buildings	9,472,916	4,843,964	–	14,316,880
Furniture and Fittings	3,319,879	1,486,916	–	4,806,795
Other Equipment	18,541,367	3,553,143	–	22,094,510
Audio and Video Equipment	2,796,682	–	–	2,796,682
Motor Vehicles	41,026,283	8,344,700	–	49,370,983
Computer Equipment	19,350,649	2,037,050	–	21,387,699
Total Value of Depreciable Assets	109,484,942	20,265,773	–	129,750,715

4.2 Depreciation

	Balance as at 01.01.2012 Rs.	Charge for the year Rs.	Disposals Rs.	Balance as at 31.12.2012 Rs.
At Cost				
Freehold Buildings	6,769,054	–	–	6,769,054
Leasehold Land and Buildings	3,092,500	1,038,151	–	4,130,651
Furniture and Fittings	1,854,474	281,176	–	2,135,650
Other Equipment	15,771,515	1,391,888	–	17,163,403
Audio and Video Equipment	2,796,682	–	–	2,796,682
Motor Vehicles	23,426,219	7,817,671	–	31,243,890
Computer Equipment	11,812,108	3,259,588	–	15,071,696
	65,522,552	13,788,474	–	79,311,026

4.3 Net Book Value

	2012 Rs.	2011 Rs.
At Cost		
Freehold Land	665,780	665,780
Freehold Buildings	7,542,332	7,542,332
Leasehold Land and Buildings	10,186,229	6,380,416
Furniture and Fittings	2,671,145	1,465,405
Other Equipment	4,931,107	2,769,852
Audio and Video Equipment	–	–
Motor Vehicles	18,127,093	17,600,064
Computer Equipment	6,316,003	7,538,541
	50,439,689	43,962,390
Total Carrying Amount of Property, Plant and Equipment	50,439,689	43,962,390

4.4 Leasehold Land and Building

The leasehold land at Bullers Lane, Colombo 07 land No. 2872 obtained from the Government of Sri Lanka, has been made for a further extended for a period of 30 years from year 2000. However, no new agreement has been signed by the two parties, although a letter dated 31 January 2007 sent by the Deputy Commissioner of Land on behalf of the Commissioner General of Land, informing the extension of lease period has been approved by the Minister. The building has been constructed by the Association on the said land. However, Association is unable to separate the cost of the leasehold land and the cost of the building constructed due to non-availability of adequate details. The Association pays Rs. 500,000/- per annum as annual rent to the Divisional Secretariat - Thimbirigasyaya.

Another leasehold land at Bullers Lane, Colombo 07 land No. 8726 obtained from the Government of Sri Lanka, has been made for a further extended period of 30 years. However, no new agreements has been signed by the two parties, although a letter dated 10 June 2010 sent by the Deputy Commissioner General of Land, informing the extension of lease period has been approved by the Minister.

4.5 The rates of depreciation applied on straight-line basis in respect of the assets are as follows:

	2012 %	2011 %
Freehold Buildings	5	5
Leasehold Land and Buildings	5	5
Furniture and Fittings	10	10
Other Equipment	25	25
Audio and Video Equipment	25	25
Motor Vehicles	25	25
Computer Equipment	25	25

4.6 Property, Plant and Equipment include fully-depreciated assets having a gross carrying amount of Rs. 45,531,496/- (2011 - Rs. 45,531,496/-).

4.7 During the financial year, the Association acquired Property, Plant and Equipment to the aggregate value of Rs. 20,265,773/- (2011 - Rs. 18,559,119/-) of which cash payments amounting to Rs. 20,265,773/- (2011 - Rs. 18,559,119/-) were made during the year for purchase of such assets.

	2012 Rs.	2011 Rs.
5. Inventory		
Contraceptives	82,896,561	55,437,143
Packing Materials	2,590,501	2,278,824
Goods-in-Transit	9,507,420	6,768,795
Pharmaceutical Items	322,128	1,125,039
Stationery and Other Items	172,059	684,654
	95,488,669	66,294,455

6. Trade and Other Receivables

Trade Debtors	75,458,173	82,799,894
Other Receivables	9,791,556	37,103,353
Interest Receivable	7,717,433	2,679,494
Staff Loans	570,000	673,000
Prepaid Expenses and Other Receivables	1,005,765	1,892,422
Less: Bad Debtors Provision	(4,349,801)	(1,164,495)
	90,193,126	123,983,668

7. Investments

Fixed Deposit	72,950,560	37,006,290
Treasury Bills/Repurchase Agreements	52,536,981	97,943,309
Call Deposit	1,653,530	186,210
	127,141,071	135,135,809

	Note	2012 Rs.	2011 Rs.
8. REVENUE RESERVES			
Special Reserve Fund	8.1	207,246,692	193,717,725
Endowment Fund	8.2	7,131,656	6,528,429
President's Discretionary Fund	8.3	1,647,431	1,488,530
		216,025,779	201,734,684

8.1 Special Reserve Fund

Fund Balance as at 01.01.2012		193,717,725	190,683,431
Transferred from Undesignated Fund		13,528,967	3,034,294
Fund Balance as at 31.12.2012		207,246,692	193,717,725

8.2 Endowment Fund

Fund Balance as at 01.01.2012		6,528,429	6,094,785
Transferred from Undesignated Fund		603,227	433,644
Fund Balance as at 31.12.2012		7,131,656	6,528,429

8.3 President's Discretionary Fund

Fund Balance as at 01.01.2012		1,488,530	1,389,030
Transferred from Undesignated Fund		158,901	99,500
Fund Balance as at 31.12.2012		1,647,431	1,488,530

9. Retirement Benefit Liability

9.1 Defined Benefit Obligation

Balance at the beginning of the Year		11,066,143	8,986,490
Current Service Cost		1,334,215	1,001,673
Interest Cost on Benefit Obligation		1,161,945	943,581
Actuarial Losses/(Gain) on Obligation		1,105,410	1,416,609
Benefits Paid		(857,780)	(1,282,210)
Balance at the end of the Year		13,809,933	11,066,143

9.2 Expenses on Defined Benefit Plan

Current Service Cost		1,334,215	1,001,673
Interest Cost on Benefit Obligation		1,161,945	943,581
Net Actuarial Loss/(Gain) on Obligation		1,105,410	1,416,609
		3,601,570	3,361,863

9.3 Messrs Actuarial and Management Consultants (Pvt) Ltd. carried out an actuarial valuation of the defined benefit plan gratuity on 31 December 2012 and 2011. Appropriate and compatible assumptions were used in determining the cost of the retirement benefits

The Principal Assumptions used are as follows:

	2012 Rs.	2011 Rs.
Discount Rate	10.5%	10.5%
Further Salary Increases	5%	5%
Estimated Current Service Cost	1,334,215	1,001,673

10. Trade and Other Payables

Accounts Payable	1,915,713	1,829,355
Sundry Creditors	28,416,799	24,765,172
	30,332,512	26,594,527

11. Deferred Income

	Balance as at 01.01.2012 Rs.	Funds Received during the Year Rs.	Grants Transferred to Income Rs.	Balance as at 31.12.2012 Rs.
Government Grant	–	75,000	75,000	–
International Planned Parenthood Federation	19,867,675	67,429,461	71,169,975	16,127,161
UNAIDS	–	4,481,683	3,760,683	721,000
United Nations Population Fund	13,205	67,449,153	67,457,070	5,288
Global Fund	–	10,468,219	10,468,219	–
Others	–	–	–	–
	19,880,880	149,903,516	152,930,947	16,853,449

2012
Rs.2011
Rs.**12. Revenue**

Donor Grants	152,930,947	76,383,017
Contraceptive Sales	394,337,250	296,665,645
	547,268,197	373,048,662

13. Project Cost on Goals

Personnel and Employee Benefits	34,691,090	23,359,020
Travel and Per Diem Expenses	31,328,593	21,917,612
Vehicle Running Costs	11,126,775	10,942,554
Printing and Stationery	9,784,917	4,074,960
Occupancy Cost	3,696,913	2,708,369
Communications	1,097,561	796,931
Consultancy and Professional Fees	7,878,043	5,882,617
Medical Supplies/Equipment	58,138,801	22,426,794
Development Activities	6,786,559	7,530,368
Sundries	7,783,143	3,322,547
Maintenance of Building and Equipment	1,359,233	1,343,973
Insurance and Bank Charges	97,950	117,007
	173,769,578	104,422,752

14. Other Income

Fund Raising Income	8,603,041	6,937,970
Miscellaneous Income	471,695	1,042,340
Donations	69,600	66,400
Clinic Income	3,896,667	3,887,309
Training Services Income	641,750	405,030
Profit on Sale of Vehicles	–	4,531,978
	13,682,753	16,871,027

2012
Rs.2011
Rs.**15. Administrative Expenses**

Personnel and Employee Benefits	28,679,574	23,940,210
Travel and Per Diem Expenses	1,824,893	3,801,830
Vehicle Running Costs	944,579	677,937
Printing and Stationery	3,862,802	2,124,001
Occupancy Cost	6,431,977	6,880,391
Communications	1,637,894	1,611,623
Fixed Assets - Depreciation	13,788,474	11,863,489
Audit Fees and Expenses	700,000	875,000
Consultancy and Professional Fees	1,348,200	1,882,558
Sundries	72,269	546,250
Maintenance of Building and Equipment	1,865,387	2,304,797
Insurance and Bank Charges	1,582,637	1,935,046
Tax Charges	–	7,988
Development Activities	98,851	98,051
	62,837,537	58,549,170

16. Selling and Distribution Expenses

Personnel and Employee Benefits	23,123,938	19,388,995
Travel and Per Diem Expenses	5,713,868	5,529,932
Vehicle Running Costs	4,874,881	3,601,804
Printing and Stationery	876,685	525,715
Promotional Expenses	17,901,529	11,294,836
Medical Supplies/Equipment	78,663	630,012
Consultancy and Professional Fees	92,346	63,670
Bad Debtors	3,185,306	546,264
Bank Charges	339,790	268,314
Nation Building Tax	1,850,337	1,384,840
Sundries	163,341	458,131
	58,200,684	43,692,513

17. Finance Income

Interest on Repurchase Agreements/Treasury Bills	8,168,651	8,979,841
Interest on Fixed and Call Deposits	5,973,132	1,552,344
	14,141,783	10,532,185

2012
Rs.2011
Rs.**18. SURPLUS BEFORE TAX**

Stated after Charging/(Crediting)

Included in Administrative Expenses

Employee Benefits including the following	30,504,467	27,742,040
- Defined Benefit Plan Costs - Gratuity (included in Employee Benefits)	3,601,570	3,361,863
- Defined Contribution Plan Costs - EPF and ETF (included in Employee Benefits)	3,432,948	2,756,736
Depreciation	13,788,474	11,863,489
Auditor's Fees	450,000	450,000

Included in Selling and Distribution Costs

Employee Benefits including the following	28,837,806	24,918,927
- Defined Contribution Plan Costs - EPF and ETF (included in Employee Benefits)	1,762,428	1,478,164

Included in Project Costs on Goods

Employee Benefits including the following	66,019,683	45,276,632
- Defined Contribution Plan Costs - EPF and ETF (included in Employee Benefits)	3,540,936	3,309,497

19. Income Tax

The major components of income tax expense for the years ended 31 December are as follows:

Current Income Tax Charge	2,676,733	2,136,281
	2,676,733	2,136,281

A reconciliation between tax expense and the product of interest income multiplied by the statutory tax rate is as follows:

Profit on Trade or Business	19,098,679	11,365,987
Interest Income on Fixed Deposits	-	1,516,978
Interest Income on Treasury Bills/Repurchase Agreements	7,351,786	8,081,857
Notional Tax Credit	816,865	897,984
	27,267,330	21,862,806
Tax Free Allowances	(500,000)	(500,000)
Taxable Income	26,767,330	21,362,806
Tax at 10%	2,676,733	2,136,281
	2,676,733	2,136,281

2012
Rs.2011
Rs.

20. Cash and Cash Equivalents

Favourable Cash and Cash Equivalents Balance

Cash and Bank Balances	37,501,269	5,830,657
Interest-Bearing Deposits	127,141,071	135,135,809
Total Cash and Cash Equivalents for the Purpose of Cash Flow Statement	164,642,340	140,966,466

21. Assets Pledged

The following assets have been pledged as securities by the Association:

Description	Liability		
Fixed Deposits			
Standard Chartered Bank	Letter of Credit	27,500,000	27,500,000
		27,500,000	27,500,000

22. Related Party Disclosures

22.1 Transactions with Key Management Personnel of the Association

The key management personnel of the Association are the members of its National Council and the Directors of the Organisation.

Key Management Personnel Compensation

Salaries, EPF, ETF and Gratuity	11,914,241	9,805,230
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23. Events Occurring After the Balance Sheet Date

There have been no material events occurring after the Balance Sheet date that require adjustments to or disclosure in the Financial Statements.

24. Commitments and Contingent Liabilities

24.1 Commitments

The Association does not have significant commitments as at the Balance Sheet date.

24.2 Contingent Liabilities

A case was filed by an ex-manager against the Association claiming compensation for loss of office and the Association has been advised to set aside a contingent liability of Rs. 250,000/- to cover same. However, no provision has been made for the above in these Financial Statements.



Former
Executive Director
Mr. Ariya Abeysinghe
at a tree planting
event at Asia Foundation

Independent Auditor's Report



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"Charter House"
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Colombo 02
Sri Lanka

TO THE MEMBERS OF THE FAMILY PLANNING ASSOCIATION OF SRI LANKA

We have audited the accompanying special purpose Financial Statements of The Family Planning Association of Sri Lanka ('Association'), which comprise the Balance Sheet as at 31 December 2012, and Statement of Income, Expenses and Changes in Fund Balances for the year then ended, and a summary of significant accounting policies and other explanatory Notes as set out pages 112 to 121.

Management is responsible for the preparation and fair presentation of these Financial Statements in accordance with the guidelines issued by the International Planned Parenthood Federation. Our responsibility is to express an opinion on the special purpose Financial Statements based on our audit. We conducted our audit in accordance with Sri Lanka Auditing Standards. Those standards require that we plan and perform the audit to obtain reasonable assurance whether the special purpose Financial Statements are free from material misstatement. An audit includes examining, on a test basis, evidence

supporting the amounts and disclosures in the special purpose financial statements. An audit also includes assessing the accounting policies used and significant estimates made by management, as well as evaluating the overall special purpose financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion the special purpose financial statements give a true and fair view of the financial position of the Association as at 31 December 2012 and its results of operations for the year then ended, in accordance with the International Planned Parenthood Federation's uniform accounting policies and Notes set out in pages 112 to 121.

BDO Partners

CHARTERED ACCOUNTANTS
23rd April 2013
Colombo

BDO Partners, a Sri Lankan Partnership, is a member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

Partners : S. Rajapakse FCA, MBA. Ms. M.S.E. Raymond FCA. S. G. Ranjith ACA. Tishan H. Subasinghe FCA, CISA
H.S. Rathnaweera ACA. Ashane J.W. Jayasekara ACA. MBA. H.M. Saman Siri Lal ACA

Consultant : V. Sinnadorai FCA

Income, Expenses and Changes in Fund Balances

As at 31 December 2012

Note	Current Year 2012						Prior Year 2011	
	Local Currency			US Dollars			Local Currency	US Dollars
	Unrestricted	Donor Restricted	Total	Unrestricted	Donor Restricted	Total	Total	Total
Grant Income								
Government Grant	75,000	–	75,000	629	–	629	75,000	669
IPPF Cash Grant	13,768,626	–	13,768,626	109,213	–	109,213	14,225,946	128,464
Release of Fixed Assets Fund Depreciation	13,788,474	–	13,788,474	115,593	–	115,593	11,863,489	105,867
Other Donors								
International Planned Parenthood Federation								
Attitude of Providers Towards Preventing Unsafe Abortion	–	366,092	366,092	–	3,069	3,069	–	–
Developing M & E Unit and Resource Mobilisation	–	263,940	263,940	–	2,213	2,213	278,844	2,488
People Living with HIV/AIDS	–	136,460	136,460	–	1,144	1,144	8,208,670	73,252
Procurement Mobile Units	–	–	–	–	–	–	948,457	8,464
Reaching the Hard to Reach	–	–	–	–	–	–	10,567	94
Liya Saviya	–	–	–	–	–	–	2,734,971	24,406
GCACP	–	–	–	–	–	–	83,544	746
Intranet Strengthening and Cost Controlling	–	–	–	–	–	–	611,837	5,460
Political Mapping	–	49,772	49,772	–	417	417	1,428,768	12,750
Contraceptive Security	–	131,156	131,156	–	1,100	1,100	198,094	1,768
AUSAID	–	47,932,494	47,932,494	–	401,832	401,832	7,580,262	67,645
AUSAID - MISP	–	1,727,748	1,727,748	–	14,484	14,484	–	–
EU Project	–	6,793,687	6,793,687	–	56,953	56,953	4,790,555	42,750

As at 31 December 2012

Note	Current Year 2012						Prior Year 2011	
	Local Currency			US Dollars			Local Currency	US Dollars
	Unrestricted	Donor Restricted	Total	Unrestricted	Donor Restricted	Total	Total	Total
AIDS Foundation								
ICAAP Trust	–	–	–	–	–	–	11,650	104
United Nations Population Fund								
Life Saving RH Services to IDPS in Vavunia & Mannar Districts (LISA)	–	65,865,370	65,865,370	–	552,168	552,168	31,843,997	284,169
Reproductive Health and Gender in Batticaloa District	–	1,591,700	1,591,700	–	13,344	13,344	1,726,699	15,409
Strengthening of Content Mgt. on the Happy Life	–	–	–	–	–	–	327,600	2,923
United Nations Programme on HIV/AIDS								
Thinkwise Lets Talk	–	1,242,300	1,242,300	–	10,415	10,415	–	–
UNDP	–	1,122,500	1,122,500	–	9,410	9,410	–	–
Hope Foundation	–	746,500	746,500	–	6,258	6,258	–	–
ILO Foundation	–	649,383	649,383	–	5,444	5,444	–	–
Others								
GFATM Project	–	10,468,219	10,468,219	–	87,758	87,758	–	–
NSACP STI Programme Phase 1	–	–	–	–	–	–	398,589	3,557
NSACP STI Programme Phase 2	–	–	–	–	–	–	822,182	7,337
Maldives	–	–	–	–	–	–	76,785	685
	27,632,100	139,087,321	166,719,421	225,434	1,166,008	1,391,443	88,246,506	789,008
Other Income								
Sales (Contraceptives)	394,337,250	–	394,337,250	3,305,841	–	3,305,841	296,665,642	2,647,382
Interest Income	14,141,783	–	14,141,783	118,555	–	118,555	10,532,185	93,987
Fund-Raising Income	8,603,041	–	8,603,041	72,122	–	72,122	7,728,526	68,968
Miscellaneous	15 15,114,378	–	15,114,378	126,708	–	126,708	9,482,437	84,619
Clinic Income	3,896,667	–	3,896,667	32,667	–	32,667	3,887,309	34,690
Training Services Income	641,750	–	641,750	5,380	–	5,380	405,030	3,614
Total Income	464,366,969	139,087,321	603,454,290	3,886,707	1,166,008	5,052,715	416,947,636	3,722,268

As at 31 December 2012

	Note	Current Year 2012						Prior Year 2011	
		Local Currency			US Dollars			Local Currency	US Dollars
		Unrestricted	Donor Restricted	Total	Unrestricted	Donor Restricted	Total	Total	Total
Expenses by Strategic Framework									
Goals									
Goal 1		26,769,432	122,369,071	149,138,503	224,416	1,025,855	1,250,270	46,185,308	412,148
Goal 2		237,857	366,092	603,949	1,994	3,069	5,063	201,258	1,796
Goal 3		338,070,709	1,722,856	339,793,565	2,834,143	14,443	2,848,586	280,793,795	2,505,745
Goal 4		–	–	–	–	–	–	339,250	3,027
Goal 5		1,604,762	14,365,362	15,970,124	13,453	120,429	133,882	11,749,742	104,852
Goal 6		15,127,199	263,940	15,391,139	126,816	2,213	129,028	8,298,298	74,052
Total Goals		381,809,959	139,087,321	520,897,280	3,200,821	1,166,008	4,366,830	347,567,651	3,101,621
Supporting Strategies									
Finance and Project Support		31,884,524	–	31,884,524	267,297	–	267,297	39,963,846	356,629
Administration and General Costs		22,592,917	–	22,592,917	189,403	–	189,403	13,985,211	124,801
Depreciation		13,788,474	–	13,788,474	115,593	–	115,593	11,863,489	105,867
Total Expenses		450,075,874	139,087,321	589,163,195	3,773,114	1,166,008	4,939,122	413,380,198	3,688,918
Excess of Income Over Expenses		14,291,095	–	14,291,095	113,593	–	113,593	3,567,439	33,350
Transfer to Special Reserve Fund	13	(13,528,967)	–	(13,528,967)	(113,417)	–	(113,417)	(3,034,294)	(27,077)
Transfer to Endowment Fund	13	(603,227)	–	(603,227)	(5,057)	–	(5,057)	(433,644)	(3,870)
Transfer to President's Discretionary Fund	13	(158,901)	–	(158,901)	(1,332)	–	(1,332)	(99,500)	(888)
Fund Balance beginning of the Year		70,121,621	–	70,121,621	587,849	–	587,849	70,121,621	625,751
Cumulative Translation Adjustment		–	–	–	(23,165)	–	(23,165)	–	(6,776)
Fund Balances at end of the Year		70,121,621	–	70,121,621	558,471	–	558,471	70,121,622	620,490

Functional Expenses

As at 31 December 2012

	Goals						Sub-Total
	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5	Goal 6	
1. Personnel and Employee Benefits	21,556,716	–	34,756,536	–	2,989,480	8,257,647	67,560,379
2. Travel and Per Diem Expenses	19,993,005	171,354	7,869,347	–	8,604,876	1,047,916	37,686,498
3. Vehicle Running Costs	10,738,619	8,656	5,115,410	–	501,683	253,624	16,617,992
4. Printing and Stationery	7,836,353	300,800	1,577,778	–	604,763	3,143,127	13,462,821
5. Occupancy Cost	2,511,549	16,178	–	–	–	1,169,186	3,696,913
6. Communications	707,839	–	356,175	–	2,228	31,319	1,097,561
7. Fixed Assets - Depreciation/Written-Off	–	–	–	–	–	–	–
8. Audit Fees and Expenses	–	–	–	–	–	–	–
9. Consultancy and Professional Fees	6,342,116	34,900	1,056,173	–	534,700	273,404	8,241,293
10. Medical Supplies/Equipment	69,684,886	–	7,070,634	–	182,177	293,976	77,231,673
11. Contraceptive Cost of Sales	–	–	256,839,805	–	–	–	256,839,805
12. Nation Building Tax	–	–	1,850,337	–	–	–	1,850,337
13. Development Activities	1,502,301	61,061	19,352,985	–	1,940,610	806,677	23,663,634
14. Sundries	6,962,972	11,000	310,415	–	609,607	72,100	7,966,094
15. Maintenance of Building and Equipment	1,204,198	–	112,873	–	–	42,162	1,359,233
16. Bad Debts	–	–	3,185,306	–	–	–	3,185,306
17. SRL and Income Tax	–	–	–	–	–	–	–
18. Insurance and Bank Charges	97,950	–	339,790	–	–	–	437,740
Total as at 31.12.2012 in Local Currency	149,138,504	603,949	339,793,564	–	15,970,124	15,391,139	520,897,280
Total as at 31.12.2012 in USD	1,250,270	5,063	2,848,586	–	133,882	129,028	4,366,830
Total as at 31.12.2011 in local Currency	46,185,308	201,258	280,793,794	339,250	11,749,743	8,298,298	347,567,651
Total as at 31.12.2011 in USD	412,148	1,796	2,505,745	3,027	104,852	74,052	3,101,621

Total for the Year ended 31 December							
			2012		2011		
Finance & Project Support	Administration & General Cost	Depreciation	Local Currency	US Dollars	Local Currency	US Dollars	
13,591,020	15,298,152	–	96,449,552	808,564	74,593,849	665,660	Personnel and Employee Benefits 1.
545,125	635,732	–	38,867,355	325,836	31,249,373	278,863	Travel and Per Diem Expenses 2.
381,078	1,619,615	–	18,618,685	156,086	16,480,928	147,072	Vehicle Running Costs 3.
1,335,482	875,269	–	15,673,572	131,396	5,463,437	48,755	Printing and Stationery 4.
6,728,977	–	–	10,425,890	87,403	9,588,760	85,568	Occupancy Cost 5.
1,986,253	–	–	3,083,814	25,852	2,408,554	21,493	Communications 6.
–	–	13,788,474	13,788,474	115,593	11,863,489	105,867	Fixed Assets - Depreciation/Written-Off 7.
700,000	–	–	700,000	5,868	–	–	Audit Fees and Expenses 8.
508,910	568,386	–	9,318,589	78,120	8,703,845	77,671	Consultancy and Professional Fees 9.
694,386	837,339	–	78,763,398	660,296	37,292,445	332,790	Medical Supplies/Equipment 10.
–	–	–	256,839,805	2,153,161	181,388,090	1,618,669	Contraceptive Cost of Sales 11.
–	–	–	1,850,337	15,512	1,384,840	12,358	Nation Building Tax 12.
238,524	849,971	–	24,752,128	207,504	20,564,140	183,510	Development Activities 13.
226	52,433	–	8,018,753	67,223	3,947,273	35,225	Sundries 14.
915,173	1,856,021	–	4,130,427	34,627	3,440,271	30,700	Maintenance of Building and Equipment 15.
–	–	–	3,185,306	26,703	546,264	4,875	Bad Debts 16.
2,676,733	–	–	2,676,733	22,440	2,144,269	19,135	SRL and Income Tax 17.
1,582,637	–	–	2,020,377	16,937	2,320,368	20,706	Insurance and Bank Charges 18.
31,884,524	22,592,917	13,788,474	589,163,195	4,939,122	413,380,196	3,688,918	Total as at 31.12.2012 in Local Currency
267,297	189,403	115,593	4,939,122				Total as at 31.12.2012 in USD
39,963,846	13,985,211	11,863,489	413,380,197				Total as at 31.12.2011 in local Currency
356,629	124,801	105,867	3,688,918				Total as at 31.12.2011 in USD

Notes to the Special Purpose Financial Statements

1. Organisational Structure and Nature of Activities

1.1 General

The Family Planning Association of Sri Lanka ('Association') is a voluntary charity incorporated under the Companies Ordinance No. 51 of 1938. The Association limited by guarantee is set up with the objective of promoting family planning serviced throughout the country. Principle sources of revenue arise from the sale of contraceptives, local fund raising activities and grants from various international organisations including International Planned Parenthood Federation, of which Association is a member.

1.2 Principal Activities and Nature of Operations

During the year, the principal activities of the Association were as follows:

- (i) The formulation and development of information, education and training programmes including the application of audio visual and mass media materials.
- (ii) The provision of medical and clinical services, advice on family planning technology and maintenance of clinical service statistics.
- (iii) The promotion of national and local fund raising campaigns.
- (iv) The assessment of the conduct and effect of the programmes undertaken.

1.3 Statement of Compliance

The accompanying Financial Statements (hereafter referred to as 'Special Purpose Financial Statements') of the Association has been prepared in accordance with the uniform accounting policies issued by the International Planned Parenthood Federation.

2. Basis of Preparation

2.1 The Financial Statements that comprise the Balance Sheet, Statement of Income, Expenses and Changes in Fund Balances together with Accounting Policies and notes have been prepared under the historical cost convention on the accrual basis of accounting.

All material events occurring after the Balance Sheet date are considered and where necessary adjustments made in the Financial Statements.

2.2 Comparative Information

Prior year figures and phrases have been rearranged where necessary to confirm to the current presentation.

3. Summary of Significant Accounting Policies

3.1 Foreign Currency Translation

The Financial Statements of the Association are maintained in local currency and are translated into US Dollars for the purpose of presentation, as described below:

- All income and expenditure in local currency are translated into US Dollars using the average exchange rate obtained from the exchange of US Dollars during the period.
- All assets and liabilities are translated into US Dollars at the exchange rate prevailing as at 31 December.
- Exchange rate differences arising from translation are taken directly to reserve fund balance.

3.2 Fixed Assets and Depreciation

Fixed assets worth of Rs. 20, 000/- (USD 500) and above donated and purchased from 1 January 1988 onwards up to 31 December 2002 and fixed assets worth of Rs. 50,000 (USD 500) donated and purchased from 1 January 2003 onwards are capitalised through the Fixed Assets Fund, and depreciated over their estimated useful economic lives. An amount released to income using the same method was adopted for depreciation from the Fixed Assets Fund.

All assets valued at less than Rs. 50,000/- are written off during the year of purchase to the expenditure account.

The rates of depreciation applied on straight-line basis in respect of the assets are as follows:

	%
Freehold and Buildings	5
Leasehold Land and Buildings	5
Furniture and Fittings	10
Other Equipment	25
Audio and Video Equipment	25
Motor Vehicles	25
Computer Equipment	25

The value of fixed assets grants received as donations is brought fully into the income in the year of receipt.

Fixed assets Fund has been created as at 1 January 1991 for the assets donated and capitalised from 1 January 1988 onwards. The value of fixed assets capitalised have been credited to this Fund and released into income using the same method; same as adopted for depreciation. All fixed assets purchased are charged to expense/ replacement fund in the year of purchase and capitalised through the Fixed Assets Fund.

3.3 Inventories

Inventories are valued at the lower of cost and net realisable value, after making due allowances for obsolete and slow moving items. Net realisable value is the price at which inventories can be sold in the ordinary course of business less the estimated cost of completion and the estimated cost necessary to make the sale.

The cost incurred in bringing inventories to its present location and conditions are accounted using the following cost formulae:

Packing Materials and Pharmaceutical Items	- At purchase cost on first-in, first-out basis
Finished Goods/ Contraceptives	- At the cost of direct materials
Goods-in-Transit	- At purchase cost

The values of inventories donated are taken fully into income in the year of receipt and value of consumption is taken into cost of sales using first-in, first-out basis.

3.4 Cash and Cash Equivalents

Cash and cash equivalents are cash in hand, demand deposits and short-term highly liquid investments, readily convertible to known amounts of cash and subject to insignificant risk of changes in value.

The asset's residual values, useful lives and methods of depreciation are reviewed, and adjusted if appropriate, at each financial year-end.

3.5 Investments

Cost of investments includes purchase cost.

3.6 Provisions

Provisions are recognised when the Association has a present obligation (legal or constructive) as a result of a past event, where it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation.

3.7 Retirement Benefit Obligations Known as Severance Fund

Defined Benefit Plan - Gratuity

Gratuity is a defined benefit plan. The Association is liable to pay gratuity in terms of the relevant statute. In order to meet this liability, a provision is carried forward in the Balance Sheet.

The Association measures the present value of the promised retirement benefits of gratuity which is a defined benefit plan with the advice of an actuary every year using the Projected Unit Credit Method. Actuarial gain and losses are recognised as income or expenses over the expected average remaining working lives of the participants of the plan.

Defined Contribution Plans - Employees' Provident Fund and Employees' Trust Fund

Employees are eligible for Employees' Provident Fund contributions and Employees' Trust Fund contributions in line with the respective statutes and regulations. The Association contributes 12% and 3% of gross emoluments of employees to Employees' Provident Fund and Employees' Trust Fund respectively.

3.8 Deferred Income

Where income from donors is restricted for specific activity and specifically for future accounting period, the income has been deferred and shown as a current liability.

3.9 Revenue

Where income from donors is restricted for specific activity it has been deferred and released into revenue as funds are expensed on those specific activity.

Grants are recognised on cash basis.

Interest income is recognised on an accrual basis.

Sales proceeds of disposals of fixed assets have been accounted for in the fixed assets replacement fund.

3.10 Expenditure

All expenses incurred in the running of the Association and in maintaining the fixed assets in a state of efficiency has been charged to income in arriving at the results of operations for the year.

	2012 Rs.	2011 Rs.
4. Inventory		
Contraceptives	82,896,561	55,437,143
Packing Materials	2,590,501	2,278,824
Goods-in-Transit	9,507,420	6,768,795
Pharmaceutical Items	322,128	1,125,039
Stationery and Other Items	172,059	684,654
	95,488,669	66,294,454

5. Other Debtors

Trade Debtors	75,458,173	82,799,894
Other Debtors	7,112,944	34,622,492
Less - Allowance for Doubtful Debtors	(4,349,801)	(1,164,495)
	78,221,316	116,257,891

6. Property, Plant and Equipment

6.1 Gross Carrying Amounts

	Balance as at 01.01.2012 Rs.	Additions Rs.	Disposals Rs.	Balance as at 31.12.2012 Rs.
At Cost				
Freehold Land	665,780	-	-	665,780
Freehold Buildings	14,311,386	-	-	14,311,386
Leasehold Land and Buildings	9,472,916	4,843,964	-	14,316,880
Furniture and Fittings	3,319,879	1,486,916	-	4,806,795
Other Equipment	18,541,367	3,553,143	-	22,094,510
Audio and Video Equipment	2,796,682	-	-	2,796,682
Motor Vehicles	41,026,283	8,344,700	-	49,370,983
Computer Equipment	19,350,649	2,037,050	-	21,387,699
Total Value of Depreciable Assets	109,484,942	20,265,773	-	129,750,715

6.2 Depreciation

	Balance as at 01.01.2012 Rs.	Charge for the Year Rs.	Disposals Rs.	Balance as at 31.12.2012 Rs.
At Cost				
Freehold Buildings	6,769,054	–	–	6,769,054
Leasehold Land and Buildings	3,092,500	1,038,151	–	4,130,651
Furniture and Fittings	1,854,474	281,176	–	2,135,650
Other Equipment	15,771,515	1,391,888	–	17,163,403
Audio and Video Equipment	2,796,682	–	–	2,796,682
Motor Vehicles	23,426,219	7,817,671	–	31,243,891
Computer Equipment	11,812,108	3,259,588	–	15,071,696
	65,522,552	13,788,474	–	79,311,026

6.3 Net Book Value

	2012 Rs.	2011 Rs.
At Cost		
Freehold Land	665,780	665,780
Freehold Buildings	7,542,332	7,542,332
Leasehold Land and Buildings	10,186,229	6,380,416
Furniture and Fittings	2,671,145	1,465,405
Other Equipment	4,931,107	2,769,852
Audio and Video Equipment	–	–
Motor Vehicles	18,127,093	17,600,064
Computer Equipment	6,316,003	7,538,541
Total Carrying Amount of Property, Plant and Equipment	50,439,689	43,962,389

6.4 Leasehold Land and Building

The leasehold land at Bullers Lane, Colombo 07 land No. 2872 obtained from the Government of Sri Lanka, has been made for further extend for a period of 30 years from year 2000. However, no new agreement has been signed by the two parties, although a letter fated 31 January 2007 sent by the Deputy Commissioner of Land on behalf of Commissioner General of Land, informing extension of lease period has been approved by the Minister. The building has been constructed by the Association on the said land. However, Association is unable to separate the cost of the leasehold land and the cost of the building constructed due to non-availability of adequate details. The Association pays Rs. 500,000/- per annum as annual rent to the Divisional Secretariat, Thimbirigasyaya.

Another leasehold land at Bullers Lane, Colombo 07 land No. 8726 obtained from the Government of Sri Lanka, has been made for further extend for a period of 30 years. However, no new agreement has been signed by the two parties, although a letter dated 10 June 2010 sent by the Deputy Commissioner General of Land, informing extension of lease period has been approved by the Minister.

7. Commitments and Contingent Liabilities

7.1 Commitments

The Association does not have significant capital Commitments as at the Balance Sheet date.

7.2 Contingent Liabilities

A case filed by an ex-manager against the Association claiming compensation for loss of office and the Association has been advised to set aside a contingent liability of Rs. 250,000/- to cover same.

Provision has been made for the above in these Financial Statements.

8. Currency Translation

Dollar funds received from the IPPF have been converted into local currency in a manner which is in compliance with local foreign exchange regulations. The rates of translation used of the accounting policy per Note 3 are:

	2012	2011
Balance Sheet - Year-end rate USD	125.56	113.01
Income & Expenditure - Average Rate USD	119.29	112.06

9. Income Taxes

The Family Planning Association of Sri Lanka is a non-profit making charity and is accordingly exempt from income tax under Section 8 of the Inland Revenue Act No. 10 of 2006, except for income on investments in excess of the tax free allowance.

The major components of income tax expense for the years ended 31 December are as follows:

	2012 Rs.	2011 Rs.
Current Income Tax Charge	2,676,733	2,136,281
	2,676,733	2,136,281

A reconciliation between tax expense and the product of interest income multiplied by the statutory tax rate is as follows:

	2012 Rs.	2011 Rs.
Profit on Trade or Business	19,098,679	11,365,987
Interest Income on Fixed Deposits	–	1,516,978
Statutory Income from Surplus on Liquidation	–	–
Interest Income on Treasury Bills/Repurchase Agreements	7,351,786	8,081,857
Notional Tax Credit	816,865	897,984
	27,267,330	21,862,806
Tax Free Allowances	(500,000)	(500,000)
Taxable Income	26,767,330	21,362,806
Tax at 10%	2,676,733	2,136,281
Social Responsibility Levy @ 1.5%	–	–
	2,676,733	2,136,281

10. Insurance

In accordance with the accounting policy outlined in Note 3 to these Financial Statements, the cost of fixed assets with a replacement value below Rs. 50,000/- has been written off in the year of acquisition. However, the replacement cost of these have been estimated by the Association and reflected in the insurance policies held by the Association with covers effected as follows:

	2012 Rs.	2011 Rs.
Contraceptive and Other Consumables		
- Stock Declaration Policy	70,000,000	73,500,000
- Goods-in-Transit	10,000,000	10,000,000
Buildings and Office Equipments	145,577,506	121,742,323
Motor Vehicles	40,121,500	28,405,000

11. Assets Pledged

The following assets have been pledged as securities by the Association:

Description	Liability	2012 Rs.	2011 Rs.
Fixed Deposits			
Standard Chartered Bank	Letter of Credit	27,500,000	17,500,000
		27,500,000	17,500,000

12. Deferred Income

	IPPF									
	Gather Project Rs.	PLHIV Rs.	RHR Rs.	AusAid - 1 Rs.	EU Rs.	Contraceptive Security Rs.	Resource Mobilisation Rs.	MISP Rs.	Political Mapping Rs.	Unsafe Abortion Rs.
Opening Balance	939,072	136,460	201,382	16,701,876	1,547,391	131,156	–	–	210,338	–
Funds Received during the Year	–	–	–	43,815,183	7,475,588	–	263,940	1,727,748	–	378,376
	939,072	136,460	201,382	60,517,059	9,022,979	131,156	263,940	1,727,748	210,338	378,376
Expenditure										
Goal - 1	–	–	–	47,932,494	6,793,687	–	–	1,727,748	49,772	–
Goal - 2	–	–	–	–	–	–	–	–	–	366,092
Goal - 3	–	–	–	–	–	131,156	–	–	–	–
Goal - 5	–	136,460	–	–	–	–	–	–	–	–
Goal - 6	–	–	–	–	–	–	263,940	–	–	–
Total Expenditure	–	136,460	–	47,932,494	6,793,687	131,156	263,940	1,727,748	49,772	366,092
Balance as at 31.12.2012	939,072	–	201,382	12,584,565	2,229,292	–	–	–	160,566	12,284
Represented by										
Cash at Bank	939,072	–	831,382	13,850,990	3,737,866	–	–	15,990	160,566	12,284
Other Debtors	–	–	–	5,000	143,283	–	–	–	–	–
Less: Accrued Expenses	–	–	(630,000)	(1,271,425)	(1,651,857)	–	–	(15,990)	–	–
	939,072	–	201,382	12,584,565	2,229,292	–	–	–	160,566	12,284

Global Fund	UNFPA		UNDP		Others		Total	
GFATM	Lisa	Batticaloa	Thinkwise	UNDP	Hope Foundation	ILO Foundation		
Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	
-	-	13,205	-	-	-	-	19,880,880	Opening Balance
10,468,219	65,865,370	1,583,783	1,242,300	1,390,000	1,200,000	649,383	136,059,890	Funds Received during the Year
10,468,219	65,865,370	1,596,988	1,242,300	1,390,000	1,200,000	649,383	155,940,770	
Expenditure								
-	65,865,370	-	-	-	-	-	122,369,071	Goal - 1
-	-	-	-	-	-	-	366,092	Goal - 2
-	-	1,591,700	-	-	-	-	1,722,856	Goal - 3
10,468,219	-	-	1,242,300	1,122,500	746,500	649,383	14,365,362	Goal - 5
-	-	-	-	-	-	-	263,940	Goal - 6
10,468,219	65,865,370	1,591,700	1,242,300	1,122,500	746,500	649,383	139,087,321	Total Expenditure
(0)	0	5,288	-	267,500	453,500	-	16,853,449	Balance as at 31.12.2012
Represented by								
-	-	5,288	-	160,495	453,500	-	20,167,433	Cash at Bank
-	-	-	-	417,000	-	-	565,283	Other Debtors
-	-	-	-	(309,995)	-	-	(3,879,267)	Less: Accrued Expenses
-	-	5,288	-	267,500	453,500	-	16,853,449	

13. Designated Fund

	Special Reserve Fund Rs.	Fixed Assets Replacement Fund Rs.	Severance Fund Rs.	Endowment Fund Rs.	President's Discretionary Fund Rs.	Total Rs.
Fund Balances as at 01.01.2012	193,717,725	1,471,673	11,066,143	6,528,429	1,488,530	214,272,500
Add - Contributions during the Year	-	-	3,601,570	-	-	3,601,570
Add - Transferred from Undesignated Fund	13,528,967	-	-	603,227	158,901	14,291,095
Less - Amounts Released during the Year	-	-	(857,780)	-	-	(857,780)
Fund Balances as at 31.12.2012	207,246,692	1,471,673	13,809,933	7,131,656	1,647,431	231,307,385

2012
Rs.

2011
Rs.

14. Fixed Asset Fund

Fund Balance as at 01.01.2012	43,962,390	37,674,333
Add: Additions during the Year	20,265,773	18,559,119
Less: Fixed Assets Disposal	-	(407,573)
Less: Amount Released to Income Statement during the Year - Depreciation	(13,788,474)	(11,863,489)
Fund Balance as at 31.12.2012	50,439,689	43,962,390

15. Miscellaneous Income

Donations	69,600	66,400
Other Miscellaneous Income	467,220	244,107
Membership Fee	4,475	7,675
Overhead Income	14,573,083	9,164,255
	15,114,378	9,482,437

16. Audit Fees

Audit Fees for the Year	495,000	450,000
	495,000	450,000

17. The number of employees at the end of the year was 143 (2011 - 142) and total personnel cost and other benefits amounted to Rs. 96,449,551/- (2011 - Rs. 74,593,849/-).

Reconciliation with Annual Report

	As per Annual Report Rs.	As per Audit Report Rs.	Difference Rs.	Reasons
Income				
Grants				
Release of Fixed Assets Fund	–	13,788,474	(13,788,474)	* Depreciation provided in the Audit Report.
Government of Sri Lanka Grant	75,000	75,000	–	
International Planned Parenthood Federation	71,169,975	71,169,975	–	
Global Fund	10,468,219	10,468,219	–	
United Nations Population Fund	67,457,070	67,457,070	–	
UNAIDS	3,760,683	3,760,683	–	
	152,930,947	166,719,421	(13,788,474)	
Other Sources				
Clinical Services	3,896,667	3,896,667	–	
Contraceptive Retail Sales	394,337,250	394,337,250	–	
Interest on Deposit	14,141,783	14,141,783	–	
Training Services	641,750	641,750	–	
Training Centre	8,603,041	8,603,041	–	
Sundry Income	15,114,378	15,114,378	–	
Total Income	589,665,816	603,454,290	(13,788,474)	
Expenditure				
Goal 1	149,138,503	149,138,503	–	
Goal 2	603,949	603,949	–	
Goal 3	339,793,564	339,793,564	–	
Goal 4	–	–	–	
Goal 5	15,970,124	15,970,124	–	
Goal 6	15,391,139	15,391,139	–	
Finance and Project Support	31,884,524	31,884,524	–	
Administration and General Costs	22,592,917	22,592,917	–	
Depreciation		13,788,474	(13,788,474)	* Inclusion of depreciation charge in the Audit Report.
	575,374,720	589,163,193	(13,788,474)	
Net Excess/(Deficit) of Income over Expenditure before Transfers	14,291,095	14,291,095	–	
Transfers to Designated Fund	(14,291,095)	(14,291,095)	–	
Net Excess/(Deficit) of Income over Expenditure	–	–	–	



Christmas party for children of affected Populations in 2010

7.0

Annexes

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The message of family planning has spread far and deep in Sri Lanka. Strong governance practices, unwavering support of partners, efforts of the FPA team and the complementing product portfolio has helped to carry out its mission.

National Council Members



Dr. Pramilla Senanayake
Hony. President



Ms. Arunie Marcelline
Hony. Secretary



Mr. Ismeth Issadeen
Hony. Treasurer



Mr. Nimal Wirasekara
Hony. Vice President



Ms. Sara Soysa
Hony. Asst. Secretary



Mr. Nihal Ramanayake
Hony. Asst. Treasurer



Prof. Atula Kaluarchchi
Hony. Medical Director



Mr. Oliver Fernando
Hony. Chairman - FAC



Mr. Chandima Gunawardana
Hony. Chairman - SMP



Dr. Esther Amarasekara
Hony. Chairperson - IES



Ms. Upriyda Deshapriya
Hony. Chairperson - Youth
(From 22 June 2012)



Ms. Padma Cumarantunge
Immediate Past President



Ms. Thushara Agus
Executive Director

Senior Management Team



Ms. Thushara Agus
Executive Director



Mr. Lasantha Gunaratne
Deputy Executive Director/Director Outreach



Ms. Kusum De Silva
Director Governance



Ms. Madusha Dissanayake
Director HIV/AIDS and Advocacy



Mr. Suhail Junaid
Director Marketing



Dr. Sumithra Tissera
Director Medical



Mr. Ruwan Kannangara
Director Finance

Leadership and Governance

Members of the Medical Committee (MC) for 2012 - 2014

S/No. Name	Profession
01. Prof. Athula Kaluarachchi (Hony. Medical Director)	Consultant Obstetrician & Gynaecologist
02. Dr. Pramilla Senanayake (Hony. President)	Medical Professional
03. Mrs. Arunie Marcelline (Hony. Secretary)	Attorney-at-Law
04. Prof. A.H. Sheriffdeen	Consultant Surgeon
05. Prof. H.R. Seneviratne	Consultant Obstetrician & Gynaecologist, Dean - Medical Faculty, Colombo
06. Prof. L.R. Amarasekera	Consultant Pathologist
07. Dr. Lalith Perera	Consultant Urologist
08. Dr. S.A.P. Gnanissara	Consultant Community Physician (CCP)
09. Dr. Lakshman Senanayake	Consultant Obstetrician & Gynaecologist
10. Prof. Hemantha Senanayake	Consultant Obstetrician & Gynaecologist
11. Dr. Lilangani de Silva	Consultant Radiologist
12. Dr. Prasantha Gange	Consultant, Obstetrician & Gynaecologist
13. Dr. Kapila Ranasinghe	Consultant Psycho Sexual Specialist
14. Prof. Sharaine Fernando	Senior Lecturer - Physiology
15. Dr. Lasantha Malavige	Specialist in Sexual Medicine
16. Ms. Sumedha Wijeratne	Senior Lecturer - Reproductive Biology
17. Dr. Chitramalee De Silva	Deputy Director, FHB
18. Ms. Uda Menike Deshapriya	Undergraduate
19. Ms. Thushara Agus	Executive Director, FPASL
20. Dr. Sumithra Tissera	Director Medical
21. Ms. Madhusa Dissanayake	Director Advocacy
22. Dr. Achini Jayathilleke	Medical Officer
23. Mr. Prasanna Jayathilake	Deputy Director - Counselling

Members of the Financial and Administration Committee (FAC) for 2012 - 2014

S/No. Name	Profession
01. Mr. Oliver Sunil B. Fernando (Chairperson)	Financial Controller
02. Mr. Nihal Ramanayake (Hony. Asst. Treasurer)	Consultant
03. Dr. Pramilla Senanayake (Hony. President)	Medical Professional
04. Mrs. Arunie Marcelline (Hony. Secretary)	Attorney-at-Law
05. Mr. Ismeth Issadeen (Hony. Treasurer)	Entrepreneur
06. Ms. Shirantini De Silva (Past President)	Financial Consultant
07. Mr. Chandima R. Gunawardena (Chairperson - SMPTC)	Company Director
08. Major Shirley Silva	Management Consultant

S/No. Name	Profession
09. Mr. Ajith Colonne	Former Chairman of National Apprentice & Industrial Training Authority
10. Mrs. Padma Cumararatunge (Immediate Past President)	Attorney-at-Law
11. Ms. Kamani Jinadasa	Director Projects
12. Mr. Lal Hewapathirana	Chief Executive Officer
13. Mr. Kamil Mohamed	Manager, Programmes
14. Ms. Prabhani Perera	Undergraduate
15. Director: Mr. Ruwan K. Kannangara ED, DED, MD, DMKTG, AD and GD	Responsible - FPASL

Members of the Social Marketing Programme Committee for 2012 - 2014

S/No. Name	Profession
01. Mr. Chandima R. Gunawardena (Chairman)	Company Director
02. Dr. Pramilla Senanayake (Hony. President)	Medical Professional
03. Mr. Ismeth Issadeen (Hony. Treasurer)	Entrepreneur
04. Mrs. Padma Cumararatunge (Immediate Past President)	Attorney-at-Law
05. Mr. Nimal Wirasekera (Hony. Vice-President)	Management & Marketing Consultant
06. Mr. Oliver Sunil B. Fernando	Financial Consultant
07. Mr. Nalin Attygalle	Management & Marketing Consultant
08. Ms. G.C. Dharmadasa	Communication Consultant
09. Ms. Shirantini de Silva	Financial Consultant
10. Major Shirley Silva	Management Consultant
11. Mr. Sampath Thirimavitharana	Senior Consultant HR/Marketing
12. Mr. Dulitha Jayasekara	Undergraduate
13. Director Responsible: Mr. Suhail Junaid	Director Marketing - FPASL
14. Ms. Thushara Agus	Executive Director
15. Mr. Lasantha Gunaratne	Deputy Executive Director
16. Mr. Ruwan Kannangara	Director, Finance
17. Dr. Sumithra Tissera	Director, Medical

Members of the Information, Education and Communication(IEC) Committee for 2012 - 2014

S/No. Name	Profession
01. Dr. Esther Amerasekera	Retired Medical Officer
02. Dr. Pramilla Senanayake	Medical Professional
03. Mr. Nimal Weerasekera	Management & Marketing Consultant
04. Mr. Ismeth Issadeen	Entrepreneur
05. Mrs. Padma Cumaranatunge	Attorney-at-Law
06. Mr. Lal Hewapathirana	Chief Executive Officer
07. Mrs. Lakshmi Ranasinghe	Social Worker
08. Major Shirley Silva	Communication Consultant
09. Ms. G.C. Dharmadasa	Communications & PR Consultant
10. Dr. Sriani Basnayake	Medical Professional
11. Dr. Pradeep Kariyawasam	Chief Medical Officer of Health
12. Mr. Chathura Chinthaka Jayasinghe	Asst. Commissioner - Development
13. Mr. Kalum Gamage	Chief Health Education Officer (Acting)
14. Mr. Harain B. Christhumani	Administrative Executive
15. Dr. Ramani Ramanayake	Deputy Chief MCH Division
16. Mr. Dakshitha Wickremarathne	Undergraduate
17. Ms. M.U. Pannigalagamage	Undergraduate
18. Director Responsible: Mr. L. Gunaratne ED, FD, MD, DMKTG, DA and GD	FPA STAFF

Members of the Youth Committee for 2012 - 2014

S/No. Name	Profession
01. Ms. Uda Deshapriya (Chairperson)	Undergraduate
02. Mr. Dakshitha Wickremarathne	Undergraduate
03. Mr. Chinthaka Chathuranath	Undergraduate
04. Ms. M.U. Pannigalagamage	Undergraduate
05. Mr. Dulitha Jayasekara	Undergraduate
06. Mr. Benjamine H. Christhumani	Administrative Executive
07. Duminda de Alwis	Undergraduate

S/No. Name	Profession
08. Mr. Mithila Mudalige	Undergraduate
09. Mr. Pasan Nanayakkara	Undergraduate
10. Mr. Randula Madapatha	Undergraduate
11. Ms. Tharushi Jayarathna	Undergraduate
12. Ms. Sahiru Madushan Sameera	Undergraduate
13. Rangika Rajapakse	Undergraduate
14. Mr. Harain B. Christhumani	Administrative Executive
15. Dr. Ramani Ramanayake	Deputy Chief MCH Division
16 Ms. Thushara Agus	FPA Staff
17 Mr. Lasantha Gunaratne	FPA Staff
18 Ms. Shabiya Ali Ahlam	FPA Staff

Annual Report 2012

National Council

Given below are the members elected and served in the National Council and the Executive Committee during the year 2011/2012.

Number of Meetings held January - December 2012

Committee	No. of Meetings
National Council Meetings	06
TAC - Medical	05
TAC - Youth	04
TAC - Social Marketing Programme	05
TAC - Information, Education & Communication	06
TAC - Finance & Administration	05

Product Portfolio



Preethi

Made with natural latex that gets you right into the action and promises nothing but satisfaction.



Preethi Super

Studded condoms, with specially designed dots on the outside and inside for all-round pleasure. Condoms made of Natural Latex Rubber.



Stamina

Benzocaine in Stamina will help you to prolong your love time allowing both the most intimate occasion a lasting & memorable experience.



Rough Rider

Hundreds of raised rubber 'studs' make the Rough Rider the condom offering maximum sensation and excitement.



Nite Rider

Ribbed condoms, with specially designed ribs on the outside for all-round pleasure. Condoms made of Natural Latex.



LifeStyle Mixed Berry

Flavoured with strawberry, raspberry or blueberry to give a nice aroma to enhance your taste and desire for the occasion



Easy Glide

A water soluble, non irritating and non staining lubricant. Brings you and your partner a satisfying and pleasurable love making by moisturising the vagina.



Life Style Sensitive

The ultra thin, smooth surface gives both partners a real natural feeling and experience. You will not feel you are wearing a condom.



Power Play

Tougher condom with extra strength to maximise your sexual desire, with minimum risk of breakages.



Mithuri - OCP

Oral Contraceptive Pill that should be taken everyday. If taken correctly and consistently the chance of getting pregnant is very low.



Postinor - 2

An emergency contraceptive pill to be taken within 72 hours of unprotected sexual intercourse.



Depo - Provera

An injectable that prevents pregnancy for up to 3 months with each injection.



Copper - T

The Copper T IUD is extremely effective and can last up to 10 years.



Jadelle

An effective and reversible contraceptive that prevents pregnancy for 5 years.


SRI LANKA
relationships



FPA donating
books to
Sri Lankan Army
library in 2012

FPA Sri Lanka Strategic Partners

International Planned Parenthood Federation - IPPF

IPPF is a global network of Member Associations operating in over 170 countries. It is a leader in SRH service provision and a formidable advocate on Sexual and Reproductive Health rights. IPPF operates in all regions of the globe and has regional offices in Africa (Nairobi, Kenya); Arab World (Tunis, Tunisia); Europe (Brussels, Belgium); South Asia (New Delhi, India) East, South East Asia and Oceania (Kuala Lumpur, Malaysia); Western Hemisphere (New York, USA) and has its global headquarters in London, UK. IPPF was formed in 1952 at the Third International Conference on Planned Parenthood in Bombay, India. IPPF today has evolved with time to play multiple roles covering the five 'A's identified in their agenda to serve humanity.

Family Health Bureau - FHB

Established in 1968, Family Health Bureau is the arm of the Ministry of Health that implements the Maternal and Child Health (MCH) programme of the country. Maternal and Child Health programme forms an important component of the healthcare system, services of which are delivered through the well-developed infrastructure of the Ministry of Health and Provincial Health Services, which comprises a wide network of medical institutions and Medical Officers of Health (MOH). The Family Health Bureau plays the leading role in the implementation of the reproductive health programme in close collaboration with other national programmes. With the introduction of the reproductive health concept, a Population and Reproductive Health policy was formulated and approved by the cabinet of ministers in August 1998. It aims at achieving higher quality of life for people by providing quality reproductive services and information and a host of related aspects.

Health Education Bureau - HEB

Health Education Bureau (HEB) initially functioned as a small unit of the public health section of the Department of Health Services and consisted of two units. Their main focus was prevention of common communicable diseases prevalent at that time, such as Malaria, worm infestations, diarrhoeal diseases and typhoid fever, through public meetings and distribution of public health materials such as posters, leaflets and brochures. FPASL is working closely with HEB in a multi sectoral group developing the National Strategy on BCC material in the Reproductive Health arena.

Information and Communication Technology Agency of Sri Lanka - ICTA

The Information and Technology Agency (ICTA) of Sri Lanka is the single apex body involved in ICT policy and direction for the nation. Wholly-owned by the Government of Sri Lanka, ICTA is the implementing organisation of the e-Sri Lanka initiative. Major donors including the World Bank will be funding a number of Agency's initiatives.

National STD/AIDS Control Programme - NSACP/Ministry of Health, Government of Sri Lanka

In 1992 the Government of Sri Lanka initiated HIV prevention and control effort through the National STD and AIDS control Programme (NSACP) of the Ministry of Health under the Director General of Health Services. In addition, National Blood Transfusion Services (NBTS) and the National Programme for Tuberculosis and Chest Diseases (NPTCCD) strengthened their responses to reduce transmission and prevent further spread of HIV. These services are provided in collaboration with

eight Provincial Directors of Health Services and the respective district staff. NSACP in collaboration with the provinces undertook HIV prevention activities (e.g. a mass media communication strategy to improve knowledge and awareness of HIV) and provides care and treatment to people living with HIV. FPA is a member of numerous multi sectoral technical committees of NSACP and has conducted many HIV prevention programmes jointly with NSACP.

Sri Lanka Girl Guides Association

In Sri Lanka Girl Guides Association has been empowering girls and young women for over 90 years. Its membership which exceeds 35,000 in Sri Lanka spans all nine provinces. The Sri Lanka Girl Guides Association (SLGGA) is a Non-Governmental, non-religious organisation which is open to girls and women from all walks of life irrespective of caste, religion and race. The SLGGA follows a value-based, non-formal education programme focusing on community development, environmental awareness, primary healthcare, prevention of drug abuse etc. The Association also stresses on leadership training to encourage girls and young women to make their own choices in decision making at all levels.

Sri Lanka College of Obstetricians and Gynaecologists

In the UK, the Royal College of Obstetricians and Gynaecologists was founded in 1929 and it took another 24 years before steps were taken to form a similar association in Sri Lanka. In 1953, an Association was formed as the Ceylon of Obstetricians and Gynaecologists Association with the patronage of Dr. (Mrs.) May Ratnayake. The Association is not a trade union, nor does it exist for the main purpose of fighting for the rights and privileges of its members. The only fight that figures in their aims is that against maternal and infant mortality.

UNFPA Sri Lanka

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS and every girl and woman is treated with dignity and respect.

UNAIDS in Sri Lanka

UNAIDS, the joint United National Programme on HIV/AIDS is an innovative joint venture of the United Nations family, bringing together the efforts and resources to help the world prevent new HIV and mitigate the impact of the epidemic. Headquartered in Geneva, Switzerland, the UNAIDS Secretariat works on ground in more than 80 countries worldwide. UNAIDS helps mount the support for an expanded response to AIDS - one that engages with the effects of many sectors and partners from Government and civil society.

Projects funded by International Donors

LISA Project, funded by UNFPA

Reach Project, funded by AUSAID through IPPF Regional Office

Advocacy for SRH/HIV service integration, funded by the European Union through IPPF Regional Office

Deepa Project, funded by UNFPA

GFATM Project, funded by GFATM

Projects carried out by FPA



Liyasaviya



Girls Decide



Lili (Light to life) Project



Happy Life

GFATM:

The Global Fund to fight AIDS, Tuberculosis and Malaria is an international financing organisation that aims to attract and disburse additional resources to prevent and treat HIV/AIDS, tuberculosis and malaria. A public-private partnership, the organisation has its secretariat in Geneva - Switzerland. The organisation began operations in January 2002. Microsoft founder Bill Gates was one of the first private foundations among many bi-lateral donors to provide seed money for the project. The Global Fund is the world's largest financier of anti-AIDS, TB and Malaria programmes and by mid 2012, has approved funding of USD 22.9 billion that supports more than 1000 programmes in 151 countries.



A mobile clinic conducted by the outreach unit in 2012

Corporate Information

Name of Organisation

The Family Planning Association of Sri Lanka (FPA Sri Lanka).

Year of Establishment

1953

Registration

- Registered as a company limited by guarantee under the Companies Act No. 07 of 2007. Registration No. A 32.
- Registered as a Voluntary Social Service/ Non Governmental Organisation under the Voluntary Social Service Organisation. (Registration and Supervision) Act No. 31 of 1980 as amended by Act No. 08 of 1998. Registration No. L 13807.
- Approved charity under Inland Revenue Act by Gazette Notification dated 5 May 1965.

International Affiliation

Accredited Member of the International Planned Parenthood Federation, (IPPF).

IPPF

International Planned Parenthood Federation (IPPF) is the global service provider and a leading advocate of SRH and right for all. It is a worldwide movement of national organisations working with and for communities and Individuals.

Company Secretary

Accounting Systems Secretarial Services (Pvt) Ltd.
Level 05, No. 02, Castle Lane
Colombo 04
Tel: + 94 11 5444426
Fax: + 94 11 5364295

Bankers

Bank of Ceylon
Commercial Bank of Ceylon PLC
National Savings Bank
Standard Chartered Bank

Auditors

BDO Partners (Pvt) Ltd.

Registered Address

37/27, Bullers Lane, Colombo 07, Sri Lanka
Tel: + 94 11 2555455
Fax : + 94 11 2556611
Website: www.fpasrilanka.org
E-mail: fpa@fpasrilanka.org

Chinthana Training Centre

40, Chilaw Road, Nainamadama
Tel: + 94 11 2555455
Fax: + 94 11 2556611
Website: www.fpasrilanka.org
E-mail: fpa@fpasrilanka.org

FPA 'Suwaseva' Centres

Ampara

B 584, Dharmapala Mawatha,
Ampara
suwaseva-a@fpasrilanka.org
Tel: + 94 634 926 664

Batticaloa

No. 501/6/A, Trincomalee Road, Batticaloa
suwaseva-b@fpasrilanka.org
Tel: + 94 652 226 163, + 94 654 923 800
Fax: + 94 652 226163

Colombo

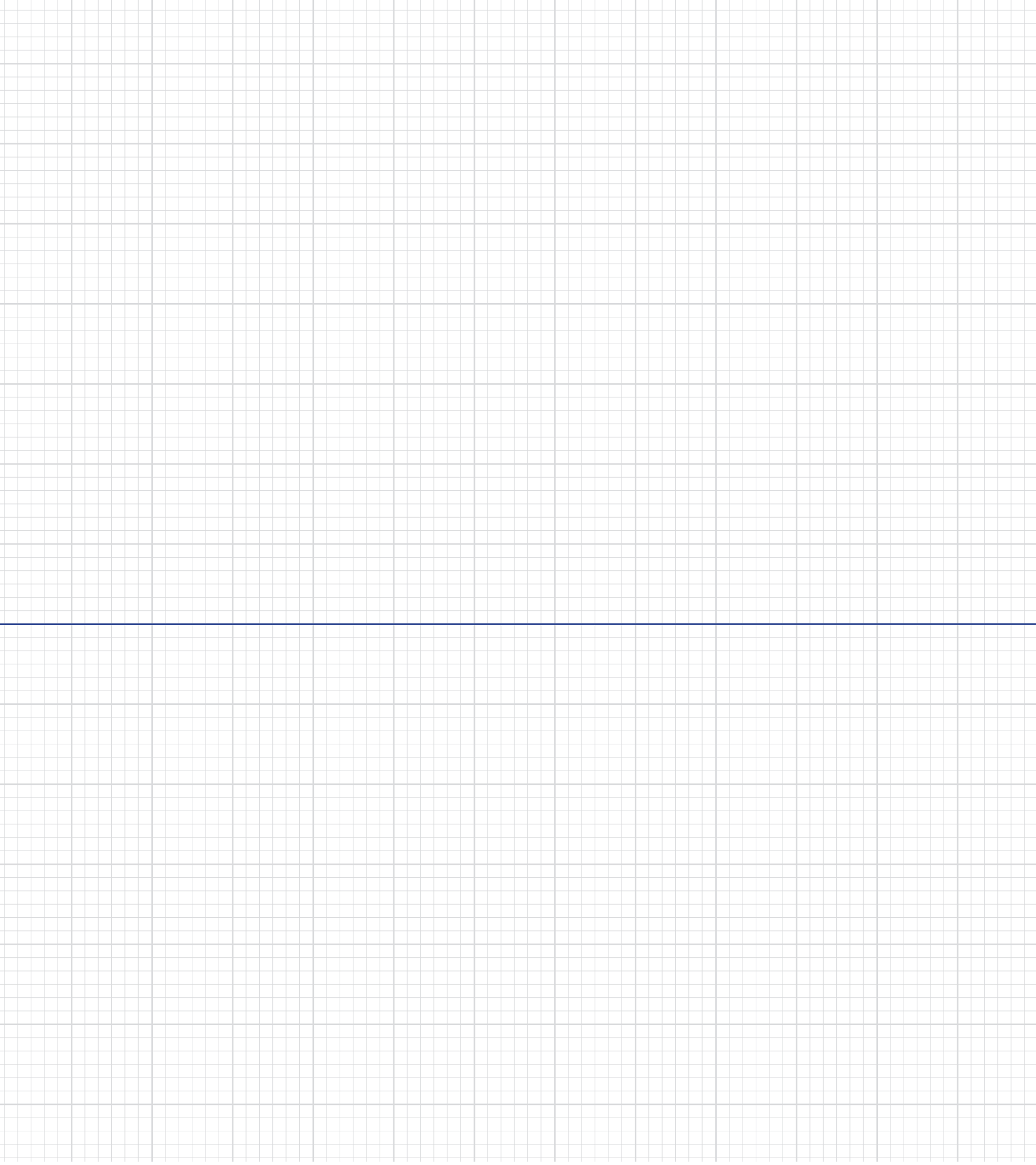
1st Floor, Saman Abegunaratna -
Community Hall, Baddegama Wimalawansa
Nahimi Mawatha, Colombo 10
suwaseva-c@fpasrilanka.org
Tel: + 94 114 377 062

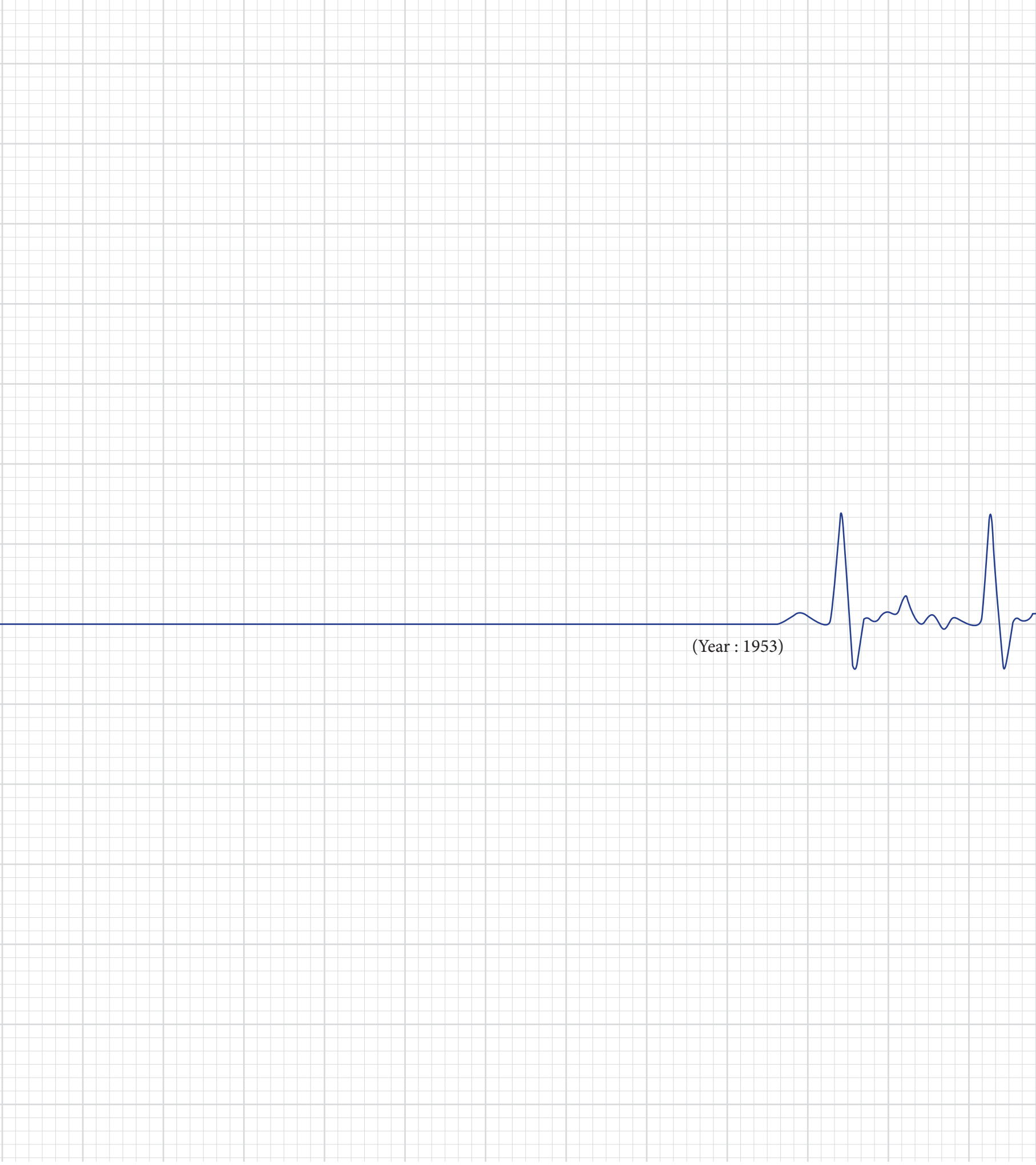
Koggala

BOI Premises, Koggala, Habaraduwa
suwaseva-k@fpasrilanka.org
Tel: + 94 113 159 258, + 94 914 940 853
Fax: + 94 914 943 180

Nuwara-Eliya

FPA Suwaseva Centre
43/A, Lady MacCullum Drive,
Nuwara-Eliya
suwaseva-n@fpasrilanka.org
Tel: + 94 524 925 024





(Year : 1953)

