




the art of  
**SOCIAL  
CHANGE**



**FPA Sri Lanka**  
Annual Report 2025



the art of  
*SOCIAL  
CHANGE*



Social change is rarely loud. It begins as a quiet sketch of courage, a line drawn where silence once existed. In 2025, The Family Planning Association of Sri Lanka continued shaping that sketch into a powerful national narrative, advancing sexual and reproductive health, rights and justice with sensitivity, care and conviction.

Working across diverse communities, FPA addressed subjects often considered taboo, transforming discomfort into dialogue and stigma into understanding. Through advocacy, partnerships and community engagement, the Association strengthened awareness and access while influencing policy and public discourse. Building on its pioneering legacy with contraceptive solutions, FPA sustained its reach during a year focused on continuity and groundwork at the midpoint of its strategic journey.

Despite funding shifts, operational challenges and the impact of Cyclone Ditwah, FPA responded with compassion and resilience.

Each conversation begun, each barrier softened and each life empowered forms part of a greater masterpiece. 'The Art of Social Change'.



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## Who We Are



Founded in 1953, The Family Planning Association of Sri Lanka (FPA Sri Lanka) operates at the heart of the country's journey towards dignity, choice and health equity. Over seven decades, the organisation has stood alongside communities navigating poverty, stigma, crisis and systemic exclusion, ensuring that Sexual and Reproductive Health (SRH) services are a right accessible to all. From expanding family planning access in remote areas to supporting vulnerable populations during emergencies, FPA Sri Lanka has continuously responded where needs are greatest, helping individuals take control of their health, futures and life opportunities.

Today, FPA Sri Lanka operates as both a frontline service provider and a national policy shaper, influencing how SRH is understood, prioritised and delivered across the country. Its work spans integrated clinical services, youth empowerment, HIV prevention, comprehensive sexuality education, psychosocial support and rights-

based advocacy, delivered through a strong nationwide network and strategic partnerships with government, development partners, civil society and the private sector.

Leveraging on innovation, research and sustainable social enterprise initiatives that reinvest revenue into community programmes, the organisation continues to bridge critical gaps between policy intent and lived realities. FPA Sri Lanka remains committed to transforming lives today while shaping a more inclusive and informed reproductive health landscape for generations to come.

### DIGITAL VIEW



The Annual Report is available on our official website, [www.fpasrilanka.org](http://www.fpasrilanka.org)

## Our Purpose: Vision, Mission & Values



# OUR VISION

*A country with access to Sexual and Reproductive Health as a right for all.*

# OUR MISSION



*To advocate Sexual and Reproductive Health Rights and provide services whilst maintaining sustainability and volunteerism to improve quality of life for all.*



# OUR VALUES

### **PASSION**

*We are passionate about what we do*

### **VOLUNTEERISM**

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

### **ACCOUNTABILITY**

*We value participatory, consensus-oriented, accountable and transparent decision-making*

### **DIVERSITY**

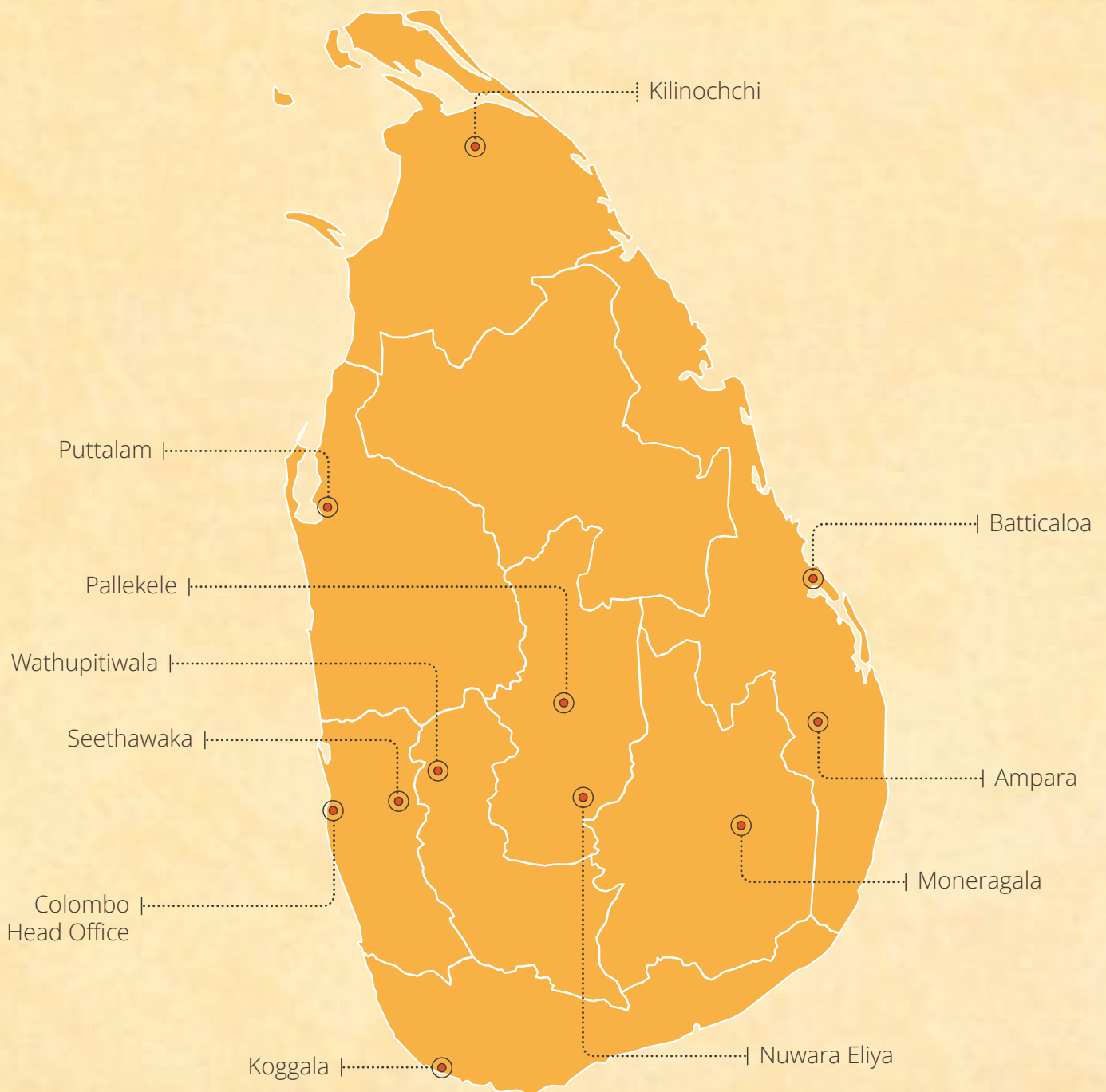
*We believe in diversity and equality in extending our services to everyone who needs them*

### **INCLUSIVENESS**

*We uphold social inclusion and non-discrimination*

# Our Footprint: Nationwide Reach & Beneficiaries

*FPA Sri Lanka's island-wide network ensures accessible sexual and reproductive healthcare for diverse communities. Services include family planning, subfertility care, cancer screening, maternal health services, HIV/STI prevention, counselling, and youth-focused programmes. Staffed by trained professionals, these centres prioritise confidentiality, inclusivity and quality care, empowering individuals and promoting equitable healthcare, particularly among underserved populations.*





# *2025 Highlights*

# 2025 Highlights at a Glance



*March*

Great Place to Work Certification received



*May*

European Parliamentary Forum for Sexual and Reproductive Rights  
Landmark SRHR Study Tour in Sri Lanka hosted by FPA Sri Lanka



*May*

Collective Action Against Period Poverty (CAAPP) project's  
Research and "PERIOD PROUD: Real Stories from the Frontlines  
of Change" book launch



*June*

FPA participated in COMHealth Fest 2025 - Official Launch  
of the "Love Yourself" Campaign



*July*

FPA participated in the Global Health Summit 2025



*September*

ReproSex: International Journal on Sexual and  
Reproductive Health Launch



*September*

FPA Sri Lanka represented at the 58th Annual  
Academic Congress of SLCOG



*October*

'Bloom by FPA Sri Lanka' Launch: Head Office  
Clinic Rebrand & Revamp



October

SEAP Project triumphed at the National Project Management Excellence Awards



November

2024 Annual Report "More Than Just A Plan" received Gold at the 2025 ARC Awards



November

The SRH Institute, endorsed by the National Tertiary and Vocational Education Commission to offer NVQ Level 3 & 4 certification for the Community-Led Outreach Worker (HIV & STI) Certificate Course



November

FPA Sri Lanka represented at the IPPF 2025 General Assembly in Bali, where the Federation's new branding and logo were unveiled under the theme "Lead with Love, Care with Courage"



December

Launch of Hearts & Hashtags: Youth, HIV & Digital Power – Hosted by the National STD/AIDS Control Programme (NSACP) under the Ministry of Health, in collaboration with FPA Sri Lanka



December

Launch of 10th Service Delivery Point in Pallekelle



December

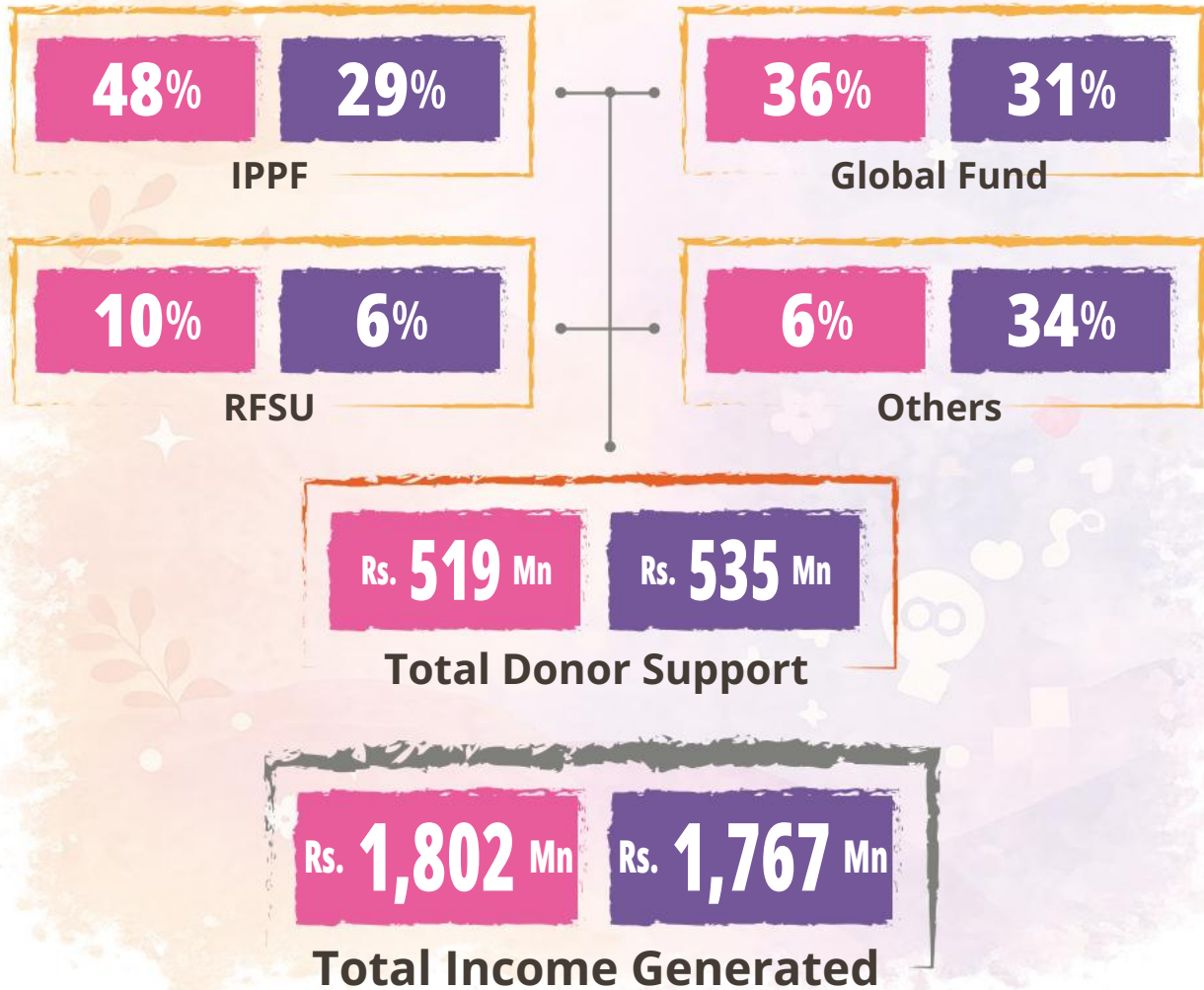
Emergency Relief and SRH Support During Cyclone Ditwah



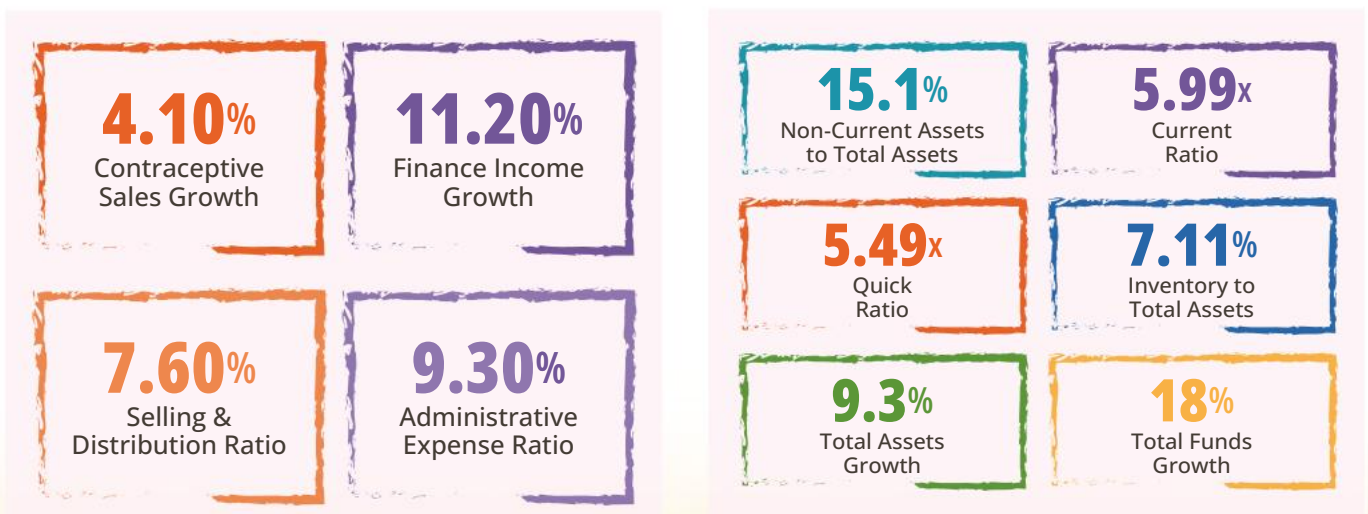
December

FPA Sri Lanka presented at the NSACP/Government Information Centre session for Prefects/Media Units of Colombo District schools

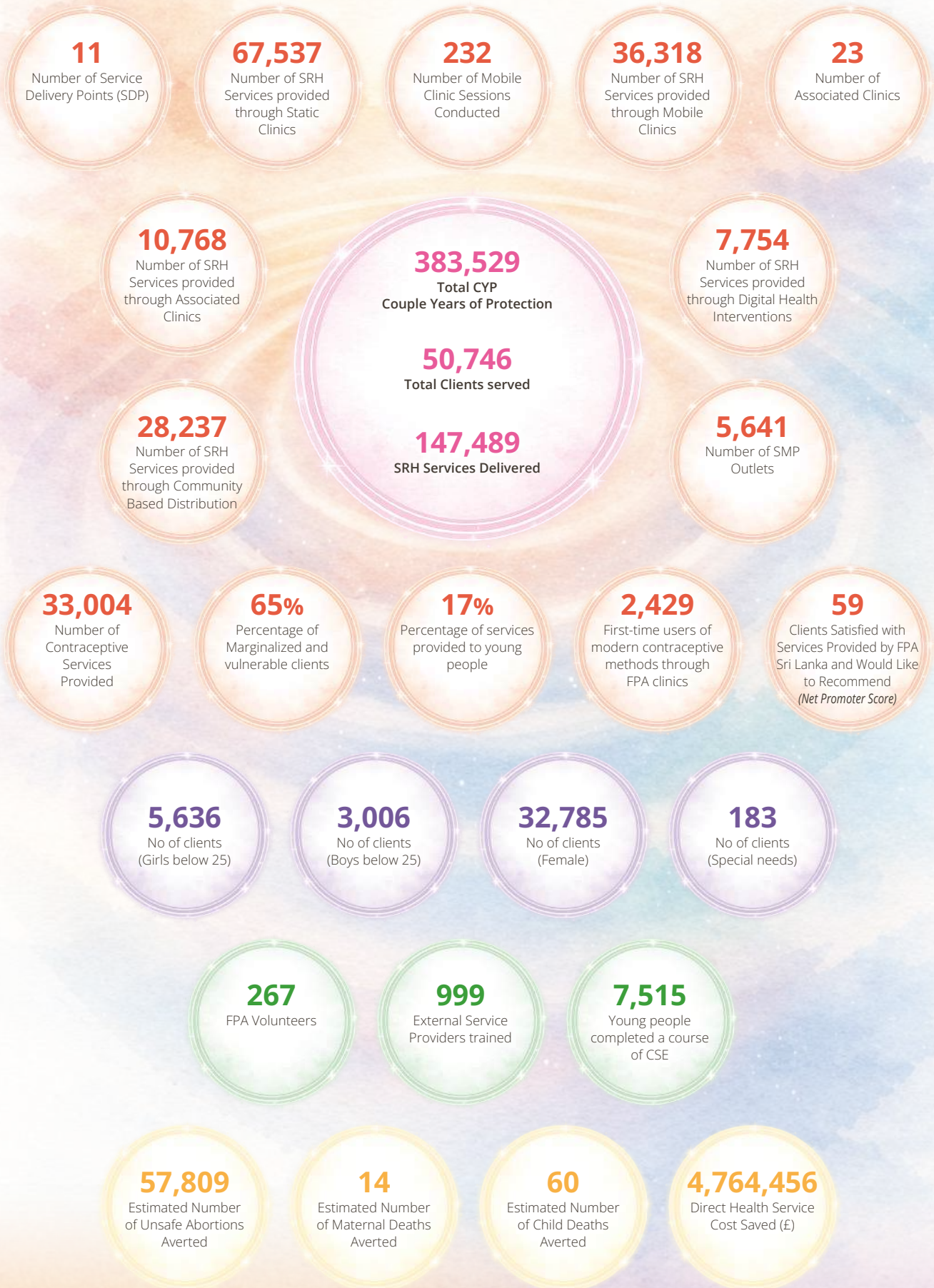
# Key Impact Highlights



● 2025 ● 2024



# Service Statistics 2025



# Strategic Priorities & Progress

## Pillar 1

Center Care on People



*Transform access to sexual and reproductive health services by eliminating all barriers; widening access to and strengthening equitable and affordable service delivery systems by taking them closer to communities nationwide in tandem with accelerating innovation with digital health platforms*

## Pillar 2

Move the Sexuality Agenda



*Influence progressive reforms through advocacy and evidence-based engagement; shift inequitable deeply-rooted gender norms and violence, while driving meaningful knowledge, skills and attitudes amongst youth about their sexual and reproductive health and rights*

## Pillar 3

Solidarity for Change



*Strengthen the ecosystem for sexual and reproductive health, rights and justice by building collective action, partnerships and knowledge leadership and forge strategic collaborations that strengthen the national health system*

## Pillar 4

Nurture our Association



*Strengthen FPA Sri Lanka's credibility and leadership and grow into Sri Lanka's leading sexual and reproductive health, rights and justice provider and advocate by 2028; building a more responsive organisation aligned to evolving needs of vulnerable populations whilst ensuring inclusion and diversity within the organisation and adherence to core values*

## Pillar 1 (Center Care on People)

Transform access to sexual and reproductive health services by eliminating all barriers; widening access to and strengthening equitable and affordable service delivery systems by taking them closer to communities nationwide in tandem with accelerating innovation with digital health platforms

### WIDEN ACCESS

By 2028, all people in Sri Lanka will have equitable access to quality comprehensive sexual and reproductive health (SRH) services, regardless of their age, gender, sexual orientation, or socioeconomic status.

### EXPAND CHOICE

By 2028, FPASL will have a sustainable service delivery arm that provides a comprehensive range of sexual and reproductive health (SRH) products and services that are affordable and accessible to people of all income levels and fulfill the needs and wants of diverse clientele.

### ADVANCED DIGITAL SELF-CARE

By 2028, FPASL will have a comprehensive and innovative digital health platform that provides users with convenient and confidential access to a wide range of SRH services and information.

*I recently accessed Pap smear screening services at the 'Bloom by FPA Sri Lanka' clinic, and the experience was efficient, affordable, and reassuring. The staff were professional, compassionate and approachable, and the entire process was completed within 20 minutes. "Cervical cancer is highly preventable when detected early, yet many women delay screening due to fear or stigma. Regular screening remains a critical step in safeguarding women's health, and prioritising timely testing can be life-saving"*

**Yasodhara Pathanjali**

**Client**

Bloom by FPA Sri Lanka

*"When I first came to the FPA Koggala Service Delivery Point, I had been married for six years and was struggling with fear related to past trauma, which affected my sexual relationship and led to frequent conflicts with my husband. We were even on the verge of divorce. Through counselling sessions, we were able to rebuild our relationship and overcome our challenges. Today, I am six months pregnant, and we are living happily together. This positive change was possible because of their support"*

**Client**

Koggala Service Delivery Point

## Pillar 2 (Move the Sexuality Agenda)

Influence progressive reforms through advocacy and evidence-based engagement; shift inequitable deeply-rooted gender norms and violence, while driving meaningful knowledge, skills and attitudes amongst youth about their sexual and reproductive health and rights

### GROUND ADVOCACY

By 2028, the Government of Sri Lanka will protect and fulfil the sexual and reproductive health and rights of all and will have a more progressive legal and policy environment or socioeconomic status.

### SHIFT NORMS

By 2028, gender norms will have shifted in society and favourable laws will be in place, leading to gender equality and decrease in the prevalence of gender-based violence.

### ACT WITH YOUTH

By 2028, adolescents and young people in Sri Lanka will be empowered with knowledge, skills, and decisions about their sexual and reproductive health and rights while ensuring improved access to youth friendly SRH services.

*"I have been receiving services from FPA Sri Lanka since the birth of my child in 2014. In 2019, after becoming the Executive Director of the Abhimani Women's Collective, I had the opportunity to work more closely with FPA.*

*The knowledge and awareness provided by FPA to female sex workers, including myself, on cervical cancer and PAP screenings, breast cancer, family planning and reproductive health have contributed to a reduction in HIV reactive cases among female sex workers in the Colombo District. This is a significant achievement.*

*FPA staff treat us with sensitivity and respect, which has built strong trust within our community. As a result, our community is very willing to engage with FPA and access its services"*

**Chamari Upasena**

IPPF stream II: Sex Work Policy Consortium Project

*"19 May 2025 marked a turning point in my life. The five-day SRHR Training of Trainers workshop by FPA Sri Lanka transformed my knowledge, confidence and purpose. As youth from districts with limited access to sexual and reproductive health education, we experienced a powerful shift in understanding. Supportive facilitators and engaging sessions made it empowering. Importantly, we were given a pathway to share knowledge with our communities, ensuring wider impact. The certificate we received is a valuable investment for our future"*

**Dinidu Panduka**

Assistant Secretary, Youth Network for Health - Puttalam

## Pillar 3 (Solidarity for Change)

Strengthen the ecosystem for sexual and reproductive health, rights and justice by building collective action, partnerships and knowledge leadership and forge strategic collaborations that strengthen the national health system

### SUPPORT SOCIAL MOVEMENTS

Increased support for and empowerment of intersectional social movements in Sri Lanka, advocating for SRHR and gender equality, through amplifying voices, reinforcing political calls to action, and prioritising the protection of human rights defenders.

### BUILD STRATEGIC PARTNERSHIPS

The Sri Lanka national health system is strengthened through strategic collaboration, coordination, and filling gaps, while promoting discourse, sharing insights, and supporting community organisations, ultimately establishing long-term foundations for growth.

### INNOVATE AND SHARE KNOWLEDGE

Enhanced national mechanisms/ processes for generating and sharing knowledge on SRH have led to improved identification and implementation of innovative approaches in the sector.

*"This important journal, published twice a year, will serve as a platform to influence policy and advance the rights of women and men in the field of sexual and reproductive health. This is essential to fostering balanced lives and enabling individuals to channel their energy and enthusiasm towards the development of the country"*

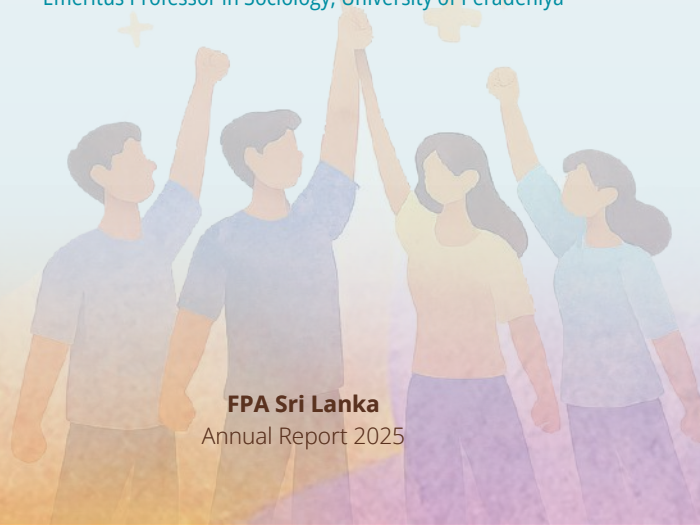
**Prof. Sabaratnam Arulkumaran**

Former President, International Federation of Gynecology and Obstetrics  
Keynote Speaker at the launch of ReproSex: International Journal on Sexual and Reproductive Health

*"The launch of ReproSex: International Journal of Sexual and Reproductive Health is an important milestone for researchers and for all those committed to advancing sexual and reproductive health in Sri Lanka. I am particularly encouraged that it is being launched by FPA Sri Lanka, given its potential to positively influence policymaking in the country. Policymaking must be evidence-based, and I believe this journal will provide the evidence base needed to shape sound policies that improve sexual and reproductive health in Sri Lanka"*

**Prof. Kalinga Tudor Silva**

Emeritus Professor in Sociology, University of Peradeniya



## Pillar 4 (Nurture Our Association)

Strengthen FPA Sri Lanka's credibility and leadership and grow into Sri Lanka's leading sexual and reproductive health, rights and justice provider and advocate by 2028; building a more responsive organisation aligned to evolving needs of vulnerable populations whilst ensuring inclusion and diversity within the organisation and adherence to core values

### CHART OUR IDENTITY

By 2028, FPASL will position itself as the leading SRHR service provider, advocate, and premier NGO working in this space. The "Chart Our Identity" pathway focuses on positioning FPA Sri Lanka as the leading provider of sexual and reproductive health and rights (SRHR) services and a prominent advocate in the field. To achieve this by 2028, the pathway emphasises enhancing community perception, rebranding the organization and building capacity among staff, volunteers, and partner organisations.

### GROW OUR ASSOCIATION

FPASL will be a more effective, efficient, sustainable, and growing organisation to meet the needs and wants of our clients.

### WALK THE TALK

We need to take a critical look at our own systems and processes to ensure we are living by our values in every respect. This includes evaluating our HRM systems and processes to eliminate any forms of unconscious bias and setting an example of inclusiveness and equity. (for example how do we institutionalise diversity to assure that Youth, PWD and LGBTQIA+ are adequately represented within the permanent cadre and not just in the programme teams.)

*"The Family Planning Association of Sri Lanka (FPA Sri Lanka), with its decades of experience in sexual and reproductive health and deep engagement with communities, has been an essential and trusted partner. The French Embassy hopes to continue its collaboration with FPA Sri Lanka in the future to promote dignity, equality, and opportunity for all"*

**His Excellency Mr. Rémi Lambert**

Ambassador of France to Sri Lanka and the Maldives in 2025

*"FPA Sri Lanka maintains a governance framework that supports inclusivity, accountability and diverse leadership, with at least 50% women and 20% youth representation. My journey with FPA began as a youth volunteer in 2022 and has been truly transformative. I now serve as Youth Chairperson.*

*Through the organisation's commitment to sexual and reproductive health and rights, FPA and FPA Youth create meaningful opportunities for young people to lead and grow. I have strengthened my skills in advocacy, leadership, programme design and communication, while overseeing key initiatives such as the Youth Strategy 2026–2030 and the Youth Advocacy Fellowship"*

**Ms. Kritaanjali Ratnasabathy**

Chairperson of the Youth Services Committee and Board Member, winner of the IPPF Courageous Volunteer Champion to Advance SRHR Award 2025 at the IPPF General Assembly

An illustration of a person with long dark hair, wearing a yellow hard hat, an orange t-shirt, and blue jeans, climbing a steep, rocky mountain. The person is using a long rope to ascend. At the top of the mountain, a red flag is planted. The background is a vibrant, colorful sky with soft, pastel clouds in shades of blue, purple, and pink, and a bright sun or moon with rays emanating from behind the peak. Several white stars are scattered across the sky. The overall style is soft and artistic, with a focus on the journey and achievement.

*Messages from the  
Leadership*

## President's Message

"Our vision is for FPA Sri Lanka to be perceived as a trusted national partner and leading advocate for SRHRJ in Sri Lanka, working alongside government and communities to ensure equitable, accessible and rights-based services for all"

**Ms. Aruni Marcelline**



I am pleased to place before you the Annual Report and Audited Financial Statements for FPA Sri Lanka for FY2025. During this period, the organisation was able to have an enduring impact on the Sexual and Reproductive Health, Rights and Justice (SRHRJ) landscape in the country through some singular initiatives.

### Playing a National Role in Sexual and Reproductive Health, Rights and Justice (SRHRJ)

In this regard, one of the key accomplishments during the year was the articulation of FPA Sri Lanka's five-year Advocacy Strategy (2025-2030), which strengthens the institutional framework for promoting our vision of 'leaving no one behind', with particular emphasis on rural populations, marginalised communities and underserved groups, women, adolescent girls, youth, people with disabilities, LGBTQIA+ and other vulnerable populations.

FPA Sri Lanka plays a unique national role in the SRHRJ landscape in Sri Lanka because it operates at the intersection of service delivery, advocacy and partnership with the government. Unlike many non-government organisations (NGOs) and international NGOs (INGOs) that primarily focus on advocacy or project-based interventions, FPA Sri Lanka works closely with Government institutions, particularly the Ministry of Health, to complement and strengthen national SRHRJ programmes. FPA Sri Lanka is able to reach underserved and vulnerable populations through this collaboration, pilot innovative approaches to sexual and reproductive health services, and support community-level awareness and education initiatives that align with national priorities.

At the same time, compared to private healthcare providers that mainly offer fee-based services, FPA Sri Lanka provides rights-based, affordable, and youth-friendly services, while also contributing technical expertise, training and policy advocacy to improve the overall SRHRJ environment in the country. This combination of government partnership, community reach and rights-

based programming distinguishes FPA Sri Lanka's national role within Sri Lanka's SRHRJ sector.

### Investing in Youth Advocacy & Networks

Youth are central to FPA Sri Lanka's long-term mission because they represent a significant segment of Sri Lanka's population and the country's future workforce, leaders, and parents. Ensuring that young people have access to accurate information, quality sexual and reproductive health services, and opportunities to make informed decisions about their bodies and lives contributes to healthier families, greater gender equality and stronger social and economic development. By investing in youth today, through education, empowerment and rights-based health services, FPA Sri Lanka supports the development of a healthier, more informed, and productive generation that can positively shape the country's long-term national development.

### Strengthening Governance, Building Stakeholder Confidence

During the year under consideration, the Board focused on strengthening governance, accountability and strategic oversight of the organisation.

Key priorities included ensuring compliance with regulatory and statutory requirements, enhancing financial oversight and sustainability, strengthening internal policies and risk management systems, and supporting the effective implementation of FPA Sri Lanka's strategic priorities and programmes.

Our vision is for FPA Sri Lanka to be perceived as a trusted national partner and leading advocate for SRHRJ in Sri Lanka, working alongside government and communities to ensure equitable, accessible, and rights-based services for all.

### Looking Ahead

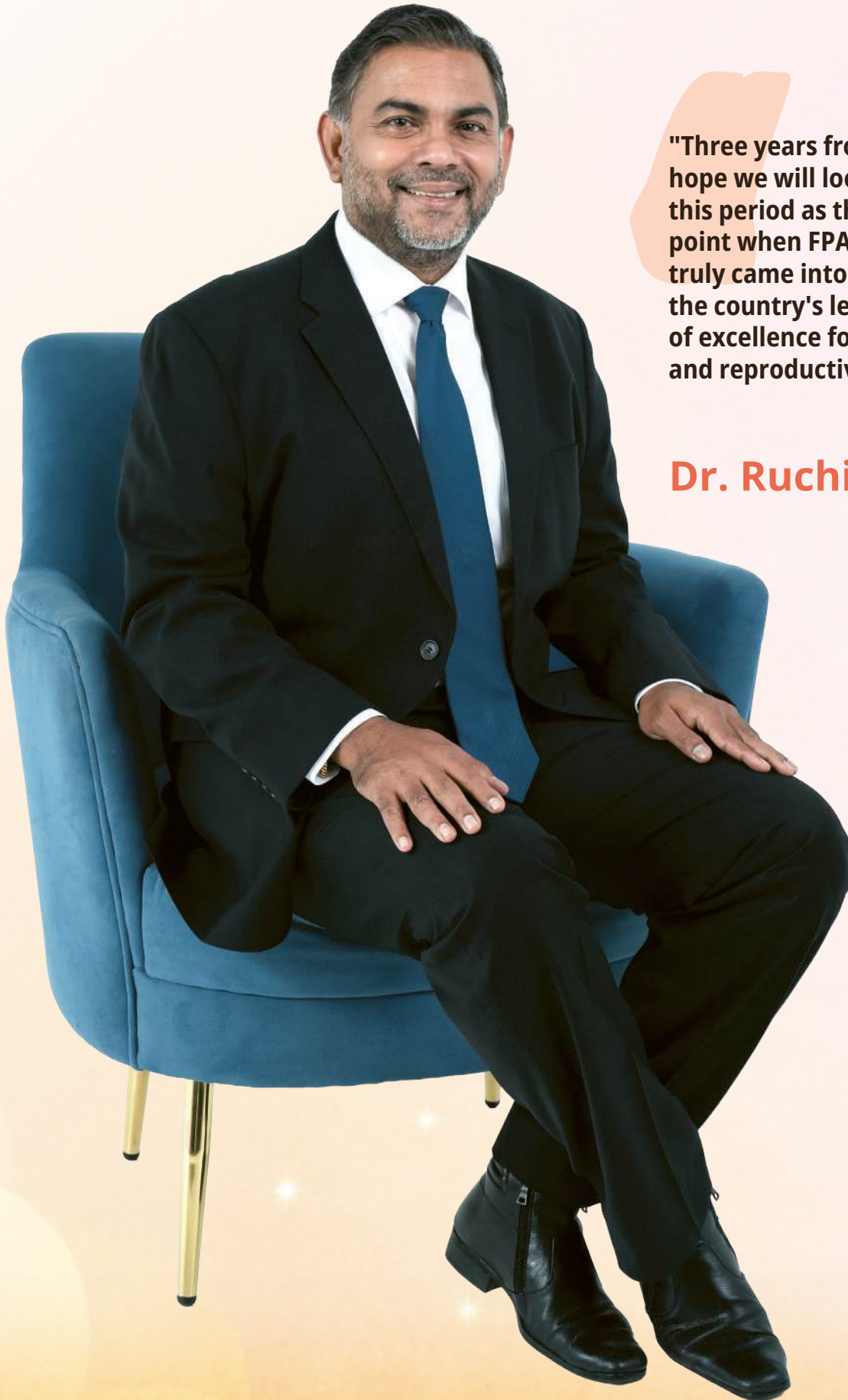
Ten years from now, a successful legacy of this Board and presidency would be having strengthened FPA Sri Lanka into a resilient, well-governed and nationally respected institution that continues to play a leading role in advancing sexual and reproductive health and rights in Sri Lanka. This would include building strong governance systems, ensuring financial sustainability, expanding access to quality and youth-friendly SRHRJ services, and deepening partnerships with government and communities, so that FPA Sri Lanka remains a trusted national partner contributing to better health, gender equality, and informed choices for future generations.



A. Aruni Marcelline

Ms. Aruni Marcelline

## Message from the Executive Director



**"Three years from now, I hope we will look back at this period as the turning point when FPA Sri Lanka truly came into its own as the country's leading centre of excellence for sexual and reproductive health"**

**Dr. Ruchitha Perera**

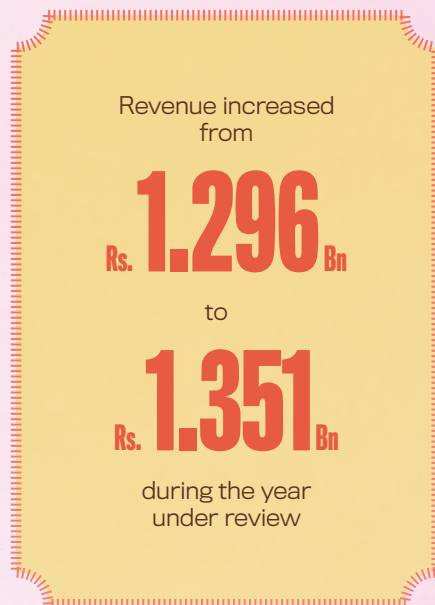
As I reflect on the year that has passed, I am filled with a deep sense of gratitude, for the communities that trusted us, the teams that served with dedication and the partners who walked alongside us in our mission to make sexual and reproductive health a lived reality for all Sri Lankans.

2025 was a year of meaningful growth. We expanded our national network to nine operational Service Delivery Points, with our 10th facility in Pallakelle completing what has been a significant chapter in FPA Sri Lanka's journey. But beyond bricks and mortar, what truly moved me was witnessing the difference this expansion made to people, families in underserved communities, young people seeking information without fear of judgement, and individuals who finally found a space where their health and dignity were treated with equal importance.

One memory from this year that I will always cherish is the launch of ReproSex: International Journal on Sexual and Reproductive Health. To witness policymakers, academics, health professionals and civil society gathered in honest dialogue about issues that have long been kept at the margins, that felt like progress in the truest sense.

I will also be honest about our challenges. Resource mobilisation did not keep pace with our growing ambitions and the pressures of a difficult global funding environment were felt within our work. We learned that expanding boldly must go hand-in-hand with building the financial foundations to sustain that growth. That lesson is shaping how we plan for the years ahead.

Looking forward, our priorities are clear: to strengthen and deepen our service delivery network, to embrace digital health as a genuine tool for reaching young people and to build a more resilient and diversified financial model that frees us to focus on what matters most our communities.



Three years from now, I hope we will look back at this period as the turning point when FPA Sri Lanka truly came into its own as the country's leading centre of excellence for sexual and reproductive health. That vision is ambitious, but it is grounded in the extraordinary commitment of everyone who forms part of this organisation.

To our staff, volunteers, Board and partners, thank you. The work continues and I could not be prouder to be part of it.

**Q: How would you describe FPA Sri Lanka's most important contribution to national SRH outcomes this year?**

**A:** FPA Sri Lanka's most significant contribution this year has been its

sustained expansion of equitable access to high-quality sexual and reproductive health services for marginalised, underserved and underprivileged communities across the country. Its nine operational Service Delivery Points (SDPs) function as critical access points for contraception, counselling, reproductive health consultations and referral services, particularly for individuals who often fall outside the reach of traditional health systems. A further milestone in strengthening this national service network was the completion of construction of the 10th SDP in Pallakelle in December 2025. These interventions reinforce FPA Sri Lanka's commitment to ensuring that no individual is left behind in exercising their sexual and reproductive health rights.

**Q: What national gap or failure in the system did FPA Sri Lanka help to address in 2025?**

**A:** Sri Lanka continues to grapple with deeply entrenched cultural, religious, economic and systemic barriers that restrict access to accurate sexual and reproductive health information and services. These barriers are particularly pronounced among young people, rural communities and marginalised populations, many of whom remain excluded from meaningful engagement with SRH services.



# Message from the Executive Director

In 2025, FPA Sri Lanka played a crucial role in addressing this gap by implementing innovative service delivery models, scaling community outreach initiatives and expanding inclusive SRH education programmes in underserved areas where the public health system has historically struggled to maintain consistent engagement. These interventions helped to bridge a persistent 'last-mile' gap between national SRH policy ambitions and the realities experienced at the grassroots level, ensuring that policies designed to protect reproductive rights translate into practical access to services.

## **Q: What changed this year that would not have happened without FPA Sri Lanka's intervention?**

**A:** Without FPA Sri Lanka's deliberate and sustained intervention, three SDPs may have continued to operate below their full potential, limiting community access to quality SRH services. FPA Sri Lanka strengthened and activated these service points as functional hubs for reproductive health care, ensuring communities had direct access to information, counselling and clinical support.

Beyond service infrastructure, FPA Sri Lanka's leadership in launching *ReproSex: International Journal on Sexual and Reproductive Health* created a national platform for dialogue, innovation and collaboration that had not previously existed. The launch brought together multidisciplinary stakeholders to examine emerging SRHR challenges and explore new pathways for partnership, research and innovation. The impact of this initiative continued throughout the year as new partnerships were formalised, policy discussions gained momentum and communities that had never engaged with SRH services began to access care with greater confidence.

Simultaneously, FPA Sri Lanka's restructured governance framework strengthened Board leadership, while the Technical Advisory Committees (TACs) further enhanced the organisation's

institutional credibility and strategic direction.

## **Q: Which government policy, reform or institutional process was directly influenced by FPA Sri Lanka?**

**A:** FPA Sri Lanka contributed actively to shaping Sri Lanka's policy discourse on sexual and reproductive health rights through targeted engagement with relevant line ministries, professional colleges and national health authorities. With the help of evidence-based submissions, consultations and technical engagement, FPA Sri Lanka has supported ongoing national discussions on strengthening inclusive SRH service delivery standards, particularly with regard to adolescents and marginalised populations. Continued participation in national health planning forums, policy consultations and sectoral events has ensured that the experiences and voices of the communities served by FPA Sri Lanka are reflected in institutional processes. This engagement remains an area that the organisation intends to deepen in the years ahead.

## **Q: What was the most difficult challenge faced this year – financial, political, cultural or operational?**

**A:** The most complex challenge faced during the year was navigating a combination of financial constraints alongside persistent cultural and religious resistance to open discussion of sexual and reproductive health. The continuing economic volatility in Sri Lanka, combined with shifting global funding priorities, placed considerable pressure on resource mobilisation efforts. FPA Sri Lanka was required to maintain service quality and programme reach across an expanded network of nine Service Delivery Points, while operating within increasingly constrained financial environments.

At the same time, deep-rooted cultural attitudes surrounding sexuality and reproductive health continued to create barriers to community engagement, particularly when working with

adolescents and more conservative rural populations.

FPA Sri Lanka's response to these challenges was defined by adaptability, creativity and resilience. The organisation refined its communication strategies, forged new partnerships and strengthened existing collaborations with local stakeholders, while ensuring that programme delivery remained culturally sensitive and firmly grounded in a rights-based approach.

## **Q: What is the single biggest strategic risk to FPA Sri Lanka's future relevance?**

**A:** The most significant strategic risk to FPA Sri Lanka's long-term relevance lies in the possibility of not evolving rapidly enough in response to changing demographic patterns, digital transformation and shifting community expectations.

Young people in Sri Lanka increasingly access information through digital platforms, social media and online networks, fundamentally changing how knowledge is consumed and shared. If FPA Sri Lanka does not invest sufficiently in digital engagement platforms, youth-centred service design and more agile programme delivery models, the organisation risks losing visibility among the very populations it seeks to empower.

Another major risk lies in over-dependence on traditional donor funding relationships. As global development priorities continue to evolve, this dependency creates vulnerability for many civil society organisations. Addressing this risk will require FPA Sri Lanka to accelerate its transition towards greater financial sustainability, diversified income streams and stronger local resource mobilisation.

## **Q: What should FPA Sri Lanka stop doing, start doing, and scale aggressively over the next three years?**

**A:** FPA Sri Lanka should gradually move away from programme activities that duplicate services already delivered effectively by government institutions or other Non-Governmental Organisations (NGOs), while reducing reliance on input-heavy reporting frameworks that consume valuable staff time without generating meaningful learning or accountability.

The organisation should begin investing more systematically in digital health solutions, including telehealth consultations, online SRH education platforms and data-driven community needs mapping systems. These tools will allow FPA Sri Lanka to reach younger, digitally connected populations more effectively. At the same time, FPA Sri Lanka should formalise its role as a national centre of excellence in sexual and reproductive health, supported by a strong knowledge management and policy advocacy function.

In terms of scaling aggressively, FPA Sri Lanka must expand its community-based outreach model, particularly its work with marginalised and hard-to-reach populations. The organisation's 10 SDPs provide a strong foundation for scaling these interventions nationwide.

In addition, FPA Sri Lanka should strengthen its advocacy influence by building on the momentum created by ReproSex and the organisation's strengthened governance framework, positioning it as the authoritative civil society voice on SRH policy in the country.

**Q: How would you describe FPA Sri Lanka's role today: service provider, system shaper, policy influencer or social innovator?**

**A:** FPA Sri Lanka today embodies all four roles: service provider, system shaper, policy influencer and social innovator, although these roles operate at different levels of intensity.

At its core, FPA Sri Lanka remains a service provider, with its 10 SDPs serving

as lifelines for thousands of Sri Lankans seeking sexual and reproductive health services delivered with dignity and confidentiality.

However, the year under review accelerated FPA Sri Lanka's transformation into a system shaper and policy influencer at a national level through strengthened governance structures, active policy engagement and the convening power demonstrated through initiatives such as ReproSex. Underlying this transformation is the sustained investment in staff capacity development, ensuring that its teams possess the skills, confidence and professional expertise required to deliver excellence across all programme areas.

By leveraging on innovation in technology, community-centred programme design, strategic partnerships and human capital development, FPA Sri Lanka is increasingly embodying the role of a social innovator within Sri Lanka's health sector.

The organisation's guiding vision, 'Championing Choices, Transforming Futures' is to hold all four roles with equal intentionality, transforming lives today while shaping the systems that will determine futures tomorrow.



**Dr. Ruchitha Perera**

# Senior Management Team



**Mr. Suhail Junaid**  
*Director - Marketing*

He is passionate about leading market-based solutions that strengthen organisational sustainability while advancing public health outcomes. He has successfully improved revenue growth, cost recovery and operational efficiencies through strategic planning, robust forecasting and data-driven decision-making. He is known for delivering commodities security and uninterrupted supplies, aligning with global best practices and ensuring accountability to donors. His experience covers programme governance, risk management and compliance, working with government agencies, international partners and private sector suppliers to implement scalable, sustainable interventions.



**Dr. Chinthia Rupasinghe**  
*Director - Sexual & Reproductive Health (SRH)*

A key focus of her leadership has been strengthening integrated service models by linking clinical SRH care with digital platforms such as telecounselling and helplines to improve accessibility, confidentiality and continuity of care. Her work includes revamping clinic operations, expanding mobile outreach services, optimising service packages, and exploring innovative revenue-generating models that cross-subsidise care for underserved populations. She is instrumental in strengthening the SRH Institute and counselling services, integrating training, service delivery and digital health platforms into a hybrid, scalable model.



**Dr. Ruchitha Perera**  
*Executive Director/Chief Executive*

A passionate advocate for youth leadership and institutional capacity building, his work focuses on positive change through sustainability, innovation, artificial intelligence and future-focused leadership strategies in commercial and development contexts. Through his executive, board, academic and advisory roles, he advances sustainable development, public health and inclusive economic opportunities across diverse global settings. His expertise includes social enterprise development, financial sustainability, governance reform, behaviour change and digital transformation. His career spans executive leadership, governance, consulting and academic roles, combining commercial discipline with mission-driven impact.

**Ms. Zaroosha Farook**  
*Head of Finance*

As the head of the finance function, she plays a key role in aligning financial management with programme objectives and IPPF's accountability framework, ensuring effective utilisation of resources to support SRHR service delivery. She has extensive experience in strengthening internal control systems, implementing ERP platforms, enhancing financial reporting frameworks, and ensuring compliance with statutory and regulatory requirements. She is recognised for her ethical leadership and commitment to financial integrity, ensuring that resources are managed efficiently, transparently, and in support of sustainable programme impact.



**Mr. M. Suchira Suranga**  
*Director - Organizational Learning & Evaluation*

A monitoring, evaluation and learning (MEL) specialist and researcher with 20 years of experience in national and international development programmes, he leads MEL systems, reporting, digital data use and performance improvement. Previously he served as Senior Technical Advisor at IPPF-SARO, where he supported nine member associations across South Asia. He has published in peer-reviewed journals on sexual and reproductive health, HIV and abortion, statistical modelling and programme evaluation.



# Board of Directors



**Ms. Aruni Marcelline**  
*Hon. President*



**Mr. Asanga Karunaratne**  
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**Mr. Gordon Lester Aponso**  
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*Chairperson*  
*Policy and Strategy Committee*



**Mr. Chandima Gunawardena**  
*Immediate Past President*



**Dr. Ruchitha Perera**  
*Executive Director*  
*Ex-Officio*

# Technical Advisory Committees

## Members of the Technical Advisory Committees for the Year 2025

### Sexual and Reproductive Health Services Committee

- + Prof. Sanath Lanerolle (Chairperson)
- + Dr. Darshana Abeygunawardena
- + Dr. Thivanka Munasinghe
- + Dr. Ruwan Silva
- + Dr. Suranga Hettipathirana
- + Dr. Sharada Jayalath
- + Ms. Saritha Irugalbandara
- + Dr. Chintha Rupasinghe (Focal Point)

*Invited: Family Health Bureau representative – Dr. Loshan Moonasinghe and National STD/AIDS Control Programme (NSACP) representative*

### Treasury Management Committee

- + Ms. Thanuja Fernando (Chairperson)
- + Mr. Sanath Wijesinghe
- + Ms. Geilee Skandakumar (resigned)
- + Ms. Ornella Fernando
- + Mr. Tharindu Wijethunga
- + Ms. Zaroosha Farook (Focal Point)

### MarCom Committee

- + Ms. Shehara de Silva (Chairperson)
- + Mr. Anver Dole
- + Dr. Pramilla Senanayake
- + Ms. Anuki Premachandra
- + Ms. Shea Wickramasinghe
- + Ms. Rehana Thowfeek
- + Mr. Spencer Manuel
- + Mr. Suhail Junaid (Focal Point)

### Policy and Strategy Committee

- + Dr. Lahiru Kodithuwakku (Chairperson)
- + Ms. Aruni Marcelline
- + Mr. Ramanaish Katheravelu
- + Mr. Nihal Dedigama
- + Dr. Lakshmen Senanayake
- + Mr. Asith Hettiarachchi
- + Dr. Soma De Silva
- + Mr. Suchira Suranga (Focal Point)

### Youth Services Committee

- + Ms. Kritaanjali Ratnasabapathy (Chairperson)
- + Ms. Geilee Skandakumar (Resigned - November 2025)
- + Mr. Theekshana Jayawickrama
- + Mr. Kaveesha Jayasekera
- + Ms. Methara Serany Serasundera
- + Mr. Malith Madurandika
- + Mr. Priyanga Ranasingha
- + Ms. Dewni Ranaweera

## Standing Committees



**Dr. Pramilla Senanayake**  
*Chairperson*



**Ms. Nishoka Nanayakkara**  
*Chairperson*

### Nominations and Governance Committee

- + Dr. Pramilla Senanayake (Chairperson)
- + Dr. Lasantha Wickremesooriya
- + Mr. Anton Thayalan
- + Ms. Sapna Madhurangi
- + Ms. Padma Cumarathunga

### Audit and Risk Committee (From June 2025)

- + Ms. Nishoka Nanayakkara (Chairperson)
- + Mr. Aubrey Savarimuttu
- + Mr. Harshana Kulatilaka



### Company Secretary

- + Ms. Diani Mallavithanarachchi



*Creating Impact*

# Overview

*The Family Planning Association of Sri Lanka (FPA Sri Lanka) delivered a year of decisive impact, advancing Sexual and Reproductive Health, Rights and Justice (SRHR) across the country. Operating within a complex environment shaped by economic pressures, shifting donor priorities and persistent social stigma surrounding Sexuality and Reproductive Health (SRH), the organisation remained firmly focused on expanding equitable access to services for underserved and marginalised communities. Deploying an integrated nationwide network of Service Delivery Points (SDPs), static and mobile clinics, tele-counselling platforms and community outreach initiatives, FPA Sri Lanka continued to bridge critical last-mile gaps between national policy ambitions and the lived realities of women, young people, persons with disabilities, LGBTQIA+ communities and other vulnerable populations. The construction of the 10th Service Delivery Point (SDP) in Pallekele and the revitalisation of flagship service platforms such as Bloom by FPA Sri Lanka further strengthened the organisation's capacity to deliver client-centred, rights-based care at scale.*



During the year under review, FPA Sri Lanka launched its first large-scale emergency response following Cyclone Ditwah, delivering essential reproductive health services, dignity kits and mobile outreach to affected populations with support from the International Planned Parenthood Federation (IPPF). Youth engagement programmes expanded through leadership development, peer education and digital advocacy, empowering a new generation to participate actively in shaping the sexuality agenda.

Meanwhile, the Social Marketing Programme (SMP) exceeded revenue targets, reinforcing financial sustainability while expanding nationwide access to affordable contraceptive products. Strategic investments in digital health systems, research, training and partnerships further enhanced organisational effectiveness and policy influence, including continued leadership in national HIV prevention efforts and evidence generation initiatives, transforming SRH services in the country.

# Innovation in Service Delivery



## Strengthening Clinical Care

The Medical Unit serves as the core service delivery arm of FPA Sri Lanka, fulfilling its founding mandate to provide accessible, high-quality Sexual and Reproductive Health (SRH) services. FPA Sri Lanka was originally established to deliver family planning and reproductive health services directly to communities, and this responsibility continues to be carried forward primarily through the Medical Unit.

The Unit operates through four interconnected service platforms: Bloom by FPA Sri Lanka, Happy Life Call Centre, SRH Institute and the Alokaya Counselling Centre. These platforms collectively deliver comprehensive services including contraceptive and reproductive health care, specialist consultations, counselling services, health information and referrals, as well as education and professional training in SRH.

Through these integrated service pillars, the Medical Unit provides:

- + SRH clinical services
- + Contraceptive and family planning services
- + Specialist consultations and diagnostics
- + Psychosocial counselling and mental health services
- + SRH information and helpline services
- + SRH education and professional training

Service delivery is implemented through a multi-channel model combining static clinic services, mobile outreach clinics, specialist consultations, digital platforms and online support, as well as a dedicated telephone hotline. This integrated approach ensures

that individuals can access services through multiple entry points while improving accessibility, confidentiality and continuity of care. Although the Medical Unit functions as a non-profit service delivery entity, sustainability remains a strategic priority. The Unit pursues diversified resource mobilisation strategies, including income generation and cost-recovery models, while maintaining equitable access to essential services.

In line with FPA Sri Lanka's commitment to people-centred care and Universal Health Coverage, the Medical Unit operates a No Refusal Policy, ensuring that individuals who face financial barriers continue to receive essential SRH services through subsidies supported by the organisation's core grant funding.

The work of the Medical Unit is anchored in Pillar 1 of FPA Sri Lanka's Strategic Plan – Center Care on People, which focuses on widening access to services, expanding informed choice and advancing digital health innovations. Service delivery emphasises inclusive and youth-friendly approaches, gender-transformative and gender-affirming care, and specialised services for key populations experiencing stigma or structural barriers. The Unit also contributes to organisational wellbeing through staff welfare initiatives, providing staff members with free consultations, SRH services and a 25% subsidy on laboratory investigations.

Close collaboration with the Advocacy Unit further strengthens programme impact. The Medical Unit provides services for the sex worker consortium, supporting community-led initiatives that promote rights-based access to health services. The Unit also contributes technical expertise to advocacy initiatives under Solidarity for Change, particularly through evidence generation and engagement in policy reform processes related to Sexual and Reproductive Health, Rights and Justice (SRHRJ).

# Innovation in Service Delivery



Beyond service provision, the Unit actively participates in national and international initiatives. In 2025, it was involved in three major initiatives: participation in the International Planned Parenthood Federation (IPPF) CoLab Initiative on digital health; engagement in the FGM/C RESPOND 2 project; and continued provision of SRH services for the sex worker consortium programme.



## Bloom by FPA Sri Lanka

### Transforming SRH Service Delivery

The transformation of the organisation's primary clinic into 'Bloom by FPA Sri Lanka' marked the most crucial milestone for the Medical Unit in 2025. Prior to this transformation, the clinic experienced declining client numbers and reduced income. A comprehensive revamp programme repositioned the clinic as a modern, inclusive and client-centred SRH service hub. The transformation involved complete rebranding, including a new name, logo and visual identity, as well as major improvements to service delivery systems. Pricing structures were revised updated and infrastructure redesigned to improve accessibility and client comfort. The ambience of the clinic was intentionally redesigned to move away from a traditional hospital setting toward a calm, welcoming and confidential space. A dedicated private entrance was introduced to ensure discreet access for clients seeking sensitive services.

Bloom was relaunched in September 2025, and the final quarter of the year recorded a clear increase in both client visits and revenue. According to financial data, income generated by Bloom in December 2025 increased by 50% compared with December 2024, demonstrating the immediate positive impact of the revamp. Service expansion and improved quality of care were central to this growth.

### Expanding Services and Strengthening Quality

During 2025, Bloom significantly expanded its service portfolio and strengthened clinical governance systems. Through core grant activities, the Medical Unit conducted 13 mobile clinics, delivering 6,065 services to 1,026 clients in underserved communities. At the Bloom clinic itself, 22,050 services were delivered through 5,513 client visits, reaching 3,675 individuals.



Quality improvement initiatives included:

- + Complete revamp of the Bloom clinic as the flagship SRH service hub
- + Updating client documentation formats
- + Updating client consent forms
- + Development and endorsement of Standard Operating Procedures on Health Supplies Management
- + Adoption of IPPF store management guidelines

Service expansion also introduced specialist consultations, including:

- + Visiting Obstetricians and Gynaecologists (VOGs)
- + Venereologist consultations
- + Nutrition physician consultations

Diagnostic services expanded with the purchase of an ultrasound scan machine, enabling gynaecological ultrasound services. A sales counter for FPA Sri Lanka products was established within the Bloom clinic, improving client access to SRH commodities. Laboratory services were also expanded through collaboration with Lanka Hospital Diagnostics, enabling access to full-range accredited laboratory services on all clinic days.



## Health Promotion and Public Engagement

Bloom contributed to several major public health and educational initiatives during the year:

- + A Comprehensive Sexuality Education (CSE) programme titled 'Happy Healthy Love' was conducted for University of Colombo students in collaboration with United Nations Population Fund (UNFPA) during Valentine's Day.
- + Another CSE programme was delivered for students of the University of Kelaniya in collaboration with the Department of Sociology.

- + The Medical Unit participated in Medicare 2025, conducting a public awareness and consultation booth.
- + International Women's Day initiatives included a contraceptive awareness programme conducted in collaboration with the General Sir John Kotelawala Defence University (KDU).



- + A separate community outreach programme with KDU addressed consent and understanding personal boundaries.
- + Bloom also supported the European Parliamentary Forum for Sexual & Reproductive Rights Delegates' visit, facilitating multi-sectoral SRHRJ dialogue sessions with Provincial Health Authorities in Colombo, Batticaloa, Nuwara Eliya and Galle.
- + The Unit operated a HIV/STI screening and SRH consultation booth at ComHealth Fest 2025, organised by the Ministry of Health and the College of Community Medicine.



## Capacity Building and Knowledge Development

Several initiatives strengthened professional capacity within the SRH sector:

- + Outreach staff received in-service training on SRH service provision, focusing particularly on the Post-Abortion Care (PAC) package.

# Innovation in Service Delivery

- + The CSE booklet, 'Happy Life' was revised and updated, and the ISBN registration process was completed.
- + Internship placements were also supported. One undergraduate student from the University of Kelaniya's Department of Sociology completed a placement with the programme.
- + A Training of Trainers programme for Service Delivery Point-based health volunteers strengthened grassroots capacity on SRH.

## Medical Education and Academic Collaboration



The Medical Unit makes a substantial contribution to the training of future healthcare professionals. Weekly clinical and academic visits for University of Colombo medical students were facilitated at the Professorial Unit every Wednesday. A structured learning plan was developed for student engagement, and two teaching sessions on Family Planning were conducted for medical students at KDU.

## Digital Health Innovation

FPA Sri Lanka was selected for the IPPF CoLab Initiative, which supports digital health innovation. As part of this programme, the organisation completed a Digital Maturity Assessment, marking an important milestone toward strengthening digital health systems within the SRH Centre.

## Global Collaboration – FGM/C RESPOND 2

The Medical Unit also became involved in the FGM/C RESPOND 2 project. The project proposal received formal approval, and the first working group meeting was held in Bali with Professor S. Lanerolle and Dr. Melanie Goonerathne, who serves as FPA Sri Lanka's Technical Working Group focal point. The project budget and revised activities were approved, and recruitment for project staff has commenced.



## Alokaya Counselling Centre

The Alokaya Counselling Centre delivers psychosocial counselling services through three service channels:

- + In-person consultations at the static clinic
- + Visiting services at associated clinics
- + Online virtual counselling platforms

Virtual counselling significantly expanded accessibility by extending services beyond standard clinic hours.

In 2025, the Centre delivered:

**2,912**

*Counselling Services to 1,045 Clients at the Static Clinic*

**982**

*Online Counselling Sessions Reaching 605 Clients*

Services addressed relationship difficulties, SRH-related psychosocial challenges, mental health concerns, gender-based violence and workplace stress.



## Institutional Partnerships

Alokaya maintained services at two associated clinics:

- + Castle Hospital Subfertility Clinic
- + Child Action Lanka



Two corporate clients also continued to receive services. A key milestone involved launching an Employee Assistance Service (EAS) for the Central Bank of Sri Lanka, providing structured counselling support for employees. In addition, four mental health awareness programmes were conducted for private sector women during International Women's Day, reaching over 200 participants.

## Internship and Workforce Development

The Centre also serves as a recognised training site for psychology and counselling students from:

- + NIBM
- + IPS
- + ICBT
- + Faculty of Graduate Studies, University of Colombo

During the year, 31 students completed supervised counselling internships, strengthening Sri Lanka's mental health workforce.

## Community-Led Monitoring

A Senior Psychological Counsellor from Alokaya served as Case Manager for the Community-Led Monitoring initiative on HIV prevention under the SKPA Project within the Advocacy Unit until December 2025.

## Happy Life Call Centre

### Expanding Confidential Digital SRH Access

The Happy Life Contact Centre serves as a confidential access point for sexual and reproductive health information, counselling and referrals. During 2025, the service delivered 4,370 consultations, providing information on contraceptive

products, referrals and general SRH guidance. Participation in the IPPF CoLab Initiative is strengthening the digital capacity of the platform, enabling expansion into a hybrid digital SRH service model.

## SRH Institute

### Building National Capacity in SRH Education

The SRH Institute functions as the Medical Unit's education and training hub.

### Training Programmes

During the year, five courses were delivered:

- + One Sexual Health Therapy programme
- + Two Cognitive Behavioural Therapy courses
- + One Psychology of Marriage course
- + One Counselling Skills Development course



A certificate awarding ceremony recognised programme graduates. Also, a two-day drama therapy workshop was conducted for 80 government counsellors following Cyclone Ditwah.



# Innovation in Service Delivery

## Community Outreach

Community outreach programmes included:

- + Parenting Skills Development webinar series with Parent-Thrive Community
- + Breast cancer and SRH awareness session with MAS Active
- + Five SRH awareness programmes for Next Manufacturing BOI plants
- + Webinar on Personality Disorders led by Consultant Psychiatrist Dr. Neil Fernando

## Strengthening Workforce Capacity



A new National Vocational Qualifications (NVQ) course for Social and Outreach Workers serving key populations was developed with Global Fund and National STD/AIDS Control Programme (NSACP). The curriculum received Tertiary and Vocational Education Commission (TVEC) validation, and the SRH Institute was recognised as an NVQ training provider.

## Financial Performance

The SRH Institute continued to demonstrate steady financial performance during the year, generating programme income of Rs. 4.04 million through its training and educational activities. Careful cost management enabled the Institute to maintain total expenses at Rs. 3.57 million, comprising activity costs of Rs. 2.44 million and personnel costs of Rs. 1.13 million. As a result, the Institute recorded a surplus of Rs. 466,492, reflecting the growing demand for professional training in sexual and reproductive health and counselling, while reinforcing the Institute's role as a sustainable platform for capacity building within the SRHRJ sector.

## Strategic Priorities for 2026

Looking ahead, the Medical Unit will focus on:

- + Expanding Bloom as the flagship SRH service hub and replicating best practices across other satellite initiatives
- + Improving quality of care and strengthening quality assurance systems
- + Expanding mobile outreach services
- + Establishing fertility services including IUI and advanced diagnostics
- + Introducing innovative income generation models by diversifying service packages, corporate partnerships and wellness models. For example, Alokaya Counselling Centre provides SRH services at two registered associated clinics, Castle Hospital Subfertility Clinic and Child Action Lanka; and for 02 corporate clients. An Employee Assistance Service (EAS) agreement was also signed with the Central Bank of Sri Lanka
- + Expanding Comprehensive Sexuality Education programmes
- + Strengthening psychosocial support services
- + Scaling digital health services including telehealth and e-pharmacy
- + Building the Medical Unit as a training hub for SRH and clinical capacity-building
- + Strengthening governance and advisory mechanisms
- + Positioning Bloom by FPA Sri Lanka as a recognised SRH brand
- + Enhancing institutional capacity and human resources

# Strengthening Outreach & Broadening Access

Guided by the principle of 'Leave No One Behind', the Outreach Unit continued to expand access to essential Sexual and Reproductive Health (SRH) services during 2025. Operating as a critical service extension arm of FPA Sri Lanka, the Unit delivers services through two operational platforms: Outreach coordination from Head Office and Service delivery through decentralised Service Delivery Points (SDPs). The Unit focuses particularly on rural populations, marginalised communities and underserved groups who often experience limited access to health services. Women, adolescent girls, youth, differently-abled individuals, LGBTQIA+ and other vulnerable populations remain at the centre of these efforts.



Leveraging on a combination of static clinics, mobile clinics, associated clinics, tele-counselling, community outreach programmes comprehensive sexuality education programmes and home-based services, the Unit continued to strengthen community-level access to SRH services. In many remote communities, these outreach services represent the only reliable point of access to reproductive health information and services.

## Expanding Access Through Service Delivery

During the year under review, nine (09) SDPs operated under the Outreach Unit. These centres function as community-level access points delivering SRH services through static clinics, mobile outreach clinics, associated clinics, tele-counselling platforms, comprehensive sexuality education programmes and community-based engagement programmes.



### Static Clinic Services

- + 882 static clinics conducted across Ampara, Batticaloa, Koggala, Nuwara Eliya, Seethawaka, Wathupitiwala, Kilinochchi, Puttalam and Monaragala
- + Reached 19,026 individuals
- + Delivered 56,343 sexual and reproductive health services, providing essential access to contraception, reproductive health consultations, counselling and health education within communities that would otherwise face significant barriers to care.



### Mobile Clinics

Mobile health services remain a vital mechanism for reaching geographically isolated populations and communities with limited access to health facilities. During the year:



**113**

Mobile Clinic Sessions were Conducted Across Nine Districts



**7,104**

People were Reached with SRH Services



**38,112**

SRH Services Delivered

# Strengthening Outreach & Broadening Access



Mobile clinics ensure that reproductive health services remain accessible even in remote communities when transportation barriers, financial limitations or social stigma may prevent individuals from visiting fixed health facilities.

## Associated Clinics



Collaborating with associated clinics, the Outreach Unit expanded its service footprint further:



**1,512**  
Individuals Reached



**5,249**  
SRH Services Delivered Through This Programme

## Tele-Counselling

Digital outreach and remote counselling services continued to strengthen access for communities unable to visit clinics physically. Deploying tele-counselling platforms, the Unit:



**4,645**  
Individuals Reached



**7,991**  
SRH Services Delivered Through this Programme

Offering confidential support, guidance and referral pathways for individuals seeking advice on reproductive health, contraception and related issues.

Tele-counselling has also become particularly valuable for factory workers located within industrial zones who often face time constraints preventing them from visiting clinics. To improve accessibility, counsellor contact information has been disseminated through Information, Education & Communication (IEC) materials, leaflets and posters distributed in factories, enabling workers to access psychological support and reproductive health advice remotely.

## Home Visits

Recognising the additional barriers faced by persons with disabilities, the Outreach Unit:

Conducted Home Visits to  
**76**  
Differently abled Individuals

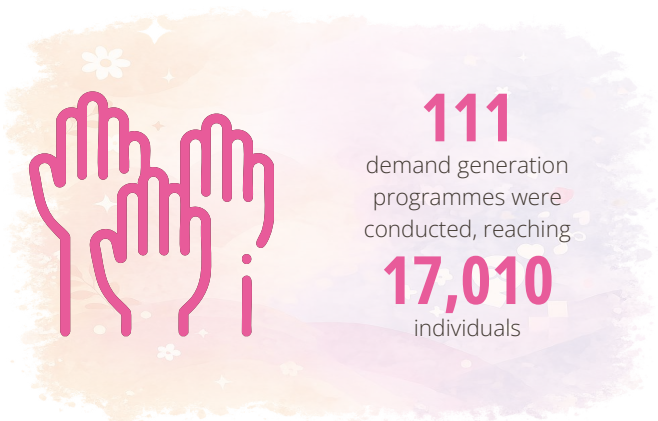


Delivered  
**122**  
SRH Services Directly within their Homes



### Demand Generation and Community Awareness

Community engagement remains a core pillar of outreach activities:



### SRH Education Programmes

**85** Comprehensive Sexuality Education (CSE) Sessions Conducted for **7,384** Participants

**16** Awareness Sessions on Gender-Based Violence (GBV) Conducted for Male Participants, Engaging **1,470** Individuals

**13** Youth Club Programmes Conducted, with **93** Youth Participants Attending these Events

**10** Awareness Programmes Covering HIV, Subfertility, Family Planning and Drug Prevention Conducted, Reaching **1,630** Participants



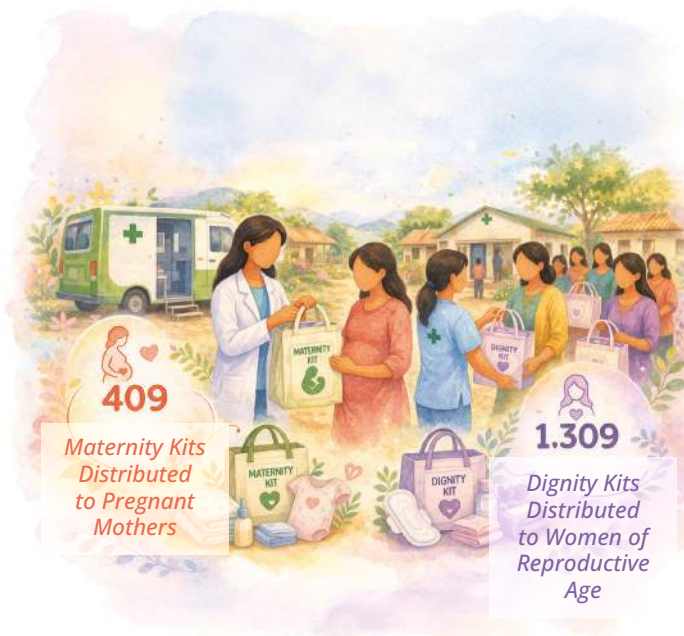
# Strengthening Outreach & Broadening Access

These initiatives strengthen community knowledge, promote healthy behaviours and encourage early engagement with reproductive health services.

## Distribution of Essential Kits

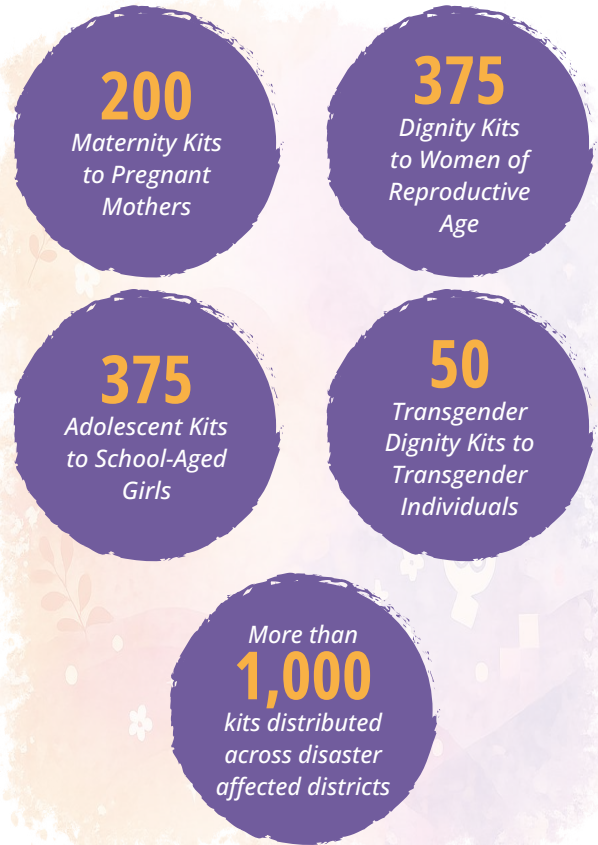
Ensuring dignity and safety during pregnancy, menstruation and emergencies remains a priority for outreach interventions.

### Maternity and Dignity Kit Distribution for Indigenous Communities:



## Emergency Kit Distribution after Cyclone Ditwah (SPRINT Emergency Response Initiative)

As part of emergency response efforts following the Ditwah Cyclone, the Outreach Unit distributed:



This activity marked a major milestone as for the first time in its history, FPA Sri Lanka procured and distributed the kits independently, strengthening the organisation's emergency response capability.



## Humanitarian Response and SRH in Emergencies (SPRINT Initiative)

The SPRINT initiative, which focuses on disaster preparedness, recovery and Sexual and Reproductive Health in Emergencies (SRHiE), achieved several major milestones during the year.

## Community Feedback & Complaint Mechanism Study

This comprehensive study generated key insights and recommendations aimed at strengthening organisational accountability and improving service quality

## MISP Training of Trainers (ToT)

ToT programme conducted using contextualised Minimum Initial Service Package (MISP) training materials. Lead MISP trainers identified to support national and sub-national emergency SRH responses

## Cascading SRHiE Trainings

Two SRHiE cascading training programmes conducted for government first responders in disaster-prone districts, with technical support from UNFPA, in Ampara and Batticaloa

## Emergency Preparedness & Response Planning

Existing Emergency Preparedness Plan (EPP) upgraded, while Service Delivery Point-level Emergency Response Plans (ERPs) developed for Batticaloa, Puttalam and Nuwara Eliya

## Sub-National MISP Readiness Assessment

Sub-national MISP readiness assessment conducted in Ratnapura, one of Sri Lanka's most disaster-prone districts, particularly vulnerable to flooding

## Surge Capacity Development

- + A Surge Training Manual was developed
- + An Operational Surge Capacity Plan was established

## Simulation Exercise – An Innovation in Emergency Response

For the first time in Sri Lanka's SRH emergency preparedness training landscape, the Outreach Unit conducted a simulation exercise with district-level stakeholders. Previously, SRHiE training programmes in Sri Lanka focused primarily on theoretical components. The 2025 simulation exercise introduced practical, real-time emergency response scenarios, allowing frontline disaster management stakeholders to test coordination mechanisms and response capacity. This represented a major innovation in SRHiE training in Sri Lanka.



## Case Study

Indigenous communities in Sri Lanka, remain among the most socially and economically marginalised groups in the country, living in geographically isolated areas with limited infrastructure, restricted livelihood opportunities and reduced access to public services. The women and adolescent girls within these communities face significant barriers to accessing essential maternal care, menstrual hygiene products and Sexual and Reproductive Health (SRH) services. These challenges are compounded by cultural sensitivities, stigma and a lack of targeted outreach programmes. Consequently, critical needs such as safe childbirth supplies, sanitary products and SRH information often remain unmet, directly affecting the health, dignity, and well-being of women and girls.

FPA Sri Lanka's Outreach Service Delivery Points (SDPs) for the first time directly reached Indigenous communities, marking a significant step in the organisation's commitment to inclusive and equitable SRH service delivery. In partnership with UNFPA, FPA Sri Lanka:

- + Distributed 1,309 Dignity Kits and 409 Maternity Kits across 5 districts as well as among the Afro-Sri Lankan community in Puttalam, who face similar structural barriers to SRH services
- + Outreach teams conducted community-based awareness sessions on SRH and menstrual hygiene.

# Strengthening Outreach & Broadening Access



Importantly, this initiative extends beyond addressing short-term needs. It has enabled ongoing engagement between FPA Sri Lanka SDPs and Indigenous communities, facilitating the identification of unmet SRH needs and informing future service delivery, including referrals and mobile clinic interventions supported through other funding sources. Regular follow-up visits and strengthened community networks are expected to support the sustainability of these efforts by improving SRH knowledge, increasing service uptake, and reinforcing long-term trust between communities and healthcare providers.

In many Indigenous and rural areas, health providers are either from the same communities or have maintained long-term engagement within those communities. This strong community connection enabled us to communicate more effectively and tailor health information in ways that were sensitive to the community context. By leveraging trusted community relationships and culturally informed communication, FPA Sri Lanka was able to reduce stigma and fear around reproductive health services. This approach helped build trust among community members, particularly Indigenous women and girls, ensuring SRH services was delivered in a culturally respectful manner.

- + Total clients served: 1718
- + Districts: Mahiyanganaya, Monaragala, Polonnaruwa, Batticaloa and Puttalam
- + Vulnerable groups reached: Indigenous women and girls and Pregnant Mothers

## FPA Sri Lanka's Emergency Response to Cyclone Ditwah

Historically, FPA Sri Lanka had focused primarily on emergency preparedness, rather than active disaster response. Sri Lanka's relatively low-impact disaster patterns had meant that displaced populations typically returned quickly to family homes rather than remaining in temporary shelters for extended periods. However, following Cyclone Ditwah, increased requests from government authorities highlighted significant unmet SRH needs among affected populations.

With leadership support from the Executive Director and funding secured from International Planned Parenthood Federation (IPPF), through the SPRINT project, FPA Sri Lanka launched its first large-scale emergency response programme, supported by a grant exceeding USD 95,000. The response was implemented in two phases:

**Phase 1** – Emergency Kit Distribution: Over 1,000 emergency kits were distributed across affected districts;

**Phase 2** – Ongoing Response. The second phase, currently ongoing, includes:

- + Mobile clinics
- + SRH awareness sessions
- + Demand generation programmes

Emergency mobile clinics have significantly expanded access. While SDPs normally conduct approximately 10 mobile clinics annually, emergency response funding enabled the delivery of approximately 140 mobile clinics across affected regions. Certain centres, including Nuwara Eliya and Batticaloa, conducted 26 mobile clinics each to serve displaced communities.

Field visits demonstrated the impact of these interventions. In Kandapola Hindu Kovil in Nuwara Eliya, where more than 350 displaced individuals were residing with only two washrooms, FPA Sri Lanka teams were the first medical responders to visit the site. The Medical Officer of Health (MOH) visited the site for the first time too alongside the FPA Sri Lanka team. The Outreach team also identified a Sexually Transmitted Disease (STD) case within the shelter population, enabling immediate referral to government STD clinics. These interventions demonstrate how FPA Sri Lanka's presence often serves as the first point of SRH service access during emergencies, particularly in underserved disaster-affected communities.

## Taking SRH Services Directly to Factories

During the year, the LEVI's project implemented several activities to improve access to sexual and reproductive health (SRH) services for garment factory workers and underserved populations in selected industrial zones in Sri Lanka. The

project strengthened access to SRH information through the development, printing and distribution of IEC materials in three languages, which were disseminated through service delivery points and outreach activities. Awareness programmes on HIV prevention, family planning, subfertility and drug prevention were also conducted to improve knowledge and encourage service uptake among factory workers. Service delivery was expanded through static, mobile and associated clinics implemented through the service delivery points in Koggala, Seethawaka and Wathupitiwala EPZs.



The project also ensured service readiness by procuring and distributing essential medical supplies, equipment and contraceptives to service delivery points. In addition, innovative approaches such as tele-counselling were introduced by providing mobile phones to counsellors, enabling confidential consultations, follow-ups and support for HIV self-testing. Community outreach was further strengthened through a peer-educator model, where trained health volunteers conducted awareness sessions and referrals within communities. Capacity-building programmes for SDP staff also contributed to improving service quality and client-centred care.

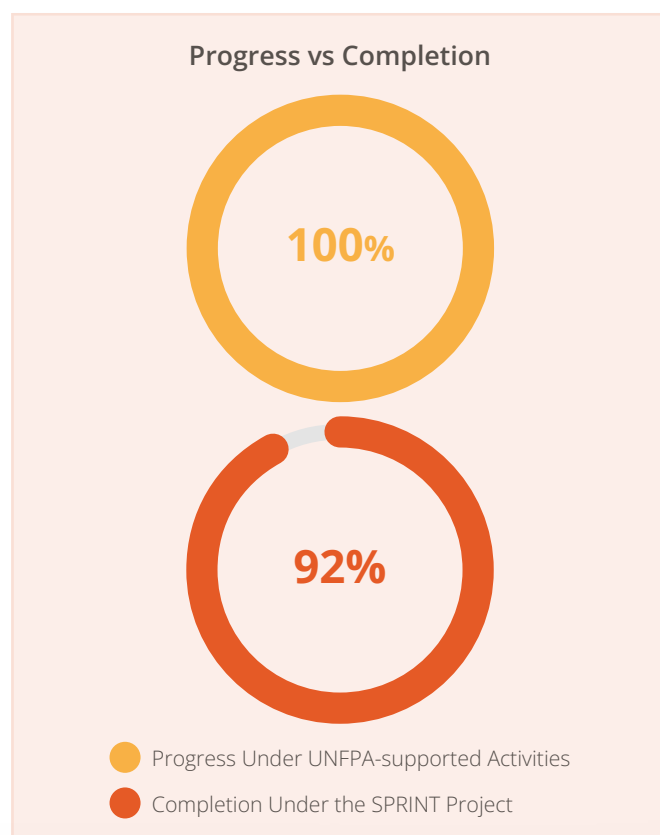
Furthermore, programme implementation performance remained strong. Under restricted projects funded by UNFPA and the SPRINT initiative, the Outreach Unit achieved:

Furthermore, partnerships with local NGOs and women's networks supported demand-generation activities and expanded community engagement. A research study on the needs and uptake of Well-Woman services in export processing zones was also initiated to generate evidence for strengthening SRH services for women workers in industrial settings. A total of 22,456 SRH services were delivered for 14,973 clients through diverse service delivery modalities, demonstrating the growing demand for accessible and worker-friendly health services.

### Institutional Milestones and System Strengthening

The year under review also marked several major institutional milestones for the Outreach Unit:

- + Seven SDPs successfully obtained official clinical registration under the Public Health Services Regulatory Council.
- + Opening the 10th SDP in Pallekele, marking a significant step toward expanding outreach coverage.



# Strengthening Outreach & Broadening Access

## International Engagement and Partnerships



FPA Sri Lanka hosted 11 Members of the European Parliamentary Forum for Sexual & Reproductive Rights from Finland, Poland, Austria, Belgium, Denmark, Sweden, UK and France. The delegation visited SDPs in Batticaloa, Nuwara Eliya and Koggala, gaining first-hand insight into FPA Sri Lanka's service delivery model. In addition, three conferences were organised with leading government officials from the districts where these SDPs operate.

## Service Delivery Innovations

Several operational innovations strengthened service accessibility and responsiveness during the year. These include:

- + Tele-counselling services supporting factory workers in BOI industrial zones
- + Emergency response and mobile clinic expansion following Cyclone Ditwah
- + Simulation-based SRH emergency preparedness training
- + Planning for HIV self-testing kits to be introduced through collaboration with the Social Marketing Programme supported by tele-counselling guidance
- + Mobile service delivery optimised through two mobile clinic buses, which are strategically rotated between northern and southern regions depending on demand
- + Plans are being drawn up to procure two additional mobile clinic buses, enabling expansion of outreach services across underserved districts.

## Challenges Faced in Youth-Centred Outreach

FPA Sri Lanka continues to engage large numbers of young people through leadership programmes, peer learning initiatives, school-based education and community outreach platforms, recognising youth engagement as a critical component of advancing Sexual and Reproductive Health, Rights and Justice (SRHRJ). Despite increasing attention to youth-

centred health programmes, significant barriers persist. Many interventions still focus primarily on awareness, assuming that knowledge alone leads to behavioural change. In reality, social stigma, restrictive gender norms and misinformation often prevent young people from acting on the information they receive. Access to services also remains constrained, as many adolescents perceive health facilities as spaces designed mainly for married adults. Concerns around confidentiality, stigma and judgement discourage young people from seeking counselling, contraception or testing services. FPA Sri Lanka addresses these challenges by linking youth education initiatives directly with accessible services, creating referral pathways to youth-friendly clinics and counselling services.

## Looking Ahead

Future priorities for the Outreach Unit include:

- + Expand mobile clinic capacity through additional mobile buses
- + Conduct sub-national MISP readiness assessments, including planned assessments in Northern Province and Central Province (including Badulla and Kandy), which were significantly affected by Cyclone Ditwah
- + Strengthen clinical registration systems for SDPs
- + Expand tele-counselling and remote SRH service delivery

# Strengthening the National Response to HIV



*FPA Sri Lanka continued to play a critical role in strengthening the national HIV prevention response in 2025 through the National HIV Prevention Programme for Key Populations, implemented under the Global Fund GC7 grant cycle (2025-2027). The Association serves as a Sub-Recipient to the National STD/AIDS Control Programme (NSACP) under the Ministry of Health, contributing technical expertise, community outreach capacity and trusted relationships with vulnerable communities.*



Programme implementation expanded during the year through seven community-based partner organisations operating across Colombo and Gampaha, strengthening national efforts to prevent HIV transmission while improving access to prevention, testing and treatment services. This partnership model enabled the programme to reach populations that often remain outside formal health systems due to stigma, discrimination or structural barriers.

Meanwhile, global funding constraints resulted in adjustments to the original expansion plan. The all-district implementation model initially scheduled for 2026 was phased to ensure programme sustainability. Despite these limitations, programme partners maintained strong operational momentum, prioritising high-impact outreach and community-based testing initiatives.

# Strengthening the National Response to HIV

## Targeted Outreach for Key Populations

FPA Sri Lanka continued implementing a high-intensity outreach model designed to engage key populations most vulnerable to HIV infection. Dedicated outreach teams worked closely with men who have sex with men (MSM), female sex workers (FSW) and transgender (TG) communities in Colombo and Gampaha. Sustained field presence enabled the programme to build trust within communities while encouraging individuals to access prevention services, testing and treatment support.

Peer-led approaches strengthened the programme's reach further. Peer educators working within networks of people who inject drugs (PWID) supported the government's harm reduction outreach programmes by leveraging trusted community relationships. These networks enabled outreach teams to access individuals who often remain hidden due to stigma or legal concerns, ensuring that prevention information and services reached those most at risk.

Real-time outreach strategies also improved programme responsiveness. Mapping exercises, night-time outreach and network tracing helped identify high-risk locations and emerging transmission networks. These approaches enabled outreach teams to engage hidden populations and strengthen early detection efforts.



## Community-Based HIV Prevention and Testing

Community-led testing remained a central pillar of the programme's prevention strategy. Guided by the National STD/AIDS Control Programme, FPA Sri Lanka strengthened community-based HIV prevention services designed to improve early detection and encourage timely linkage to care.

Community Service Providers received refresher training and on-the-job mentoring on HIV and STI testing procedures, client counselling and referral systems.

Rapid testing and oral self-testing options enabled individuals to access confidential testing services within their own communities. Outreach teams also expanded community-based PrEP (Pre-Exposure Prophylaxis) services, increasing access to preventive treatment for individuals at higher risk of infection.

Testing strategies adapted to emerging risk patterns, particularly among young people. Intensified testing efforts targeted youth populations demonstrating increased vulnerability to HIV infection. Night-time outreach and hotspot-based testing further strengthened access to services among hidden populations who might otherwise avoid traditional clinic settings.

These combined strategies produced significant outcomes. More than 100 new reactive HIV cases were identified during the year through multiple testing approaches, enabling early referral to treatment services. Network tracing also revealed links among peers who use drugs, highlighting the importance of targeted interventions within these networks.

Virtual outreach initiatives complemented physical outreach activities. Digital engagement enabled the programme to identify clients beyond Colombo and Gampaha. Client reluctance to share personal information or attend clinics resulted in lower uptake through virtual platforms, yet digital channels still helped identify individuals who might otherwise remain unreachable.

## Strengthening the Continuum of Care

HIV prevention efforts were closely integrated with treatment and care services to ensure a strong continuum of support for people living with HIV. Three partner organisations working with People Living with HIV (PLHIV) implemented programmes that promote treatment adherence, provide psychosocial support and strengthen community engagement. These organisations collaborated closely with STD clinics and health authorities to ensure that individuals diagnosed with HIV receive continuous care, counselling and support throughout their treatment journey. Strong coordination between community partners and public health services enabled smoother referral pathways and improved treatment adherence among clients.

## Capacity Building and Quality Assurance

Continuous capacity building strengthened the quality and effectiveness of the national HIV prevention programme. The National STD/AIDS Control Programme conducted training sessions covering community-based testing procedures, counselling approaches, PrEP referral pathways and virtual outreach strategies.



Regular performance reviews and competency assessments further strengthened programme quality. End-of-year outreach team reviews were conducted under the supervision of the National Key Population Coordinator, ensuring that programme standards remained aligned with national HIV prevention guidelines.

Programme oversight and technical mentoring were also provided by Programme, Finance and Monitoring and Evaluation teams, strengthening operational efficiency and accountability across partner organisations.

## Engaging Youth in HIV Prevention



Youth engagement emerged as a critical focus area during the year as rising vulnerability among young people highlighted the need for innovative communication approaches. FPA Sri Lanka implemented several youth-centred initiatives designed to strengthen HIV awareness while reducing stigma and misinformation.

Following the Cyclone Ditwah disaster, the planned AIDS Walk was adapted into a series of interactive Gen Z learning sessions. Dialogue-based formats encouraged young participants to discuss HIV prevention openly while strengthening peer engagement and knowledge sharing.

The Hearts & Hashtags campaign represented another important milestone in youth-focused HIV advocacy. Developed jointly by NSACP and FPA Sri Lanka in collaboration with the Sri Lanka Girl Guides Association and Sri Lanka Scout Association, the initiative brought young people together at the Sri Lanka Medical Association to explore the intersection of youth culture, digital communication and HIV prevention. The campaign strengthened youth voices in digital advocacy while addressing misinformation and stigma surrounding HIV. The sessions promoted responsible social media engagement as a tool for spreading accurate health information. Feedback from participating youth highlighted significant knowledge gaps regarding HIV prevention, reinforcing the importance of innovative and youth-friendly communication strategies.



FPA Sri Lanka's Executive Director also contributed as a resource person at a special session for school media units and prefects, organised by NSACP in collaboration with the Government Information Centre. This initiative strengthened youth leadership while encouraging schools to engage students in responsible health communication.



# Strengthening the National Response to HIV

## Integrating Sexual & Reproductive Health (SRH) & HIV Prevention

FPA Sri Lanka also expanded integrated sexual and reproductive health programming through the Love Yourself campaign, implemented in partnership with the College of Community Physicians of Sri Lanka, NSACP and Heart to Heart Lanka. Interactive sessions featuring games, quizzes and dialogue-based learning formats enabled meaningful engagement with diverse youth groups. Private-sector collaboration strengthened programme reach, with support from Unilever and Chello Sri Lanka helping to expand youth engagement platforms. This initiative demonstrated the importance of integrating HIV prevention within broader sexual and reproductive health programmes, enabling young people to understand the connections between relationships, reproductive health and HIV prevention.

## SRH Education Through Creative Engagement



Innovative education formats continued to play an important role in making sexual and reproductive health information accessible to young audiences. Programmes such as Rhythm to Life and Rhythm of Love, implemented in collaboration with regional health authorities and NSACP, used music, performance

and storytelling to communicate SRH messages. Both physical and virtual sessions helped transform complex health topics into relatable experiences for young audiences. These edutainment approaches strengthened engagement while ensuring that critical Sexual and Reproductive Health, Rights and Justice (SRHR) information remained accessible and culturally relevant.



## Future Strategic Priorities

FPA Sri Lanka will continue strengthening the national HIV response in alignment with the priorities of the Global Fund and the National STD/AIDS Control Programme. The focus ahead will be on expanding community-based prevention services, strengthening early detection and improving access to care among vulnerable populations.

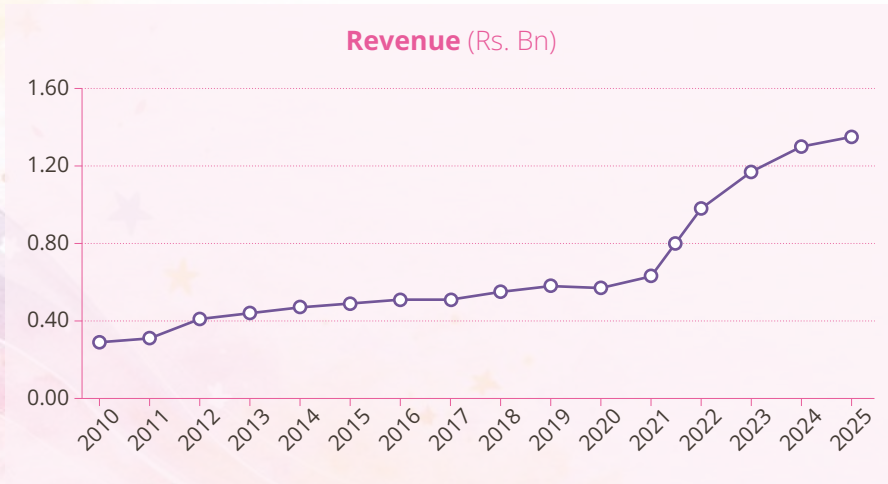
Mobile and community-based services will expand to improve access to HIV testing and PrEP services among underserved and hidden populations in Colombo and Gampaha. Peer-led outreach models will continue targeting key populations and vulnerable young men, strengthening prevention efforts through trusted community networks. Testing strategies will prioritise early detection through hotspot outreach, night-time services, self-testing initiatives and rapid referral systems linking clients to ART and PrEP services.

Youth-focused prevention initiatives will also expand through partnerships with youth organisations and stigma-free digital campaigns designed to resonate with Gen Z audiences. Digital outreach platforms will support individuals who remain hesitant to access facility-based services, ensuring that confidential support remains available.

Collaboration with government agencies, civil society organisations and private-sector partners will remain central to sustaining such initiatives aimed at strengthening national HIV prevention efforts while ensuring that vulnerable communities have access to the services and support they need.

# Social Marketing Programme (SMP)

*In 2025, the Social Marketing Programme (SMP) of FPA Sri Lanka demonstrated how market-based distribution can play a transformative role in expanding access to Sexual and Reproductive Health (SRH). At a time when economic uncertainty, rising costs and regulatory constraints posed significant operational challenges, SMP not only maintained its market leadership but surpassed its financial and programmatic targets.*



Notably, the programme exceeded its budgeted revenue target, increasing revenue from Rs. 1.296 billion to Rs. 1.351 billion during the year under review, reflecting strong financial performance and effective implementation. The robust performance reflects the growing demand for accessible contraceptive options and SMP's ability to combine commercial discipline with a public health mission.

More importantly, SMP's work translates directly into improved access to contraception across Sri Lanka. Through its distribution network and product portfolio, the programme delivered 377,581 Couple Years of Protection (CYP) in 2025, which marks an increase of 7,330 CYP compared to the previous year. This global indicator demonstrates the scale at which SMP contributes to preventing unintended pregnancies, supporting family planning and safeguarding reproductive health outcomes nationwide.

Moreover, operating at the intersection of public health and market systems, SMP ensures that high-quality contraceptive products are available where people need them most, including pharmacies, grocery outlets, online platforms and other retail channels, making sexual and reproductive health products accessible, affordable and discreet for millions of consumers.

## Expanding Access Through a Nationwide Distribution Network

SMP's greatest strength lies in its extensive retail and dealer network, which continues to expand across the country. In 2025, the programme opened 181 new outlets, further extending the reach of contraceptive products to communities nationwide.

During the year, the sales team conducted 25,272 outlet visits, resulting in 18,381 productive sales calls, strengthening relationships with dealers and ensuring consistent



# Social Marketing Programme (SMP)

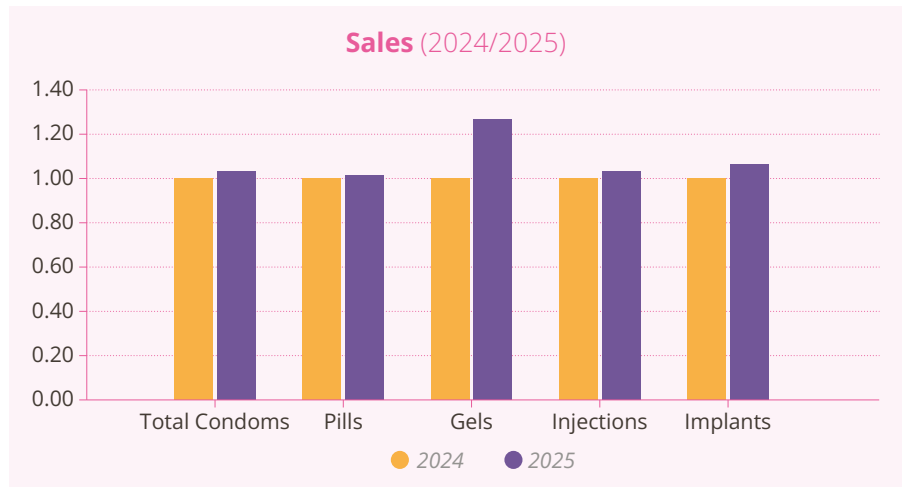
product availability across the market. This network, comprising pharmacies, groceries and other retail outlets, remains the primary channel through which Sri Lankans access contraceptive products.



More than 95% of SMP's sales are generated through this dealer network, highlighting its importance as a national distribution mechanism for reproductive health commodities. This network ensures that contraceptives are not confined to clinics or health facilities but are available in everyday retail environments where consumers can access them quickly, discreetly and conveniently, thereby reducing barriers associated with stigma, distance or limited clinic access.

## Market Leadership in Contraceptive Access

SMP continues to dominate Sri Lanka's contraceptive market across multiple product categories, maintaining market shares exceeding 75-80% for most product segments.



In 2025, condom sales increased significantly compared to the previous year, driven by the strong performance of leading brands such as Stamina Plus and SKYN.

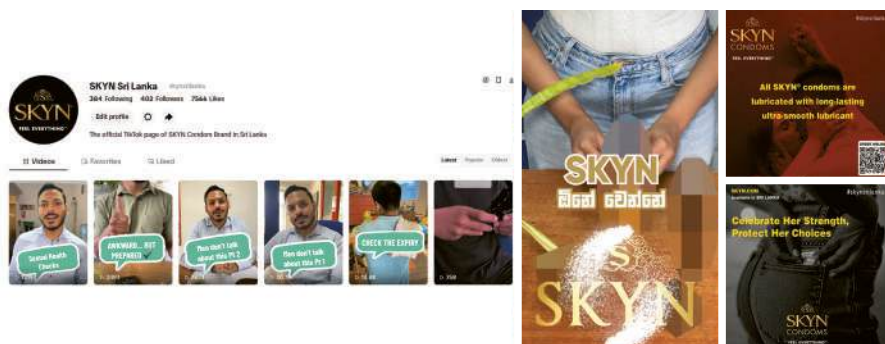
At the same time, other key products in the portfolio, including Postinor One (emergency contraception) and Easy Glide (lubricant), also recorded notable growth, contributing to overall sales momentum.



The newly-introduced Stamina Plus also performed strongly, establishing a new product category and generating increased demand through targeted digital and social media campaigns.



SKYN condoms, positioned as a premium brand, experienced strong sales growth driven primarily by online channels, reflecting changing consumer purchasing patterns.



Easy Glide lubricants continued to grow steadily too. SMP plans to expand this product range further with new variants, including flavoured options and a different pack size to meet evolving consumer preferences.

### Strengthening Digital Access to SRHR Products

While traditional retail channels remain the backbone of SMP's distribution system, digital platforms are becoming an increasingly important pathway for contraceptive access. In 2025, SMP strengthened its e-commerce presence through partnerships with Daraz, Kapruka and FPA's own online store, Planet 361, allowing consumers to order products conveniently and discreetly online.

In addition, urban customers, particularly in Colombo and surrounding suburbs can obtain contraceptive products through PickMe and Uber delivery platforms, enabling near real-time delivery of essential SRH products. Online sales continued to show steady growth during the year, supported by targeted digital marketing campaigns and increasing consumer preference for discreet purchasing channels. Strengthening this digital sales category remains a strategic priority as SMP continues to adapt to changing consumer behaviour and technological trends.

### Navigating Market Challenges

Despite its strong performance, SMP operated in a challenging environment throughout the year. Rising import costs due to taxes and regulatory charges increased the cost of contraceptive products. Operational expenses also rose due to higher electricity tariffs, fuel prices and salary adjustments.

Government-imposed maximum retail price regulations created additional pressure on pricing strategies, requiring careful balance between affordability and cost recovery. At the same time, regulatory challenges resulted in the closure of some pharmacies, affecting parts of the retail distribution network.

SMP also faced structural shifts within the contraceptive market. For example, sales of the oral contraceptive pill Mithuri experienced a slight decline, partly due to migration reducing the reproductive-age population and an increasing shift among consumers toward long-term contraceptive methods lasting 5-10 years. Similarly, sales of Medroxy contraceptive injections declined due to competition from lower-cost generic alternatives and supply disruptions caused by the discontinuation of Depo-Provera production in Belgium by Pfizer.

SMP is currently exploring high-quality alternatives that can serve lower-income market segments while maintaining product standards. Despite these pressures, SMP maintained stable pricing across most products during the year, absorbing cost increases through careful budget management and operational efficiency.

### Strengthening Partnerships and Public Awareness

Beyond product distribution, SMP also plays an important role in raising awareness about SRH. The programme actively participates in public exhibitions, medical forums and health sector events, collaborating with institutions such as the Sri Lanka College of Gynaecologists, the Menopause Association and the National STD/AIDS Control Programme (NSACP). These platforms enable SMP to promote informed contraceptive choices while strengthening collaboration with healthcare professionals and public health institutions.



During the year, dealer meetings conducted in Ambalangoda, Balangoda, Kandy, Monaragala, Thihariya, Horana and Matara provided opportunities to strengthen relationships with retail partners, while increasing awareness about sexual and reproductive health and the responsible use of contraceptive products.

# Social Marketing Programme (SMP)



## Looking Ahead

As Sri Lanka's demographic and market dynamics continue to evolve, SMP is preparing to adapt its strategy to maintain both financial sustainability and public health impact. Future priorities include expanding the product portfolio into new categories, introducing premium contraceptive pills targeting new consumer segments, and strengthening distribution systems through the appointment of regional distributors to further increase nationwide coverage while supporting informed reproductive choices across Sri Lanka.



**Winner** - Mr. Sadeep Samarasekara  
**1st Runner Up** - Mr. Suranga Withanage  
**2nd Runner Up** - Mr. Nuwan De Silva



### Financial Performance

- + Revenue increased to Rs. 1.351 billion (from Rs. 1.296 billion in 2024)

### Access to Contraception

- + 377,581 Couple Years of Protection (CYP) delivered
- + Increase of 7,330 CYP compared to 2024

### Market Reach

- + 181 new retail outlets opened
- + 25,272 outlet visits conducted
- + 18,381 productive sales calls recorded

### Distribution Channels

- + Nationwide dealer network (pharmacies, retail outlets, supermarkets, hospitals, clinics and other non-conventional outlets)
- + Online sales through Daraz, Kapruka and Planet 361
- + Rapid delivery services through PickMe and Uber

# Expanding Access to Sexual and Reproductive Health, Rights and Justice (SRHRJ)



*FPA Sri Lanka continues to expand equitable access to Sexual and Reproductive Health, Rights and Justice (SRHRJ) across the country through integrated service delivery, community outreach and targeted interventions for underserved populations. In 2025, FPA Sri Lanka strengthened its nationwide reach by providing essential Sexual and Reproductive Health (SRH) services, empowering young people with accurate information, and ensuring that marginalised communities, including women, adolescents, persons with disabilities and LGBTQIA+ individuals can access care with dignity and without discrimination. By combining frontline health services with community engagement, digital initiatives and partnerships with national stakeholders, FPA Sri Lanka actively addresses systemic barriers to SRHRJ while reinforcing its role as a leading national organisation advancing reproductive health and rights in Sri Lanka.*

## Youth and Comprehensive Sexuality Education

FPA Sri Lanka actively expanded inclusive SRHRJ education across the country through the RFSU-supported initiative. The project strengthened comprehensive sexuality education (CSE), empowered youth leaders to advocate for SRHRJ within their communities and equipped teachers and service providers with the skills to deliver accurate and stigma-free information. Critical accessibility gaps were addressed by advancing disability-inclusive SRHRJ education, particularly for deaf adolescents and youth. By combining capacity building, youth mobilisation, research and digital advocacy, the initiative strengthened community awareness, improved access to reliable information and reinforced FPA Sri Lanka's role in shaping a more informed and inclusive national SRHRJ landscape.

The RFSU project has been renewed for a second grant cycle extending until end 2026. Under the current grant period, three main thematic areas are being addressed: medical termination of pregnancy rights, youth and comprehensive sexuality education (CSE), and sexual and gender-based violence.

The medical termination of pregnancy-related activities will focus primarily on the service delivery areas of Nuwara Eliya and Puttalam. Planned activities include Value Clarification and Attitude Transformation (VCAT) trainings for women's organisations and awareness sessions on SRHRJ for grassroots-level government officers. Additionally, a desk review of cases related to rape and incest will be conducted to generate evidence for advocacy efforts related to medical termination of pregnancy law reform.

Under the youth and CSE thematic area, two youth groups established under the RFSU programme, namely, Youth Network for Health Nuwara Eliya and Youth Network for Health - Puttalam, will continue their work.



# Expanding Access to Sexual and Reproductive Health, Rights and Justice (SRHRJ)

Youth groups will receive small seed grants to implement advocacy initiatives related to SRHRJ in their respective designated Ministry of Health areas. Each district team will be divided into smaller teams that will design and implement community-based advocacy activities. The programme also includes work with the deaf community. Since Non-Governmental Organisations (NGOs) cannot conduct training directly within schools, sessions will be conducted through Medical Officers of Health (MOH) who will deliver age-appropriate SRHRJ awareness sessions in special schools located in the Eastern and Central provinces.



Additionally, a video glossary of SRHRJ sign language terminology will be produced and distributed to all 26 special education schools across Sri Lanka. Teacher review sessions will also be conducted in selected provinces to assess whether teachers trained previously are effectively delivering SRHRJ knowledge to students. Teacher training programmes were conducted in 2025, including one Sinhala-medium training covering teachers from 20 schools and another Tamil-medium training for teachers from six schools.

## Impact Cases

### 1. Inclusive SRH Education through Sign Language Terminology

One of the most significant achievements during the year was the advancement of disability-inclusive sexual and reproductive health education. Although a national sign language glossary existed, it was not adopted by government institutions. However, FPA Sri Lanka, through the RFSU-funded project, facilitated a series of stakeholder consultations involving the Ministry of Health, including the Health Promotion Bureau and Family Health Bureau, the Special Education Department, the Department of Publications and the National Institute of Education. UNFPA and sign language researchers representing both Sinhala and

Tamil linguistic communities were also involved. These consultations resulted in the review and validation of sign language terminology specifically related to SRH and the national health and science curriculum. The initiative addresses a long-standing barrier faced by deaf and hard-of-hearing communities, who often lack access to accurate SRHRJ information due to the absence of standardised terminology.

With validated terminology now available and recognised by key institutions, teachers in special education schools are better equipped to deliver SRHRJ education in accessible formats. Teacher capacity building formed a central component of this initiative. A two-day residential training programme in Kandy brought together 20 teachers from Sinhala-medium special education schools and sign language interpreters from the Sri Lanka Central Federation of the Deaf. To ensure linguistic inclusivity, an additional training programme was conducted for six Tamil-speaking teachers.



Complementing these efforts, FPA Sri Lanka conducted a national SRHRJ needs assessment among deaf adolescents, youth, teachers and community members across four schools in Kandy, Colombo, Matara and Jaffna. The study engaged 44 students, five teachers, 11 community members and three education officials, documenting significant gaps in accessible teaching methods and teacher confidence in addressing SRHRJ topics. The initiative also included direct youth engagement. 25 deaf youth participated in a residential SRHRJ training programme designed to improve knowledge, challenge stigma and reduce reliance on informal or inaccurate sources of information.

Looking ahead, the programme will expand through sensitisation sessions conducted by Medical Officers of Health (MOH) in special education schools in the Central and Eastern provinces. A video glossary of validated sign language terms will also be produced and distributed to all 26 special education schools across Sri Lanka.

## 2. SKPA-2 Project

The Sustainability of Services for Key Populations in South-East Asia (SKPA-2) was a three-year multicountry grant funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria for the period of 1 July 2022 to 31 December 2025. SKPA-2 aimed to improve the sustainability of evidence-informed, prioritised HIV services for key populations in Sri Lanka. In 2025, the project focused on consolidating achievements made during the previous years, finalising key deliverables, and supporting transition and sustainability mechanisms as the grant period came to a close in December 2025.

Under the SKPA-2 programme, FPA Sri Lanka piloted a Community-Led Monitoring (CLM) mechanism allowing clients accessing government STD clinics to report service experiences and document potential human rights violations.



A QR-code based system was introduced across approximately 41 STD clinics nationwide. Clients can scan the code and submit feedback through an online form, either anonymously or with contact details if they wish to request follow-up support. Where serious incidents are identified, the organisation conducts verification processes and refers cases to a voluntary review committee. Recommendations are subsequently submitted to the Director of the National STD/AIDS Control Programme (NSACP), enabling corrective action within the national health system. Since its introduction, the system has documented approximately 10–12 serious incidents, including complaints relating to breaches of privacy and confidentiality. Prior to this initiative, no formal mechanism existed for clients to submit structured complaints or track follow-up action. By institutionalising community feedback within the HIV response, the initiative has strengthened dialogue between service providers and communities while improving accountability and service quality.

## Expanding Access to SRHR



### Service Access & Community Reach

- + Nationwide delivery of integrated SRH services
- + Targeted outreach for women, adolescents, persons with disabilities and LGBTQIA+ communities
- + Community-based programmes expanding equitable access to SRHRJ information and services

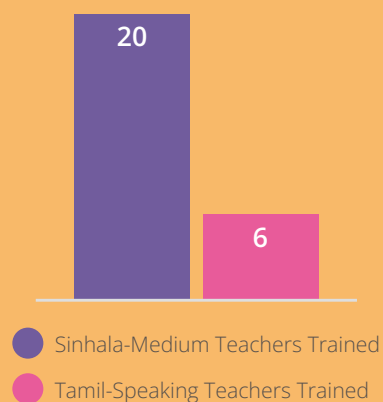
### Inclusive Education & Youth Empowerment

- + Youth groups established in Nuwara Eliya and Puttalam to lead community SRHRJ advocacy
- + Youth leaders supported through training, mentorship and seed grants to implement local advocacy initiatives
- + Strengthening CSE through youth mobilisation and community engagement

### Disability-Inclusive SRHR Access

- + Sign language terminology for SRHRJ reviewed and validated with government and sector stakeholders
- + Teacher capacity building conducted for special education schools

#### Teachers Trained



# Expanding Access to Sexual and Reproductive Health, Rights and Justice (SRHRJ)



- + National SRHRJ needs assessment conducted among deaf adolescents and educators



## 25 Leadership Programmes

25 deaf youth trained through residential SRHRJ leadership programme



## 26 Special Education Schools

Planned distribution of SRHRJ sign language video glossary to 26 special education schools

### Research & Evidence Generation

- + National SRHRJ needs assessment among deaf adolescents, teachers and community members
- + Desk review on rape and incest cases planned to inform medical termination of pregnancy law reform advocacy
- + Evidence generated to support rights-based SRHRJ programming and policy dialogue

### Health System Accountability

- + The three-year Sustainability of Services for Key Populations in South-East Asia (SKPA-2) which concluded in December 2025 aimed to strengthen sustainable, evidence-informed HIV services. During 2025, FPA Sri Lanka focused on consolidating prior gains, completing key deliverables and supporting transition and sustainability mechanisms. A CLM system was introduced under SKPA-2 across 41 STD clinics. Digital QR-based reporting mechanism enabling community feedback on services. 10-12 serious incidents documented and reviewed through the monitoring system. Recommendations submitted to the NSACP to strengthen service quality and accountability

## Institutional & Government Engagement

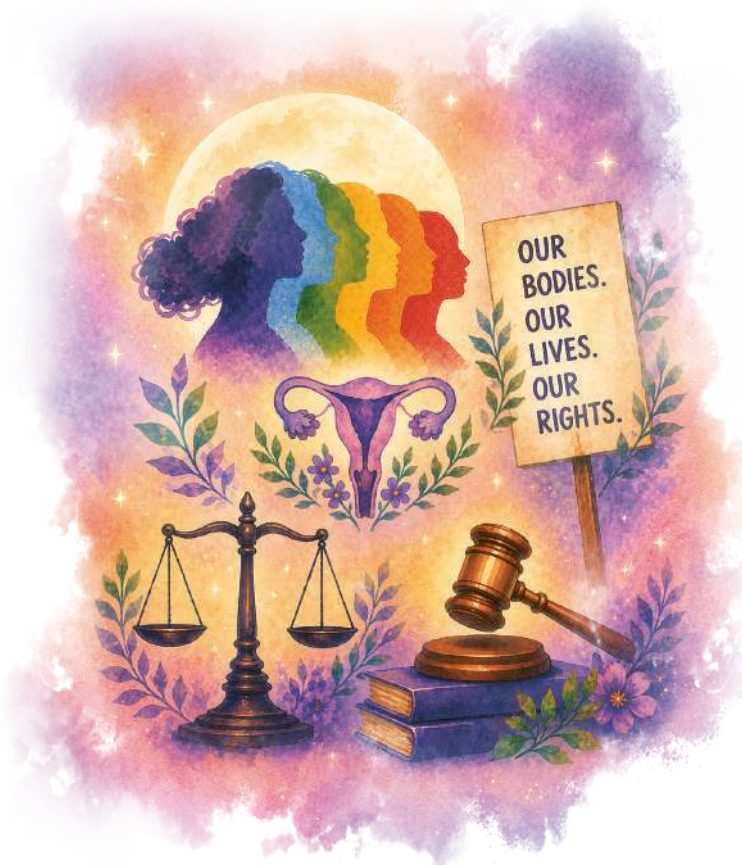
Collaboration with:

- + Ministry of Health
- + Health Promotion Bureau
- + Family Health Bureau
- + National Institute of Education
- + Department of Publications
- + UNFPA Sri Lanka
- + The National STD/AIDS Control Programme
- + Sri Lanka Central Federation of the Deaf

## Future Programme Focus (RFSU Cycle II - Until end 2026)

- + Medical termination of pregnancy rights and safe care advocacy
- + Youth leadership in CSE
- + Sexual and gender-based violence prevention
- + VCAT trainings for women's organisations
- + SRHRJ awareness for grassroots government officers

# Advocacy & Systems Change



*Lasting improvements in Sexual and Reproductive Health, Rights and Justice (SRHRJ) cannot be achieved through service delivery alone. They require transformation in the legal, institutional and social systems that shape access to care, dignity and equality. For FPA Sri Lanka, advocacy is therefore not simply about influencing individual policies, but about enabling structural change across social, legal, health and governance systems. During the year under review, FPA Sri Lanka strengthened its role as a catalyst for systems change by advancing evidence-based advocacy, strengthening coalitions across government and civil society, and generating new knowledge to inform policy reform.*

The year marked a major milestone with the finalisation of the organisation's five-year Advocacy Strategy (2025–2030), setting out a coordinated roadmap for advancing critical reforms including law reforms related to decriminalisation of same-sex relations by reforming Section 365 and repealing Section 365A of the Penal Code, decriminalisation of termination of pregnancy at a minimum in cases of rape, incest and lethal fetal abnormalities; strengthening gender equality legislation; expansion of Comprehensive Sexuality Education (CSE); reform of the Muslim Marriage and Divorce Act; reform of Section 363 to introduce gender-neutral rape laws; criminalisation of marital rape and repeal of the Vagrants Ordinance.

Operating within a complex political and legal environment, FPA Sri Lanka continued to balance its role as both a technical

partner to government institutions and a strong advocate for the rights of marginalised communities. Where civil society litigation or judicial processes offer a viable pathway for rights-based reform, FPA Sri Lanka is prepared to engage in legal proceedings or support fundamental rights cases as part of its broader advocacy approach. Strategic research, institutional partnerships and community-driven initiatives enable the organisation to strengthen accountability, expand access to justice and elevate the voices of those most affected by systemic barriers to SRHRJ.

## Strategic Overview

FPA Sri Lanka recognises that 'systems change' refers to influencing laws, policies, institutional practices and public discourse that shape access to SRHRJ. During 2025, the Advocacy department concentrated on strengthening the structural foundations required to advance rights-based policy reform. The year focused on three strategic priorities: defining a long-term advocacy direction, generating evidence to inform policy engagement and strengthening partnerships within equality, public health and human rights movements.

## Advocacy Strategy 2025–2030

FPA Sri Lanka's five-year Advocacy Strategy (2025–2030) was developed through an extensive consultative process involving Focus Group Discussions and Key Informant Interviews with civil society organisations, activists, legal experts, academics and sector stakeholders. These consultations enabled the organisation to identify realistic reform opportunities, map key decision-makers and influencers, and align advocacy priorities with both national needs and the broader global SRHRJ agenda. The strategy identifies core policy areas requiring reform as detailed above. Earlier advocacy priorities such as taxation on menstrual products and engagement with men and boys to shift gender norms also remain part of the broader advocacy agenda. In the current social and political climate, FPA Sri Lanka's advocacy strategy emphasises a multi-layered approach to change.

## Position within National Governance

Within Sri Lanka's health and policy ecosystem, FPA Sri Lanka occupies a unique position that combines collaboration with independent oversight. In some contexts, the organisation acts as a technical advisor by contributing research evidence, participating in consultations and supporting policy dialogue with government institutions. In other situations, particularly where political resistance exists, it functions as an independent advocate, monitoring policies and highlighting systemic barriers affecting marginalised communities. This dual positioning allows the organisation to maintain credibility within national governance structures while continuing to advocate for rights-based reform.

# Advocacy & Systems Change

## Coalition Building and Partnerships



Advocacy progress during the year was driven by strong partnerships across government institutions, civil society organisations, international agencies and community networks. FPA Sri Lanka strengthened collaboration with the Sri Lanka Safe Abortion Coalition, Diversity and Solidarity Trust, Collective Action Against Period Poverty (CAAPP) project partners, National STD/AIDS Control Programme (NSACP), the Ministry of Health, United Nations Population Fund (UNFPA) and the IPPF South Asia Regional Office. Partnerships with community-based organisations including, Heart to Heart Lanka, Community Strength Development Foundation (CSDF), Sankranthi Foundation and Trans Equality Trust (TET) further strengthened advocacy coalitions addressing gender equality and human rights.

FPA Sri Lanka demonstrated solidarity with equality movements by sponsoring the Pride Drag Show and DJ Night held on 27th June 2025 in partnership with Equal Ground and Heart to Heart Lanka. Through this sponsorship, FPA Sri Lanka signalled its commitment to LGBTQIA+ visibility and affirmed that the organisation's advocacy extends beyond policy spaces into the cultural and community dimensions of rights.

The Sex Work Policy Consortium project, launched in February 2025, further expanded coalition-based advocacy. Through partnerships with civil society organisations and legal aid organisations, the project strengthened legal literacy, improved access to justice and addressed violence and harassment faced by sex workers. Capacity-building programmes reached police officers, law enforcement personnel, media professionals and legal practitioners. Legal awareness sessions also reached 100 sex workers, improving understanding of arrest procedures, legal rights and available support services. Mobile clinics and services provided through the FPA Sri Lanka Bloom Clinic ensured continued access to essential sexual and reproductive health services for sex workers who often avoid government facilities due to stigma and discrimination.

## Institutional and Policy Reforms

The Sustainability of HIV Services for Key Populations in South-East Asia (2) programme, in partnership with Health Equity Matters Australia, funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria, aimed at strengthening the sustainability of evidence informed, prioritised HIV services for key populations in Sri Lanka, including national systems. Through the SKPA-2 programme, Standard Operating Procedures for the National Key Populations Programme were finalised, providing guidance on outreach protocols, referral pathways, ethical engagement and documentation standards. The project also strengthened the capacity of key population-led civil society organisations through governance, financial management and safeguarding training.

Another major structural achievement was the development of a National Vocational Qualification (NVQ) certification pathway for outreach workers of the National HIV Programme. Developed in collaboration with the National Institute of Technical Education and the Vocational Training Authority, the NVQ Level 3 and Level 4 certification programme formally recognises the skills and professional contribution of outreach workers within Sri Lanka's HIV response. By formalising outreach work within the national vocational training framework, the initiative enhances career pathways, strengthens retention and improves the long-term sustainability of community-based HIV services.

## Evidence Generation for Policy Reform



Research and evidence generation played a critical role in strengthening advocacy efforts during the year. FPA Sri Lanka commissioned an External Mapping and Situational Analysis on Abortion Care in Sri Lanka conducted by The Institute for Participatory Interaction in Development (IPID). The study examined service availability, legal ambiguity, stigma, reporting concerns and systemic barriers affecting access to safe services. It also mapped key actors and institutional gaps influencing the abortion care landscape. The findings will inform future policy dialogue with government institutions and professional bodies.

## Human Rights and Gender Advocacy - SKPA 2

The Human Rights and Gender component continued in 2025 with follow-up support to outreach staff who had participated in legal literacy and advocacy workshops in 2024. Field-level discussions and case reflections were conducted to reinforce rights-based approaches in service delivery. Engagement on harm reduction for chemsex progressed through continued discussions with community members and technical stakeholders. Initial consultations contributed to raising awareness within the HIV sector regarding emerging service needs and harm reduction approaches. Advocacy discussions relating to the decriminalisation of same-sex relationships remained part of broader stakeholder engagement under the SKPA-2 framework, recognising the link between structural barriers and access to HIV services.



### Case Study

#### Driving National Momentum for Menstrual Dignity

In 2025, the Collective Action Against Period Poverty Project (CAAPP) entered its final phase, consolidating the achievements of a three-year initiative that has significantly advanced menstrual health, dignity and awareness across Sri Lanka. Implemented from 2023 to 2025, the project demonstrated how coordinated advocacy, community engagement and infrastructure development can collectively address the structural barriers that sustain period poverty. CAAPP adopted a comprehensive and multi-layered approach combining school-based interventions, infrastructure upgrades, youth leadership, research, community capacity building and national advocacy:

- + Digital advocacy campaigns conducted through 13 partner organisations
- + 42,453 students received training on Menstrual Health and Hygiene (MHM) and Water, Sanitation and Hygiene (WASH)

- + 106 schools were upgraded with improved WASH facilities and sanitary disposal systems
- + 10 dedicated restrooms constructed to better support menstrual hygiene needs
- + 15 incinerators installed to enable safe and hygienic disposal of menstrual products
- + Introduced PAD Bank concept in 84 schools, enabling students to obtain menstrual products
- + 23,487 students gained improved access to menstrual products, directly addressing one of the key barriers that contribute to school absenteeism among girls.

### Building Youth & Community Leadership and Local Capacity

CAAPP also invested heavily in community-level leadership and capacity development to ensure long-term sustainability of menstrual health initiatives.

- + 4,023 youth trained and mentored as peer leaders
- Women's economic empowerment also formed an important dimension of the programme:
- + 300 women received training in reusable pad production, enabling income generation and local access to sustainable menstrual products
  - + 458 women in estate communities gained access to period cups, expanding affordable menstrual product options in underserved areas
  - + 50 master trainers were developed, ensuring that menstrual health education continues beyond the project lifecycle
  - + 200 health professionals received training to support menstrual health education and services
  - + Engaged over 60 civil society organisations and community-based organisations to support programme delivery and advocacy efforts across different regions.



# Advocacy & Systems Change



## Innovation and Inclusivity in Menstrual Health

CAAPP also introduced several innovative and inclusive approaches:

- + 70 students with special needs received tailored menstrual health support to ensure that disability did not become a barrier to information or services
- + Yoga sessions were introduced in 5 schools to support menstrual pain management, benefiting more than 1,000 girls
- + Localisation of Menstrupedia into Sinhala and Tamil, enabling culturally relevant menstrual health education materials for adolescents
- + National Menstrual Health and Hygiene book developed in three languages; an Islamic menstrual health handbook; and a trainer manual produced in Sinhala, Tamil and English for educators and facilitators
- + Teleconsultation services for menstrual health introduced to enable access to information and guidance remotely.

## Strengthening Public Dialogue

Public engagement and awareness were central to CAAPP's advocacy strategy:

- + 5 national-level events including Period Proud campaigns, exhibitions and a kite festival were organised, reaching more than 4,000 participants, playing a crucial role in breaking taboos and encouraging open dialogue about menstruation.

Research also played a key role in strengthening the evidence base for menstrual health advocacy:

- + 3 research studies conducted in Kandy, Colombo and Trincomalee explored menstrual health challenges across diverse social and geographical contexts, generating insights that will inform future programming and policy dialogue

- + 26 period kits distributed
- + Pad-making machine installed to strengthen local production capacity for menstrual products.



## Policy & Governance Engagement

- + Five-year Advocacy Strategy (2025–2030) finalised through multi-stakeholder consultations
- + Engagement with national institutions including the Ministry of Health, National STD/AIDS Control Programme, National Institute of Education and other policy actors
- + Institutional Reforms Supported
- + National SOPs for Key Population HIV Programming finalised
- + Community-Led Monitoring system introduced across STD clinics
- + Serious Incident Management mechanism operationalised within the HIV response
- + NVQ Level 3 & Level 4 certification pathway developed for HIV outreach workers

## Research & Evidence Generation

- + External Mapping and Situational Analysis on Abortion Care in Sri Lanka
- + National SRHRJ needs assessment among deaf adolescents and educators
- + Three menstrual health research studies conducted under the Period Poverty Project
- + Knowledge dissemination through the ReproSex International Journal

## Capacity Building & Advocacy Engagement

- + Legal literacy and rights-based training conducted for law enforcement officials, media personnel and community members
- + Police sensitisation programmes on the Vagrants Ordinance and discriminatory laws
- + Youth advocacy initiatives established in Nuwara Eliya and Puttalam



## Partnerships Strengthened

Collaboration with:

- + Ministry of Health
- + National STD/AIDS Control Programme
- + UNFPA Sri Lanka
- + IPPF South Asia Regional Office
- + Heart to Heart Lanka
- + Community Strength Development Foundation
- + National Transgender Network
- + Trans Equality Trust
- + Diversity and Solidarity Trust
- + Civil society organisations and community networks

## Communities Reached through Advocacy Programmes

**76,000+**

*Direct Beneficiaries through Menstrual Health Initiatives*

**200,000+**

*Indirect Beneficiaries*

**3 million**

*People Reached through Digital Advocacy Campaigns on Menstrual Health*

## Stakeholders Influenced



Government Ministries



Law Enforcement Agencies



Legal Professionals



Health Sector Institutions



Civil Society Organisations



Educators



Media Personnel



Youth Leaders

# Youth Engagement & Community Impact

*Guided by the annual theme of 'Moving the Sexuality Agenda Forward', the youth team of FPA Sri Lanka pursued a dynamic programme of engagement in 2025, positioning young people not merely as beneficiaries but as catalysts for change. A combination of educational workshops, awareness-building events and financial support for grassroots initiatives, witnessed the youth working to expand knowledge, challenge stigma and empower young people to take ownership of Sexual and Reproductive Health, Rights and Justice (SRHRJ).*



## Advocacy

At the core of this effort was a renewed commitment to strategic leadership and youth-driven advocacy. Recognising that meaningful youth engagement must be guided by a clear vision for the future, FPA Sri Lanka initiated the development of a five-year Youth Strategy. A consultative session brought together 25 representatives from youth wings and partner organisations, creating a collaborative platform to identify the diverse SRHRJ needs, priorities and aspirations of young people across Sri Lanka. The insights generated through this dialogue will guide youth programming and advocacy over the coming years, ensuring that FPA Sri Lanka's youth initiatives remain relevant, responsive and firmly anchored in the realities faced by young people.



## Youth Advocacy Fellowship



Building the next generation of advocates was another cornerstone of the year's work. The launch of the Youth Advocacy Fellowship marked an important step in cultivating youth leadership in the SRHRJ space. Through Training of Trainers sessions and advocacy-focused learning modules, 12 youth fellows were equipped with practical skills in advocacy, project planning, monitoring and evaluation, financial management and stakeholder engagement. These young leaders are now implementing their own Comprehensive Sexuality Education (CSE) sessions and advocacy projects, with initiatives continuing through to 2026, demonstrating the long-term ripple effect of youth-led leadership.



## Engagement Platforms

Innovative platforms continued to strengthen youth engagement across communities. The 'Movie Night' series remained a cornerstone of informal youth education, using film screenings and facilitated conversations to explore themes of gender equality, relationships and empowerment. From thought-provoking thematic screenings to a festive Halloween Movie Night, these gatherings fostered community spirit while creating safe spaces for young people to discuss issues that are often considered taboo in traditional settings.

## Youth & Community

Community engagement remained vibrant and inclusive throughout the year. An important initiative was the youth-led Pride event organised by the FPA Youth team which brought together over 80 participants for an evening of film screenings and panel discussions. The event created a safe and celebratory space where young people could openly engage in dialogue on LGBTQIA+ identities and sexual and reproductive health rights, reinforcing FPA Sri Lanka's commitment to dignity, equality and inclusion for all.

## Capacity Building

Capacity-building initiatives further strengthened the youth network. The Outreach Department conducted a one-day SRHRJ workshop for Service Delivery Point (SDP) youth ambassadors, ensuring that community-level volunteers possess a strong foundation in sexual and reproductive health knowledge and a clear understanding of FPA services. Youth members also participated in the SPRINT emergency response workshop, strengthening their capacity to respond effectively to crisis situations.



Youth engagement also extended deeply into grassroots communities. Youth members actively supported Youth Day activities at Service Delivery Points (SDPs) across the country, sustaining meaningful connections with local communities and strengthening youth participation in community health initiatives.

# Youth Engagement & Community Impact



The youth network also demonstrated remarkable resilience and responsiveness during times of national crisis. When Cyclone Ditwah affected several communities, youth volunteers mobilised rapidly to support emergency response activities.

In addition to assisting with the preparation of relief kits, the youth team conducted a dedicated workshop titled 'SRH Matters Even in Crisis'. This session highlighted the critical importance of protecting sexual and reproductive health rights during emergencies and empowered young participants with knowledge on how to safeguard their wellbeing even in times of crisis.



Collaboration with national partners further expanded the reach of youth advocacy. In partnership with the National STD/AIDS Control Programme (NSACP), youth leaders contributed to the "Hearts and Hashtags" initiative for World AIDS Day, engaging over 300+ students and young audiences in discussions on HIV awareness, prevention and stigma reduction.

## Linking with Regional Youth Networks



FPA Sri Lanka played a leading role in the South Asia Regional Youth Network (SARYN) Conference, hosted in Colombo from 5th to 7th September 2025 at the Kingsbury Hotel. The conference created a vibrant platform for youth representatives from across the region to exchange knowledge, strengthen partnerships and deepen their understanding of reproductive rights.

A key highlight was the legal literacy workshop conducted by the Center for Reproductive Rights, equipping participants with valuable insights into rights-based advocacy. The conference was hosted by Geilee Skandakumar (Chair), Kritaanjali Ratnasabapathy (Co-Vice Chair and Communications Lead) and Sabik Rahman (Co-Vice Chair and Programmes Lead from Bangladesh) reinforcing Sri Lanka's leadership within the regional youth movement.



## Governance

Strong governance and accountability mechanisms continued to support the growth of the youth network. Quarterly Youth Steering Committee (YSC) meetings brought together youth representatives and Heads of Departments to review milestones, assess progress and co-create future objectives. These platforms ensure transparency, collective ownership and continuous improvement within youth programmes.

The year also witnessed a significant recognition of youth leadership on the global stage. Kritaanjali Ratnasabapathy was honoured with the IPPF Global Volunteer Award, celebrating her exceptional commitment and contribution to advancing SRHRJ.



The youth team is committed to shaping a strong future by equipping young people with essential skills, advocacy tools, and platforms for engagement. Through this, FPA Sri Lanka empowers young people to understand their choices, exercise their rights and take charge of their own decisions. In doing so, they become confident ambassadors for change who not only apply this knowledge in their own lives but also share it with their peers and communities.



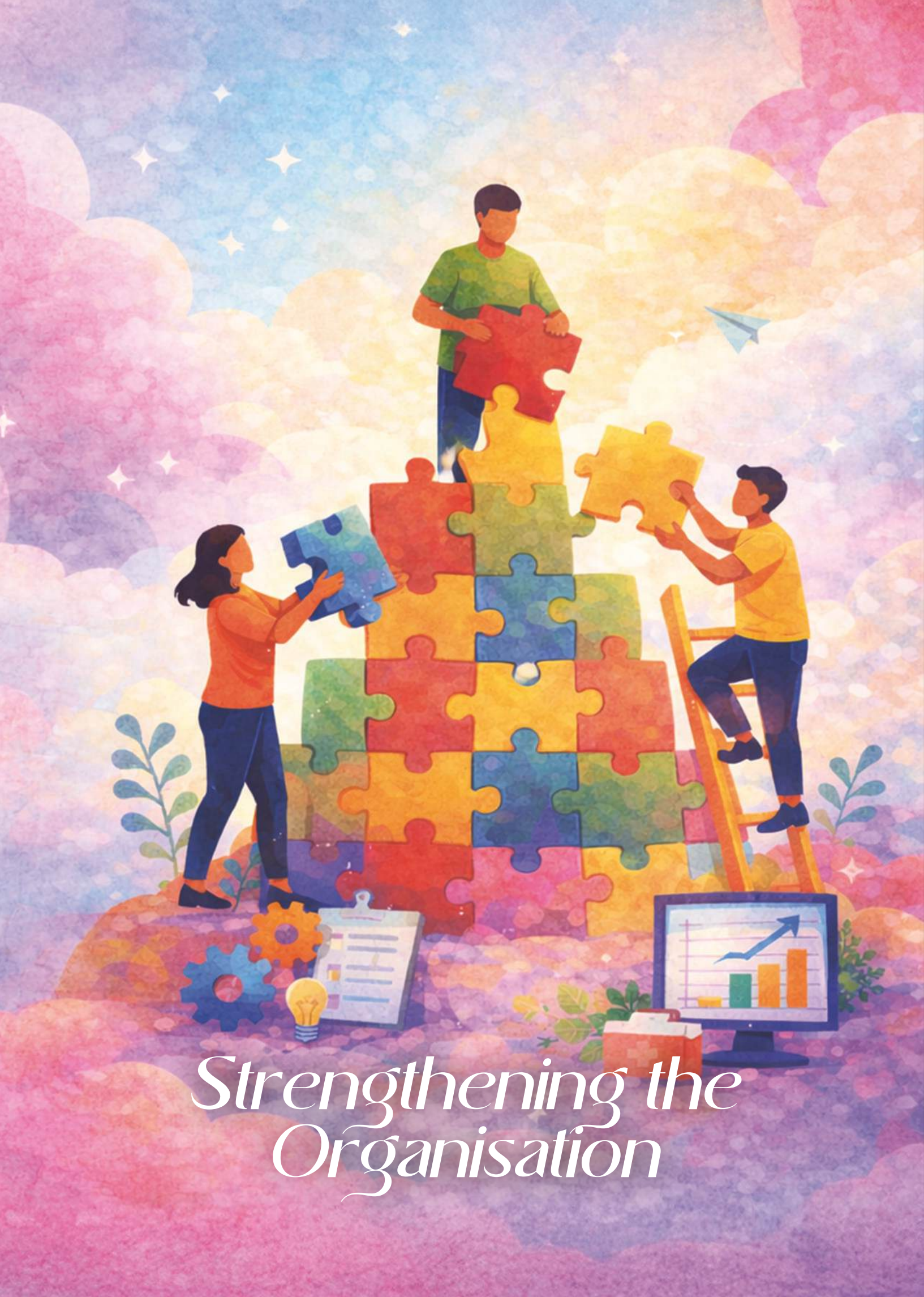
Peer Educators and Youth Leaders trained

- + 12 Youth Advocacy Fellows trained to implement youth-led SRHRJ initiatives

## Community Engagement Platforms

- + 90+ participants engaged in the youth-led Pride event
- + International Youth Day activities conducted across Service Delivery Points
- + Youth collaboration with the NSACP on the World AIDS Day 'Hearts and Hashtags' initiative





# *Strengthening the Organisation*

# Leadership & Governance



*Strong governance remains the cornerstone of FPA Sri Lanka's ability to deliver its mission and sustain public trust. Guided by an experienced Board of Directors and a strong committee structure, the organisation continues to strengthen its governance systems to ensure transparency, accountability and strategic leadership in a rapidly evolving health and social landscape.*

## Strengthening Governance

Over the years, FPA Sri Lanka has progressively strengthened its governance framework to align with national priorities and international best practices in nonprofit oversight. The Board of Directors has enhanced the organisation's policy architecture by strengthening risk management processes, reinforcing financial controls, updating safeguarding policies and improving compliance monitoring systems. These measures ensure that FPA Sri Lanka operates in full alignment with national health policies, donor expectations and global standards governing Sexual and Reproductive Health, Rights and Justice (SRHRJ).

A clear separation is maintained between governance and operational management, enabling the Board to focus on strategic oversight while management leads programme implementation. Independent external audits, structured Board committees and clearly defined accountability systems further reinforce its commitment to responsible stewardship of resources and transparent reporting.

## Ensuring Ethical Compliance

Operating in the field of sexual and reproductive health requires careful navigation of cultural sensitivities, public discourse and evolving compliance expectations. FPA Sri Lanka continues to manage these challenges through a strong ethical framework that prioritises rights-based service delivery while respecting the diverse values within Sri Lankan society. The Association regularly addresses issues such as sensitivities surrounding reproductive health education and services, increasing compliance requirements from international donors, strengthened data privacy standards and safeguarding responsibilities when working with youth and vulnerable communities.

In a bid to respond to these evolving challenges, FPA Sri Lanka reinforced its internal ethical safeguards during the year under review, including updating human resource protocols, strengthening conflict-of-interest declaration processes and enhancing data protection procedures. As a result, programmes operate within a framework that prioritises dignity, safety and accountability.

## Independent and Multidisciplinary Board Leadership

The Board of Directors continues to function as an independent oversight body, maintaining a clear separation between governance and operational management. Its composition reflects a broad range of expertise across public health, finance, law, marketing and human resource management, ensuring that strategic decisions benefit from multidisciplinary insight.

All Board positions are held on a voluntary basis, reflecting the leadership's strong commitment to the organisation's mission and values. This voluntary structure ensures that governance remains mission-driven and grounded in ethical leadership. The Board's governance structure also demonstrates a strong commitment to gender equality, with 54 percent female representation among Board members. This diversity strengthens perspectives within governance processes while reflecting FPA Sri Lanka broader commitment to gender equity.

The Nominations and Governance Committee (NGC) continued to play a central role in maintaining high standards of leadership within the organisation. The committee met four times during the year to review governance needs and ensure that the organisation's leadership structure remains responsive to evolving SRHRJ challenges. Following a transparent and rigorous selection process led by the NGC, Mr. Gordon Aponso was appointed Assistant Treasurer, strengthening financial oversight and governance capacity.

## Committee Oversight and Financial Accountability



The Board continues to operate through specialised committees that provide focused oversight across key operational areas. During the year under review, the Audit Committee was reconstituted to strengthen internal control systems and enhance risk identification processes. This reform further improves the organisation's ability to monitor financial performance and proactively address operational risks.

At the 54th Annual General Meeting held on 21st June 2025, members reaffirmed their commitment to strong financial governance by approving the reappointment of Ernst & Young as the organisation's external auditors for a further two-year term. Independent auditing remains a critical component of FPA Sri Lanka's commitment to financial transparency and accountability.

## Active and Engaged Board Participation



Board members remained actively engaged in governance processes throughout the year. Regular quarterly meetings enabled the Board to review organisational performance, monitor risks and provide strategic guidance to management. The strong attendance across Board meetings demonstrates the commitment of members to the organisation's governance responsibilities.



# Leadership & Governance

## The Board leadership during the year included:

- + Ms. Aruni Marcelline – President
- + Mr. Asanga Karunaratne – Vice President
- + Ms. Anuki Premachandra – Secretary
- + Mr. Sanath Wijesinghe – Treasurer
- + Mr. Gordon Lester Aponso – Assistant Treasurer
- + Ms. Geilee Skandakumar – Assistant Secretary
- + Professor Sanath D. Lanerolle – SRH Committee Chairperson
- + Ms. Shehara De Silva – Marketing & Communications Chairperson
- + Ms. Thanuja Fernando – Treasury and Management Committee Chairperson
- + Dr. Lahiru Kodituwakku – Policy and Strategy Committee Chairperson
- + Ms. Kritaanjali Ratnasabapathy – Youth Services Advisory Committee Chairperson
- + Mr. Chandima Gunawardena – Immediate Past President
- + Ms. Diani Mallavithanarachchi – Company Secretary

The Board also remained actively connected to global governance processes. During the year, Ms. Aruni Marcelline (President), Ms. Kritaanjali Ratnasabapathy (Youth Chairperson) and Dr. Ruchitha Perera (Executive Director) represented FPA Sri Lanka at the IPPF General Assembly, contributing to international dialogue on sexual and reproductive health and rights.

## Board Attendance Tracker 2025

Full Name	Position	Q1	Q2	Q3	Q4
1 Ms. Aruni Marcelline	President	✓	✓	✓	✓
2 Mr. Asanga Karunaratne	Vice President	✓	✓	✓	
3 Ms. Anuki Premachandra	Secretary		✓	✓	
4 Mr. Sanath Wijesinghe	Treasurer	✓	✓	✓	✓
5 Mr. Gordon Lester Aponso	Asst Treasurer	●	●	✓	✓
6 Ms. Geilee Skandakumar	Asst. Secretary	✓	✓		●
7 Prof Sanath D. Lanerolle	SRH Chairperson	✓		✓	✓
8 Ms. Shehara De Silva	MarCom Chairperson	✓		✓	✓
9 Ms. Thanuja Fernando	TMC Chairperson	✓	✓	✓	✓
10 Dr. Lahiru Kodituwakku	PSC Chairperson	✓	✓	✓	✓
11 Ms. Kritaanjali Ratnasabapathy	YSC Chairperson	✓	✓	✓	✓
12 Mr. Chandima Gunawardena	Immediate Past President	✓	✓	✓	✓
13 Ms. Diani Mallavithanarachchi	Company Secretary	✓	✓	✓	✓

## Maintaining Credibility in National Policy Dialogue

FPA Sri Lanka's leadership recognises that the organisation operates in areas that can generate national debate. Maintaining credibility and public trust is therefore central to the organisation's governance approach. The Board ensures that advocacy and programme engagement remain firmly grounded in evidence-based public health principles and internationally recognised rights frameworks. The organisation remains politically neutral while advocating for equitable access to SRHRJ services and information. This credibility is further strengthened through strong partnerships with government institutions and transparent public communication on programme outcomes. Data-driven reporting allows FPA Sri Lanka to demonstrate measurable impact while reinforcing its accountability to stakeholders.

## Strategic Stakeholder Engagement

FPA Sri Lanka continues to play an important bridging role between local programme implementation and global policy dialogue. A notable highlight during the year was the visit of the European Parliamentary Forum Delegation, which included 10 Members of the European Parliament. The delegation participated in high-level meetings with government officials and conducted field visits across Colombo, Batticaloa, Nuwara Eliya and Galle to observe FPA Sri Lanka's work in action. These engagements provided international stakeholders with valuable insights into the SRHRJ landscape in Sri Lanka. The delegation also met with the Prime Minister, the Mayor of Colombo and the Minister of Maternal Health, further strengthening FPA Sri Lanka's position as a trusted partner in national and international policy dialogue.



Membership growth also strengthened the organisation's stakeholder base during the year, with 45 new members joining the association, broadening community representation and strengthening civic engagement.

### Recognition for Excellence

The organisation's commitment to good governance and institutional excellence was recognised through two prestigious awards during the year. FPA Sri Lanka received a Gold in the Non-Profit Organisation (Print A.R.): Social Service Organisations category at the 2025 ARC Awards. Organized by MerComm, Inc, it is a global competition and includes a wide range of organisations, from corporations to non-profits. In addition, the organisation was recognised as a Great Place to Work, reflecting its commitment to fostering a positive and supportive workplace culture.



### Preparing Leadership for the Future

Looking ahead, FPA Sri Lanka aims to strengthen leadership continuity as part of its long-term sustainability strategy. The Board has prioritised structured leadership renewal processes, development of second-line management capacity and formal succession planning discussions to ensure continuity of institutional knowledge and strategic direction. Board orientation programmes and capacity-building initiatives are planned to further strengthen leadership readiness while supporting effective governance practices.

The Governing Body remains committed to transparency, accountability and continuous improvement in its governance practices, while maintaining full oversight of the Association's performance and strategic direction. It actively champions inclusivity, equity and the advancement of SRHRJ that are central to FPA Sri Lanka's mission and values.



# Our People & Culture



## Strengthening People, Systems and Organisational Culture

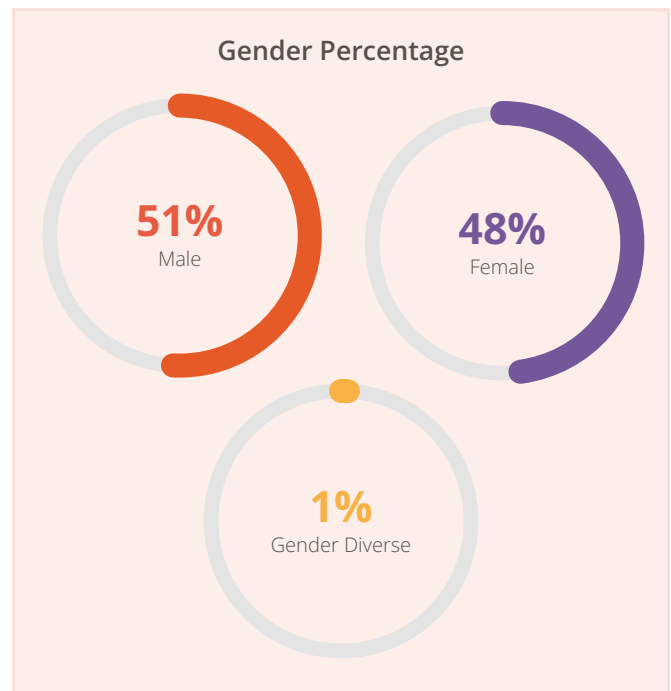
FPA Sri Lanka recognises that its people are central to advancing the organisation's mission of ensuring equitable access to sexual and reproductive health, rights and justice across the country. The nature of the organisation's work requires a workforce that is not only professionally capable but also guided by strong ethical values, empathy and commitment to social impact. During 2025, the Human Resources function focused on strengthening workforce administration systems, enhancing employee welfare, improving performance management processes and ensuring compliance with organisational policies and statutory requirements. HR also supported employee engagement initiatives and introduced several improvements aimed at promoting work-life balance and strengthening organisational culture.

## Workforce Diversity and Inclusion

Inclusiveness and gender equality remain core values within the organisation's human resource practices. Recruitment processes are designed to ensure equal opportunity for all applicants, regardless of age, disability, sexual orientation or gender identity.

Job advertisements clearly communicate the organisation's commitment to inclusiveness, and candidate selection is based on professional qualifications, skills and suitability for the role rather than demographic factors. The current workforce composition reflects a balanced gender distribution.

## Workforce Gender Composition



This diversity contributes to a workplace environment that values multiple perspectives while reflecting the organisation's broader commitment to gender equality in both policy and practice.

## Recruitment and Workforce Planning

The Human Resources department played a key role in supporting workforce planning and recruitment throughout the year. During 2025, 30 new employees were recruited, strengthening organisational capacity across programme and administrative functions.

These new staff members were onboarded in 2025 through approved organisational procedures, ensuring that recruitment processes remained transparent and consistent with HR policies. In addition to recruitment, HR ensured that employment agreements and contract renewals were completed on time. This helped maintain continuity across programmes and operational functions.

HR also worked closely with management and Heads of Departments to ensure staffing needs were aligned with programme priorities and organisational objectives.

## Payroll Administration and Employee Benefits

HR maintained oversight of payroll administration through close coordination with the organisation's outsourced payroll service provider. Monthly payroll processes included the submission of accurate salary inputs, verification of allowances and overtime payments, and reconciliation of leave deductions. These processes ensured that salaries were paid on time while maintaining compliance with statutory obligations. This structured payroll coordination also ensured accuracy in employee compensation records and supported transparent financial management practices.

## Digital HR Systems and Administrative Improvements

The organisation continued to improve the efficiency of HR operations through the use of digital systems. Employee attendance and leave management are now monitored through a Human Resource Information System (HRIS), which maintains employee records and supports efficient workforce administration.

The HRIS system enables the organisation to:

- + Maintain centralised employee records
- + Track attendance and leave balances
- + Verify leave entitlements
- + Improve accuracy of payroll inputs

During the year, additional administrative improvements were introduced. Certain HR forms that were previously submitted in hard copy were automated, allowing employees to submit

requests electronically. This transition reduced administrative delays and improved internal efficiency.

## Leave Management and Flexible Work Arrangements

Effective leave management remains an important component of workforce wellbeing and operational efficiency. HR monitors employee attendance and leave records through HRIS systems while ensuring that leave policies are applied consistently across the organisation. Several employee-friendly benefits were introduced during the year to support work-life balance and employee wellbeing.

Employee Leave and Flexibility Initiatives

- + Work-from-home arrangements for pregnancy-related needs
- + Work-from-home arrangements for illness
- + Work-from-home arrangements during menstrual leave
- + Work-from-home arrangements for emergency situations
- + Introduction of paternity leave
- + Introduction of study leave
- + Flexible working hours

These initiatives were introduced to provide employees with greater flexibility while supporting personal wellbeing and family responsibilities.

## Performance Management and Employee Development

Strengthening performance management systems was a key HR initiative during 2025. The organisation revised job descriptions for key managerial positions and introduced Key Performance Indicators (KPIs) across the workforce. This initiative helps clarify employee roles, strengthen accountability and ensure alignment between individual performance and organisational objectives. The KPI framework is designed to support continuous performance monitoring and employee development.

## Performance Management Improvements

Initiative	Status
Revision of managerial job descriptions	Completed
Introduction of KPIs for employees	Implemented
Organisation-wide job description revision	In progress
KPI evaluation cycle	Twice annually

# Our People & Culture

The introduction of KPIs has helped employees better understand performance expectations while enabling management to track progress against organisational goals.

Training activities during the year were limited but targeted towards specific operational needs.

## Training Activities

Training Programme	Participants
KPI orientation discussions	Internal staff
Excel training (external programme)	Finance Division staff

HR supported staff development by covering the training costs for finance team members who attended Excel training conducted by an external trainer.



## Employee Engagement and Organisational Culture

Employee engagement initiatives continued to play an important role in strengthening organisational culture. HR supported several employee engagement events and staff welfare programmes during the year. These initiatives help foster a positive workplace environment and strengthen collaboration among employees.

### Employee Engagement Activities

- + Women's Day celebrations
- + New Year celebrations
- + Aluth Avurudu festivities
- + Dansela programmes
- + Multi-religious functions
- + Other staff engagement activities



HR also actively participated in organising common organisational events and supported staff programmes conducted throughout the year.

## Employee Welfare and Recognition

Several welfare initiatives were introduced to recognise important milestones in employees' lives and strengthen employee support systems.

### Employee Welfare Initiatives

Initiative	Purpose
Monetary gifts for employee marriage	Employee recognition
Monetary gifts for birth of a child	Family support
Emergency financial assistance	Employee welfare

These initiatives help strengthen employee morale and demonstrate the organisation's commitment to supporting its workforce.

## Employee Well-being and Support

Recognising that employees working in sexual and reproductive health programmes may encounter emotionally demanding situations, the organisation provides access to counselling services. Employees have the option to access support through the organisation's counselling centre whenever required. This service ensures that employees have access to professional support if needed.

## HR Policy Compliance and Governance

HR continued to ensure adherence to employment policies and organisational procedures throughout the year. Internal communications and memos were issued to clarify policies relating to:

- + Working hours
- + Leave procedures
- + Travel concessions
- + HR administrative procedures

A major governance initiative during the year was the revision of the organisation's HR Manual in collaboration with an external consultant. The review process is currently nearing completion and the updated manual will soon be finalised. The revised HR Manual will further strengthen policy clarity and ensure that HR procedures align with the organisation's values and operational needs.

## HR Records and Documentation

Maintaining accurate HR documentation remains essential for organisational governance and compliance. HR regularly updated employee records including:

- + Personal files
- + Employment contracts
- + HR documentation

These records support internal audits, contract renewals and management decision-making.

## Future Workforce Needs

As the organisation expands its services and adopts new approaches to programme delivery, workforce requirements are evolving. The organisation anticipates the need for new skill sets in areas such as:

- + Telehealth platform design to support digital service delivery
- + Skilled counsellors and doctors to support expanding SRHR services
- + Creative marketing designers to strengthen communication and outreach initiatives

These competencies will help support the organisation's evolving service delivery models.

## Human Resource Priorities for 2026

Looking ahead, HR will continue to focus on strengthening employee engagement, staff wellbeing and professional development. Key initiatives planned for 2026 include:

- + Finalising and implementing the revised HR Manual
- + Expanding employee engagement initiatives
- + Organising employee day-outs and team-building programmes
- + Introducing employee birthday celebrations
- + Continuing festive and cultural staff events
- + Expanding wellness and wellbeing initiatives

A scholarship programme will also be introduced to support employees' children who achieve academic success in key examinations such as the Grade 5 Scholarship, GCE O/L and GCE A/L. In addition, the organisation plans to expand training opportunities to further strengthen staff skills and professional development. As the organisation moves forward, HR will continue to focus on building a motivated, skilled and resilient workforce capable of advancing sexual and reproductive health and rights across Sri Lanka.

# Partnerships & Stakeholders

The progress achieved by FPA Sri Lanka in 2025 reflects the vital role played by its donors, partners and stakeholders in advancing its Sexual and Reproductive Health, Rights & Justice (SRHRJ) mandate. Collaboration with donors, partners and stakeholder has enabled the expansion of FPA Sri Lanka's services to underserved communities and supported timely humanitarian responses. Donor funding has driven high-impact programmes, while partnerships have enhanced reach, credibility and innovation for sustainable impact.



# Monitoring, Evaluation & Learning

*The Monitoring, Evaluation and Learning (M&E) function at FPA Sri Lanka plays a central role in strengthening organisational accountability, improving programme effectiveness and advancing evidence-based advocacy in the field of Sexual and Reproductive Health, Rights and Justice (SRHRJ). In 2025, the M&E Unit continued to evolve as the organisation's knowledge and strategic intelligence hub, integrating monitoring systems, programme evaluation, research generation, and knowledge dissemination to inform both institutional decision-making and national policy discourse.*



## Defining Impact Beyond Numbers

At FPA Sri Lanka, impact extends beyond numerical service outputs. While quantitative indicators remain essential for measuring service reach and programme performance, the organisation places equal emphasis on understanding how interventions influence people's lives, strengthen systems and contribute to long-term structural change. Impact is therefore assessed through a combination of service utilisation trends, community feedback, behavioural outcomes, policy influence and evidence generated for national and global SRHRJ discourse.

The M&E Unit operationalises this approach by linking programme monitoring with research and strategic information generation. Data systems track organisational performance indicators aligned with the strategic plan, while qualitative research and stakeholder consultations capture lived experiences, perceptions and systemic barriers that cannot be reflected through numbers alone. This approach ensures that programme outcomes are evaluated in terms of coverage, equity, accessibility, dignity and rights.

## Strengthening Data Systems and Organisational Intelligence

FPA Sri Lanka continued to strengthen its digital monitoring architecture in 2025 through the Monitoring and Evaluation Information Management System, which integrates community-level service data, programme reporting and client feedback mechanisms. Data collection is conducted through mobile applications used by field teams, while tablet-based feedback systems capture client experiences at service points using the Net Promoter Score methodology. Real-time data visualisation is enabled through Microsoft Power Business Intelligence (BI) dashboards, allowing managers and programme teams to monitor performance indicators and service delivery trends on a continuous basis. Selected organisational dashboards are publicly accessible through the website, reinforcing transparency and accountability by enabling stakeholders to view programme progress and service statistics. Programme data is shared with global reporting platforms such as the IPPF Global DHIS-2 system, ensuring that Sri Lanka's SRHRJ data contributes to global monitoring frameworks while enabling FPASL to benchmark its performance against international indicators.

## Integrating Learning into Programme Design

Learning generated through monitoring, research and evaluation feeds directly into programme planning, strategic reviews and resource mobilisation processes. When new projects are designed or donor proposals developed, programme teams first analyse existing organisational data to identify service coverage and outcomes. Research findings and monitoring reports are then used to identify unmet needs, emerging challenges, and priority population groups requiring targeted interventions. The feedback loop between evidence generation and programme design ensures that interventions remain responsive to real-world needs rather than being driven solely by funding opportunities. This process also strengthens FPA Sri Lanka's credibility with donors and partners, as programme proposals are supported by documented evidence demonstrating both existing achievements and clearly defined service gaps.

# Monitoring, Evaluation & Learning

Learning is further institutionalised through quarterly organisational monitoring reports presented to the Senior Management Team, the Policy and Strategy Committee, and the Board. These reports consolidate performance data, highlight emerging trends and identify areas requiring corrective action or programme adjustment. At the operational level, real-time dashboards enable district managers and frontline service providers to review their own performance data and adapt service delivery strategies accordingly.

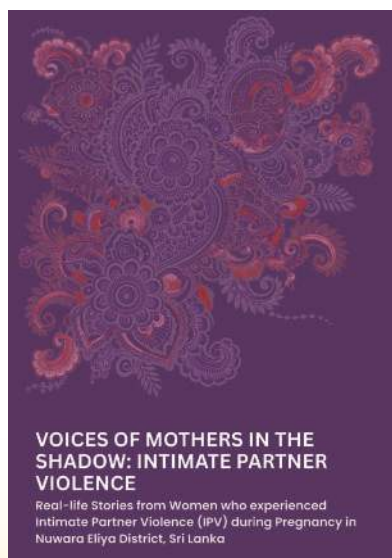
## Mission-Driven Monitoring and Evaluation

While FPA Sri Lanka maintains rigorous compliance with donor reporting requirements, its monitoring and evaluation systems are primarily mission-driven rather than donor-driven. Monitoring frameworks are derived from the organisation's strategic plan and its long-term vision of advancing SRHRJ for all communities. When new donor-funded projects are introduced, the additional indicators and reporting requirements are integrated into the organisation's central monitoring architecture rather than being maintained as separate systems. This ensures that data collected under donor programmes strengthens institutional knowledge and contributes to long-term organisational learning. Over time, donor-funded data systems have therefore been streamlined into FPA Sri Lanka's core monitoring framework, enhancing efficiency and institutional continuity.

## Evidence Generation for Advocacy and Policy Dialogue

Research and documentation remain critical components of FPA Sri Lanka's M&E work. In 2025, several major studies were initiated or completed to generate evidence addressing key gaps in the SRHRJ landscape.

- + A research study funded by the International Planned Parenthood Federation examined stigma, discrimination and violence experienced by female sex workers in Colombo. Structural factors such as criminalisation, economic insecurity and social stigma often prevent sex workers from accessing healthcare and legal protection. The study aims to generate quantitative and contextual evidence on the prevalence and drivers of violence and discrimination, supporting policy development and rights-based service delivery interventions.
- + Another study funded by the Levi Strauss Foundation focused on awareness, help-seeking behaviour, and barriers to breast and cervical cancer screening among female factory workers in the Wathupitiwala Export Processing Zone. The research addresses an important public health gap as national screening programmes have not adequately reached working women due to workplace constraints, fear of medical procedures and limited access to services. Findings from the study will inform workplace health programmes and policy responses aimed at increasing screening coverage.
- + The organisation also documented lived experiences of women affected by intimate partner violence during pregnancy through the publication *Voices of Mothers in Shadow*. Based on in-depth interviews conducted as part



of a prospective cohort study in the Nuwara Eliya District funded by the Embassy of the Netherlands, the publication highlights the complex relationship between violence during pregnancy and adverse maternal and neonatal outcomes. By presenting real-life narratives of women from the estate sector, the publication contributes to national awareness and advocacy on maternal health and gender-based violence.

## Community Accountability and Stakeholder Engagement

FPA Sri Lanka conducted a comprehensive stakeholder feedback study focusing on the Suwa Sewa Centres to strengthen programme responsiveness, which have served communities for many years through partnerships with multiple institutions. Prior to this initiative, community and stakeholder perceptions had not been systematically documented. In-depth interviews with 54 stakeholders across six districts, including government health authorities, district administrators, educational institutions, disaster management agencies and civil society organisations were conducted. The study explored perceptions of FPA Sri Lanka's services, coordination with government programmes and expectations for future interventions. The findings from this stakeholder consultation are being integrated into the mid-term review of FPA Sri Lanka's Strategic Plan. The analysis of stakeholder insights using qualitative data software will inform recommendations for programme adjustments, partnership strengthening, and future strategic priorities.

## Evaluation and Organisational Learning

- + The M&E Unit also coordinated the final external evaluation of the Collective Action Against Period Poverty (CAAPP) project, implemented from 2023 to 2025,

with funding from the French Embassy. Conducted by an independent evaluation firm under the oversight of a multi-stakeholder steering committee, the evaluation assessed the effectiveness, outcomes, and sustainability of project interventions implemented by 13 partner civil society organisations. The evaluation findings have been disseminated among implementing partners and stakeholders, providing a shared evidence base for improving menstrual health programming and informing the design of future initiatives addressing period poverty.

## Strengthening Knowledge Dissemination



A major milestone in 2025 was the launch of *ReproSex: International Journal on Sexual and Reproductive Health*, the organisation’s peer-reviewed open-access scientific journal. Hosted on the Sri Lanka Journals Online platform as part of the Ubiquity Partner Network, the journal provides a dedicated platform for research on SRHRJ from Sri Lanka and other low- and middle-income countries. The inaugural issue included seven scholarly articles, two commentaries, and a policy brief addressing emerging issues in SRHRJ. By establishing a national scientific platform for SRHRJ research dissemination, FPA Sri Lanka has strengthened the country’s capacity to contribute to global health knowledge while supporting evidence-based policy dialogue.

## Addressing Data Gaps

Despite significant improvements in organisational data systems, the M&E Unit identified several critical gaps in national-level SRHRJ data that affect programme planning and policy analysis. Key national surveys, including the Demographic and Health Survey, the National Youth Health Survey, and the Integrated Biological and Behavioural Survey on HIV, have not been conducted in recent years due to financial constraints and disruptions caused by the COVID-19 pandemic and the

economic crisis. As a result, many national SRHRJ indicators continue to rely on outdated data sources, including the 2016 Demographic and Health Survey. While FPA Sri Lanka supplements national statistics with its own research and programme data, the absence of updated national datasets remains a significant challenge for long-term policy planning and evidence-based decision-making.



### Studies conducted

- + Research on stigma, discrimination and violence among female sex workers in Colombo
- + Study on awareness and barriers to breast and cervical cancer screening among female factory workers in Wathupitiwala Export Processing Zone
- + Stakeholder perception study on Suwa Sewa Centres
- + Prospective research on intimate partner violence and pregnancy outcomes in Nuwara Eliya District

### Evaluations completed

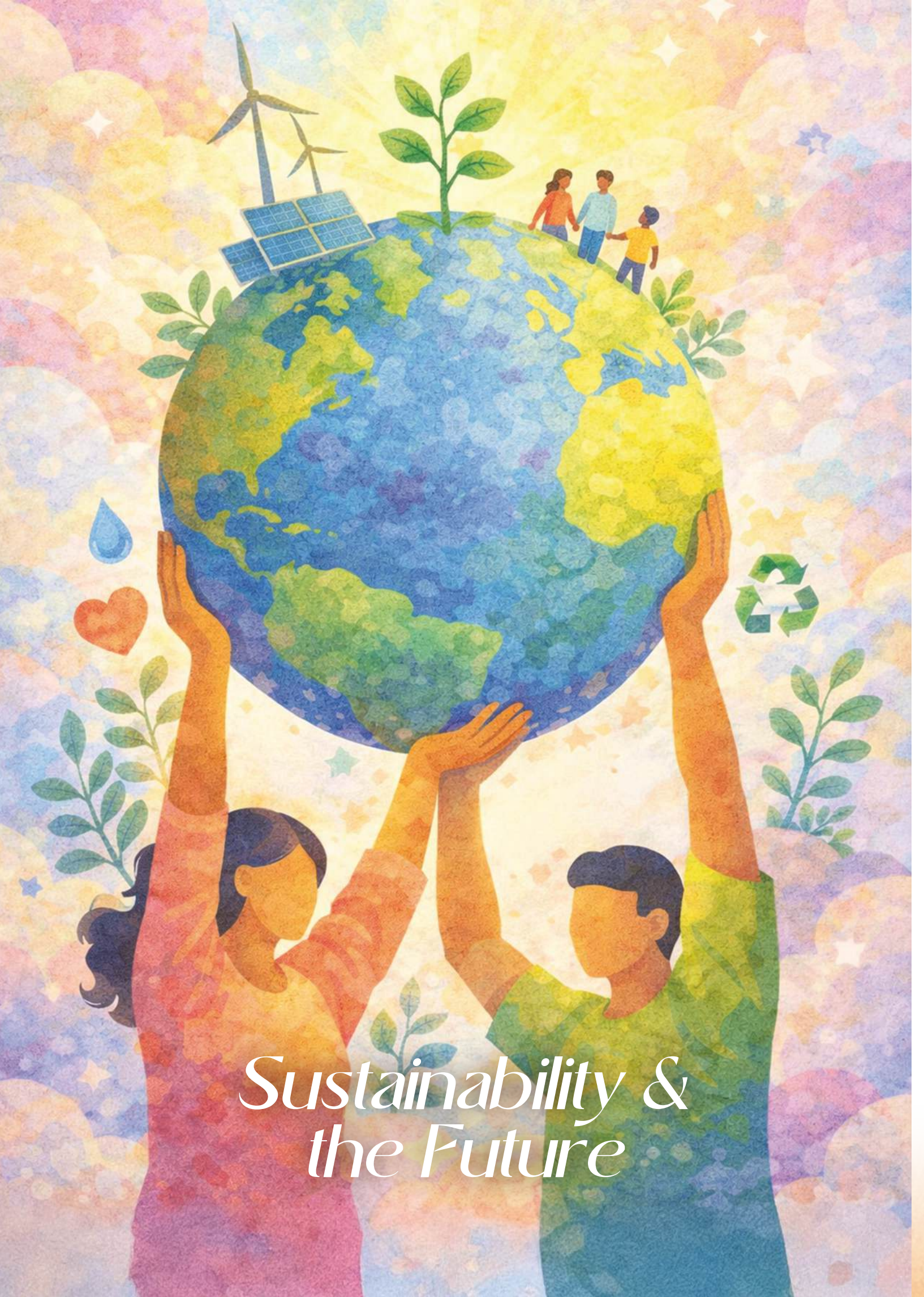
- + Final external evaluation of the Collective Action Against Period Poverty (CAAPP) project

### Learning outputs and publications

- + *Voices of Mothers in Shadow* – publication on intimate partner violence during pregnancy
- + Launch of *ReproSex: International Journal on Sexual and Reproductive Health*

### Policy and knowledge influence

- + Research evidence generated to inform advocacy on SRHRJ, gender-based violence, and access to health services
- + Data integration into national and global SRHRJ monitoring systems, including IPPF’s Global DHIS-2 platform



*Sustainability &  
the Future*

# Resource Mobilisation & Donor Relations



*Financial resilience remains a cornerstone of FPA Sri Lanka's ability to sustain and expand its mission. The year 2025 unfolded within a significantly altered global funding environment, marked by reductions in traditional aid streams, shifting donor priorities and increasing competition for limited development resources. In response, FPA Sri Lanka adapted its resource mobilisation strategy by strengthening diversification efforts, initiating groundwork for broader funding streams and expanding engagement with both international and local partners.*

In 2025, the Association continued to pursue grant opportunities to sustain priority programmes. Several institutional initiatives strengthened FPA Sri Lanka's positioning for future fundraising. During the year, the Corporate Profile was completed, outlining FPA Sri Lanka's mission, programmatic priorities and partnership opportunities. This profile now serves as a professional engagement tool for corporate partners, donors and other stakeholders. In addition, the Donation Web Page was operationalised, creating a structured platform for individual contributions and enabling more flexible, unrestricted funding streams.

Recognising the volatility of traditional grant financing, FPA Sri Lanka also began placing greater emphasis on corporate

partnerships and local resource mobilisation, focusing initially on relationship-building and awareness raising among private sector stakeholders, while positioning SRHR priorities within corporate social responsibility agendas.

Despite the constrained funding environment, several critical donor partnerships were successfully retained. Support continued from RFSU (IPPF Sweden) and IPPF RESPOND II, while the organisation also secured emergency disaster relief funding from International Planned Parenthood Federation (IPPF) in partnership with Australian Aid following Cyclone Ditwah. These resources supported important initiatives including disability-inclusive SRHRJ services, youth-focused education programmes, gender-based violence response activities and emergency response interventions.

FPA Sri Lanka also pursued several competitive international funding opportunities open to multiple countries. A number of proposals remain under review, reflecting the organisation's continued engagement with global funding opportunities and the sustained international demand for investment in sexual and reproductive health programmes.

# Resource Mobilisation & Donor Relations

## Overview of Grant Applications Submitted in 2025



These efforts demonstrate FPA Sri Lanka's continued commitment to actively pursuing new funding opportunities while strengthening long-term financial sustainability.

### Diversified Funding Model

FPA Sri Lanka's funding model draws on four primary income streams: restricted donor grants, unrestricted core grants, revenue generated through the Social Marketing Programme (SMP), and income generated through financial investments.

Restricted donor funding remains a key component of programme financing. Approximately 23–25% of the organisation's total income originates from restricted donor funds, supporting targeted interventions aligned with national and global health priorities. These funds enable large-scale programme implementation in areas such as HIV prevention, youth engagement, community health services and research. However, restricted funds are tied to specific projects and cannot be freely redirected for broader organisational needs, making continued donor engagement essential.

In 2025, restricted funding declined by approximately 15% compared with 2024, reflecting broader global shifts in development financing. These dynamics highlight the importance of strengthening alternative revenue streams to reduce long-term financial vulnerability.

Unrestricted income provides the organisation with operational flexibility. This income is derived from core grants, revenue from SMP contraceptive sales, other internally generated activities and finance income generated through investments. FPA Sri Lanka also maintains substantial investments and cash balances, strengthening liquidity and providing financial stability during periods of funding volatility.

### Social Enterprise Contribution

The Social Marketing Programme (SMP) continues to play an important supporting role within the organisation's financial structure. SMP generated approximately Rs. 1.2 billion in revenue in 2025 through the nationwide marketing and distribution of contraceptive products, making it the organisation's largest internally generated income stream.

Beyond revenue generation, SMP contributes directly to FPA Sri Lanka's public health mission by ensuring widespread availability and affordability of contraceptive products

across Sri Lanka. Through an extensive distribution network reaching pharmacies and retail outlets nationwide, the programme strengthens access to family planning while supporting organisational sustainability.

SMP also maintains market shares of approximately 75–80% across most contraceptive product categories, reflecting strong consumer trust and an effective distribution network. Revenue generated through this programme is reinvested into community programmes, clinical services and public health initiatives that expand access to reproductive health services nationwide.

### Strategic Investment for Long-Term Stability

A disciplined financial management approach further strengthens FPA Sri Lanka's resilience. Surpluses generated through internally generated income streams are invested, ensuring that funds remain protected while generating additional finance income. Interest income generated through these investments contributes to programme funding and provides an additional financial buffer capable of sustaining operations when donor funding fluctuates. During 2025, FPA Sri Lanka also invested in infrastructure and institutional capacity, including the development of a training centre expected to generate new income streams from professional training and capacity-building programmes beginning in 2026. Additional investments strengthened service delivery infrastructure and operational systems.

### Navigating Donor Dependencies

Strong relationships with international development partners remain essential to FPA Sri Lanka's programme portfolio. However, reliance on a limited number of donors presents potential risks. Currently, The Global Fund, United Nations Population Fund

(UNFPA) and the International Planned Parenthood Federation (IPPF) account for approximately 80% of donor funding, creating exposure to shifts in global funding priorities. The decline in restricted funding between 2024 and 2025 illustrates the importance of strengthening alternative income streams while maintaining strong donor partnerships.

## Expanding Future Revenue Streams

In order to strengthen long-term sustainability, FPA Sri Lanka continues to pursue several strategies aimed at diversifying its funding base while remaining aligned with its mission. Key priorities include:

- + Expanding the Social Marketing Programme through new SRHRJ product categories and improved distribution channels
- + Developing fee-based reproductive health services, including specialised consultations and telehealth platforms operating on cost-recovery models
- + Strengthening corporate partnerships and Corporate Social Responsibility (CSR) collaborations
- + Increasing investment and endowment funds to generate stable finance income
- + Expanding digital fundraising and individual giving mechanisms, including the newly established donation platform
- + Cultivating high-value donor relationships and international philanthropic partnerships

## Chinthana Training Centre

FPA Sri Lanka’s Chinthana Training Centre, located on a 10-acre coconut plantation, is currently undergoing extensive refurbishment aimed at strengthening its role as a dedicated hub for training, capacity building and stakeholder engagement. Initiated in February 2025, the renovation programme covers the warehouse, 23 chalets, the SMT and Manager’s Bungalow, driver quarters, the main office complex and auditorium.



These upgrades are designed to enhance service delivery by creating a more functional, professional and welcoming learning environment that supports high-quality programme implementation. The Centre is also building sustainable income generation streams to support its long-term operations. Revenue from coconut cultivation provides a consistent natural income source, demonstrated by earnings of Rs. 409,365 from a single harvest, while the production and sale of pallets introduce a new value-added revenue stream utilising plantation resources. Monthly rentals of facilities also generate steady supplementary income, funding ongoing refurbishment efforts and strengthening the financial sustainability of the Training Centre as it prepares for its official opening in May 2026.



# IPPF Social Enterprise Acceleration Programme (SEAP)



*The Social Enterprise Acceleration Programme (SEAP), supported by the International Planned Parenthood Federation (IPPF), equips Member Associations (MAs) with entrepreneurial skills to enhance healthcare services and generate social value. Since 2018, FPA Sri Lanka has served as IPPF's Social Enterprise Hub (SE Hub), supporting MAs in developing sustainable income streams that fund social development, service delivery and humanitarian efforts.*

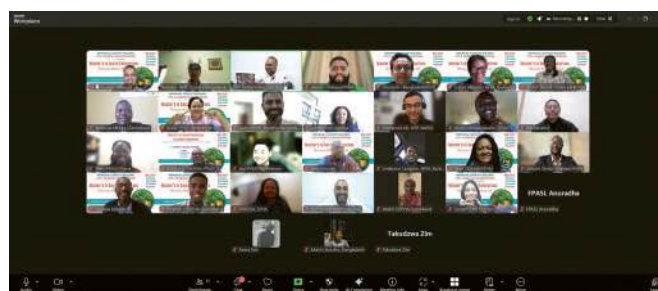
The SE Hub fosters a collaborative network, enabling MAs to exchange insights and refine business models aligned with investment-readiness standards. The programme strengthens commercial expertise for both emerging and expanding enterprises by offering free consultations, tailored online tools and hands-on guidance. In addition, seed grants are provided to initiate or scale income-generating initiatives, ensuring long-term financial sustainability for Sexual and Reproductive Health and Rights (SRHR)-focused organisations.

## SE Hub Activities in 2025

### Flagship Social Enterprise Capacity-Building Workshop

The Master's in Social Enterprises (MSe) CPD Programme 2025 introduced a redesigned four-step learning model, moving beyond previous workshop-only formats:

- Step 1** | Self-paced online certification via the SE Academy platform
- Step 2** | Two-week global virtual workshop, live-streamed from FPA Sri Lanka
- Step 3** | On-ground implementation of learning within participants' associations
- Step 4** | Presentation of refined business plans to an expert panel during final review and graduation



This structured journey engaged 37 participants from IPPF MAs across five regions, strengthening their capacity to develop sustainable, mission-driven social enterprises while promoting peer learning, practical application and cross-regional collaboration.

## Country-Level Engagements

Visits to 9 Member Associations and participation in 1 regional forum provided deeper insights into local challenges, progress and support needs. These engagements informed tailored technical training, strategic recommendations and strengthened collaboration with MAs and regional office teams.



## Market Research Consultancy Assistance

Six MAs benefited from a non-grant support initiative, where the SE Hub conducted market research in collaboration with external consultants. Insights from this research guide business planning and help MAs refine their social enterprise models for future success.

## Social Enterprise (SE) Competency Mapping – Phase 2

This phase focused on strengthening the SE capacity of IPPF MAs by identifying key organisational and individual competencies required for successful SE development and management. Building on the initial global mapping conducted in 2022, this phase assessed business knowledge, operational practices, management styles, and organisational structures best suited for SE growth. The findings generated practical recommendations applied across IPPF to guide capacity-building, inform strategic planning and support MAs in developing more effective and sustainable social enterprise models.

## Resource Development & Knowledge Sharing

A range of tools and publications were created to enhance SE operations and peer learning, including:

- + Performance Management Framework (PMF) 2.0 - A tailored framework to track and measure social enterprise sustainability, covering both financial and non-financial performance indicators for MAs.

## Donor and Investor Mapping & Capacity-Building Initiative

To diversify financing opportunities and reduce reliance on traditional grant funding, this initiative supported MAs in identifying new strategic financing pathways. Engaging Member Associations, this initiative assessed financing status and growth plans, mapped potential donors, investors and financial instruments, and built capacity in areas such as business planning, financial modelling, and investor pitching. This marked a significant step toward more resilient and sustainable social enterprise models across IPPF.

## Awards & Accolades

### Gold & Silver Wins for SEAP at the National Project Management Excellence Awards 2025

SEAP achieved a double win at the National Project Management Excellence (NPME) Awards 2025, being recognised for outstanding project planning, execution and impact. Awards received:

- + Gold Award – Best Managed Project in the Social Enterprise Sector (Local & International)
- + Silver Award – Best Managed Project in the Academic / Education / Research Sector



### Silver at the National Management Excellence Awards 2025

In yet another accolade, SEAP was awarded the Silver Award at the National Management Excellence Awards (NMEA) 2025, recognising its management excellence during the 2024 assessment year.

In 2024, the SE Hub supported over 30 MAs to strengthen and diversify their SE models through tailored technical guidance, capacity-building, multilingual resources and MA-to-MA knowledge sharing. These efforts contributed to a 14% increase in social enterprise income across the Federation, advancing sustainability and long-term impact.

## Communication Initiatives

### 'In Focus – SE Changemakers' – Q&A Series

This initiative facilitated the sharing of compelling insights into social enterprising through the experiences of stakeholders who have led and strengthened their teams toward success, contributing to the expansion and advocacy of SE within IPPF.

### 'Client Spotlight: A Service Received; A Life Uplifted – Series 2'

Commemorating World Social Enterprise Day 2025, the SE Hub launched this series highlighting how SE models across IPPF MAs are driving positive change, expanding access to SRHR, strengthening service delivery, and building sustainable futures for communities. The initiative aimed to inform and inspire other MAs to further advance their SE efforts.

# Digital Transformation

*Digital systems are increasingly central to how FPA Sri Lanka delivers services, manages information and expands access to Sexual and Reproductive Health, Rights and Justice (SRHRJ). Over the past decade, the Association has steadily transitioned from paper-based reporting and manual processes to integrated digital platforms that support service delivery, monitoring, client feedback and knowledge dissemination.*



*Today, FPA Sri Lanka operates with a hybrid digital ecosystem that connects front-end service delivery platforms with back-end data systems, enabling faster decision-making, greater transparency and improved access to services for communities across the country. While some operational processes are still evolving, digital tools now underpin many of the organisation's most critical functions, from client engagement and tele-counselling to real-time programme monitoring and research dissemination.*

## Front-End Digital Access to SRHRJ Services

On the front-end, digital platforms increasingly serve as accessible entry points for individuals seeking confidential information, counselling and referrals on Sexual and Reproductive Health (SRH). The Happy Life Contact Centre functions as a key digital gateway to FPA Sri Lanka's services.

In 2025, the platform delivered 4,370 SRHRJ information and counselling services, providing guidance on contraception, referrals and general reproductive health concerns. For many users, particularly adolescents, youth and individuals seeking privacy, digital engagement through telephone and online channels offers a safe and stigma-free pathway to information and care.

Online counselling services provided through the Alokaya Counselling Centre further extend this reach. By integrating virtual counselling alongside in-person sessions, the Centre has significantly expanded accessibility, enabling individuals to access psychosocial support beyond traditional clinic hours and without geographical barriers.

Digital platforms also play an important role in increasing access to SRH commodities. Through e-commerce channels such as Daraz, Kapruka and FPA's online store Planet 361, contraceptive products can be ordered discreetly and delivered to clients' homes. In urban areas, rapid delivery services through

PickMe and Uber allow customers to obtain products quickly, responding to the time-sensitive nature of many SRH needs. These digital channels complement the Association's physical service network, allowing the organisation to reach individuals who may otherwise hesitate to access services in person.

## Strengthening Back-End Data Systems

Behind the scenes, FPA Sri Lanka has invested heavily in strengthening its digital monitoring and data management infrastructure. All programme data is now collected through the Monitoring and Evaluation Information Management System, which integrates a mobile application for community-based services and a tablet-based client feedback platform. This system allows service providers and community volunteers to record service delivery data in real time, replacing the manual reporting processes used in earlier years. The system also incorporates Net Promoter Score (NPS) client feedback mechanisms, allowing clients to provide immediate feedback through digital devices. This information helps the organisation continuously improve service quality and client experience.

In an attempt to enhance transparency and data utilisation, programme data is visualised through Microsoft Power Business Intelligence (BI) dashboards, enabling managers and stakeholders to track progress and performance in real time. Selected dashboards are publicly accessible through FPA Sri Lanka's website, allowing stakeholders and the public to monitor programme reach and outcomes.



At the global level, FPA Sri Lanka also contributes data to Global DHIS-2, the international reporting platform used within the International Planned Parenthood Federation (IPPF) network. This integration ensures that national programme data contributes to global SRHRJ monitoring and learning.

### Supporting Evidence and Knowledge Dissemination

Digital transformation is also supporting FPA Sri Lanka's growing role as a knowledge hub for SRHRJ research. In 2025, the organisation launched *ReproSex: The International Journal on Sexual and Reproductive Health*, a peer-reviewed open-access journal hosted on the Sri Lanka Journals Online (SLJOL) platform within the Ubiquity Partner Network. The journal enables Sri Lankan and international researchers to publish scientific work addressing critical SRHRJ knowledge gaps, while supporting policy development and evidence-based programming. By providing open-access digital publication, FPA Sri Lanka is expanding the availability of SRHRJ research to policymakers, academics and practitioners both nationally and globally.

### Challenges

Despite significant progress, some organisational processes still require manual inputs and human coordination. Strategic planning processes, programme evaluations and stakeholder consultations continue to rely heavily on qualitative engagement and expert analysis. For example, community stakeholder consultations conducted during the year involved in-depth interviews with 54 stakeholders across six districts, providing insights that could not be captured solely through digital data systems. These qualitative processes remain essential to understanding community perceptions, programme effectiveness and emerging service needs.

Similarly, while financial budgeting and administrative systems operate digitally within their respective departments, certain coordination processes between units continue to rely on manual documentation and internal communication. In order to address this, the organisation is exploring the transition towards a more integrated digital system to enhance workflow coordination, efficiency, and cross-departmental collaboration.

### Data Risks and System Challenges

As FPA Sri Lanka's digital ecosystem expands, managing data security, accuracy and interoperability remains an important priority. The organisation handles sensitive health information related to SRHRJ services, counselling and client feedback, requiring careful management of privacy and confidentiality.

Another challenge relates to national-level data gaps that affect programme planning. Several key national surveys, such as the Demographic and Health Survey (last conducted in 2016) and the National Adolescent Health Survey (last conducted in 2012), have not been updated due to funding and logistical constraints. As a result, FPA Sri Lanka often relies on its own programme data and smaller research studies to identify emerging SRHR trends and service gaps. While organisational data systems remain strong, these broader national data limitations highlight the need for renewed national investment in public health research and data collection.

### Digital Readiness of Staff

Digital transformation within FPA Sri Lanka has also required continuous capacity building among staff and field-level service providers. Over the years, staff and community volunteers have adapted to using mobile-based reporting tools, digital dashboards and client feedback systems as part of routine programme management. Community-based service providers now use mobile applications to track client histories, record services delivered and access information that supports decision-making at the point of service. This digital access allows frontline workers to better understand client needs and respond more effectively. Managers and programme leaders similarly rely on digital dashboards and data visualisation tools to monitor performance and identify areas requiring corrective action during quarterly management reviews and strategic planning processes.

### Looking Ahead

As FPA Sri Lanka continues to expand digital platforms across service delivery, monitoring and research, technology will play an increasingly important role in strengthening access to SRHRJ information and services.

Future priorities include strengthening telehealth systems, expanding digital service delivery platforms, enhancing data integration across programmes and improving digital knowledge-sharing through research platforms such as *ReproSex* to build a more responsive, transparent and accessible SRHRJ ecosystem.

# Risk Management Strategy

*FPA Sri Lanka is committed to delivering its mission effectively while safeguarding the interests of its beneficiaries, partners, and donors. To support this, the organisation maintains a structured Risk Management framework that enables proactive identification and management of risks and opportunities in an evolving operating environment.*



## Policy Statement

This policy applies to all FPA Sri Lanka personnel and serves as an enabler in achieving the organisation's strategic objectives by embedding a structured and consistent approach to risk management across all functions.

It supports improved strategic planning, decision-making, and implementation by ensuring a comprehensive understanding of organisational objectives, associated risks, and opportunities. The framework enables management to anticipate and respond to uncertainties, strengthen resilience, and adapt effectively to changing environments.

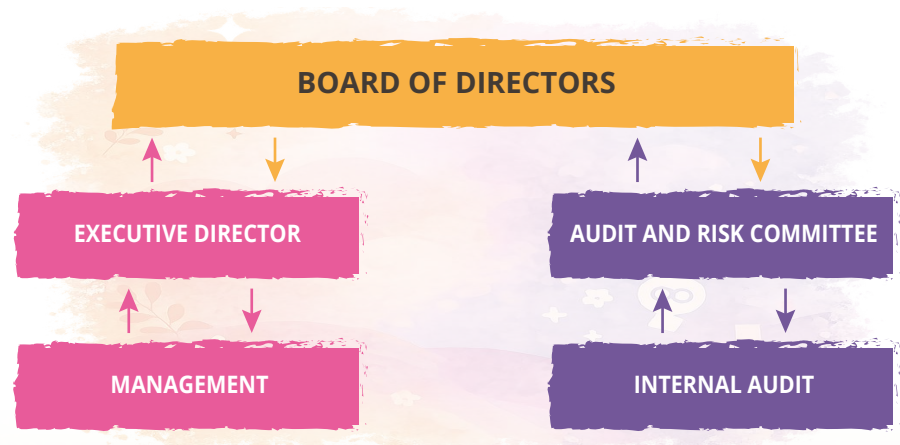
The policy promotes a shared understanding of risk and risk appetite across FPA Sri Lanka, encourages collaboration in identifying and managing cross-cutting risks, and facilitates informed decision-making at all levels. Where necessary, it allows for the acceptance of risks beyond established thresholds through appropriate escalation mechanisms to address critical program needs.

In addition, the policy enhances the effective allocation and use of resources, safeguards organisational assets and reputation, reinforces accountability, and strengthens internal controls. It also supports governing bodies in fulfilling their oversight responsibilities by enabling proactive risk identification and risk-informed decision-making.

Through this approach, FPA Sri Lanka strengthens its ability to deliver uninterrupted, high-quality services to communities, safeguard donor funds and organisational assets, respond effectively to uncertainties and emerging risks, and maintain transparency, accountability, and stakeholder trust.

## Governance and Oversight

Risk management is embedded at all levels of the organisation:



Risk Management Roles and Responsibilities are assigned to FPA personnel at different levels.

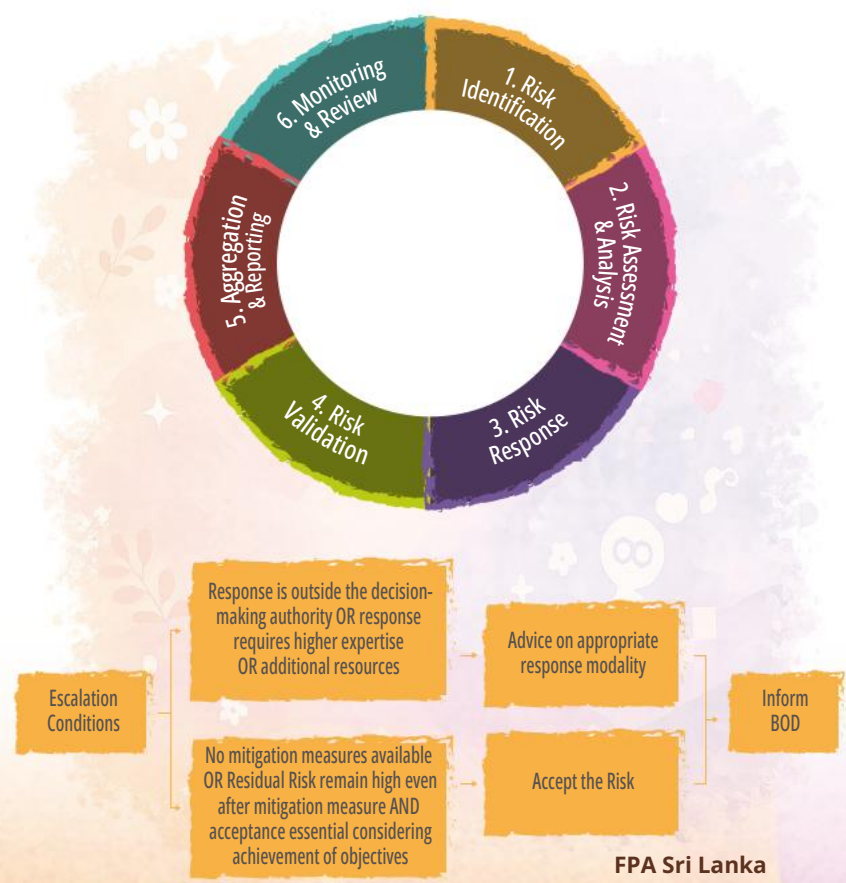
- + The Board – Overall responsibility for Risk Management of FPA.
- + Executive Director – Provides leadership and direction on Risk Management
- + Head of Units – Responsible for the effective end-to-end management of the risks and opportunities related to the departments, programs, projects, and processes they manage.
- + Risk Committee – Composed of subject matter experts who support the divisions by providing the programmatic, technical, operational, and financial management expertise required to manage the risks effectively.
- + Risk Focal Point – Designated by heads of unit, personnel responsible for the effective assessment of and agreed risk response to the risks under their responsibilities.

The Internal Audit must regularly monitor and review the ERM process at all levels to ensure effective functioning and continuous improvement.

It must be ensured that all FPA Sri Lanka personnel have adequate guidance and tools to embed risk management into day-to-day activities and decisions to respond to risks effectively and take advantage of opportunities.

The Internal Audit is responsible for formal reporting to the Audit Committee on the effectiveness and results of the ERM process annually.

## Our Approach to Managing Risk



FPA Sri Lanka adopts a holistic approach to risk management. The following provides an overview of the Enterprise Risk Management (ERM) process, illustrating the key steps and how they interrelate within the integrated risk framework.

Special attention is given to risks that may affect service delivery, compliance, financial sustainability, and organisational reputation.

## Risk Appetite

FPA Sri Lanka defines its risk appetite to guide decision-making, balancing innovation and service expansion with responsible risk management. Where necessary, risks exceeding acceptable levels are escalated to the Board for appropriate action.

## Risk-Aware Culture

The Executive Director sets the tone of the organisation for Risk Management, establishes the related organisational governance arrangements, and actively reinforces the risk management culture through communication and leadership. In exercising this overall leadership on Risk Management, the Executive Director is directly supported by the Audit Committee and the Internal Auditor.

## Systems and Continuous Improvement

Risk management is supported through structured tools, including risk registers, standardised assessment methods, and performance indicators. These are increasingly integrated into organisational systems to strengthen monitoring and reporting.

The Risk Management framework is regularly reviewed and enhanced based on lessons learned, internal audit findings, and evolving best practices.

# Managing the 2025 Risk Landscape for Sustainable Impact

Risk Category	Key Risk	Mitigation Actions	Future Outlook
<b>Financial Risk</b>	<p>Economic volatility and declining global donor funding create pressure on resource mobilisation.</p> <p>Dependence on traditional donor relationships increases vulnerability.</p>	<p>Diversification of funding streams.</p> <p>Expansion of social marketing income.</p> <p>Strengthening partnerships with local stakeholders.</p> <p>Focus on cost-efficient service delivery.</p>	<p>Introduction of new product categories and strengthened distribution networks.</p> <p>Greater emphasis on financial sustainability and local resource mobilisation.</p>
<b>Socio-Cultural Risk</b>	<p>Deep-rooted cultural and religious resistance limits open discussion on sexual and reproductive health.</p> <p>Adolescents and conservative rural communities remain difficult to engage.</p>	<p>Rights-based and culturally sensitive communication strategies.</p> <p>Community engagement programmes.</p> <p>Comprehensive sexuality education.</p> <p>Youth-focused outreach initiatives.</p>	<p>Expansion of stigma-free digital campaigns.</p> <p>Stronger partnerships with youth organisations.</p> <p>Increased acceptance of sexual and reproductive health and rights dialogue at community level.</p>
<b>Access &amp; Equity Risk</b>	<p>Marginalised populations face systemic barriers to SRHR services.</p> <p>Last-mile gaps persist between policy commitments and ground realities.</p>	<p>Integrated service delivery through static clinics, mobile clinics, tele-counselling and home-based services.</p> <p>Targeted interventions for underserved populations.</p>	<p>Targeted service provision addressing the specific needs of marginalised communities</p> <p>Stronger referral pathways linking awareness to service uptake.</p>
<b>Operational Risk</b>	<p>Maintaining service quality across an expanded network of eleven Service Delivery Points within constrained financial environments.</p>	<p>Strengthening partnerships and programme coordination.</p> <p>Adaptive service delivery models.</p> <p>Leveraging digital initiatives and community platforms.</p>	<p>Improved operational reach through expanded mobile services and enhanced service delivery infrastructure.</p>
<b>Emergency Response Risk</b>	<p>Offering disaster response to service gaps during humanitarian crises such as Cyclone Ditwah last year and in the past in the aftermath of the tsunami, COVID-19, landslides etc..</p>	<p>Launch of first large-scale emergency sexual and reproductive health and rights response following Cyclone Ditwah with IPPF SPRINT funding exceeding USD 95,000. Two-phase implementation model.</p>	<p>Institutionalisation of emergency response capacity. Stronger preparedness-to-response transition frameworks.</p>
<b>Digital Relevance Risk</b>	<p>Failure to evolve rapidly with digital transformation may reduce visibility among young populations.</p>	<p>Gradual integration of digital engagement platforms.</p> <p>Tele-counselling services.</p> <p>Youth-centred programme design.</p>	<p>Expanded digital outreach and confidential online support systems.</p> <p>Greater alignment with Gen Z communication behaviours.</p>
<b>Public Health Risk (HIV)</b>	<p>Hidden populations remain underserved. Delayed testing and care increase transmission risks.</p>	<p>Community-based prevention.</p> <p>Peer-led outreach.</p> <p>Hotspot and night-time testing. Rapid referral systems.</p>	<p>Expansion of Pre-exposure prophylaxis (PrEP) access. Increased use of self-testing.</p> <p>Stronger collaboration with government, civil society organisation and private sector.</p>

# Financial Review

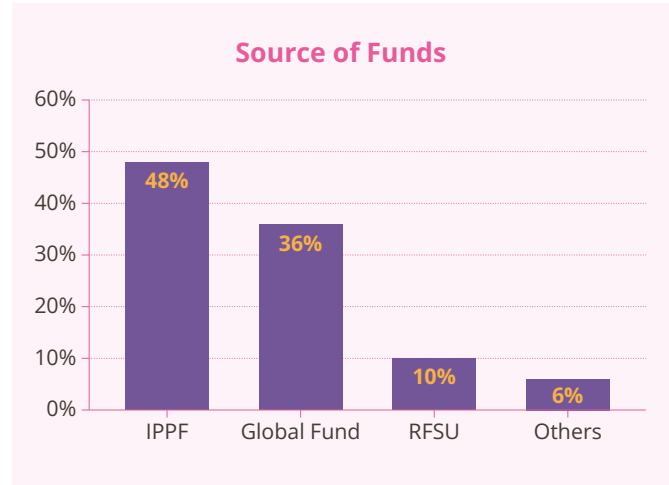
The financial performance of The Family Planning Association of Sri Lanka for the year ended 31 December 2025 reflects a stable operating model, although overall surplus declined compared to the previous year.

## Donor Support

During the year under review, the organisation received total grant funding of LKR 519 million, reflecting a slight decrease compared to the previous year's peak of LKR 535 million, while remaining significantly higher than previous years. Funding continued to be largely driven by the International Planned Parenthood Federation (IPPF), which contributed approximately 48% of total grants, inclusive of unrestricted core funding that provides an important source of flexibility for operations. This was followed by the Global Fund, contributing around 36%, reaffirming its position as one of the organisation's principal funding partners. Contributions from other donors accounted for approximately 6%, while RFSU emerged as a growing partner, contributing close to 10% of total funding.

Support from the United Nations Population Fund (UNFPA) declined sharply during the year to less than 1%, primarily due to changes in global funding landscape rather than a reduction in programme performance. Furthermore, the overall reduction in donor inflows was partly attributable to the completion of key project-based initiatives, including World Bank-supported programmes and the CAAPP project funded by the French Embassy, which had contributed to higher funding levels in the previous year.

Overall, the funding structure highlights continued dependence on a few major donors, alongside a gradual shift in donor composition. While total funding remains relatively strong, evolving global funding dynamics and fluctuations in project-based contributions underscore the importance of further diversifying the donor base and strengthening predictable, long-term funding streams to ensure long-term financial sustainability.

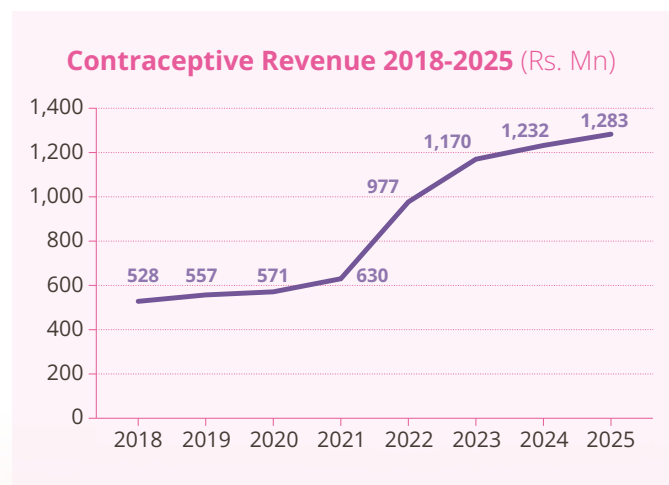
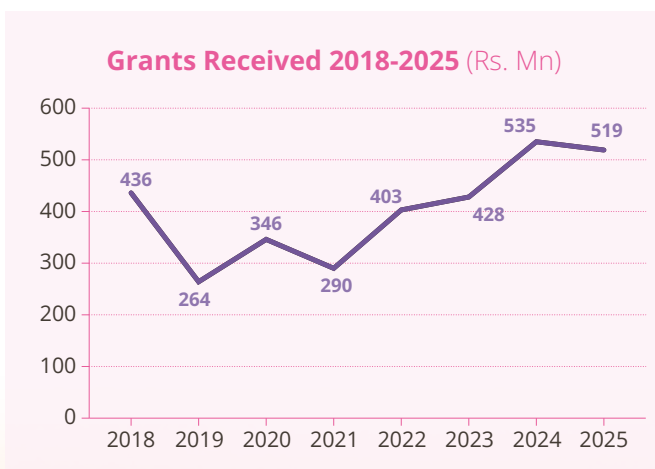


## Revenue from Social Marketing of Contraceptives

Revenue generated through the social marketing of contraceptives demonstrated a strong and consistent upward trend over the years, reaching LKR 1,283 million in 2025, compared to LKR 1,232 million in 2024.

This represents sustained growth from LKR 528 million in 2018, more than doubling over the period. Notably, a significant increase was observed from 2021 onwards, with revenue rising sharply from LKR 630 million in 2021 to LKR 977 million in 2022, followed by continued growth in subsequent years.

This positive trajectory reflects the organisation's strengthened market presence, effective distribution strategies, and increased demand for contraceptive products. The steady growth in social marketing revenue has played a crucial role in enhancing financial sustainability by reducing reliance on donor funding and contributing towards cost recovery and programme expansion.



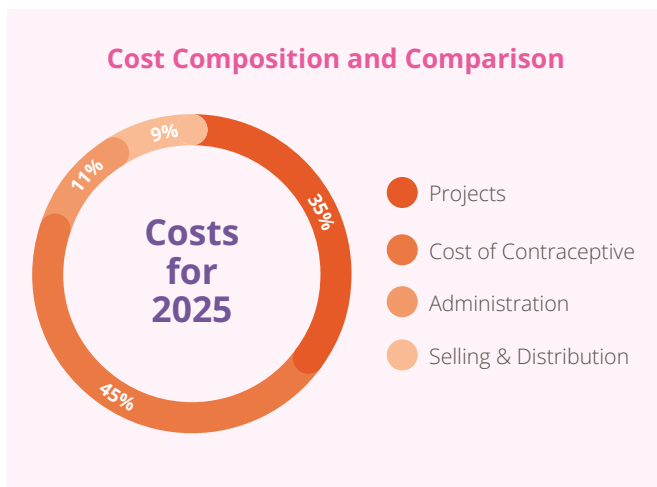
# Financial Review

## Cost Composition and Comparison

Total costs for the year under review amounted to LKR 1,544 million, reflecting a marginal increase from LKR 1,515 million in 2024. The cost structure continues to be largely driven by cost of contraceptive sales, which accounted for the largest share at 45% (LKR 687.6 million), compared to 43% in the previous year, in line with the growth in social marketing revenue.

Project-related expenses represented 35% of total costs (LKR 544.5 million), a slight decrease from 38% in 2024, indicating the completion of certain donor-funded initiatives and a shift in expenditure patterns. Administrative costs increased modestly to 11% (LKR 171.3 million), reflecting rising operational and overhead expenses, while selling and distribution costs remained stable at 9% (LKR 140.4 million), supporting expanded outreach and market penetration efforts.

Overall, the cost composition reflects a gradual shift towards programme sustainability, with a higher proportion of costs directly linked to revenue-generating activities. However, the increase in operating and administrative expenses highlights the need for continued cost efficiency measures to maintain overall financial balance.



## Financial Position

The financial position of The Family Planning Association of Sri Lanka as at 31 December 2025 reflects continued growth and strengthened financial stability compared to the previous year.

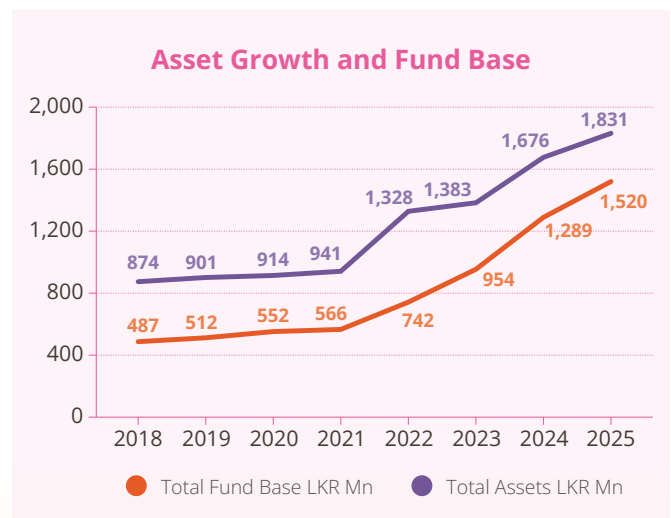
As of 31 December, 2025, the Association's financial position continued to strengthen, with total assets reaching LKR 1,831 million, representing an increase of LKR 155 million (9%) compared to 2024. Which indicates steady growth reflecting ongoing expansion in operations and prudent asset management.

The fund base increased to LKR 1,520 million, up from LKR 1,289 million in the previous year, marking a growth of LKR 231 million (18%). The sustained improvement demonstrates the organisation's continued success in reinforcing its financial stability and building a stronger capital base.

The growing gap between assets and liabilities (implied by fund base growth) indicates stronger financial resilience and capacity for future investments, positioning the Association to better support its strategic objectives in the coming years.

The plan is to invest a total of LKR 68 million LKR 50 million for developing the current training center at Nainamadama and LKR 18 million for establishing a new service delivery center at Pallekelle-Kandy in line with its broader social responsibility strategy.

From a financial perspective, this investment can be treated as a fixed cost. However, these investments are social and may not directly generate income, allocating only a portion of the cost to commercial activities would lower the cost, making the cost recovery model more achievable while still fulfilling its societal mission.





# *Financial Reports*

# Independent Auditors' Report



Ernst & Young  
Chartered Accountants  
Rotunda Towers  
No. 109, Galle Road  
P.O. Box 101  
Colombo 03, Sri Lanka

Tel: +94 11 246 3500  
Fax: +94 11 768 7869  
Email: eysl@lk.ey.com  
ey.com

UM/UGC/DW

## TO THE BOARD OF DIRECTORS OF THE FAMILY PLANNING ASSOCIATION OF SRI LANKA

### Report on the Audit of the Financial Statements

#### *Opinion*

We have audited the financial statements of The Family Planning Association of Sri Lanka ("Association"), which comprise the Statement of Financial Position as at 31 December 2025, and Statement of Income and Expenditure, Statement of Changes in Accumulated Funds and Statement of Cash Flows for the year then ended and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements give a true and fair view of the financial position of the Association as at 31 December 2025, and of its financial performance and its cash flows for the year then ended in accordance with Sri Lanka Accounting Standards for Small and Medium-Sized Entities (SLFRS for SME).

#### *Basis for opinion*

We conducted our audit in accordance with Sri Lanka Auditing Standards (SLAuSs). Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Company in accordance with the Code of Ethics for Professional Accountants (Code of Ethics) and we have fulfilled our other ethical responsibilities in accordance with the Code of Ethics. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

#### *Other Information*

Other information consists of the information included in the annual report, other than the financial statements and our auditor's report thereon. Management is responsible for the other information.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Partners: D K Hulangamuwa FCA FCMA LLB (London), Ms. Y A De Silva FCA, Ms. G G S Manatunga FCA, W K B S P Fernando FCA FCMA FCCA, B E Wijesuriya FCA FCMA, R N de Saram ACA FCMA, N M Sulaiman FCA FCMA, Ms. L K H L Fonseka FCA, Ms. P V K N Sajeewani FCA, A A J R Perera FCA ACMA, N Y R L Fernando ACA, D N Gamage FCA ACMA, C A Yalagala ACA ACMA, Ms. P S Paranavitane ACA ACMA LLB (Colombo), B Vasanthan ACA ACMA, W D P L Perera ACA, M U M Mansoor ACA

Principals: T P M Ruberu FCMA FCCA MBA, G B Goudian ACMA, D L B Karunathilaka ACMA, W S J De Silva Bsc (Hons) - MIS Msc - IT, V Shakhiviel B.Com (Sp)

A member firm of Ernst & Young Global Limited

### ***Responsibilities of management and those charged with governance for the financial statements***

Management is responsible for the preparation of financial statements that give a true and fair view in Sri Lanka Accounting Standards for Small and Medium-Sized Entities (SLFRS for SME), and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Association's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Association or to cease operations, or has no realistic alternative but to do so. Those charged with governance are responsible for overseeing the Association's financial reporting process.

### ***Auditor's responsibilities for the audit of the financial statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SLAuSs will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with SLAuSs, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- ✦ Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- ✦ Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control.
- ✦ Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- ✦ Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Association's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Association to cease to continue as a going concern.
- ✦ Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

### **Report on other legal and regulatory requirements**

As required by section 163 (2) of the Companies Act No. 07 of 2007, we have obtained all the information and explanations that were required for the audit and, as far as appears from our examination, proper accounting records have been kept by the Association.

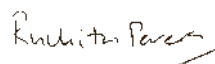


27 April 2026  
Colombo

# Statement of Financial Position

As at 31 December		2025	2024
	Note	Rs.	Rs.
<b>ASSETS</b>			
<b>Non-Current Assets</b>			
Property, Plant and Equipment	3	87,434,210	61,778,222
Investment Property	5	184,468,890	195,674,065
Deferred Tax Assets	17	5,193,490	7,194,452
		<b>277,096,590</b>	264,646,739
<b>Current Assets</b>			
Inventories	6	130,175,860	225,942,912
Trade and Other Receivables	7	237,562,074	274,047,620
Investments	8	1,018,488,318	784,014,917
Cash and Cash Equivalents	9.1	168,103,070	127,259,106
		<b>1,554,329,322</b>	1,411,264,555
<b>Total Assets</b>		<b>1,831,425,912</b>	1,675,911,294
<b>FUNDS AND LIABILITIES</b>			
<b>Funds</b>			
Unrestricted Fund		129,904,866	129,904,866
Special Reserve Fund	10	1,362,526,265	1,132,989,126
Endowment Fund	11	22,510,694	21,038,032
President's Discretionary Fund	12	5,336,727	4,987,596
<b>Total Funds</b>		<b>1,520,278,552</b>	1,288,919,620
<b>Non-Current Liabilities</b>			
Retirement Benefit Obligation	14	51,531,055	41,136,781
		<b>51,531,055</b>	41,136,781
<b>Current Liabilities</b>			
Trade and Other Payables	15	85,568,585	204,245,018
Deferred Income	13	145,473,254	104,363,571
Income Tax Payable	16.4	24,457,626	34,936,730
Bank Overdraft	9.2	4,116,840	2,309,574
		<b>259,616,305</b>	345,854,893
<b>Total Funds and Liabilities</b>		<b>1,831,425,912</b>	1,675,911,294

These Financial Statements are in compliance with the requirements of the Companies Act No. 07 of 2007.



Executive Director



Head of Finance

The Board of Directors is responsible for these financial statements. Signed for and on behalf of the Board by:



Director



Director

The accounting policies and notes on pages 100 through 118 form an integral part of the financial statements.

27 April 2026

Colombo

# Statement of Comprehensive Income

Year ended 31 December		2025	2024
	Note	Rs.	Rs.
Incoming Resources	18	463,327,213	533,883,689
Project Expenditure	19	(544,507,354)	(581,033,408)
<b>Deficit Over Project Expenditure</b>		<b>(81,180,140)</b>	(47,149,719)
Revenue from Contraceptives Sales	20	1,282,629,984	1,232,018,844
Cost of Contraceptives Sales		(687,558,872)	(655,577,110)
<b>Gross Profit of Contraceptives Sales</b>		<b>595,071,112</b>	576,441,734
Revenue Earned from Other Activities	21	30,370,782	79,101,250
Finance Income	22	73,642,885	66,213,088
Administrative Expenses	23	(171,264,171)	(145,514,503)
Selling and Distribution Expenses	24	(140,428,109)	(131,523,201)
Finance Expenses	25	-	(1,749,804)
<b>Surplus Before Taxation</b>		<b>306,212,358</b>	395,818,845
Income Tax Expense	16.1	(69,227,140)	(59,904,382)
<b>Surplus After Taxation</b>		<b>236,985,218</b>	335,914,463
Other Comprehensive Income:			
Profit/(Loss) arising from changes in the assumptions	14	(5,575,054)	(2,772,463)
Tax impact on Surplus/ Loss arising from changes in the assumptions	17	(51,231)	1,565,399
<b>Total Comprehensive Income for the year, net of tax</b>		<b>231,358,933</b>	334,707,399

The accounting policies and notes on pages 100 through 118 form an integral part of the financial statements.

# Statement of Changes in Accumulated Funds

	Unrestricted Fund	Special Reserve Fund	Endowment Fund	President's Discretionary Fund	Total
	Rs.	Rs.	Rs.	Rs.	Rs.
<b>Balance as at 01 January 2024</b>	129,904,866	800,647,693	19,125,483	4,534,178	954,212,220
Transfers to the Special Reserve Fund	(332,341,433)	332,341,433	-	-	-
Transfers to the Endowment Fund	(1,912,548)	-	1,912,548	-	-
Transfers to the President's Discretionary Fund	(453,418)	-	-	453,418	-
Surplus for the year	334,707,399	-	-	-	334,707,399
<b>Balance as at 31 December 2024</b>	129,904,866	1,132,989,126	21,038,032	4,987,596	1,288,919,618
Transfers to the Special Reserve Fund	(229,537,139)	229,537,139	-	-	-
Transfers to the Endowment Fund	(1,472,662)	-	1,472,662	-	-
Transfers to the President's Discretionary Fund	(349,132)	-	-	349,132	-
Surplus for the year	231,358,933	-	-	-	231,358,933
<b>Balance as at 31 December 2025</b>	129,904,866	1,362,526,265	22,510,694	5,336,727	1,520,278,552

The accounting policies and notes on pages 100 through 118 form an integral part of the financial statements.

# Statement of Cash Flows

Year ended 31 December		2025	2024
	Note	Rs.	Rs.
<b>Cash Flows from Operating Activities</b>			
Surplus Before Taxation		<b>306,212,358</b>	395,818,845
<b>Adjustments for;</b>			
Depreciation of Property, Plant and Equipments	3	<b>16,258,306</b>	11,320,829
Depreciation of Investment Property	5	<b>11,205,176</b>	11,205,176
Provision for Inventories		<b>(1,830,751)</b>	-
Bad Debt Provision Charge/ (Reversal)		<b>1,174,153</b>	-
Interest Income	22	<b>(73,642,885)</b>	(66,213,088)
Provision for Retirement Benefit Obligation - Gratuity	14	<b>10,840,498</b>	9,136,601
Interest Expense on Short Term Loans	25	-	1,749,804
<b>Operating Surplus/(Deficit) Before Working Capital Changes</b>		<b>270,216,856</b>	363,018,168
(Increase)/Decrease in Inventories		<b>97,597,808</b>	(11,216,607)
(Increase)/Decrease in Trade and Other Receivables		<b>35,311,392</b>	(48,040,859)
Increase/(Decrease) in Trade and Other Payables		<b>(118,676,433)</b>	(45,254,122)
<b>Cash Generated from/(used in) operations</b>		<b>284,449,623</b>	258,506,580
Interest Paid		-	(1,749,804)
Gratuity Paid	14	<b>(6,021,278)</b>	(6,624,381)
Income Tax Paid	16.4	<b>(77,756,516)</b>	(38,002,613)
<b>Net Cash Generated from/(used in) Operating Activities</b>		<b>200,671,828</b>	212,129,782
<b>Cash Flows From/(Used in) Investing Activities</b>			
Acquisition of Property, Plant and Equipment	3	<b>(41,914,294)</b>	(31,677,582)
Interest Received	22	<b>41,941,516</b>	39,740,018
Investments in Fixed Deposits/ Treasury Bills		<b>(202,772,032)</b>	(159,380,059)
<b>Net Cash Generated from/(used in) Investing Activities</b>		<b>(202,744,810)</b>	(151,317,623)
<b>Cash Flows From/(Used in) Financing Activities</b>			
Loans obtained during the year		-	45,000,000
Loans Settlements during the year		-	(45,000,000)
Funds Received during the year - Restricted Fund	13	<b>459,682,276</b>	463,931,806
Expenditure incurred from Restricted Fund	13	<b>(418,572,596)</b>	(484,828,882)
<b>Net Cash Generated from/(used in) Financing Activities</b>		<b>41,109,680</b>	(20,897,076)
<b>Net Increase/ (Decrease) in Cash and Cash Equivalents</b>		<b>39,036,699</b>	39,915,086
<b>Cash and Cash Equivalents at the Beginning of the Year</b>	9	<b>124,949,532</b>	85,034,446
<b>Cash and Cash Equivalents at the End of the Year</b>	9	<b>163,986,230</b>	124,949,532

The accounting policies and notes on pages 100 through 118 form an integral part of the financial statements.

# Notes to the Financial Statements

## 1 Corporate Information

### 1.1 General

The Family Planning Association of Sri Lanka ("Association") is a Company Limited by Guarantee incorporated on 24 August 1984 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 programs 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 programs undertaken.

### 1.3 Date of Authorization for Issue

The Financial Statements of The Family Planning Association of Sri Lanka, for the year ended 31 December 2025 were authorized for issue in accordance with a resolution of the Board of Directors on 27 April 2026.

## 2 Basis Of Preparation

The Financial Statements have been prepared on the historical cost except for defined benefit obligations which are measured at the fair value in the Statement of Financial Position.

### 2.1 Statement of Compliance

The Statement of Financial Position, Statement of Income and Expenditure, Statement of Changes in Accumulated Funds and Statement of Cash Flows, together with Accounting Policies and Notes, ("financial statements") of the Association as at 31 December 2025 and for the year then ended, comply in all material respects with the applicable Sri Lanka Accounting Standards for Small and Medium-sized Entities (hereafter "SLFRS for SMEs") issued by the Institute of Chartered Accountants of Sri Lanka and the requirements of the Companies Act No. 07 of 2007.

### 2.2 Functional and Presentation Currency

The Financial Statements are presented in Sri Lanka Rupees ( LKR ), which is the Association's functional currency. All amounts have been rounded to the nearest rupee unless stated otherwise.

### 2.3 Use of Estimation and Judgements

The Preparation of Financial Statements in conformity with SLFRS for SME requires management to make judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of Assets, Liabilities, Income and Expenses. Actual results may differ from these estimates.

Estimates and underline assumptions are reviewed on an ongoing basis. Revision to accounting estimates are recognized in the period in which estimates are revised and in any future periods affected.

### 2.4 Going Concern

The Board of Directors has made an assessment of Association's ability to continue as a going concern and are satisfied that it has the resources to continue in business for the foreseeable future. Furthermore, the Board is not aware of any material uncertainties that may cast significant doubt upon the Association's ability to continue as a going concern and they do not intend either to liquidate or to cease operations of the Association. Therefore, the financial statements continue to be prepared on the going concern basis.

### 2.5 Summary of Significant Accounting Policies

#### 2.5.1 Foreign Currency Translation

Transaction in Foreign Currency are translated to the functional currency (LKR) of the Association at exchange rates at the dates of the transactions.

Monetary Assets and Liabilities denominated in foreign currencies are translated into the functional currency at the exchange at the reporting date.

Non-Monetary assets and liabilities that are measured at fair value in a foreign currency are translated into the functional currency at the exchange rate when the fair value was determined. Non-Monetary items in a foreign currency that are measured in terms of historical cost are translated using the exchange rate at the date of the transactions.

Foreign Currency differences are generally recognized in the Statement of Income and Expenditure.

## 2.5.2 Financial Instruments

### 2.5.2.1 Non-derivatives Financial Assets

The Association Initially recognizes loans and receivables on the date when they are originated.

The Association derecognizes a financial asset when the contractual rights to cash flows from the asset expire, or it transfers the rights to receive the contractual cash flows in a transaction in which substantially all the risks and rewards of ownership of the financial asset are transferred. Any interest in such transferred financial assets that is created or retained by the Association is recognized as a separate asset or liability.

Financial assets and liabilities are offset and the net amount presented in the statement of financial position when, and only when, the Association has a legal right to offset the amounts and intends either to settle on a net basis or to realize the asset and settle the liability simultaneously.

#### 2.5.2.1.a) Loans and Receivables

Loans and Receivables are financial assets with fixed or determinable payments that are not quoted in an active market. Such assets are recognized initially at fair value plus any directly attributable transactions costs. Subsequent to initial recognition, loans and receivables are measured at amortized cost using the effective interest method, less any impairment losses. The losses arising from impairment are recognized in Statement of Income and Expenditure.

#### 2.5.2.1.b) Cash and Cash Equivalents

Cash and Cash equivalents comprise cash balances with maturities of three months or less from the acquisition date that are subject to an insignificant risk of changes in their fair value and are used by the Association in the management of its short-term commitments.

### 2.5.2.2 Non-derivatives Financial Liabilities

All Financial liabilities are recognized initially on the trade date, which is the date that the Association becomes a party to the contractual provisions of the instruments. The Associations derecognizes a financial liability when its contractual obligations are discharged, cancelled or expire.

The Association classifies non-derivative financial liabilities into the other financial liabilities category. Such Financial liabilities are recognized initially at fair value less any directly attributable transaction costs.

Subsequent to initial recognition, these financial liabilities are measured at amortized cost using the effective interest method.

## 2.5.3 Property, Plant and Equipment

Property, Plant and Equipment is measured at cost less accumulated depreciation and accumulated impairment losses. If significant part of an item of property, plant and equipment have different useful lives, they are accounted for as separate items (major Components) of property, plant and equipment.

Any gain or loss on disposal of an item of property, Plant and equipment is recognized in Statement of Income and Expenditures.

Subsequent expenditure is capitalized only if it is probable that the future economic benefits associated with the expenditure will flow to the Association.

The costs of the day-to-day servicing of property, plant and equipment are expensed as incurred.

Depreciation is calculated to write off the cost of items of property, plant and equipment less their estimated residual values using straight-line method over their estimated useful lives, and is recognized in profit or loss.

The estimated useful lives of property, plant and equipment are as follows:

Building	Lower of Lease Period or 20 Years
Other Equipment	04 Years
Audio and Video Equipment	04 Years
Furniture and Fittings	10 Years
Motor Vehicles	04 Years
Computer Equipment	04 Years
Plant and Machinery	08 Years
Medical Equipment	08 Years

Depreciation methods, useful lives and residual values are reviewed at each reporting date and adjusted appropriately.

## 2.5.4 Intangible Assets

### 2.5.4.a) Recognition and Measurement:

Intangible asset that are acquired by the Association and have finite useful lives are measured at cost less accumulated amortization and any accumulated impairment losses.

### 2.5.4.b) Subsequent Expenditure

Subsequent Expenditure is capitalized only when it increases the future economic benefits embodied in the Specific asset to which it relates.

# Notes to the Financial Statements

## 2.5.4.c) Amortization

Amortization is calculated to write off the cost of intangible assets less their estimated residual value using the straight-line method over their estimated useful lives, and is generally recognized in Statement of Income and Expenditure. The Estimated useful life of intangible asset is as follow:

ERP System- SAGE Evolution	04 Years
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Amortization methods, useful lives and residual values are reviewed at each reporting date and adjusted if appropriate.

## 2.5.5 Investment Property

Investment Property is property held either to earn rental income or for capital appreciation or for both, but not for sale in the ordinary course of business, use in the production or supply of goods or services or for administrative purposes. Investment Property is measured at cost.

When the use of a property changes such that it is reclassified as property, plant and equipment, its carrying value at the date of reclassification becomes its cost for subsequent accounting.

## 2.5.6 Inventories

Inventories are measured at the lower of cost and net realizable value.

The cost incurred in bringing inventories to its present location and conditions are accounted for using the actual cost on weighted average cost basis.

## 2.5.7 Impairment

### 2.5.7.1 Non-derivatives Financial Assets

A Financial Asset not classified as at fair value through profit or loss is assessed at each reporting date to determine whether there is objective evidence of impairment.

Objective evidence that financial assets are impaired includes; default or delinquency by a debtor, restructuring of an amount due to the Association on terms that the Association would not consider otherwise, indications that a debtor or issuer will enter bankruptcy, adverse changes in the payment status of borrowers or issuers or the disappearance of an active market for a security.

#### 2.5.7.1.a) Financial Assets Measured at Amortized Cost

The Association consider evidence of impairment for financial assets measured at amortized cost ( loans and receivables ) at both an individual asset and collective level. All individually

significant assets are individually assessed for impairment. Those funds not to be individually impaired are then collectively assessed for any impairment that has been incurred but not yet identified. Assets that are not individually significant are collectively assessed for impairment. Collective assessment is carried out by grouping together assets with similar risk characteristics.

### 2.5.7.1.b) Non-Financial Assets

The carrying amounts of the Association's non-financial assets, other than inventories and deferred tax assets, are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, then the asset's recoverable amount is estimated. An impairment loss is recognized if the carrying amount of an asset or cash generating unit ( CGU ) exceeds its recoverable amount.

The recoverable amount of an asset or CGU is the greatest of its value in use and its fair value less costs to sell. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset or CGU. For the purpose of impairment testing, assets are grouped together into the smallest group of assets that generates cash inflows from continuing use that are largely independent of the cash inflows of other asset or CGU.

Impairment losses are recognized in the statement of Income and Expenditure.

## 2.5.8 Employee Benefits

### 2.5.8.a) Short-Term Employee Benefits

Short-Term employee benefits obligations are expensed as the related service is provided.

### 2.5.8.b) Defined Contribution Plans

A Defined Contribution plan is a post-employment benefit plan under which an entity pays fixed contribution into separate entity and will have no legal or constructive obligation to pay further amounts.

All employees who are eligible for Employees' Provident Fund and Employees' Trust Fund are covered by relevant contribution plans and are recognized as an expense in statement of Income and Expenditure when incurred.

### Employees' Provident Fund

The Association and employees contribute 12% and 8% respectively on the basis salary of each employee to the above mentioned fund.

## Employees' Trust Fund

The Association contributes 3% of the basic salary of each employee to the Employees' Trust Fund.

### 2.5.8.c) Defined Benefit Plan- Gratuity

The Association annually measures the present value of the promised retirement benefits for gratuity, which is a defined benefit plan using the Projected Unit Credit method. The Projected Unit Credit method involves making assumptions about discount rates and future salary increments. The complexity of the valuation, the underlying assumptions and its long term nature, a defined benefit obligation are highly sensitive to changes in these assumptions.

The retirement benefit obligation is not externally funded.

### 2.5.9 Provision

A provision is recognized if the Association has a present legal or Constructive obligation as a result of a past event, and it is probable that an outflow of economic benefits will be required to settle the obligation.

### 2.5.10 Deferred Income

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

### 2.5.11 Grants and Subsidies

Grants are recognized where there is reasonable assurance that the grant will be received and all attaching conditions will be complied with. When the grant related to an expense item, it is recognized as income over the period necessary to match the grant on a systematic basis to the cost that it is intended to compensate.

Where the grant related to an asset, it is set up as deferred income. Where the Association receives non-monetary grants, the assets and that grant are recorded at nominal amount and is related to the statement of comprehensive income over the expected useful life of the relevant asset by equal annual installments.

### 2.5.12 Taxation

As per SLFRS for SMEs, tax expense is the aggregate amount included in determination of surplus or deficit for the period in respect of current and deferred taxes. Income tax expense is recognized in the statement of Income and Expenditure.

### 2.5.12.1 Current Taxation

Current Tax is the expected tax payable on the taxable income for the year, using tax rates enacted or substantively enacted on the reporting date, and any adjustment to tax payable in respect of previous years.

Provision for taxation is based on the profit for the year adjusted for taxation purposes in accordance with the provision of the Inland Revenue Act No. 24 of 2017 and Subsequent amendments thereto.

The Association is Liable for income tax at the rate of 14% on the taxable profit on business and 30% on Investment Income.

The Association is liable for taxation at the rate of 30% of 3% of its grant income in accordance with the Inland Revenue Act No. 24 of 2017 and subsequent amendments thereto

### 2.5.12.2 Deferred Taxation

Deferred tax is recognized in respect of temporary differences between carrying amounts of assets and liabilities for financial reporting purposes and the amount used for taxation purposes.

A deferred tax is recognized for unused tax losses, tax credits and deductible temporary difference to the extent that it is probable that future taxable profits will be available against which they can be utilized. Deferred tax assets are reviewed at each reporting date and are reduced to the extent it is no longer probable that the related tax benefit will be realized.

Deferred tax is measured at the tax rates that are expected to be applied to temporary differences when they reverse, using tax rates enacted or substantively enacted at the reporting date.

### 2.5.13 Funds

#### 2.5.13.a) Unrestricted Funds

Unrestricted Funds are those that are available for use by the Association at the discretion of the management in furtherance of the general objectives of the Association and which are not designated for any specific purpose.

### 2.5.14 Revenue Recognition

Revenue is recognized to the extent that it is probable that the economic benefits associated with transaction 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. Revenue is measured net of trade discounts, returns, rebates and value added taxes.

# Notes to the Financial Statements

## **2.5.14.a) Sale of Goods**

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

## **2.5.14.b) Grants**

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

## **2.5.14.c) Others Income**

Interest income is recognized in Statement of Income and Expenditure as it accrues, using the effective interest method.

Gain on disposal of property, plant and equipment will be accounted for in Statement of Income and expenditure, after deducting from the net sales proceeds on disposal of the carrying amount of such assets.

## ***2.5.15 Expenditure Recognition***

All expenditure incurred in the running of the business and in maintaining the capital assets in a state of efficiency have been charged to income in arriving at the excess income over expenditure for the year.

## **2.5.15.a) Finance Cost**

Finance cost comprise interest expense on borrowings.

### 3 Property, Plant and Equipment

	Balance as at 01.01.2025	Additions made during the year	Disposals	Balance as at 31.12.2025
<b>Gross Carrying Amounts</b>	Rs.	Rs.	Rs.	Rs.
<b>At Cost</b>				
Freehold Land	665,780	-	-	665,780
Buildings	58,730,490	1,597,405	-	60,327,895
Furniture and Fittings	6,255,765	141,310	-	6,397,074
Other Equipment	55,915,695	5,260,995	-	61,176,690
Audio and Video Equipment	1,215,145	-	-	1,215,145
Motor Vehicles	54,750,625	-	-	54,750,625
Computer Equipments	43,771,606	5,768,356	-	49,539,963
Plant & Machinery ( Elevator)	-	4,950,000	-	4,950,000
Medical Equipment	-	11,487,458	-	11,487,458
<b>Total Gross Carrying Amount</b>	<b>221,305,106</b>	<b>29,205,524</b>	<b>-</b>	<b>250,510,630</b>
<b>In the Course of Construction</b>				
Work In Progress	456,680	12,708,770	-	13,165,450
	456,680	12,708,770	-	13,165,450
	<b>221,761,786</b>	<b>41,914,294</b>	<b>-</b>	<b>263,676,080</b>

	Balance as at 01.01.2025	Charge for the year	Disposals	Balance as at 31.12.2025
<b>Depreciation</b>	Rs.	Rs.	Rs.	Rs.
<b>At Cost</b>				
Buildings	32,133,546	2,315,071	-	34,448,617
Furniture and Fittings	3,890,701	293,001	-	4,183,702
Other Equipment	35,596,776	7,750,273	-	43,347,049
Audio and Video Equipment	1,215,145	-	-	1,215,145
Motor Vehicles	54,750,625	-	-	54,750,625
Computer Equipments	32,396,772	5,190,421	-	37,587,193
Plant & Machinery ( Elevator)	-	52,551	-	52,551
Medical Equipment	-	656,988	-	656,988
<b>Total Depreciation</b>	<b>159,983,564</b>	<b>16,258,306</b>	<b>-</b>	<b>176,241,870</b>

# Notes to the Financial Statements

As at 31 December	2025	2024
Net Book Values	Rs.	Rs.
<b>At Cost</b>		
Freehold Land	665,780	665,780
Buildings	25,879,279	26,596,944
Furniture and Fittings	2,213,373	2,365,064
Other Equipment	17,829,641	20,318,919
Computer Equipments	11,952,770	11,374,835
Plant & Machinery ( Elevator)	4,897,449	-
Medical Equipment	10,830,469	-
<b>Total Carrying Amount of Property, Plant and Equipment</b>	<b>74,268,760</b>	61,321,542
<b>In the Course of Construction</b>		
Work In Progress	13,165,450	456,680
	13,165,450	456,680
<b>Total Carrying Amount of Property, Plant and Equipment</b>	<b>87,434,210</b>	61,778,222

**3.1** Buildings of the Association includes a building which has been constructed on Leasehold Land at Bullers Lane, Colombo 07 (Land No. 2872 obtained from the Government of Sri Lanka). Initial Lease Agreement has been expired on 11 August 2000 and by a letter dated on 02 August 2006, Ministry of Agriculture, Lands, Animal Production and Health, Irrigation and Tourism (Western Province) confirmed that lease agreement extended to another 30 Years. However, No new agreement has been signed by the two parties as at reporting date. The Association pays Lease Rental per annum amounted to Rs. 500,000 for using land.

**3.2** During the financial year, the Association acquired Property, Plant and Equipment to the aggregate value of Rs. 29,205,524 /- (2024 - Rs. 31,677,582 /-). Cash payments amounting to Rs. 29,205,524 /- (2024 - Rs. 31,677,582 /-) were made during the year for purchase of Property, Plant and Equipment.

### 3.3 The useful lives of the assets are estimated as follows;

Year ended 31 December	2025	2024
	<b>Lower of Lease Period or 20 Years</b>	Lower of Lease Period or 20 Years
Buildings		
Furniture and Fittings	10 Years	10 Years
Other Equipment	04 Years	04 Years
Audio and Video Equipment	04 Years	04 Years
Motor Vehicles	04 Years	04 Years
Computer Equipments	04 Years	04 Years
Plant & Machinery	08 Years	-
Medical Equipment	08 Years	-

## 4 Intangible Assets

	Balance as at 01.01.2025	Additions made during the year	Disposals	Balance as at 31.12.2025
<b>Gross Carrying Amounts</b>	Rs.	Rs.	Rs.	Rs.
<b>At Cost</b>				
Enterprise Resources System - Sage Evolution	6,800,187	-	-	6,800,187
	6,800,187	-	-	6,800,187

	Balance as at 01.01.2025	Charge for the year	Disposals	Balance as at 31.12.2025
<b>Amortization</b>	Rs.	Rs.	Rs.	Rs.
<b>At Cost</b>				
Enterprise Resources System - Sage Evolution	6,800,187	-	-	6,800,187
	6,800,187	-	-	6,800,187

<b>As at 31 December</b>	2025	2024
<b>Net Book Values</b>	Rs.	Rs.
<b>At Cost</b>		
Enterprise Resources System - Sage Evolution	-	-
	-	-

## 5 Investment Property

	Balance as at 01.01.2025	Additions made during the year	Disposals	Balance as at 31.12.2025
<b>Gross Carrying Amounts</b>	Rs.	Rs.	Rs.	Rs.
<b>At Cost</b>				
Land	39,739,000	-	-	39,739,000
Building	224,103,517	-	-	224,103,517
	263,842,517	-	-	263,842,517

# Notes to the Financial Statements

	Balance as at 01.01.2025	Charge for the year	Disposals	Balance as at 31.12.2025
Depreciation	Rs.	Rs.	Rs.	Rs.
<b>At Cost</b>				
Building	68,168,452	11,205,176	-	79,373,627
	68,168,452	11,205,176	-	79,373,627

As at 31 December	2025	2024
Net Book Values	Rs.	Rs.
<b>At Cost</b>		
Land	39,739,000	39,739,000
Building	144,729,890	155,935,065
	184,468,890	195,674,065

5.1 Association leased out a building and Land situated in Narahenpita, Association gave this building to Dialog Axiata PLC and Continental Insurance Company. Association earned rental income of Rs. 11,385,000 /- ( 2024- Rs. 10,632,000 /- ) during the year. The Building is depreciated at 5% annually.

## 6 Inventories

As at 31 December	2025	2024
	Rs.	Rs.
Contraceptives	126,808,695	222,658,019
Packing Materials and Pharmaceutical Items	2,493,322	4,156,901
Stationery and Other Items	888,120	973,021
	130,190,137	227,787,940
Provision for Inventories	(14,277)	(1,845,028)
	130,175,860	225,942,912

## 7 Trade and Other Receivables

As at 31 December	2025	2024
	Rs.	Rs.
Trade Debtors	201,857,077	176,275,365
Provision for Bad and Doubtful Debts	(3,295,727)	(2,121,574)
	198,561,350	174,153,791
Advances paid to Suppliers	-	57,316,797
Festival Advances	413,000	546,000
Prepayments	7,748,397	5,831,759
Other Receivables	30,839,327	36,199,272
	237,562,074	274,047,620

## 8 Investments

As at 31 December	2025	2024
	Rs.	Rs.
Investment on Fixed Deposits	557,739,904	524,412,360
Investment on Treasury Bills	299,047,045	153,129,488
Investment in Overnight Repos	130,000,000	80,000,000
Interest Receivable	31,701,369	26,473,069
	<b>1,018,488,318</b>	784,014,917

## 9 Cash and Cash Equivalents

### 9.1 Favorable Cash and Cash Equivalents

As at 31 December	2025	2024
	Rs.	Rs.
Cash and Bank - FPA	122,602,250	82,784,964
Money Market Account - FPA	2,331,603	2,200,900
Savings Account - FPA	8,718,830	9,227,178
Cash and Bank - Global Fund Grant	28,510,430	12,757,256
Cash and Bank - SKPA Grant	5,912,230	20,288,808
Cash In Hand	27,728	-
	<b>168,103,070</b>	127,259,106

### 9.2 Unfavorable Cash and Cash Equivalents

As at 31 December	2025	2024
	Rs.	Rs.
Bank Overdraft	(4,116,840)	(2,309,574)
	<b>(4,116,840)</b>	(2,309,574)
<b>Cash and Cash Equivalents for the Purpose of Cash Flow Statement</b>	<b>163,986,230</b>	124,949,532

## 10 Special Reserve Fund

As at 31 December	2025	2024
	Rs.	Rs.
Balance at the beginning of the year	1,132,989,126	800,647,693
Transferred from Unrestricted Fund	229,537,139	332,341,433
<b>Balance at the End of the year</b>	<b>1,362,526,265</b>	1,132,989,126

# Notes to the Financial Statements

## 11 Endowment Fund

As at 31 December	2025	2024
	Rs.	Rs.
Balance at the beginning of the year	21,038,031	19,125,483
Transferred from Unrestricted Fund	1,472,662	1,912,548
<b>Balance at the End of the year</b>	<b>22,510,694</b>	<b>21,038,031</b>

## 12 President's Discretionary Fund

As at 31 December	2025	2024
	Rs.	Rs.
Balance at the beginning of the year	4,987,596	4,534,178
Transferred from Unrestricted Fund	349,132	453,418
<b>Balance at the End of the year</b>	<b>5,336,727</b>	<b>4,987,596</b>

## 13 Deferred Income

Donor Organization	Balance as at 01.01.2025	Funds Received during the year	Funds Returned/ Adjustments	Transferred to Statement of Comprehensive Income	Balance as at 31.12.2025
	Rs.	Rs.	Rs.	Rs.	Rs.
International Planned Parenthood Federation (IPPF)	16,582,959	206,322,808	(603,576)	(135,811,644)	86,490,547
Joint United Nations Programmed on HIV/ AIDS (UNAIDS)	28,140	-	-	-	28,140
United Nations Population Fund	17,325,838	4,323,684	(12,390,364)	(9,180,032)	79,127
Global Fund	29,991,433	187,261,132	-	(190,368,612)	26,883,953
Other Donors	40,435,200	76,687,618	(1,919,025)	(83,212,307)	31,991,485
	<b>104,363,571</b>	<b>474,595,241</b>	<b>(14,912,965)</b>	<b>(418,572,596)</b>	<b>145,473,254</b>

## 14 Retirement Benefit Obligations - Gratuity

As at 31 December	2025	2024
	Rs.	Rs.
Balance at the beginning of the year	41,136,781	35,852,097
Current service cost	7,413,289	5,411,102
Interest cost	3,427,209	3,725,500
Deficit arising from remeasurement of retirement benefit obligations	5,575,054	2,772,463
Payment made during the year	(6,021,278)	(6,624,381)
<b>Balance at the End of the year</b>	<b>51,531,055</b>	<b>41,136,781</b>

## 14.1 Principal Assumptions

Year ended 31 December	2025	2024
Expected Annual average Salary Increment Rate (%)	10%	10%
Discount Rate (%)	10%	10%
Staff Turnover Factor (%)	29%	19%
Maximum Retirement Age of the Employees	60 Years	60 Years

## 15 Trade and Other Payables

As at 31 December	2025	2024
	Rs.	Rs.
Trade Creditors	5,838,818	139,121,145
Rent received in Advance	8,428,200	8,382,000
Security Deposits Payable	8,047,256	6,385,421
Accrued Expenses	41,595,469	25,961,260
Sundry Creditors	21,658,840	24,395,192
	<b>85,568,585</b>	204,245,018

## 16 Income Tax

### 16.1 Income Tax Expense

Year ended 31 December	2025	2024
	Rs.	Rs.
Income Tax on Current year Surplus (Note 16.2)	53,848,667	56,108,485
NGO Tax on Grants Received (Note 16.3)	1,685,350	1,481,922
Under/ (Over) Provision	11,743,392	(61,575)
Deferred Tax Charge/ (Reversal) during the year (Note 17)	1,949,730	2,375,550
<b>Income Tax Expense for the year</b>	<b>69,227,140</b>	59,904,382

# Notes to the Financial Statements

## 16.2 Reconciliation between Accounting Profit to Income Tax

Year ended 31 December	2025	2024
	Rs.	Rs.
Surplus before taxation	306,212,358	395,818,844
Adjustment on Disallowable Expenses	516,440,197	517,376,128
Adjustment on Allowable Expenses	(451,030,646)	(524,570,936)
Profit on Trade or Business	371,621,910	388,624,036
Investment Income	(11,385,000)	(10,632,000)
<b>Taxable Income</b>	<b>360,236,910</b>	<b>377,992,036</b>
Income Tax on rate of 14%	50,433,167	52,918,885
Income Tax on rate of 30%	3,415,500	3,189,600
<b>Income Tax on Current year Surplus</b>	<b>53,848,667</b>	<b>56,108,485</b>

## 16.3 NGO Tax

Year ended 31 December	2025	2024
	Rs.	Rs.
Grants Received from Global Fund	187,261,132	164,657,968
Deemed Profit on Fund Received at 3%	5,617,834	4,939,739
NGO Tax on Fund Received at 30%	1,685,350	1,481,922
<b>NGO Tax on Grants Received</b>	<b>1,685,350</b>	<b>1,481,922</b>

## 16.4 Income Tax Payable

As at 31 December	2025	2024
	Rs.	Rs.
Balance at the beginning of the year	34,936,730	15,410,512
Income Tax Expense for the year	55,534,018	57,590,407
Under/ (Over) Provision	11,743,394	(61,575)
Payments made during the year	(69,577,736)	(38,002,613)
Tax Credits	(8,178,780)	-
<b>Balance at the end of the year</b>	<b>24,457,626</b>	<b>34,936,730</b>

## 17 Deferred Tax

As at 31 December	2025	2024
	Rs.	Rs.
<b>Deferred Tax Asset</b>		
Balance at the beginning of the year	7,194,452	8,004,603
(Charge)/ Reversal made during the year	(1,949,730)	(2,375,550)
(Charge)/ Reversal made during the year on OCI	(51,231)	1,565,399
<b>Balance at the end of the year</b>	<b>5,193,490</b>	7,194,452

### 17.1 Deferred Tax Assets, Liabilities and Income Tax related to the following;

Year ended 31 December	2025		2024	
	Temporary Differences	Tax Effect	Temporary Differences	Tax Effect
	Rs.	Rs.	Rs.	Rs.
Property, Plant and Equipments	(19,472,958)	(2,726,214)	(21,121,877)	(6,336,563)
Defined Benefit Obligation	45,956,001	6,433,840	38,364,318	11,509,295
Defined Benefit Plans charged to OCI	5,575,054	780,508	2,772,463	831,739
Deferred Income on GFATM	26,883,953	241,956	-	-
Provision for Inventories	14,277	1,999	1,845,028	553,508
Provision for Bad and Doubtful Debts	3,295,727	461,402	2,121,574	636,472
<b>Net Deferred Tax Asset/(Liability)</b>	<b>62,252,055</b>	<b>5,193,490</b>	23,981,506	7,194,452

## 18 Incoming Resources

Year ended 31 December	2025	2024
	Rs.	Rs.
Restricted Funds (Note 13)	418,572,595	484,828,882
Unrestricted Funds - Core Grant	44,679,619	48,979,807
Government Grant	75,000	75,000
	<b>463,327,213</b>	533,883,689

# Notes to the Financial Statements

## 19 Project Expenditure

Year ended 31 December	2025	2024
	Rs.	Rs.
<b>Restricted Projects</b>		
Global Fund - ATM	119,283,723	116,979,934
Global Fund - SKPA	71,084,889	80,341,434
IPPF Projects	135,811,644	107,183,755
Other Projects	92,392,339	180,323,759
	<b>418,572,595</b>	484,828,882
<b>Unrestricted Projects</b>		
Chinthana Training Centre	9,831,864	8,452,014
Communication Unit	6,608,459	5,097,756
Youth Project	3,349,534	1,384,487
SRH Institute	3,575,009	4,823,046
Advocacy Unit	8,349,393	14,607,330
Bloom by FPA Sri Lanka	23,172,853	19,438,005
Outreach Unit	67,256,407	38,778,975
Comprehensive Sexual Education Programmes	3,362,883	3,196,079
Associated Clinics Project	428,357	426,833
	<b>125,934,759</b>	96,204,526
	<b>544,507,354</b>	581,033,408

## 20 Revenue from Contraceptive Sales

Year ended 31 December	2025	2024
	Rs.	Rs.
Sales - Contraceptives	1,282,629,984	1,232,018,844
	<b>1,282,629,984</b>	1,232,018,844

## 21 Revenue Earned from Other Activities

Year ended 31 December	2025	2024
	Rs.	Rs.
Training Services Income	4,503,212	5,727,048
Fund Raising Income	2,547,877	5,892,283
Clinic Income	7,840,886	7,328,850
Rent Income	11,385,000	10,632,000
Project Income	3,491,854	17,388,262
Exchange Gain	-	31,926,395
Miscellaneous Income	601,953	206,411
	<b>30,370,782</b>	<b>79,101,250</b>

## 22 Finance Income

Year ended 31 December	2025	2024
	Rs.	Rs.
Interest Income	73,642,885	66,213,088
	<b>73,642,885</b>	<b>66,213,088</b>

## 23 Administrative Expenditure

Year ended 31 December	2025	2024
	Rs.	Rs.
Personnel and Employee Benefits	84,244,861	79,629,720
Bank Charges	644,012	745,128
Travel and Perdiem Expenses	2,507,512	2,094,359
Vehicle Running Costs	2,708,433	2,753,168
Printing and Stationery	1,209,182	1,678,032
Consumables and Other	4,884,751	4,847,097
Communication	4,271,369	3,888,014
Depreciation and Amortization	27,463,481	22,526,008
Audit Fees and Expenses	1,188,000	1,080,000
Under/(Over) Provision	22,667	(358,239)
Consultancy and Professional Fees	11,574,032	1,856,776
Building and Equipment Maintenance	4,301,590	5,092,234
Software Maintenance	8,632,384	11,371,994
Insurance	6,928,762	3,710,164
Development Activities	9,595,287	7,358,834
Occupancy Cost - Transferred to Projects	1,087,850	(2,758,785)
	<b>171,264,171</b>	<b>145,514,504</b>

# Notes to the Financial Statements

## 24 Selling and Distribution Expenditure

Year ended 31 December	2025	2024
	Rs.	Rs.
Personnel and Employee Benefits	37,629,995	36,533,533
Travel and Perdiem Expenses	22,485,527	18,294,222
Vehicle Running Costs	27,416,017	26,220,622
Printing and Stationery	437,348	157,560
Promotional Expenses	41,326,908	43,117,427
Building and Equipment Maintenance	549,538	481,015
Consultancy and Professional Fees	5,083,196	3,477,997
Event facilities	1,059,008	1,873,372
Occupancy cost	300,000	300,000
Communication	29,727	40,608
Consumables	659,144	1,026,845
Bad and Doubtful Debts	3,451,699	-
	140,428,109	131,523,201

## 25 Finance Expenses

Year ended 31 December	2025	2024
	Rs.	Rs.
Interest Costs on Short Term Loan	-	1,749,804
	-	1,749,804

## 26 Related Party Disclosure

### 26.1 Transactions with Key Management Personnel

The key management personnel of the Organization are the members of its Board.

#### 26.1.a) Key Management Personnel Composition

Year ended 31 December	2025	2024
	Rs.	Rs.
Short-Term Employee Benefits	-	-
	-	-

## 27 Events After the Reporting Period

There have been no material events occurring subsequent to the reporting period, that require adjustments to or disclosure in the financial statements.

## 28 Commitments and Contingencies

### 28.1 Capital Expenditure Commitments

The Association's commitments for the acquisition of property plant & equipment were as follows,

<b>Year ended 31 December</b>	<b>2025</b>	<b>2024</b>
	<b>Rs.</b>	<b>Rs.</b>
Authorised and contracted but not provided for tangible assets	<b>27,985,251</b>	-

The above capital commitments have been made in respect of renovation of Chinthana training center and the construction of the service delivery center in Pallekelle, Kandy.

### 28.2 Contingencies

There were no pending litigations or claims against the Organisation other than the following labour case that requires disclosure in the Financial Statement.

The Labour Tribunal Case ( LT Case No.28/2841/2025 ) is being heard.

No provision has been made in these financial statement as the directors do not anticipate any significant liability in respect of legal actions and potential claims been made against the organisation

# Notes to the Financial Statements

## 29 Comparative Reclassification

The following comparative amounts have been reclassified in order to comply with the current year presentation.

### Impact on the Statement of Profit or Loss & Other Comprehensive Income as at 31 December 2025

Year ended 31 December 2025	Previously reported	Reclassification	Reclassified Amount
	Rs.	Rs.	Rs.
<b>INVESTMENTS</b>			
Investment on Fixed Deposits	677,541,848	(153,129,488)	524,412,360
	677,541,848	(153,129,488)	524,412,360
<b>Administrative Expenses</b>			
Personnel and Employee Benefits	82,402,183	(2,772,463)	79,629,720
Income Tax Expense	58,338,983	1,565,399	59,904,382
	140,741,166	(1,207,064)	139,534,102
<b>Other Comprehensive Income:</b>			
Profit/(Loss) arising from changes in the assumptions	-	2,772,463	2,772,463
Tax impact on Surplus/ Loss arising from changes in the assumptions	-	(1,565,399)	(1,565,399)
	-	1,207,064	1,207,064
<b>INVESTMENTS</b>			
Investment on Treasury Bills	-	153,129,488	153,129,488
	-	153,129,488	153,129,488



*Supplementary  
Information*

# List of Abbreviations

<b>BCC</b>	Behavior Change Communication
<b>BOD</b>	Board of Directors
<b>CAAPP</b>	Collective Action Against Period Poverty
<b>CBO</b>	Community Based Organisation
<b>CFH</b>	Centre for Family Health
<b>CSR</b>	Corporate Social Responsibility
<b>CPP</b>	Child Protection policy
<b>CSE</b>	Comprehensive Sexuality Education
<b>DFAT</b>	Department of Foreign Affairs and Trade
<b>DU</b>	Drug User
<b>ED</b>	Executive Director
<b>FP</b>	Family Planning
<b>FPA Sri Lanka</b>	The Family Planning Association of Sri Lanka
<b>FSW</b>	Female Sex Workers
<b>GBV</b>	Gender Based Violence
<b>GF</b>	Global Fund
<b>GFATM</b>	The Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>HIV/AIDS</b>	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
<b>HR</b>	Human Resource
<b>HPV</b>	Human Papilloma Virus
<b>HQ</b>	Headquarters
<b>ICPD</b>	International Conference on Population and Development
<b>IDPs</b>	Internally Displaced Persons
<b>IPPF</b>	International Planned Parenthood Federation
<b>KP</b>	Key Population
<b>LGBTQI+</b>	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and others
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MSM</b>	Men who have Sex with Men

<b>NGO</b>	Non Governmental Organisation
<b>NSACP</b>	National STD/AIDS Control Programme
<b>PLHIV</b>	People Living with HIV
<b>PWID</b>	People Who Inject Drugs
<b>RFSU</b>	The Swedish Association for Sexuality Education
<b>SARO</b>	South Asia Regional Office
<b>SDP</b>	Service Delivery Point
<b>SE</b>	Social Enterprise
<b>SE Hub</b>	Social Enterprise Hub
<b>SEAP</b>	Social Enterprise Acceleration Programme
<b>SGBV</b>	Sexual Gender Based Violence
<b>SKPA</b>	Sustainability of HIV Services for Key Populations in Asia
<b>SMP</b>	Social Marketing Programme
<b>SOGIE</b>	Sexual Orientation, Gender Identity, and Gender Expression
<b>SRH</b>	Sexual and Reproductive Health
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>STIs</b>	Sexually Transmitted Infections
<b>STD</b>	Sexually Transmitted Disease
<b>TG</b>	Transgender
<b>TOT</b>	Training of Trainers
<b>UN</b>	United Nations
<b>UNAIDS</b>	United Nations Programme on HIV/AIDS
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Population Fund
<b>VCT</b>	Voluntary Counseling and Testing
<b>WASH</b>	Water, sanitation and Hygiene
<b>WHO</b>	World Health Organisation
<b>YSC</b>	Youth Services Committee

# Acknowledgements

We acknowledge with deep gratitude the contributions made by the following organisations and individuals whose support and assistance to our work in 2025 have been invaluable.

Ministry of Health – Government of Sri Lanka

Ministry of Defence – Government of Sri Lanka

Ministry of Women, Child Affairs and Social Empowerment – Government of Sri Lanka

Disaster Management Centre (DMC) – Ministry of Defence – Government of Sri Lanka

Family Health Bureau (FHB) – Ministry of Health – Government of Sri Lanka

Health Promotion Bureau (HPB) – Ministry of Health – Government of Sri Lanka

Maternal and Child Health Division of the Colombo Municipal Council

Disaster Preparedness and Response Division (DPRD) – Ministry of Health – Government of Sri Lanka

Board of Investment of Sri Lanka

International Planned Parenthood Federation – IPPF

IPPF South Asia Regional Office – IPPF SARO

IPPF Humanitarian Hub

The Global Fund to Fight AIDS, Tuberculosis and Malaria – GFATM

The National STD/AIDS Control Programme – NSACP

The United Nations Population Fund – UNFPA

The Swedish Association for Sexuality Education – RFSU

The Department of Foreign Affairs and Trade – DFAT

Health Equity Matters

Country Coordinating Mechanism (CCM)

Embassy of France to Sri Lanka and the Maldives

Netherlands Embassy

Levi Strauss Foundation

World Bank Group

Sri Lanka College of Obstetricians and Gynaecologists – SLCOG

AIDS Foundation

Richard Peiris & Co. Ltd

Prof. Indralal De Silva – Emeritus Professor in Demography, University of Colombo.

Dr Janaki Vidanapathirana (Director Planning/MOH)

Dr Vindya Kumarapeli and Consultants from NSACP

Dr. L.M Perera

Professor Athula. Kaluarachchi

Professor Harshalal. R. Seneviratne

Professor. L. R. Amarasekara

Dr. Loshan Munasighhe

Dr. Chitramali de Silva

Dr. Asanthi Balapitiya

Dr. Chandra Moulie – London School of Hygiene and Tropical Medicine

Senior DIG Mr Ajith Rohana, Sri Lanka Police

DIG Renuka Jayasundara – Police Children and Women Bureau

All Government officials who assisted us in our project areas in Sri Lanka

All dealers and suppliers of FPA Sri Lanka

All project partners of FPA Sri Lanka



# 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 related right for all. It is a worldwide movement of national organisations working with and for communities and Individuals.

## Company Secretary

Diani C. Millavithanchchi  
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Tel : + 94 11 426 7968

## Bankers

Hatton National Bank PLC  
Commercial Bank of Ceylon PLC  
National Savings Bank  
Bank of Ceylon

## Auditors

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Chartered Accountants  
Rotunda Towers  
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Colombo 03. Sri Lanka.

## Registered Address

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