



# The Bulletin

*The latest news, views and announcements*

## CHANGING THE NARRATIVE

A majority of Sri Lankans reportedly view LGBTQIA+ persons as having a psychiatric disorder and destroyers of the country's cultural, religious, and traditional values. This is reflected in the laws and policies used to govern these marginalized societies. It is often stated that Sri Lankan society considers homosexuality as an "illness" and as a "foreign" or "Western" import that goes against the national interest. (Human Rights Watch, 2016).

The media sometimes further perpetuates harmful ideologies and targets the queer community.

Media platforms can be used positively, in an educational way, to raise awareness to change public opinion in favour of queer people and equality of human rights. Given the importance of the role of the media in countering negative stereotypes against queer people, FPASL, with the support of IPPF and RFSU (IPPF Sweden), have embarked on a new project, 'Strengthening the capacity of young LGBTQIA+ community members'. The Project seeks to address the stigma and misinformation and contribute to the long-term objective of LGBTQIA+ people being able to live in all parts of Sri Lanka without facing fear, discrimination, or harassment based on their sexual orientation and gender identities/expressions and fully access and enjoy their inherent fundamental rights as citizens.

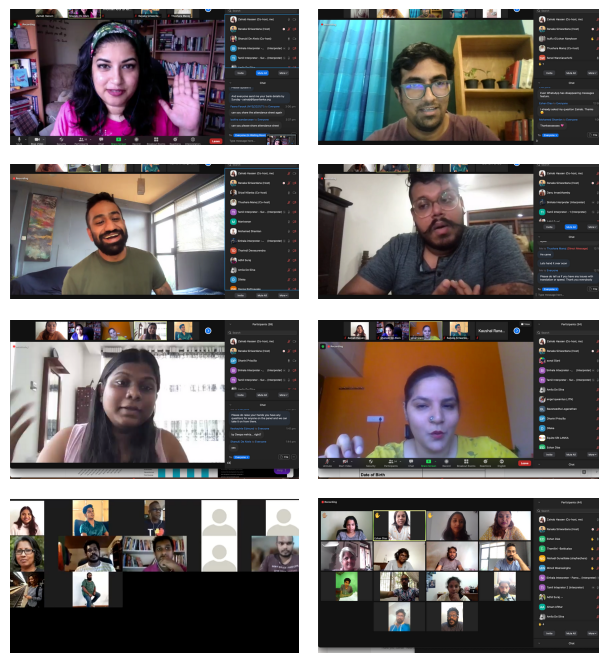
FPASL, in the past month, carried out a five-day intensive fellowship training programme for 40 content creators and international and local experts lead the dialogue on the strengthening of queer media narratives. Simultaneous translation to local languages was provided at all sessions.

FPA received around 100 applications from across the country, and the list had a rich composition of applicants from diverse backgrounds. Finalists were chosen through a review process by a panel of judges comprising FPA staff, facilitators, panellists from the fellowship and independent consultants.

Post the 5-day intensive programme, 20 fellows will be chosen based on their performance at the programme and the submitted reports. They will be given an LKR 300,000 budget to carry out their 6-month media action plan and complemented by guidance from mentors and assistance from FPA staff. Such activities have not been undertaken by FPASL previously. We hope that by giving these change-makers the tools they need, they will be able to tell their stories more authentically and in ways that will reach beyond their existing networks, allowing them to positively impact society toward acceptance decriminalization, and progress for this marginalized community.

You can view these sessions via the FPA YouTube Channel: click [here](#)

Session topics and speaker information: click [here](#)



“ I learnt how to change my activism approach, to make it more inclusive ”

“ I gained an understanding on how to talk about sensitive or 'hot' topics in media platforms ”

“ Film and storytelling can help share the experiences and messages of the LGBTQIA+ community in a more impactful way. I learnt techniques on how to do so ”

“ This was a valuable opportunity to learn from experts in the field ”

“ Before joining this programme, I did not have any knowledge on how to use content to reduce the negative narratives against the queer and LGBT community due to the existing cultural, traditional and religious values. Now I understand how to use social media in a positive way ”

## PROJECT OUTLINE

**The grant aim is to support actions contributing to social, legal and policy change and will be jointly carried out by iProbono and the National Transgender Network.**

### Project Activities

#### 1) Decriminalisation Project

iProbono together with the FPASL, has commenced a project for Penal Code reform in Sri Lanka (the "Reform Project"). This Reform Project is being done in collaboration with the Ministry of Youth and Sports and the Ministry of Justice in Sri Lanka. It is part of a broader reform to introduce new offences for bullying, cyber sexual exploitation and harassment. The Reform Project will also specifically address the impact of sections 365 and 365A of the Penal Code, which is actively being used to prosecute LGBT+ persons. This inclusion is due to the lobbying efforts by iProbono and the conditions we placed with the relevant Ministries for our engagement.

Through the Reform Project, we will draft an amendment bill to the Penal Code, repealing or amending the specific provisions affecting LGBT+ persons and submit the draft bill to the Justice Minister. It should be noted that sections 365, in particular, are also used in Sri Lanka to prosecute persons for male rape and male child rape or incest. Any repeal or amendment of the law would therefore also require an amendment to Sri Lanka's rape and incest laws, which currently only recognise female rape or incest against a female member of the family. Therefore, repeal or amendment of sections 365 and 365A cannot be made in isolation of its wider impact on other crimes.

The drafting programme being planned would require engagement and consultation with senior legal counsel and various civil society interest groups, notably those working on LGBT+ issues, gender-based violence and child abuse. In addition, community-based consultation sessions are required to ensure that affected communities are aware of the proposed reforms and the outcome of the legislation.

This exercise aims to present a draft bill for the amendment of the Penal Code, which will lead to the decriminalisation of consensual same-sex relations.

#### 2) Transgender Law Project.

The National Transgender Network ("NTN") and iProbono will draft the Transgender Protection Bill. NTN is an organisation established for the betterment of the transgender community in Sri Lanka. NTN's primary focus is to uplift the living standards and develop the leadership and personality skills of transgender persons. The organisation provides trans persons with the information they need in-person and through social media at this distinction. NTN currently focuses on referring trans persons to gender-affirming services and referrals to psychological and legal counselling services to promote their overall wellbeing.

The need for a Bill to specifically protect Sri Lanka's transgender community was decided based on the high levels of discrimination and violence faced by trans persons, the lack of statutory protection for legal gender recognition and the need to de-pathologise trans identity.

#### The Transgender Protection Bill will:

- a) Introduce a statutory process for legal recognition of a person's gender identity;
- b) Recognise gender as being male, female or other/non-binary;
- c) Ensure that the birth certificate or any identity document of a trans person does not prima facie identify that person's status as a trans person;
- d) Introduce self-certification of a person's gender identity as opposed to requiring certification by a psychiatrist or medical personnel; and
- e) Address the various policy level barriers in health, legal, employment, education and other discriminations faced by the trans community by prohibiting and criminalising discrimination against persons based on their gender identity.

The drafting of this Bill includes a provincial level consultation process covering the island. Once the Bill is drafted, it will be presented to the Cabinet of Ministers and thereafter to Parliament for debate and passing.



# Picture Highlights

## UPDATE ON OUTREACH UNIT: LEVI AND SPRINT PROJECTS



Static clinics were conducted via the Koggala, Wathupitiwala and Seethawaka SDPs in the month of April. Since the 3rd week of June, the SDPs are once again open to provide SRH and counselling services to the factory employees.

Mobile clinic at Voguetex

SDP counselling session



### KNOWLEDGE IS POWER AGAINST COVID-19

An informative poster and Q & A leaflet on COVID-19 were developed and distributed among the factories of Seethawaka, Wathupitiwala and Koggala EPZs.

Click to view. [POSTER](#) [LEAFLET](#)



A Two-day MISP (Minimum Initial Service Package in Emergencies) Training on Sexual and Reproductive Health during Emergencies took place on the 20th and 21st of April for Army health personnel, MOH doctors and trainees of the Post Graduate Institute of Medicine.

The speakers were Dr Harischandra Yakandawala - FPA Sri Lanka SPRINT Project Consultant and Dr Novil Wijesekera Consultant Community Physician, Disaster Preparedness and Response Division, Ministry of Health.

MISP for Reproductive Health is a set of priority activities to be implemented at the onset of an emergency.

[VIDEO ON MISP - CLICK TO VIEW](#)



Responding to the COVID-19 pandemic represents a significant challenge for governments and communities. Dignity and maternity kits contain hygiene and sanitary items, as well as other items explicitly tailored to the needs of mothers, women and girls of reproductive age in local communities. The aim of this initiative is to provide the simplest amenities that have the greatest impact on a woman's comfort, mobility and physical and psychological health.

200 dignity kits and 50 maternity kits were prepositioned with the Disaster Management Centre to distribute in emergencies.



## Other Highlights

Under the UNFPA FP2020 Project, FPASL held two, two-day residential youth camps in the Galle district in April, targeting the youth component as the most in-need subpopulation in the country. For both these youth camps, youth were contacted through the CSOs working in the area, through Universities and youth clubs operative in the Galle district.

These youth camps are a forum where youth can discuss the specific challenges they face in accessing and using modern contraceptive methods while being trained on the methods that exist to them and how best to access them. As the next step, the trained youth will create an advocacy strategy for fellow youth in their districts.

The subject areas covered are Sexual and Reproductive Health and Rights, Anatomy and puberty, Contraception, Pregnancy and Termination, Gender and Gender-Based Violence, Relationships and Services and referrals.



The Monitoring and Evaluation unit completed a review of the youth and CSO capacity building components implemented in the Galle district under the FP2020 Civil Society Project Funded by UNFPA in May 2021. The study's objectives were to review the processes and results of the youth component, CSOs capacity-building component and make recommendations to sustain outcomes when implementing similar projects in the future. The review also examined the project contribution in realizing priority areas of FPASL mentioned in the Strategic Plan.



The Sustainability of HIV Services for Key Populations in Asia Program (SKPA Program - Regional Grant) promotes the scale-up of necessary interventions and their long-term financing in each partner country. The objectives of the programme are;



- Scale-up prevention services to key populations and retain people living with HIV/AIDS in the treatment cascade (Service Delivery);
- Secure strategic information to inform program design (Strategic Information); secure long-term sustainability of service delivery (Financing Sustainability);
- Strengthen community responses and systems for scale-up of delivery services (Community Systems Strengthening);
- Address barriers to service access, including human rights and gender-related (Stigma and Discrimination).

AFAO is the Principal Recipient, and The Family Planning Association of Sri Lanka (FPASL) is the Sub Recipient supporting the SKPA implementation in Sri Lanka.

As the SKPA Program is moving into the final year of intervention, FPA organised a National HIV Response Stakeholder Discussion to review the planned activities for the SKPA Program and receive advice and feedback for the intended interventions. NSACP officials, Civil Society Organisation members and many other respected members of the HIV response in the country were present at this event.

For further information, click [here](#)





As reports of child abuse arise from across the country with regular and horrifying frequency, it is evident that Sri Lanka is facing a nationwide crisis of child abuse. Within the first 60 days of 2020, the National Child Protection Authority (NCPA) received over 2,500 cases of child abuse and by July 2020 there were 5242 cases recorded. On average, their hotline '1929' to report child abuse receives about 40 such complaints a day. A Non-Profit Organization Stop Child Cruelty Trust said that by the end of 2017, there were over 17,000 cases of child abuse stalled at the Attorney General's Department dating back as long as ten years. This figure is believed to have risen over 20,000 by the end of 2018. A study done by the NCPA also revealed that over 80% of students experienced at least one episode of corporal punishment. While statistics show an extremely dire strait, these are only the reported numbers, there are many more cases that go unreported. Laws are in place and departments and ministries are established to protect Sri Lankan children. So where are we going wrong?

### 1. What does the legislation mean to a family whose child has been abused?

In the family, school and community, children should be fully protected so they can survive, grow, learn and develop to their fullest potential. Millions of children are not fully protected. Many of them deal with violence, abuse, neglect, exploitation, exclusion and/or discrimination every day. There is much abuse occurring against children, all around the country, may it be physical, emotional or sexual and unfortunately a large portion of this violence stems from the loved ones/ family of the child.

I believe that strong legislation is indeed helpful to parents whose child has been abused by a third party. However, I believe that the legislation needs to be wide enough to encompass the many kinds of abuse occurring against children, especially in the 21st Century, with the increase in the use of Information Communication Technology. We still lack good law in this area to protect children from the heinous crimes that occur in cyberspace.

There are unfortunately still laws that allow for corporal punishment of the child in Sri Lanka. When many other countries have amended their laws in this area, Sri Lanka is still behind. While welcoming the recent Supreme Court judgement SC FR 197/2017 in February 2021 that held very strongly against corporal punishment, it must be noted, that judges cannot make law, thus it is essential that the Legislation sees these issues as a priority and make the necessary amendments to the laws. I do hope that the Justice Minister will soon do so.

Further, having strong laws drafted by the legal draftsmen is insufficient, if we do not have a process that enforces the law effectively. From the first point of law enforcement till the time that justice is provided to the victim, the mechanism must be victim-centric. i.e. complaints must be written down with care, speedy investigations must occur and finally, the atmosphere of the court must be favourable to the child to be a witness. At no time should there be secondary victimization or victim-blaming. For a victim-centric approach, it is necessary that sensitive training is given to policemen, court staff and judges. Through this method, the number of cases reported and the level of speedy justice provided will indeed increase.

### 2. Legislation and the necessary reforms.

Some of the legislation present today for children are:

- National Child Protection Authority Act No. 50 of 1988 establishes the National Child Protection Authority (NCPA) for the prevention of child abuse and protection and treatment of children who are victims of such abuse;
- National Policy on child protection was formulated by the NCPA to fulfil the above purpose;
- The Prevention of Domestic Act mentioned above applies here too;
- The Children and Young Persons Ordinance (CYPO) established the Juvenile courts which look into the Juvenile Justice procedure of juvenile delinquents and the care and protection procedure for children who are in need of it.

There is a need for a systematic approach to curtail violence against children. The solution is not purely a legal one because a legal response is reactive as opposed to preventive. Therefore, we need both a politico-social and legal response in this regard. The following are some needed responses under the two aspects.

#### Politico-Social Response

- The State Ministry of Women and Child Development must regard countering violence against children as a priority area.
- Children must be taught of the prevalence of threats of violence in their own homes, schools and other places, along with appropriate means of reporting and/or self-defence against such threats.
- Age-appropriate sexual education so that children will recognize when they are being sexually violated.
- The Legal response
- Reforms to the Penal Code
- The law of statutory rape should apply to all children (those under the age of 18) irrespective of if they are married or not.
- Amend section 308A - 'like to cause him suffering or injury', as any cruelty to children should be punishable irrespective of the suffering or injury it causes.
- Repeal illustration i of Section 341 which allows flogging of a child by a principal
- Amend Section 82 to include hurt in the third explanation so that a person can be held liable for not just causing grievous hurt but also hurt to a child.

#### Reforms to the Children and Young Persons Ordinance (CYPO)

- Section 29 should be repealed as it allows corporal punishment when found guilty in a court
- Section 71 (6) which refers to the punishment of a child should be repealed, as it allows corporal punishment, which is still seen as a recognized form of punishment in Sri Lanka.

#### Reforms to the Prevention of Domestic Violence Act

- Prevention of Domestic Violence Act must have provisions relating to the monitoring of protection order and provisions relating to support services.
- Domestic violence must be considered an offence under the Act or the Penal Code and a sentence of imprisonment, fine, and compensation to be made sentencing options.

Introduction of new laws to counter cyber harassment, cyberstalking and cyberbullying against children.



# ELIMINATING UNSAFE ABORTION THROUGH SELF-CARE INTERVENTIONS IN ASIA - SITUATION IN SRI LANKA

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## Introduction

Abortion is a sensitive issue in Sri Lanka. It is criminalized under Section 303 and 304 of the Penal Code of 1883, except if conducted for saving a woman's life. Though real time data on abortions is not available, as per the Ministry of Health about 658 abortions were carried out daily in 2016.

Despite a three-tier structure public health service delivery structure reaching the grassroots level, a network of private and non-government health facilities and a contraceptive prevalence rate of 65 percent, unsafe abortions are the third commonest cause of maternal death contributing to 10-13 percent of the Maternal Mortality Ratio (36 per 100,000 live births). Self-care interventions have the potential to empower clients and offer safe abortion services.

## Purpose

The COVID-19 crisis created unprecedented strains on health care systems and the lockdown restrictions made physical access to health services challenging. IPPF undertook a study to examine and document the preparedness, opportunities and challenges for Self-care interventions, to inform the policies and services specifically for eliminating unsafe abortion and providing post-abortion care and contraception in Sri Lanka.

## Methodology

Since abortion is a sensitive topic, a mixed method approach was adopted for a comprehensive, in-depth, and empirical inquiry. Primary data was collected through interviews with nine key stakeholders representing policy influencers, IPPF strategic partners, UN agency, service providers, professional organization and Civil Society Organisation. Semi-structured guides were used and informed consent was taken for recording the interviews.

Secondary data sources reviewed included global and country specific guidelines, agreements, strategic plans, laws and policies, service delivery guidelines, government orders, service statistics, and data in the public domain.

Key dimensions explored included enabling environment, the health system's preparedness, abortion scenario, community perceptions and women's autonomy. The challenges and opportunities were explored across these dimensions in the context of self-care initiative.

## Current Scenario

Both conducting and undergoing abortion is a crime in the country, with the quantum of punishment varying with the pregnancy gestation and whether it is self induced, with the woman's consent and whether the procedure caused the death of the woman. However, indictments under the law have been rarely reported and according to stakeholders the actual number of abortions in the country have exponentially increased since the advent of Over The Counter (OTC) availability of medical abortion drugs

The Government of Sri Lanka is a signatory to international agreements articulating the state's responsibility to respect and support peoples' right to self-determination and it's obligation to address criminalization of abortion and recognise the right of a woman to make autonomous decisions about her own body. Medical fraternity, non- government organisations (NGOs) and women's rights activists have lobbied consistently for limited consideration in the statute. Community members are inclined towards liberalizing the law but very few are in favour of abortion being available on request or in case of contraceptive failure and poor socio-economic conditions.

Free of charge legal abortion services certified by two gynaecologists and/or a psychiatrist are available at government hospitals that have specialized maternity and gynaecology units. Women can access post-abortion care (PAC) from any government facility without fear of prosecution. Additionally, services are available through gynecologist and NGOs that facilitate access to medical abortion drugs, counselling through helplines, websites and personal interactions.

Women set aside their traditional role and dependence when their health is at risk. On missing their periods, they get their pregnancy confirmed and decide for abortion within first 8 weeks. They and/or their husbands access websites, NGO helplines, websites, YouTube videos or other information sources and come well prepared to use services at the facilities or pharmacies. Women's literacy has nothing to do with their ability comply with the self-care protocols.



## Challenges

Women who perform an abortion on themselves as in case of self-care intervention, are subject to penalties under the penal code. Advocacy efforts to review the law have been unsuccessful. Religious leaders', especially the Catholic Church's and community's views on social norms and abortion as a sin have a strong bearing on abortion policy.

Women lack awareness about legality and their own entitlement. They use OTC drugs without proper information or counseling and those from low socio-economic strata resort to "back alley" services that are unsafe. Women who are prescribed Misoprostol for PAC, save their prescription to use it again and share it widely with peers. According to stakeholders these drugs from neighbouring countries or from web-based suppliers are often of dubious quality. Private gynaecologists with reservations about women's ability to assess their own gestational eligibility either deny services to or exploit women.

Though medical abortion drug use has reduced the deaths by making abortion safe, incorrect usage has increased the PAC caseload at hospitals. Neither Mifepristone nor Misoprostol are registered in the country for obstetric use though Misoprostol is used for PAC.

During the course of COVID19 pandemic, these challenges were exacerbated. Facilities and pharmacies were closed, outreach services were suspended, and there were stock outs of contraceptives and medical abortion pills. The service guidelines were reviewed and Telemedicine and a helpline were introduced for maternal health services but not for contraceptive or PAC services.

## Recommendations

Thus, the government has expressed its commitment to recognise woman's right to autonomous decisions about her own body, self care through OTC drugs is already the preferred method, prevailing perceptions are that women can use these and they have brought down mortality. Based on the findings the recommendations for formally introducing self-care interventions within the recommended protocols and legal and policy contexts of the country are:

### Policy and programme

- Use evidence related to incidence of abortion, mortality and morbidity and women's lived realities to guide service policy and prioritisation.
- Put in place harm reduction strategies and make information available in simple local language or in pictorial form, with contact details of helplines and emergency service facilities. Involve local NGOs and development partners in creating awareness about laws, safe services, entitlements and combating stigma at the community level.
- Strengthen health system to ensure that services are available at all legally recognised facilities, service providers at all levels have received values clarification training, medical abortion pills are in the emergency drug list and availability of OTC drugs and their quality is regulated.
- Use examples of legal reforms undertaken by predominantly Catholic countries such as Ireland for advocacy with religious leaders. For advocacy use nuanced, acceptable language that articulates the issue as woman's right to choose her health rather than her right to terminate a pregnancy.

To view the corresponding report (monograph) of the same study, click [here](#)

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### Disclaimer

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In conversation with Mr. Nanayakkara, Project officer - GFATM

මබ 2013 සිට ශ්‍රී ලංකා පවුල් සංවිධාන සංගමයේ HIV වැළැක්වීමේ ගෝලීය අරමුදල් ව්‍යාපෘතියේ ව්‍යාපෘති නිලධාරියෙකු ලෙස සේවය කරනවා. ඔබේ රැකියාවේ වගකීම් කෙටියෙන් පැහැදිලි කරන්න.

ශ්‍රී ලංකා පවුල් සංවිධාන සංගමය එච් අයි වී ඒඩ්ස් ,ක්ෂය රෝගය සහ මැලේරියා රෝගය පිටු දැකීම සඳහා වූ ගෝලීය අරමුදලේ දෙවැනි ප්‍රතිග්‍රාහකයා ලෙස ,පළමු ප්‍රතිග්‍රාහකයා වන ජාතික ලිංගාශ්‍රිත සහ ඒඩ්ස් නිවාරණ වැඩසටහන සමග එකතුව කටයුතු කරයි.බහුතර ඉලක්කගත මැදිහත්වීම් වූ අධිඅවධානම් සහිත ප්‍රජාවන් වෙත ලගාවීම සඳහා ශ්‍රී ලංකා පවුල් සංවිධාන සංගමය උප ග්‍රාහකයන් හා සම්බන්ධව කටයුතු කරනු ලබයි. තවද මෙම ව්‍යාපෘතිය මගින් ශ්‍රී ලංකාවේ පවතින අඩු එච් අයි වී ආසාදනයේ අඩු මට්ටම ඵලෙස පවත්වාගනීමට,එච් අයි වී සමග ජීවත්වන්නන්ගේ ජීවිතවල ගුණාත්මකභාවය වැඩි දියුණු කිරීමත් ,අධි අවධානම් කණ්ඩායම්(කාන්තා ලිංගික ශ්‍රමිකයන් ,පිරිමින් සමග ලිංගිකව හැසිරෙන පිරිමින් , වෙරලාශ්‍රිතව විදේශිකයන් සඳහා සේවය ලබා දෙන කණ්ඩායම් , මන්දවිය විදගන්නන් , සංක්‍රාන්ති ලිංගිකයන්)සඳහා සෞඛ්‍යය සේවා සැපයීම , ලිංගාශ්‍රිත සහ ඒඩ්ස් රෝග වලට ගොදුරු වීමේ අවදානම අවම කිරීම සඳහා වර්ග වෙනස් කිරීම සඳහා අවශ්‍ය දැනුම හා කුසලතාවය ඇති කිරීම, සහ අවදානම් හැසිරීම් ඇති අයවලුන් සායන වෙත යොමු කරවීම ,එච් අයි වී සමග ජීවත්වන අයවලුන්ගේ ප්‍රතිකාර ගැනීම ඉහල නැංවීම ,රැකවරණය සහ උපකාර සේවාවලබාදීම ආදිය සිදු කෙරේ. එමෙන්ම ජාතික ඒඩ්ස් සහ ලිංගාශ්‍රිත රෝග නිවාරණ වැඩ සැලැස්ම සාක්ෂාත් කර ගැනීම සඳහා දායකත්වය ලබා දීමද මෙම , ව්‍යාපෘතිය මගින් සිදු කෙරේ. මේ අනුව දී ඇති කාලරාමුව තුළදී ව්‍යාපෘති අරමුණු සාක්ෂාත් කර ගැනීම සඳහා ගෝලීය අරමුදල් ව්‍යාපෘතියේ මෙහෙයුම් ක්‍රියාකාරකම් සම්පූර්ණ කරගැනීම සඳහා දෙවැනි ප්‍රතිග්‍රාහකයා වන ශ්‍රී ලංකා පවුල් සංවිධාන සංගමයේ ව්‍යාපෘති නිලධාරී වශයෙන් මාගේ සේවයට අයත් වනුයේ කළමනාකාරිත්වයට සහය වීම ,වැඩසටහන් නිසිපරිදි ක්‍රියාත්මක කිරීම සඳහා අදාල උප ග්‍රාහක ආයතන සමග සම්බන්ධීකරණය,අදාල ඉලක්ක සම්පූර්ණ කිරීමට ඔවුන් සඳහා ආයතනික සහාය ලබා දීම ,සේවා ලබාදෙන්නන් සඳහා අවශ්‍ය පුහුණු කටයුතු සංවිධානය සහ සම්බන්ධීකරණය, ව්‍යාපෘති කළමනාකරු වෙත නව වැඩසටහන් නිර්මාණය සඳහා සහාය වීම ,උප ග්‍රාහක ආයතන වල ප්‍රගතිය සොයා බැලීම සහ අවශ්‍ය උපදෙස් ලබා දීම,සේවා ලබාදෙන්නන් සඳහා අදාල දීමනා නිවැරදිව සහ නිසිවේලාවට ලබාදීමට සහයවීම,තොරතුරු, අධ්‍යාපන,සන්නිවේදන පත්‍රිකා සැකසීම,අදාළ ආයතන වෙත ගොස් ව්‍යාපෘති කටයුතු සැලසුමට අනුව ක්‍රියාත්මක වන්නේදැයි සොයා බැලීම සහ විටින් විට අවශ්‍ය උපදෙස් ලබා දීම සහ ව්‍යාපෘති කළමනාකරුගේ උපදෙස් මත ව්‍යාපෘතියට අදාළ වෙනත් කටයුතු සිදුකිරීමය.

NSACP සමග සහයෝගයෙන් සිදු කෙරෙන මෙම ව්‍යාපෘතිය සඳහා දිස්ත්‍රික්ක 13 ක සිවිල් සමාජ සංවිධාන සමග ශ්‍රී ලංකා පවුල් සංවිධාන සංගමය කටයුතු කරනවා. මෙම රටපුරා දරන ප්‍රයත්නය සම්බන්ධීකරණය කිරීමේදී ඔබ මුහුණ දෙන විශේෂ වූ අභියෝග මොනවාද?

මෙම ව්‍යාපෘතියේ ප්‍රමුඛ අධිඅවධානම් කණ්ඩායම් සමාජයීය වශයෙන් අනුමත නොකෙරෙන ක්‍රියාකාරකම්වලට සම්බන්ධවන හෙයින් සමාජය මගින් ඔවුන් කොන්කිරීම සහ වෙනස් කොට සැලකීම මෙන්ම ඔවුන් තුලම පවතින, සමාජයට මුහුණ දීමේ බිය මුසු හැගීමද හේතුවෙන් සේවා සඳහා විශේෂයෙන්ම සායන යොමු කිරීම් තරමක් අපහසු කාර්යයක් වුවද, ක්‍රමක්‍රමයෙන් ඔවුන් වෙත ලගා වීම,අදාළ දැනුම ලබාදීම සහ පරීක්ෂන සඳහා රෝහල් සායන වෙත යොමු කිරීම ආදියද, එච් අයි වී පිළිබඳ සමහර කොටස්වල දක්නට ලැබෙන නොදනුවත්බාවය හේතුවෙන් සිදුවන යම් යම් අසාධාරණයන් ද මැද අදා ල කණ්ඩායම් වල සිටින සේවා ලබා දීමට සුදුසු අය සේවා සඳහා යොමු කරවීම අභියෝගයක් විය.

ශ්‍රී ලංකාවේ ඒඩ්ස් රෝගය සම්බන්ධව පවතින ප්‍රධාන ගැටළු සහ අභියෝග මොනවාද?

එච් අයි වී ඒඩ්ස් රෝගය පිළිබඳ සමාජයේ විවිධ කොටස් තුල පවතින නිවැරදි දැනීමක් නොමැති කම හෝ, දැනුවත් සමහර අය අතර වුවද මුල් බැසගත් යම් සංස්කෘතික මතිමතාන්තර තවමත් පවතී .මේ නිසා අධි අවධානම් කණ්ඩායම් වල ඉදිරිපත්වීම සම්පූර්ණයෙන්ම සිදු නොවේ. තම අනන්යතාවය හෙලිකිරීමටද සමහරුන් තුල ඇති මැලි බව සහ මෙම කණ්ඩායම් තුල පවතින සමාජය පිළිබඳ බියද එච් අයි වී පිළිබඳ සායනික පරීක්ෂණ සඳහා යොමු කරවීමට බාධාවකි.

**ඔබේ අදහසට අනුව, COVID19 වසංගත තත්වය ව්‍යාපෘතියට බලපෑ ඇත්තේ කෙසේද? ඒ සඳහා ගෙන ඇති නව්‍ය පියවර මොනවාද?**

කොවිඩ් 19 නිසා විශේෂයෙන්ම අධි අවදානම් කණ්ඩායම් වල ක්‍රියාකාරීත්වයට බලපෑම් ඇතිවී ඇත. මේ නිසා එක් එක් අය මුණ ගැසී කරනු ලබන සන්නිවේදනයන් සිදු කල නොහැකිවීම නිසා සමහර කණ්ඩායම් වෙත කරුණු අවබෝධකිරීමේ අපහසුතාවයක් ඇතිවීමත් ,අලුතින් කණ්ඩායම් සොයා යාමේ අපහසුව ඇතිවීමත් නිසා සායන වෙත නවකයන් ඉදිරිපත් කිරීමට නොහැකි වේ .සායන වෙත යාමට අකමැත්තක් දක්වන කණ්ඩායම් සඳහා ජංගම සායන සංවිධානය කලනොහැකිවීමෙන් වැඩි පිරිසක් පරීක්ෂාවට ඉදිරිපත් කිරීමේ අවස්තාව මග හැරී යයි , තවද අවශ්‍ය පරිදි කොන්ඩම් ආදිය බෙදාහැරීමේ අපහසුතාවන් ඇතිවන නිසා රෝග පැතිරීම වැළැක්වීමේ බාධාවන් ඇතිවේ.මෙම කරුණු ව්‍යාපෘති ඉලක්ක වෙත ලග වීමට බලපානු ලැබේ.මෙම අපහසුතාවයන් තරමක් දුරට හෝ මගහරවා ගැනීම සඳහා ,සමාජ මාධ්‍ය ,මුහුණු පොත ,වටිස් ඇප් ,ආදී මාදුකාංග මගින් අධි අවදානම් කණ්ඩායම්වල පුද්ගලයන් සම්බන්ධ කර ගනිමින් සන්නිවේදන කටයුතු කිරීමත්,සායන වෙත යොමු වීමට පොලඹවා ගැනීමටත් කටයුතු කෙරේ.යම් යම් සීමාවන්ට යටත්ව සීමිත සංඛ්‍යාවන් රෝහල් සායන වෙත යොමුකිරීමට අවශ්‍ය පියවර ගෙන ඇත.එයට අමතරව දැනට ක්‍රියාත්මකව පවතින ගොඩ වැදීම් මධ්‍යස්ථාන (DROP-IN-CENTER) මගින් සමාජය පදනම් කරගත් පරීක්ෂණ (COMMUNITY BASED TESTING ) හරහා ක්ෂණික පරීක්ෂණ (RAPID TESTING ) සාර්ථකව සිදු කිරීම හරහා යම්තාක් දුරකට එවි අයි වී පරීක්ෂණ සම්පූර්ණ කර ගැනීමටත් , සීමිත කාලයකට අවශ්‍ය කොන්ඩම් ඒ හරහා බෙදා දීමටත් කටයුතු යොදා ඇත,

**ශ්‍රී ලංකාව තුළ , පරීක්ෂණය ට ලක්වීමට හා පසුව ඉක්මන් මැදිහත්වීමේ ප්‍රතිකාර ලබා ගැනීමට ඇති බාධක මොනවාද? FPA මෙම ගැටළුව විසඳන්නේ කෙසේද?**

අවදානම් කණ්ඩායම් වල සාමාජිකයන් සමහර දෙනෙකු තම අනන්‍යතාවය හෙළිකිරීමට ඇති නොකැමැත්ත සහ සමාජයේ පවතින යම් යම් දුර්මත හේතුවෙන් අපහසුවෙන් ලිංගික රෝග පිළිබඳ සායන වලට යොමු කලද , එහිදී තම ලිංගික වර්ෂාවන් හෙළි කිරීමට ඇති අකමැත්ත නිසා එවි අයි වී පරීක්ෂණවලට භාජනය නොකරන අවස්ථා දක්නට ලැබේ.දැනට මූලික අවදානම් කණ්ඩායම් සඳහා ක්‍රියාත්මක කර ඇති ක්‍රම වේදය හේතුවෙන් මෙතෙක් කාලයක් සොයා ගැනීමට නොහැකි වූ එවි අයි වී සමග ජීවත්වන්නන් සොයා ගැනීමට හැකිවී ඇත. මෙතෙක් ක්‍රියාත්මකවූ එවි අයි වී පරීක්ෂණ සඳහා අනිවාර්යයෙන්ම රෝහල් සායන වෙත යොමු විය යුතුය යන්න වෙනුවට එලෙස යාමට අකමැති හෝ අපහසු අයවලුන් සඳහා විශේෂිත සායන එනම් අවදානම් කණ්ඩායම් වල සාමාජිකයන්ට සහභාගිවීමට පහසු වෙලාවල සංවිධානය කරන රෝග පරීක්ෂණ ජංගම සායන සංවිධානය කිරීමත් ගොඩ වැදීම් මධ්‍යස්ථාන වල රෝග පරීක්ෂණ සායන සංවිධානය කිරීමත් හේතුවෙන් එවි අයි වී පරීක්ෂණ වැඩි කර ගැනීමට කටයුතු යොදා ඇත.අවදානම් කණ්ඩායම් වල සාමාජිකයන් වෙත වැඩිපුර ලගාවීම, මාසයක් තුළ එවි අයි වී සමග ජීවත්වන්නන් වැඩිපුර සොයා ගන්නන් සහ රෝග පරීක්ෂණ සායන වෙත වැඩි සංඛ්‍යාවක් යොමු කරන්නන් සඳහා හදුන්වාදී ඇති දිරිගැන්වීමේ ක්‍රම හේතුවෙන් ව්‍යාපෘති ඉලක්ක සම්පූර්ණ කර ගැනීමට ශ්‍රී ලංකා පවුල් සංවිධාන සංගමය ජාතික ලිංගාශ්‍රිත සහ ඒඩ්ස් නිවාරණ වැඩසටහන සමග එක්වී ගත් වැදගත් ක්‍රියා මාර්ගයකි .

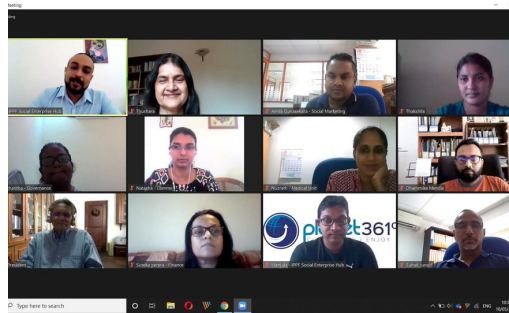
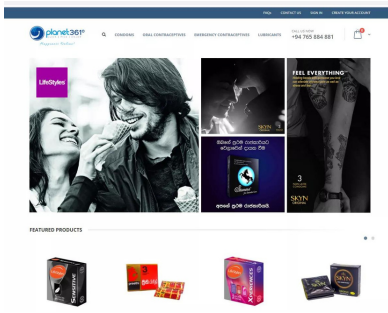
**ඔබේ රැකියාව මගින් සමාජයට විශාල බලපෑමක් ඇති කරන්න පුලුවන් . ඒ පිළිබඳව ඔබට දැනෙන්නේ කෙසේද?**

මා මෙයට පෙර ශ්‍රී ලංකා පවුල් සංවිධාන සංගමය මගින් ක්‍රියාත්මක කරන ලද සමාජයේ විවිධ තරාතිරම් වල කණ්ඩායම් සඳහා වූ විවිධ වැඩසටහන් මෙන්ම ,අපනයන සංවර්ධන කලාපයන්හි ක්‍රියාත්මක කරන ලද අභ්‍යන්තර සංක්‍රමකයන් සඳහා වූ එවි අයි වී සේවා පැකේජය වැනි වැඩ සටහන් සඳහා උපරිම දායකත්වයක් ලබා දී ආයතනය අපේක්ෂා කල පරිදීම ලබා දුන් සාර්ථකත්වය මෙම ව්‍යාපෘතිය සාර්ථකව කර ගෙන යාමට මහත් රුකුලක් විය.එමෙන්ම විශේෂ අවශ්‍යතා ඇති අය වෙනුවෙන් සහ ආදිවාසී ප්‍රදේශවල පාසල් දරුවන් වෙනුවෙන් පවත්වන ලද වැඩ සටහන් සඳහා ලැබුන ප්‍රතිචාර ප්‍රජනන සෞඛ්‍යය වැඩසටහන් සහ විදේශිකයන්ගේ ලිංගික අපයෝජනයන් සඳහා දරුවන් යොදාගැනීම වලක්වා ගැනීමට උණවටුන ප්‍රදේශයේ සිදු කල වැඩ සටහන් මෙන්ම මඩකලපුව සහ අම්පාර දි දිස්ත්‍රික්කවල ඉතා දුෂ්කර ගම් වල තරුණ තරුණියන් වෙනුවෙන් පවත්වන ලද වැඩ සටහන් වලින් ලද අන්දැකීම් සහ, සහභාගී වුවන්ගෙන් ලැබුන ප්‍රතිචාර නිසා ගෝලීය අරමුදල් වියාපෘතිය මගින් අධිඅවදානම් කණ්ඩායම් වෙනුවෙන් ක්‍රියාත්මක කරන සමාජයේ ඉදිරියට නොපැමිණෙන,එහෙත් සේවා අවශ්‍යතා ලබාගැනීමට නොහැකි හෝ නොලැබෙන කණ්ඩායම් සඳහා යහපත් සෞඛ්‍යය පුරුදු වලට යොමුකිරීමෙන් තම ජීවන වර්ෂාවන් යහපත්කර ගැනීමට මග පෙන්වීමට අවස්තාව ලැබීම ඉතා අගය ලෙස සලකමි.

**ඔබේ සගයන් හා සමාජයට දිරි ගැන්වීමක් ලෙස ඔබ ලබා දීමට කැමති උපදෙස් හෝ පණිවිඩය කුමක්ද?**

එවි අයි වී ඒඩ්ස් යනු මාරාන්තික රෝගයක් නොවේ.තමන් අවදානම් වර්ෂාවක යෙදුනේනම් ඉක්මනින් රෝග පරීක්ෂාවකට යොමු වී ප්‍රතිකාර ගන්නේනම් බොහෝ කාලයක් එලදායි ලෙස ජීවත්විය හැක.රෝගය බෝවන බෝනොවන ආකාරය පිළිබඳ දැනුමක් සෑම කෙනෙකු තුලම තිබිය යුතු වේ,තවමත් ප්‍රජනන සෞඛ්‍ය අධ්‍යාපනය ලබා දීම පිළිබඳව පවා අප සමාජයේ දුර්මත පවතී එමෙන්ම මෙම අධ්‍යාපනය නොමැතිකම නිසා නොයෙකුත් මිත්‍යා මත වල එලබී කටයුතු කෙරේ. එම තත්වය නැති කර ගැනීමට පරිපූර්න ප්‍රජනන සෞඛ්‍ය දැනුම ලබා ගනිමු . එමෙන්ම අධිඅවදානම් කණ්ඩායම් පිළිබඳ වැරදි අවබෝධයන් ඇතිකරගෙන ඔවුන් කොන් කිරීම හෝ හෙලා දැකීම ඉවතලා ,ඔවුන් වෙත වැලඳිය හැකි එවි අයි වී ඒඩ්ස් හෝ වෙනත් ලිංගික රෝගයන් පරීක්ෂාකර ප්‍රතිකාර ලබා ගැනීමට ඉඩසලසා දෙමු. එක් එක් අයගේ ලිංගික යොමුව කුමක් වුවද, එම සෑම දෙනාගේම ලිංගික අයිතිය මානව අයිතිවාසිකමක් ලෙස පිළිගනිමු.





Recent revamping of the FPA webpage has helped the Social Marketing Programme effectively disseminate information about the products marketed by us to local and international clients. This has immensely helped us maintain and/or increase our market share for most of our brands, especially during the pandemic where access to commodities was circumscribed during travel restricted periods.

Further, with the recent inclusion of 'Planet 361', our own e-commerce site, to the FPA Sri Lanka webpage and linking other key e-commerce sites such as Daraz and Kapruka to our main page, we have noticed an upward trend in our online sales.

**Suhail Junaid**  
FPASL Marketing Director

The Social Enterprise Hub developed and launched an E-Commerce/Online store for IPPF MAs (<https://planet361.com/>).

For every IPPF MA, SRHR delivery is its core mission, and up until now, for most MAs, product and service delivery has taken the more traditional route of offline marketing. The SE Hub's online store is a game-changer and would enable wider and convenient access to the MA country's mass market at an affordable price, whether it's for products or services. This e-commerce initiative is free to use, and IPPF MAs can have a dedicated webpage to sell and market their products and services.

FPASL President, Mr Chandima Gunawardena officially launched the webpage by making the first online purchase. The virtual event took place via Zoom on the 10th of May 2021, with the participation of Thushara Agus, Executive Director of FPASL, the Senior Management Team and SE Hub staff. To view the site, click [here](#)

The Social Enterprise Acceleration Program (SEAP) is an IPPF centric programme managed from FPA Sri Lanka via the SE Hub.

The COVID-19 pandemic has seen a rise in the number of calls made by survivors of domestic violence. With lockdown measures in place to curb the spread of the virus, women experiencing domestic violence found themselves confined at home with their perpetrators. With health systems stretched in responding to the crisis, women's safe shelters were also reaching capacity due to the number of calls made to the helplines.

FPA Sri Lanka is a member of the National Forum Against Gender-Based Violence. As a call for action for policymakers to prioritize this issue of gender-based violence even amidst the pandemic, the Forum released a statement. Click [here](#) to read.

The National Forum Against Gender Based Violence in Sri Lanka is concerned about instances of failure to believe victim narratives that cause fear and inflict blame and shame on the survivors, demanding victims to return to their abusers.

A free, 24/7, online support service for individuals/families on sexual and reproductive health issues, counselling, psychological and psychosocial issues (family problems, depression, anxiety, substance abuse, sexual abuse, and violence etc.) was launched under the purview of the Outreach Units' LEVI Project.

This hotline, operated by three counsellors, is mainly for the benefit of the factory employees of the Export Processing Zones but is also available to the general public.

- FPA Suwa Sewa Centre Seethawaka 0779230895**
- FPA Suwa Sewa Centre Wathupitiwala 0779391206**
- FPA Suwa Sewa Centre Koggala 0779334689**





## World Health Day - April 7

Many do not have access to sexual and reproductive health care (SRH): products, services and information they need. This may be because of cost, where they live, because they are afraid of discrimination based on their age or sexual orientation, or because they lack the power to make their own decisions about health care and contraception.

On the day we,

- Shared information on contraceptive methods offered at FPA
- Shared client testimonials of how using a family planning method have impacted their lives
- Shared video testimonials on the need for SRH care for persons with disabilities - in partnership with The Employers' Federation of Ceylon

**WORLD HEALTH DAY 2021** #ContraceptiveChronicles **fpa SRI LANKA** enriching relationships

I'm Chamila.

I am 34 years old and have two children. My husband lost his job during the COVID crisis last year and we still have to find a steady income method. We are facing many financial problems. I want to provide my children with the best possible life. At this time, an unexpected pregnancy can be a big strain for us as a family. We use Depo Provera injection as a family planning method. Now I don't need to worry about getting pregnant until our life is more settled.

**WORLD HEALTH DAY 2021** **fpa SRI LANKA** enriching relationships

DMPA - Depot Medroxy Progesterone Acetate injection is a hormonal, reversible contraceptive method. It is a very effective method when taken regularly. It is safe and suitable for most women: When breastfeeding starting six weeks after giving birth, or those who want spacing between pregnancies, for those who wish to limit their family and in situations where estrogen containing methods are contraindicated.

In addition to the contraceptive effect, there are health benefits as well. It may help to prevent the growth of uterine fibroids, reduces symptoms of endometriosis and pelvic inflammatory disease (pelvic pain).

This method is readily available at government MOH clinics, FPA Sri Lanka, and private clinics.

**DR. SANATH LANEROLLE**  
Consultant Gynaecologist and Obstetrician

WWW.FPASRILANKA.ORG +94 76 588 4881

To access campaign posters and videos, click [here](#)

## International Day Against Homophobia, Transphobia and Biphobia - May 17

This impactful initiative was first created in 2004 to bring attention to the ongoing violence towards the LGBTQ+ community. May 17 became the designated day due to the 1990 World Health Organization's decision to declassify homosexuality as a mental disorder.

The theme for this year's IDAHOT was "Together: Resisting, Supporting, Healing!"

The short film 'Breaking out from the Shadows' was developed by the Advocacy unit and launched on the day. It showcases the experiences faced by two transgender persons who face challenges blending with society. The strong gender norms and attitudes of people are clearly reflected in this film funded by Sex og Politikk (IPPF Norway) to address issues of stigma and discrimination faced by the LGBTIQ community in Sri Lanka.

Ambika Satkunanathan, human rights lawyer, advocate and former Commissioner of the Human Rights Commission of Sri Lanka, is also featured.

FPASL continues to advocate for laws and policies that will protect everyone's dignity, working towards a nation where all people can enjoy their rights fully.

[Watch on our YouTube channel. In Sinhala - with English subtitles](#)

[Watch on our YouTube channel. In Sinhala - with Tamil subtitles.](#)

## Menstrual Hygiene Day - May 28

For something so normal - there remains a wariness around calling a period a period. Shame and silence surround period and period products to this day. Normalising menstruation as just a healthy, positive part of the female life cycle is really important!

To raise awareness, we shared some alarming myths about periods. Click [here](#) to view.

**fpa SRI LANKA** enriching relationships **Menstrual Hygiene Day 2021** #MHDday2021 #ItsTimeForAction

This World Menstrual Hygiene Day, it is more important now than ever before to break the silence on poor menstrual hygiene. It is essential to advocate for women and girls around the world and in Sri Lanka, who struggle to get access to basic reproductive health education and sanitary products.

Poor menstrual hygiene is a cumulative effect of a number of problems; the lack of education on menstrual health, the stigmas surrounding menstruation, the lack of sanitary facilities and the prevalence of period poverty. The Covid-19 pandemic has further potentiated these issues, but remember, periods don't stop for pandemics. There are approximately 5.7 million menstruating females in Sri Lanka, and it is crucial that they each should be able to bleed with dignity.

Dr. Rashmira Balasuriya  
Head of Mentors, The Arka Initiative  
MBBS BScHons (Biomed) PGCert (MedEd)  
Volunteer - FPA Sri Lanka

*In a survey of adolescent Sri Lankan girls, slightly more than a third claimed to miss school because of menstruation. When asked to explain why 68% to 81% cited pain and physical discomfort and 23% to 40% cited fear of staining clothes.*

Source: Menstrual Hygiene Management In Schools In South Asia, Wash Matters, 2018.



## News update

The Global Gag Rule's devastating impact on health access has resulted in more unintended pregnancies, more unsafe abortions, and more preventable deaths. FPA Sri Lanka joined 200+ international civil society organisations to call for an end to this cruel policy.

Alvaro Bermejo, Director General, IPPF in a statement said 'Since its inception, the global gag rule has been a constant threat to the lives of women and girls and their right to decide what happens to their bodies.'

Click [here](#) to read the Planned Parenthood and IPPF press release.

Click [here](#) to read the global coalition statement.

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## New staff members - Welcome to the **FPA** Team



HARSHA NUWANDI  
PROJECT COORDINATOR



SHENALI ABEYSEKERA  
PA TO EXECUTIVE DIRECTOR



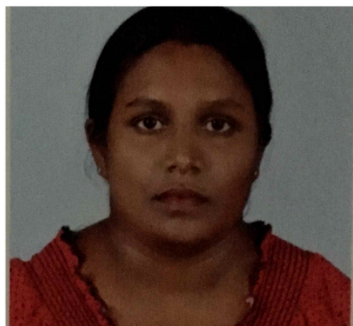
NADARAJA THIRAGARAJAH  
MULTI DUTY ASSISTANT



IMASHA HIROSHANI  
COUNSELLOR - KOGGALA SDP



ANJALEE WEERASOORIYA  
COUNSELLOR - SEETHAWAKA SDP



THANUJA FERNANDO  
COUNSELLOR  
WATHUPITIWALA SDP



RANAKA SIRIWARDENA  
PROJECT OFFICER - SKPA



ZAINAB HASSEN  
PROJECT CONSULTANT  
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Call: +94 112555455, +94 76 588 4881

We want to hear your views and suggestions