



# The Bulletin

*Latest news · Project updates · Features · Campaigns ·*

## Meeting the SRH needs of pregnant mothers

FPA's Outreach Unit distributed 30 Maternity Kits to the Kalubowila Hospital's Maternity Ward. Maternity kits contain hygiene and sanitary items and other items tailored to the needs of mothers.

This initiative aimed to provide necessary items that can significantly impact a woman's comfort, physical and psychological health.

Kits were handed over to Dr. Mrs Sagarika Kiriwandeniya, Director, Colombo South Teaching Hospital, Kalubowila, coordinated with the support of Dr. Chandima Mohotty, Cardiologist Unit Kalubowila Hospital. Representing FPA was Ms. Kusum de Silva - (Chairperson, Information, Education and Communication Committee)



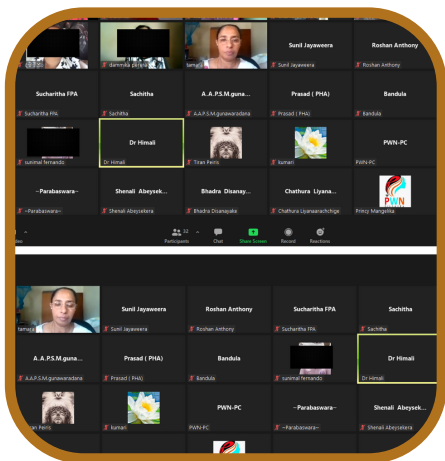
***As the pandemic continues, FPA Sri Lanka perseveres to support the relevant Ministries to ensure that paramount sexual and reproductive needs of women, girls and marginalized communities are not overlooked in situations of emergency.***

## Consultative meeting for the inclusion of People Living with HIV (PLHIV) into SRH services during emergencies

The meeting took place via zoom with Brig. Dr. Tamara Wickramasekara, Consultant - SPRINT Project as the facilitator and members from the community organisations; Positive Hopes Alliance, Positive Women's Network and Lanka Plus being participants along with Dr.Himali Priyantha Perera- Coordinator HIV care and Treatment, National STD/AIDS Control Programme (NSACP), Mr.Sunil Jayaweera Director - Preparedness & Planning, Disaster Management Centre, Mr.Chathura Liyanarachchi, Disaster Management Centre and FPA SPRINT Project staff. The topics discussed at the consultative meeting revolved around the problems faced by the PLHIV community in an emergency and developing innovative methods and models to cater to these needs during emergencies.

Dr.Tamara elaborated on them, giving prominence to the most relevant objective, Preventing Transmission of and Reducing Mortality and Morbidity from HIV and other STIs, and proceeded to review the gaps identified in the previous meeting. Dr.Himali added her input, and the participants actively participated in the discussion on filling in these gaps.

The suggestions consisted of contraceptives to be included in the Dignity Kit and all the other necessary items for a person living with HIV(e.g., condoms, medicine, vitamins) while protecting their dignity, along with the usual dignity kit items. Other suggestions included encouraging peer counselling and leaflets and posters to be distributed and pinned on notice boards in emergency camps, with a list of contacts and hotlines of organisations such as the FPA and National STD/AIDS Control Programme that can be reached for any need that may arise.



# FPASL endorses the statement made by the Sri Lanka College of Psychiatrists regarding human sexuality and mental illness.



## SRI LANKA COLLEGE OF PSYCHIATRISTS

"WIJERAMA HOUSE", 6, WIJERAMA MAWATHA, COLOMBO 7, SRI LANKA.  
Tel: +94 11 2056493; E-mail: [contactslspsych@gmail.com](mailto:contactslspsych@gmail.com)  
Web: [www.slspsych.lk](http://www.slspsych.lk)

Council 2020/22

18<sup>th</sup> August 2021

President  
Dr. Giban Abeywardena

President Elect  
Dr. Kapila Ranasinghe

Past President (ex-officio)  
Prof. Shehan Williams

Vice President  
Dr. Ranjani Seveviratne

Secretary  
Dr. Chamara Wijesinghe

Assistant Secretary  
Dr. Sumudu Godawita

Treasurer  
Dr. Senaka Jayasundara

Assistant Treasurer  
Dr. Aruni Abeyasinghe

Editors  
Prof. Thilini Rajapakse  
Dr. Aruni Hapangama

Committee Members  
Dr. Jayan Mendis  
Dr. Dulshika Waas  
Dr. Prabath Wickrama  
Dr. Dewasmika Ariyasinghe  
Dr. Anuprabha  
Wickramasinghe

Public Relations Officer  
Dr. Sajeewana  
Amarasinghe

### Press statement regarding human sexuality and mental illness

It has come to our notice that certain individuals conducting training programmes on mental health are spreading erroneous messages on sexual behaviour.

The Sri Lanka College of Psychiatrists would like to categorically state that we do not endorse the view that homosexuality is due to a disease of the mind or body.

Modern day psychiatrists do not identify or diagnose homosexuality as a mental illness or treat it as such. This myth that homosexuality is a mental illness is not in keeping with the evidence based science practiced by our membership.

According to modern day medical knowledge and social values the lifestyle choices of the lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) community are to be respected and not discriminated against.

We would like to strongly urge the authorities to change article 365 of the penal code which states that homosexuality is a criminal act. This archaic law should be abolished and homosexuality decriminalized in Sri Lanka.

- Sri Lanka College of Psychiatrists

A group of civil society activists made a public appeal from the community of medical professionals to publicly condemn recent anti-lesbian, gay, bisexual, transgender, intersex, queer and questioning, and asexual plus (LGBTIQ+) remarks made by a counsellor at a police training in Kandy.

Letters in this regard were addressed to the Sri Lanka Medical Association, the Ceylon College of Physicians and the Sri Lanka College of Psychiatrists (SLCP).

Thereafter, the Sri Lanka College of Psychiatrists released a statement saying it did not consider homosexuality a mental illness and called for its decriminalisation.

In support of this statement. FPASL Director Advocacy, Sonali Gunasekera said:

*'FPASL supports the statement that the lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) community are to be respected and not discriminated against. The reform of law alone is insufficient to impact real change in the absence of structured conversations directed to reform societal attitudes. For some of these conversations to take place, LGBTIQ people should have protection, and this requires, at the very least, decriminalisation of same-sex conduct and explicit Constitutional rights guarantees.'*

## FP202 Project - Online Camps for youth from the Jaffna, Batticaloa & Hambantota Districts

At a time when information and services are further disrupted due to COVID-19, it is imperative now more than ever to find means to continue to instil comprehensive sexuality education amongst young people.

Under the UNFPA FP2020 Project, FPA conducts youth camps in all districts addressing key subject areas of Sexual and Reproductive Health and Rights, Anatomy and Puberty, Contraception, Pregnancy and Termination, Gender and Gender-Based Violence, and Relationships. 50 youth from each district attended the online camps held in July and August 2021.

## DID YOU KNOW?

Youth make up almost a quarter of Sri Lanka's population: 4.64 million or 23.2%. However, the National Youth Health Survey (2013) identified that 50% of young people had limited sexual and reproductive health knowledge

The youth participants were contacted through the CSOs working in the area, universities and youth clubs operating in the relevant district.

Participants were able to discuss the specific challenges they face in accessing and using modern contraceptive methods while being trained on the existing methods and how best to access them.

In the future, the trained youth will create an Advocacy Strategy for their peers in their districts. The programmes were facilitated by Arnjali Samarasekera - Project Consultant (UNFPA)



Multiple certificate awarding ceremonies were conducted at Weeraketiya, Sooriyawewa, Gonnoruwa, Debarawewa, Kirinda and Tissamaharama while adhering to the health regulations imposed by the Health Authorities.

**For more information about our partnership with United Nations Population Fund (UNFPA) in Sri Lanka in conducting Youth Skills Camps, [click here to read.](#)**



Under the Nuwara Eliya Service Delivery Point's purview, a virtual three-day CSE programme was conducted in July for students of the IVA PARA MEDICAL CAMPUS (PVT) LTD, a leading private school nursing school with twelve affiliated study centres across Sri Lanka.

Another two-day, in-person session was conducted in August.

Resource person: P. Sivakumar - Senior Manager, Nuwara Eliya SDP

“ අපේ ජීවිතේ සාර්ථක කරගැනීමටත්, අප සමාජයේ ඇති වැරදි මත අප තුලින් නිවැරදිකරලීමටත්, අප තුලින් දැනුම සමාජ ගත කිරීමටත් මෙම පාඨමාලාව ඉවහල් වනවා නොඅනුමානය.

සරල ලෙසත් ආකර්ශනීය ආකාරයෙන් සාර්ථකව මෙම පාඨමාලාව අවසන් කිරීම පිලිබඳ මම බෙහෙවින් ස්තූතිවන්ත වෙමි.

”  
 “ මේ program එක නිසා අපි ගොඩක් දෙවල් දැනගන්නා.නොදන්න ගොඩක් දෙවල්.. ගොඩක් කරුණු අපේ ජීවන වලට ගොඩක් වැදගත්.. ස්තූතියි මේ රටේ තත්ත්වයත් සමග මෙහෙම program එකක් තිබිබ එක.

“ ජීවිතේ රන් හා සමාන වටින කාලයට ඔබ වගේම ඩොක්ටර් අපිට සියලුම දේවල් කියලා දුන්නා.වටිනාකමක් දුන්නා.ජීවිතේ ඉස්සරහට බය නැතුව යන්න කියලා දුන්නා... ජීවිතේ කවදමහරි සර් වගේම තව කෙනෙකුට උපදේශනයක් දෙන්න මම බලාපොරොත්තු වෙනවා... ඒ දුන්නු අඩිතාලසට සර්ලට ගොඩක් පින්.

”  
 “ This 3-day seminar is very important for our nursing life as well as our personal life. I appreciate the time you spent helping us.

”



## *In conversation with Harsha Pathirana Deputy Director - Sales*

---

### **Tell us a bit about yourself.**

I am Harsha Sajith Pathirana, attached to the Social Marketing Programme (SMP) as Deputy Director of Sales. I hail from Galle, am married and presently live in Moratuwa.

This is my first job. I joined FPA in 1988 as a Trainee Marketing Officer and, after a six months training period, was confirmed as a Marketing Officer and served for over ten years in this position. While working as Marketing Officer, I became the 2nd Runner-Up in the 1989 Marketing Officer of the Year Contest, 1st Runner-Up in 1990, 2nd in 1991, Best Marketing Officer in 1995, 2nd Runner-Up in 1997, Best Marketing Officer in 1999, 2000, 2001 & 2002 and 1st Runner-Up in 2003, 2004, 2005 & 2006.

I was promoted to the post of Area Sales Manager in 2007. In March 2013, I was re-designated as Acting Assistant Director of Sales, and thereafter Assistant Director Sales in July 2013. In 2019, I was promoted to the Deputy Director of Sales, the position which I hold to date.

I have 32 years of experience in sales, and during this period, I have worked under 4 Executive Directors and 4 Marketing Directors.

### **Have you always been in the field of Sales and Marketing?**

Yes. Initially, I was involved in selling contraceptives to Pharmacies in the Western, Southern, North Western, Sabaragamuwa and Uva Provinces. Subsequently, with the promotions, presently involved in supervising the entire sales team. This is an interesting field as there was a lot of stigma towards the products we used to sell. So, experience gained by selling contraceptives is priceless.

### **You work as the Deputy Director of Sales. Describe your job role. What is it like managing the range of contraceptive products at FPA?**

As a whole, our main objective is to provide good quality contraceptives at a reasonable price for all with easy accessibility while earning substantial revenue for the organization to ensure sustainability.

As the Deputy Director of Sales, I play a major role to fulfil the above requirement with my knowledge and experience of three decades. The strong relationships I have built with the customers throughout my career help me carry out my functions smoothly and help my team to efficiently fulfil their responsibilities.

As the Deputy Director of Sales, I have been given many targets to achieve monthly and annually.

I have an excellent team of eleven members comprising two Assistant Directors and nine field sales representatives who are always 'thirsty' to achieve their targets. As a practice, the targets I get are divided among the team based on the potential of their territories and other factors. They are continuously monitored, and I motivate them to go beyond their set targets. Further, with consultations of the Marketing Director, Brand Manager, the Assistant Directors, Sales, and the credit-control team, I plan out the strategies and tactics on overcoming competition, improving collections, and achieving the set targets.

In addition to the above, I am involved in replenishing the stocks carried by the sales team for distribution. This is one of the most arduous tasks as while performing this activity, I have to make sure that none of the sales team members run out of key products while minimising the delivery costs.

Further, we are involved in organising meetings and training programmes, etc., for key customers to enhance their knowledge of contraceptives and build rapport with them. Generally, we conduct 12 to 15 such meetings in a year though we could not conduct many during the recent past due to the prevailing pandemic situation in the country.

## **In Sri Lanka, are there any restrictions on promoting the use of contraceptives and lubricants? What are the mechanisms used in the various provinces to encourage sales?**

Yes, many restrictions. We are not allowed to promote ECP and OCP in conventional media. The condoms and lubricants are permitted to be advertised under NMRA rules and regulations. Therefore, we use several methods to increase awareness and to educate the population on these products.

A few methods we use are conducting regular meetings and training programmes for pharmacy owners, healthcare professionals, etc. Further, we conduct educational programmes for employees in garment factories and other similar workplaces.

We also had training programmes for three-wheeler drivers. Likewise, we conducted many training and awareness programmes for targeted populations.

Concerning promotion, due to the restrictions in traditional media, we have shifted to social and digital media promotions. As this is a very interactive method of promotion, we were able to get more youth to openly discuss our brands on these platforms.

## **What methods do you use to ensure you consistently meet your sales and marketing goals?**

Our sales teams visit all outlets in their assigned territories according to a set itinerary so that they can replenish stocks on time. Further, by doing so, they can get customers into a habit of regular purchases without overstocking or going out of stock, which will help us optimise our inventory and collections. All these activities are conducted under the strict supervision of the respective Assistant Directors and are overlooked by the Marketing Director and myself. In addition to the regular pharmacies, we do sell our products to hospitals, doctor's clinics, selected grocery outlets and modern trade outlets.

What matters most to achieve the sales and marketing goals consistently is to be on the job 24/7 and not to loosen the grip on the team. You have to always be behind the team, motivating them, giving the right advice, and making sure that they visit all outlets and do not run out of stock with the key products.

## **Due to the Covid 19 pandemic, it isn't business as usual for the Social Marketing Programme in 2020 and 2021. What are the challenges faced, and how are they overcome?**

In March 2020, when the government imposed a curfew throughout the island, our system was not geared to face such a situation. We were in a real dilemma on how to make our sales. But as the pharmacies were allowed to open, we decided to deliver the stocks to pharmacies through our wholesale network as the availability of contraceptives was our priority. The wholesalers managed to distribute the goods to the pharmacies in their regions. This helped us to achieve our primary task of having an uninterrupted supply throughout the island. However, it had some setbacks in certain areas.

But later on, we were able to streamline our distribution network after obtaining the necessary approval from the government authorities. Moving forward, we have strengthened our online platforms, including our own e-commerce site 'Planet 361' to provide an efficient service to our clients.

## **In your tenure, what has been the most successful product and why?**

The most successful product during my tenure is the Stamina Condom. This is a special condom with Benzocaine Lubricant to extend the love time. There was no such 'timing' condom in our country when we first introduced Stamina. We launched the product at the correct time, and from that point onward, there is a tremendous demand for the Stamina Condom. Though many new similar products are now available, Stamina still remains the market leader with a considerable market share.

## **Is there a plan to launch more products in the near future to generate more growth?**

Certainly yes. We are planning to introduce a few new products. A few have already been shortlisted, and we are presently negotiating with the suppliers. My personal opinion is that due to the prevailing situation in the country, this is not the correct time to introduce new products. Still, we must do the groundwork and keep them ready to launch as soon as the environment becomes conducive.

## **Looking forward to the next three to five years, what specifically do you hope to have achieved here at FPA?**

I hope the Coronavirus would disappear from our country and people will be healthy and strong, and the situation in the country will get back to normal, and the tourism sector improves.

With the country getting back to normal, the introduction of new products and further strengthening our sales team, we will be able to stabilise further our position as the key player in the local contraceptive market and impart our knowledge and experience to other countries in the region and to make FPASL a regional hub for social marketing of contraceptives.

## **Any words of wisdom to share?**

United, we can overcome any challenge. During the pandemic, the Finance staff, Transport Unit and the Stores and Packing Unit helped us by doing their part amidst all the risks and challenges to help us carry out our activities. We are very thankful to them.

Our Executive Director, Mrs. Thushara Agus, led from the front, advising and overlooking our progress, which was a great morale booster.

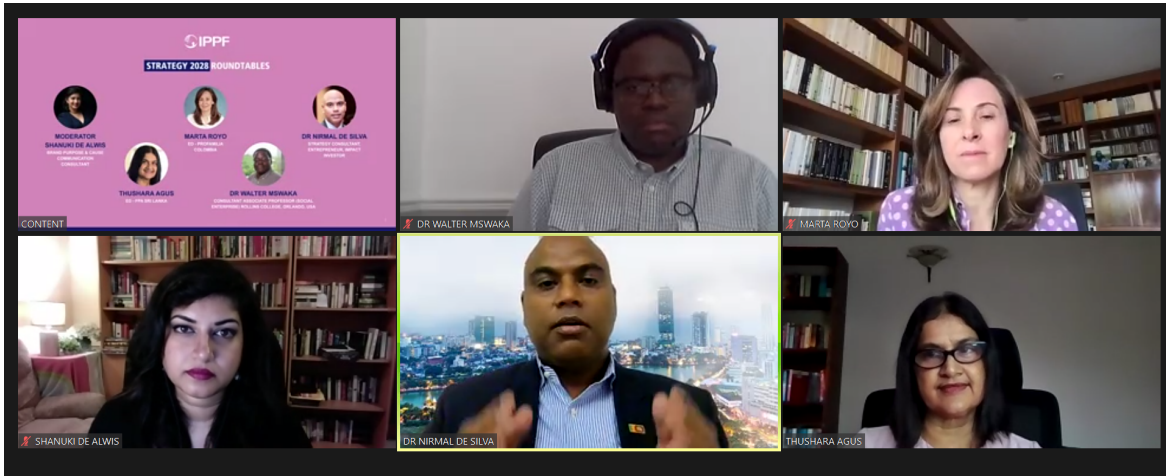
Our Marketing Director Mr. Suhail Junaid was very active throughout, sharing his knowledge and experience, which helped us achieve our targets under trying conditions. I have to mention our hardworking sales team, two ADs and the entire Marketing Division staff too. Even during the COVID pandemic, they worked, risking their life. I am so proud to have such a team, and my heartfelt gratitude goes out to them.

Lastly, what I have to say is, in the same way we worked during the pandemic, the entire FPA staff should get together as one family so that we will be able to face any challenge from within the organisation or outside and achieve our overall goals and objectives.



***The Social Marketing Programme Team***

## IPPF Strategy 2023-28



As we come closer to the end of the current strategic period, IPPF is due to develop its next strategy spanning the period 2023-28.

The process will be led by the Committee for Strategy, Investment and Policy (C-SIP), which is made up of IPPF volunteers and sector stakeholders. IPPF Member Associations will be in the driving seat, providing ideas, opinions and passion throughout the process.

The first Member Association-hosted roundtable took place on 30 June 2021 and was led by FPA Sri-Lanka and the Social Enterprise Hub. This roundtable titled 'MA Sustainability through Social Enterprise' discussed Social Enterprise and Financial Sustainability and was attended by over 130 participants from across the Federation. The Roundtable addressed key points for building a social enterprise, accessing funding and developing a sound business plan, skills development, and insight into the contemporary SE market.

*Panellists were: Ms Thushara Agus (FPASL Executive Director), Marta Royo (Profamilia - Colombia Executive Director), Dr Nirmal De Silva (Strategy Consultant, Entrepreneur, Impact Investor) and Dr. Walter Mswaka (Consultant, Associate Professor - Social Enterprise). Shanuki de Alwis - Moderator (IEC Committee Member).*

Click [here](#) to watch.

## IMAP Statement on COVID-19 and Sexual and Reproductive Health and Rights

This statement was prepared by the International Medical Advisory Panel (IMAP) on Reproductive Health. This statement's purpose is to provide guidance to IPPF Member Associations and other sexual and reproductive health and rights (SRHR) organizations to support the sustained provision of essential and life-saving SRH services in the context of the COVID 19 pandemic. The statement also serves as a tool to advocate with donors and other stakeholders for additional resources to sustain SRH services throughout the pandemic.

The statement reinforces IPPF's position and commitment to SRH and rights and gender equality.

Click [here](#) to read.

## Climate crisis and sexual and reproductive health and rights

IPPF's vision is of a world where all people are free to make choices about their sexuality and well-being without discrimination. The climate crisis threatens this vision. As a major healthcare provider and advocate of sexual and reproductive health and rights, IPPF is committed to supporting communities to adapt to the effects of the climate crisis while calling for inclusive, human rights-based, and gender-transformative action to respond to the climate crisis and its impacts at all levels.



[Click to read IPPF's position paper.](#)

## BREASTFEEDING IN A MODERN WORLD: WHAT NEEDS TO CHANGE?



Lactation Management unit at  
General Hospital Embilipitiya

Breastfeeding has always been considered a routine and important act post-partum. But, with the decreasing trend of breastfeeding in today's modern world, where does Sri Lanka stand? And what does this mean for Sri Lankan mothers?

The current WHO recommendation on breastfeeding is to "exclusively breastfeed in the first six months of life, giving babies only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, mineral supplements or medicines if medically indicated".[1] To improve breastfeeding initiation amongst mothers in Sri Lanka, the "Baby-Friendly Hospital Initiative" was started in 1993, and to ensure mothers are supported on their breastfeeding journey even once they leave the hospital, lactational management centres were introduced in 2005. According to the Demographic and Health Survey (DHS) of 2016, Sri Lanka boasts an impressive breastfeeding initiation rate, with 90% of newborn babies being breastfed within one hour of birth and 98% within one day of birth.[2]

The DHS (2016) also found that 82% of children in Sri Lanka are exclusively breastfed for the 1st 6 months, but during the 6 month, the percentage of children breastfed steadily decreases as the child's age increases.[2]

### The benefits of breastfeeding

Breastfeeding is an intimate practice, helping the mother bond with her newborn. It is also fresh, convenient and has no cost. Much is known about the benefits of breast milk for the newborn baby. Breast milk has the ideal nutritional composition for the growing newborn and protects the baby from infections such as diarrhoea and otitis media (ear infections). It also helps brain development and protects the baby from the development of chronic conditions in the future, such as obesity, asthma and diabetes. Another mystifying fact about breast milk is that the breast milk of mothers to preterm babies is specifically formed to help protect the still immature baby from sepsis and a serious gastrointestinal condition, necrotizing enterocolitis.

The benefits of breastfeeding do not just only serve the baby but also extend to the mother. Breastfeeding has been found to significantly reduce the mother's risk of developing breast and ovarian cancer, hypercholesterolaemia, diabetes and heart disease. It also assists the mother in returning to her pre-pregnancy weight and perpetuates a period of lactational amenorrhea, which is considered a natural but unreliable form of contraception.

### When should breastfeeding be avoided?

There are very few instances where breastfeeding is discouraged. One such instance is when the mother is HIV positive. HIV+ mothers are counselled to withhold breastfeeding in order to prevent transmission of the HIV virus from mother to baby via breast milk. In this instance, to support the mother, formula milk is provided free of charge for a period of one year through the National STD/AIDs Control Programme in Sri Lanka. In countries like India however, where access to clean drinking water and clean water to wash bottles is limited, breastfeeding is preferred over bottle feeding with formula milk regardless of HIV status. This is due to the risk of formula milk being made with unclean water and hence causing illness in infants.

### Why are breastfeeding rates decreasing?

There is a multitude of reasons proposed to why breastfeeding rates decrease. In a study done by Angampodi TC et al (2001), factors that were found to prevent mothers from early breastfeeding included postoperative pain (especially if a c-section was done), a premature/sick neonate or congenital anomalies such as tongue ties. Breast engorgement, sore/cracked nipples and pain may also hinder breastfeeding. Barriers faced when trying to continue breastfeeding after initiation included an unsupportive environment for breastfeeding, negative attitude of family members, early return to work due to lack of financial support at home and an unsupportive working environment.



Additionally, in today's context, another reason found is the pressure to breastfeed; especially by healthcare workers. Mothers are sometimes ridiculed about having inadequate or low milk production. This leads into a cycle of emotional distress and further poor milk production by the mother. The frustration from the pressure to "perform" sometimes pushes mothers into resorting to bottle feeding with formula milk. Ms. Kerri May (UK Registered Nurse, Certified Lactation Professional and Birth Doula) stated that there is an expectation that breasts should be bursting with milk in the first few weeks, but this is not so. "I hear many mothers saying that they have insufficient milk supply, this is rare. It is about managing one's expectation; your baby's stomach is the size of a cherry on day 1 and only needs 7ml (just over a teaspoon) per feed."



**Kangaroo Care between a new mother and her preterm baby**

## Conclusion

Educating healthcare workers to be more empathetic towards new mothers when breastfeeding and to reduce barriers to breastfeeding will help improve breastfeeding rates. This can be as simple as ensuring adequate pain analgesia for mothers post-c-section and encouraging kangaroo care for mothers with babies receiving NICU care. (Kangaroo care is a form of skin-to-skin contact where the newborn baby (naked except for the diaper) is placed onto the mother's bare chest for a couple of hours. A cloth is wrapped around both mother and baby to support the baby on the mother's chest - this closely resembles a kangaroo pouch.

It is often practised in the NICU settings where the mother and baby have to be separated for medical reasons. In addition to improving the bond between mother & baby and the mother's breast milk supply, Kangaroo care has been found to comfort the baby, stabilise the baby's heart rate, and improve breathing).

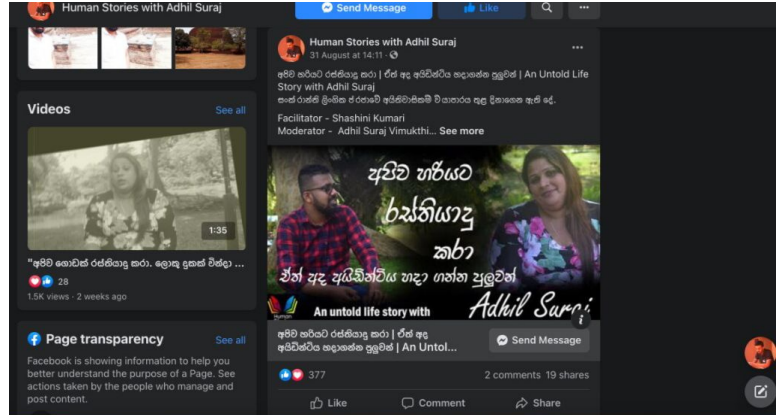
For mothers who need to return to work, educating new mothers on expressing breast milk and storing it may be beneficial to them. Ms. Kerri May also advises new mothers returning to work to plan early; start introducing your baby to a cup or bottle a couple of weeks before starting work. It can be helpful for someone else to feed the baby during these 'practice' feeds.

It will take considerable effort, but in order to ensure women continue breastfeeding, healthcare workers will have to revise their patient education and especially address the barriers so that more women are encouraged to continue breastfeeding.

## References

- Demographic and Health Survey Report (2016) Chapter 11 - Nutrition of Children and Women. <http://www.statistics.gov.lk/Health/StaticallInformation/DemographicAndHealthSurveyReport-2016-Chapter11> Accessed on 20th August 2021
- National Programme on Elimination of Mother to Child Transmission of HIV and Syphilis in Sri Lanka: A Guide for Maternal and Child Healthcare Staff. <https://www.aidscontrol.gov.lk/images/pdfs/publications/guidelines/EMTCT-MCH-guide.pdf> Accessed on 20th August 2021
- WHO Breastfeeding. [https://www.who.int/health-topics/breastfeeding#tab=tab\\_1](https://www.who.int/health-topics/breastfeeding#tab=tab_1) Accessed on 20th August 2021
- Agampodi, T.C., Dharmasoma, N.K., Koragedara, I.S. et al. Barriers for early initiation and exclusive breastfeeding up to six months in predominantly rural Lanka: a need to strengthen policy implementation. *Int Breastfeed J* 16, 32 (2021). <https://doi.org/10.1186/s13006-021-00378-0>

# Media Fellowship Advocacy Programme - Update



FPASL, with the support of IPPF and RFSU (IPPF Sweden), 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.

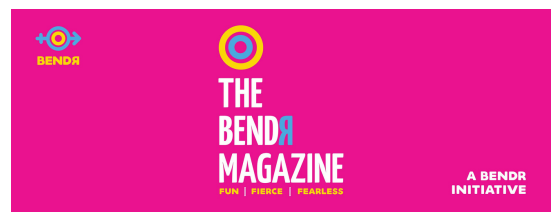
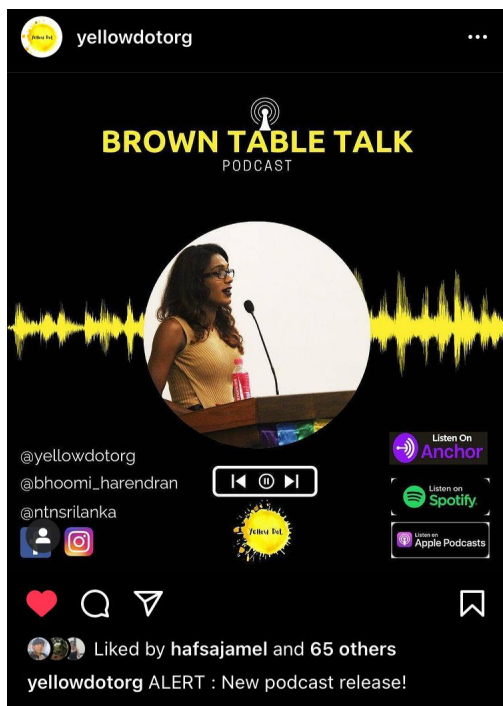
Under this project, earlier in the year, a five-day intensive fellowship training programme for 40 content creators was carried out. Thereafter, 20 fellows were chosen based on their performance at the programme and the submitted activity plan and reports. They were allotted an LKR 300,000 budget to carry out their 6-month media action plan.

The third quarter of the project saw the selected fellows refine their approach, project breakdowns and budgets after extensive training, collaboration and consultation with FPA staff, experts and their mentors (respective experts in their field).

The fellows laid the foundation for their 6-month plan and have all started on their key activities and deliverables as stipulated in their timelines. Due to the relatively different nature of each fellow's project, their financial agreements were tailor-made for their benefit and ease.

The FPA team closely monitors their progress and impact whilst providing the fellows with international and regional collaborations to ensure their reach is as expansive as it could be.

Monthly content calendars and M&E reports are submitted, and meetings with mentors/facilitators take place biweekly or monthly according to need and availability.



# NEW PROJECT: RESPOND PROJECT

Time Period: 1 AUGUST 2021 - 30 JUNE 2023



## Target beneficiaries

The primary target beneficiaries include people living with a disability, adolescents and young persons, women/girls of reproductive age, poor, marginalized, underserved people, garment factory workers, LGBTQI and key populations, estate workforce, and urban and slum dwellers.

The seven clinics involved in this Project are located in six Districts; Colombo, Gampaha, Galle, Batticaloa, Ampara and Nuwara-Eliya, and span across four provinces, including two clinics in the Colombo District; Seethawaka and Head Office.

## Project Activities

- Providing high-quality SRH services through established service delivery channels
- Strengthening organizational and healthcare provider capacity (staff, private, and public sector) in the provision of quality comprehensive SRH services and COVID-19 response
- Strengthening the provision of SGBV services and referral pathways for SGBV survivors
- Strengthening the supply of essential SRH and infection prevention commodities and supplies
- Enabling access to digital health services (telemedicine) and alternative service delivery models (home-based care, self-care, etc. for women, men, and young people
- Increasing availability, accessibility, and acceptability of SRH self-care approaches and home delivery
- Conducting awareness-raising activities through radio, campaigns, TV, SMS, and social media
- Strengthening FPA's remote counselling/hotlines

For a detailed activity-based plan, click [here](#).

## Innovative measures taken in HIV prevention - Community-based HIV testing



Community-based HIV testing (CBT) happens in a non-clinical setting but under the supervision of medical staff. It is an effective approach to reach people at risk of HIV who have never been tested in the clinic setting. Under the guidance and support from the National STD/AIDs Control Programme, FPA launched the first Community-based testing programme in Colombo in 2018.

To launch CBT in Gampaha, the training was held for the Gampaha district-based Sub Recipients (SR) working under FPA for the Global Fund supported National HIV Prevention programme.

The training was held at Hotel Janaki on the 19th & 20th of July with the participation of NSACP Consultants, Dr Sriyakanthi Beneragama, Dr Jayanthi Elvitigala, Dr Sathya Herath, Dr Geethani Samaraweera, Dr Himali Perera and SR staff. The training covered many areas such as Testing services, Counselling, Risk Assessment, Hands-on training on Rapid tests, Quality control measures, etc. The FPA M&E Team conducted the data management session. With the support of the Gampaha district-based STD Clinics and the three Sub Recipient organizations, FPA plans to launch CBT to reach key populations who have never been tested before.

## World Population Day - July 11

### Rights & Choices

What does lead to healthy and productive societies? It is when women can make informed choices about their sexual and reproductive health, and when they have access to services to support their choices.

A woman who has control over her body gains not only in terms of autonomy but also through advances in health and education, income and safety. She is more likely to thrive, and so is her family. – Source UNFPA

Healthcare workers connected to our Service Delivery Points shared their views on the benefits of family planning services.

Click [here](#) to view.



## World Humanitarian Day - August 19

We paid tribute to all health workers who continue to serve amid a pandemic, counsellors providing support to survivors of gender-based violence, and leaders who stand strong for human rights and dignity as humanitarian front-line responders.

We featured Volunteer Health Assistants attached to our Service Delivery Points who provide a critical link between their communities and the health system at all times.

VHAs are particularly important to reducing inequities in access to services by bringing sexual and reproductive information, services, and supplies to women and men in the communities where they live and work rather than requiring them to visit health facilities, which may be distant or otherwise inaccessible.



### Disability inclusion is an essential condition to upholding human rights!

Persons with disabilities are known to be at increased risk of protection concerns and transmission of the virus in the COVID19 pandemic. This is because they can face higher exposure rates due to the need for close contact with personal assistants/caregivers. Also, due to travel restrictions, persons with disabilities may be separated from family and/or primary caregivers and not have companions to facilitate their access to services.

Through the FPA **SPRINT Project** we provided care packages to persons with disabilities. Recipients from the Employers Federation of Ceylon - Specialised Training & Disability Resource Centre provided statements on how FPA has assisted them. [Click to view.](#)



# International Literacy Day - 8 September

## International Literacy Day

8 September 2021



Sriyal Nilanka  
Programme Officer - AFAO  
FPA Sri Lanka

Improving comprehensive knowledge on HIV has been the driving force for the global HIV response to curb new infections, retain patients on treatment and mitigate the stigma associated with HIV.

Namely, scientific evidence about the efficiency of PrEP, U=U or treatment as prevention, ARV efficiency and side effects of different drug regimes have had a profound impact on how people living with HIV and how the larger society views HIV and AIDS.

Literacy around HIV has helped the response evolve over the years and implement targeted interventions across various communities. However, access to information and lack of information in local languages can hinder the understanding of information, so we must be mindful that HIV related information is accessible to the larger public in local languages, so more people are able to understand and comprehend the improvements the HIV programs are making. It will also help improve people seeking treatment and support and shift how society responds to people living with HIV.

Achieving higher levels of sexual and reproductive health literacy yields multiple benefits beyond health. Health literacy is a form of empowerment, especially in situations where power relations (such as gender inequality) reduce the ability of certain groups to access information.

To view campaign posters, click [here](#).

## World Contraception Day - September 26

FPA teamed up with World Health Organization Sri Lanka (WHO) to showcase the available contraceptive methods, benefits and when and how to use them and share FPA client testimonials.

Click [here](#) to view posters shared.

The Family Health Bureau invited FPA to join with other national key SRH stakeholders for a virtual press conference titled "Prioritizing Reproductive Health services and rights during COVID 19".

At this event, Video clips by relevant stakeholders on key Family Planning messages targeting policymakers, programme managers, retailers and target populations were featured.

Click [here](#) to view the message by Executive Director Thushara Agus on behalf of FPASL.

Click [here](#) to view Family Health Bureau's Fact Sheet on Contraception.

දීර්ඝ කාලීන, පහසුවෙන් ආපසු හැරවිය හැකි උපත් පාලන ක්‍රමවේද අතරින් **Copper IUD (ලප්)** වඩාත් ඵලදායී, කාර්යක්ෂම හා දිගුකල් පවතින ක්‍රමයක් වේ. එය මව්කිරි ලබාදෙන අතරදී පවා එය භාවිතා කළ හැක. දරු උපතකින් පැය 48කට පසු, ආපසු නිවසට යාමට පෙර, විශේෂ පුහුණුව ලත් වෛද්‍යවරයකු විසින් එය ඇතුළු කරගත හැක.

රජයේ, පවුල් සංවිධාන සංගමයේ හා පෞද්ගලික පවුල් සැලසුම් සායන රැසකින් මෙම ක්‍රමය ලබාගත හැකිය. එය ශරීරයට ඇතුළු කිරීම සරල ක්‍රියාවක් වන අතර, විනාඩි කීපයකින් සම්පූර්ණ කළ හැකිය.

වැඩිදුර විස්තර හා අවශ්‍ය සේවාවන් ගැන පවුලේ වෛද්‍යවරයාගෙන් විමසන්න.

වෛද්‍ය සුරංග ගෙට්ටිපතිරණ  
ප්‍රසව හා නර් විශේෂඥ  
හෙවිල් ප්‍රනාන්දු ශික්ෂණ රෝහල, මාලුවේ

**World Contraception Day 2021**

# "No Excuse for Abuse"

Intimate Partner Violence (IPV) is a pandemic within the pandemic. Globally, almost one third (30%) of women have experienced some form of physical and/or sexual violence by their intimate partner in their lifetime. In Sri Lanka, women are more than twice as likely to have experienced physical violence by a partner, rather than by a non-partner.

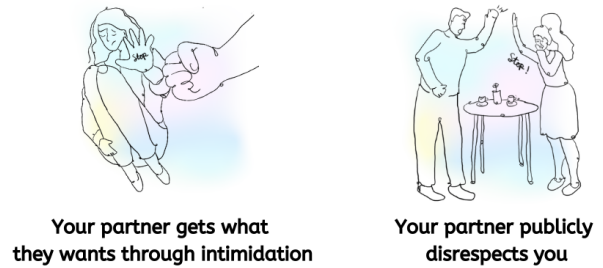
FPA's Youth Technical Advisory Committee (YTAC) launched the "No Excuse for Abuse" social media campaign in hopes of sparking a conversation online on partner violence. The campaign features a trilingual resource guide and Instagram filter that users could use, to voice their stories on the issue, and raise further awareness.

The resource guide was compiled in close collaboration with Bakamoono, a website and social media platform that imparts knowledge and facilitates open conversations on self-respect, respect for others, and respecting differences.

To access the resource guide, click [here](#).



## WHAT ARE THE SIGNS OF AN ABUSIVE RELATIONSHIP?



## உதவி மையங்கள்

மகளிர் மற்றும் சிறுவர்  
விவகார உதவி  
தொலைபேசி சேவைகள்  
1938

பெண்கள்  
தொடர்பான தேசிய  
குழு, புகார் நிலையம்  
011 2 186063

மகளிர் தேவை  
011 2671411  
011 2671401  
0775676555  
2SIX4 Mobile App

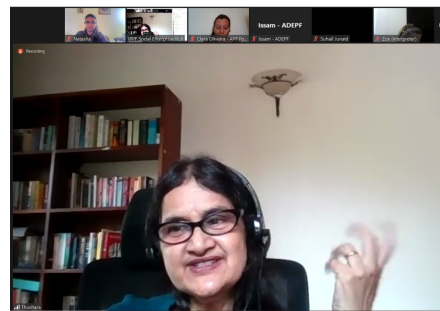
பாதிக்கப்பட்டோரையும்  
குற்றம் நிகழ்ந்ததற்கான  
சாட்சிகளையும்  
பாதுகாப்பதற்கான தேசிய  
அதிகாரம்  
0112 431 846

சட்டத்தில் சகோதரிகள்  
0112 076 985  
niranjisistersatlaw@gmail.com

மகளிர் மற்றும் சிறுவர்  
பொலிஸ் காரியாலயம்  
0112 444 444

ප්‍රචණ්ඩකාරී සමබන්ධතාවයෙන් ඉවත් වීමට පෙර ඔබ සලකා බැලිය යුත්තේ කුමක්ද?

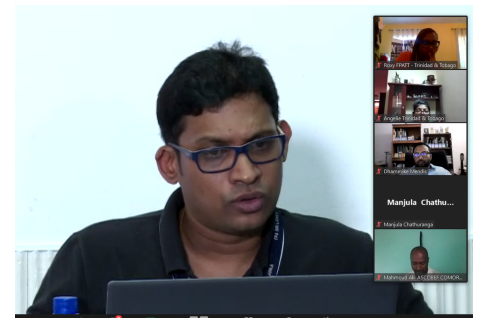
- ✓ පුද්ගලික බැංකු ගිණුමක් විවෘත කල යුතුයි
- ✓ ජීවත් වීමට ආරක්ෂිත ස්ථානයක් සොයාගත යුතුයි
- ✓ ආරක්ෂිත පිටවීමේ උපාය මාර්ගයක් සෑදිය යුතුයි
- ✓ නීතිමය කටයුතු ආවරණය කල යුතුයි ( පොලිස් පැමිණිලි ගොනු කිරීම, නීතිඥයෙකුගේ සහාය ලබා ගැනීම, ආරක්ෂාව පිළිබඳ නියෝගයක් ලබා ගැනීම)
- ✓ කාලයත් සමඟ බඩු බාහිරාදිය සහ අත්‍යවශ්‍ය ලියකියවිලි ඇසුරුම් කල යුතුයි



**Thushara Agus - FPASL Executive Director**



**Rishikeshan Thiyagaraja - Manager - SE Hub**



**Manjula Liyanage - Capacity Building Officer - SE Hub**

The Global Social Enterprise Internship organized by IPPF's Social Enterprise Hub took place from 13th - 24th September.

25 participants from 15 affiliated organizations representing 5 IPPF regions attended the virtual sessions live-streamed via Zoom from FPA Sri Lanka. The comprehensive curriculum was delivered by external expert facilitators, IPPF Regional Office and Member Association staff, FPA Staff and Social Entrepreneurs. Some of the training methodologies used were synchronous eLearning, trainer-led sessions, group collaboration projects, intermittent Q & A forums, online tools, interactive discussions, and experience sharing. Simultaneous French translations of the sessions were provided together with workshop content materials.

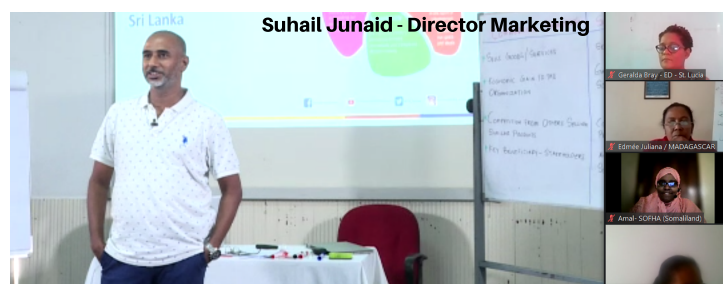
On the closing day, three successful entrepreneurs shared their experiences with the group. It was followed by the certificate awarding ceremony, graced by well-wishers from the Federation and external personnel.

This capacity-building internship aimed to enhance entrepreneurial knowledge and develop business acumen on enterprise development so that the participants will be better equipped to work on their start-up ideas or grow their existing Social Enterprise activities to be income-generating and sustainable.

Going forward, the Hub will continue to work closely with the Internship Delegates and their organizations to guide them on the next steps and provide technical assistance or further training if required.

Excerpts from some of the participants on their workshop experience: [Click here.](#)

Agenda and Session Topics: [Click here](#) to view.



**Suhail Junaid - Director Marketing**



**Amila Gunasekara - Assistant Director - Brands**

“  
*The 2nd instance of us running a comprehensive global SE workshop has been a fulfilling and a learning experience for us organizers as well. The participants were committed, engaged and worked past many professional and personal challenges to make the most of the workshop. A special mention to the FPA Sri Lanka colleagues, who contributed directly in the facilitation and supported in the background, without whom this success could not have been achieved.*  
**Rishikeshan Thiyagaraja, Manager, IPPF Social Enterprise Hub**”

“  
*The Internship was a learning curve from which participants could apply what they came across during the ten days when implementing their Social Enterprises as a sustainable venture.*  
**Manjula Liyanage - Capacity Building Officer - SE Hub**”

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

**We want to hear your views and suggestions**

Email: [fpa@fpasilanka.org](mailto:fpa@fpasilanka.org)

Website: [www.fpasrilanka.org](http://www.fpasrilanka.org)

Call: +94 112555455, +94 76 588 4881