



The UK All-Party Parliamentary Group on

**Population, Development
and Reproductive Health**

Sri Lanka Study Tour 11th – 17th November 2015



Baroness Jenny Tonge, Heather Wheeler MP, Holly Lynch MP, Baroness Anne Jenkin, Virendra Sharma MP, Nigel Evans MP, Lord David Steel and Karl Turner MP visiting Jayawardanepura Semi-Government Hospital, Colombo, Sri Lanka

Family Planning/Sexual and Reproductive Health and International Development

This report was researched and written by Ann Mette Kjaerby and funded by the European Parliamentary Forum on Population and Development.

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Executive Summary



UK delegation briefing meeting with Batticaloa hospital staff

The UK All-Party Parliamentary Group on Population, Development and Reproductive Health (APPG on PDRH) organised a study tour to Sri Lanka, 11th – 17th November for a cross-party UK parliament delegation. The delegation included: Baroness Jenny Tonge, Heather Wheeler MP, Holly Lynch MP, Baroness Anne Jenkin, Virendra Sharma MP, Nigel Evans MP, Lord David Steel and Karl Turner MP.

The study tour was hosted by the Family Planning Association (FPA) of Sri Lanka, International Planned Parenthood Federation's (IPPF) member association in Sri Lanka.



UK delegation welcome dinner with FP/SRHR stakeholders in Sri Lanka, Cinnamon Lakeside Hotel, Colombo

The aim of the study tour was to introduce UK Parliamentarians to family planning (FP), sexual and reproductive health and rights (SRHR), and international development in a post-conflict state. The study tour was intended to deepen understanding and strengthen parliamentarians knowledge of core FP/SRHR issues and to enhance the membership of the UK APPG on PDRH.



Baroness Anne Jenkin speaking to staff and obstetric clients at Badulla Hospital

Prior to departure UK parliamentarians were briefed by representatives from the UK Foreign and Commonwealth Office (FCO) and IPPF and whilst visiting Sri Lanka met and were briefed by the UK Deputy High Commissioner, Sri Lanka; the Deputy Minister for Health and Minister for Water and Sanitation; Sri Lankan health officials, government and private hospital directors and staff; rural health clinicians and staff; a representative from the United Nations Population Fund (UNFPA), and representatives from non-governmental organisations (NGO).



UK delegation at UK High Commission, Colombo, Sri Lanka

Delegates also met community leaders and volunteers; clients and UK medical students volunteering and working temporarily in Sri Lanka Government maternity hospitals, as well as local NGO representatives and community groups including LGBT+ and people living with HIV/AIDS.



Heather Wheeler MP and Lord David Steel meeting hospital staff, Castle Street Hospital, Colombo

The UK delegation visited the Castle Street Maternity Hospital in Colombo; Peradeniya Teaching Hospital, Kandy; FPA Sri Lanka's static clinic in N'eliya; Badulla District General Hospital; Batticaloa Teaching Hospital, Population Services Lanka (PSL) clinic in Trincomalee; private tertiary care hospital Hemas Thalawathugoda; semi-government hospital Jayawardenepura; specialised private maternity hospital Nine Wells; De Soyza Government Maternity Hospital in Colombo, FPA Sri Lanka Head office in Colombo and local pharmacies.

Study tour delegates were exposed to an array of FP and maternal health care services, including ante-natal, intra-partum and post-partum care, unsafe abortion and its consequences, premature babies and units, emergency obstetric care, reproductive cancers, gender-based violence, HIV/AIDS and minority groups' needs, as well as Sri Lanka's health care system, workforce and training, together with broader international development issues.

Additional topics included UK Government and other stakeholder's priorities and initiatives in country and political, economic, cultural and social challenges facing Sri Lanka post-conflict to strengthen its health system and deliver prosperity for its population.



UK delegation visiting slum area in Colombo

Participants felt the study tour was informative, educational and successful in stimulating plans to engage in FP/SRHR parliamentary advocacy to further the International Conference on Population and Development Programme of Action and the new Sustainable Development Goals.

The UK delegation expressed their gratitude to the European Parliamentary Forum on Population and Development for its financial support to the study tour, FPA Sri Lanka and IPPF staff and in particular Pramilla Senanayake, President FPA Sri Lanka and Madushe Dissanayake, Director – Policy Advocacy & HIV FPA Sri Lanka for their in-depth knowledge and expertise, and Ann Mette Kjaerby, Parliamentary and Policy Advisor APPG on PDRH, for her advice and organisational skills.

Introduction to Sri Lanka family planning / sexual and reproductive health and rights and international development study tour and delegation

The UK All-Party Parliamentary Group on Population, Development and Reproductive Health (APPG on PDRH) in collaboration with International Planned Parenthood Federation (IPPF) and its member association Family Planning Association (FPA) Sri Lanka organised a study tour to Sri Lanka on family planning (FP) / sexual and reproductive health and rights (SRHR) and International Development, from the 11th to 17th November 2015. The study tour was funded by the European Parliamentary Forum on Population and Development (EPF).

The aim of the study tour was to introduce UK parliamentarians to FP/SRHR and international development in the context of a fragile state and to increase knowledge on topics related to the APPG on PDRH. Invitations were sent to UK Parliamentarians after the General Elections in May 2015. Members expressing an interest were contacted and a briefing meeting was set up prior to departure with the UK Foreign and Commonwealth Office (FCO), IPPF, and FPA Sri Lanka in October 2015.

The study tour delegation consisted of UK APPG on PDRH Chairs Baroness Jenny Tonge (Independent Liberal Democrat) and Heather Wheeler MP (Conservative), UK APPG on PDRH newly elected MP and APPG on PDRH Vice-chair Holly Lynch MP (Labour); Treasurer Baroness Anne Jenkin (Conservative), APPG on PDRH members Virendra Sharma MP (Labour) and Nigel Evans MP (Conservative) and non-APPG on PDRH members Lord David Steel (Liberal Democrat) and Karl Turner MP (Labour). Baroness Jenny Tonge led the delegation.



Baroness Jenny Tonge (Independent Liberal Democrat)

Baroness Jenny Tonge worked as a doctor in the National Health Service (NHS) in the UK for over 30 years, before entering the House of Commons as MP for Richmond Park in Surrey, in 1997. Her speciality in the NHS was women's health. She was the Liberal Democrat Spokesperson for International Development for 7 years in the House of Commons, and in 2005 was made a life Peer. She has been a member of the UK APPG on PDRH since 1997 and was elected chair in 2010. She was the President of the European Parliamentary Forum on Population and Development 2013 – 2015 and received an Honorary Fellowship from the Royal College of Obstetricians and Gynaecologists (RCOG) in December 2015 for her dedication and achievement in clinical care and her support to development of women's healthcare services.

Prior to the study tour Baroness Jenny Tonge said: *“Sri Lanka, despite its problems over recent years has successfully provided maternal and child health, with the exception of provision of safe abortion. Its record on education is very impressive too. The purpose of this study tour is to introduce MPs and peers without previous knowledge of these subjects to the methods Sri Lanka has used to achieve their success.”*



Heather Wheeler MP (Conservative)

Heather Wheeler MP is a Conservative Party Member of Parliament for South Derbyshire. She was first elected at the 2010 General Election and has served as a member of House of Commons committees on standards and privileges. Heather Wheeler was a member of the House of Commons Communities and Local Government Committee (2011-2015) and is currently a member of the House of Commons European Scrutiny Committee.

Heather Wheeler became co-Chair of the UK APPG on PDRH in 2015. She is interested in development and urban regeneration in the UK and abroad, with a particular focus on Asia and the Middle-East. She participated in a Conservative Friends of Israel visit to Israel in 2015 and has previously been a delegate on UK APPG on PDRH study tours to Nepal and Myanmar. She was a panel member for the UK APPG on PDRH's hearings report 'A Childhood Lost: report on child marriage in the UK and the developing world'.

Prior to the study tour Heather Wheeler MP said: *“I had heard so many stories about the difficulties between the different communities in Sri Lanka in the past that I was fascinated that the improvement in maternal health had been so impressive. Having visited other countries re-inventing themselves after years of conflict this trip was an ideal opportunity to learn how they had implemented these excellent changes.”*



Holly Lynch MP (Labour)

Holly Lynch MP is a Labour Party Member of Parliament for Halifax. She was elected in the 2015 General Election and was briefly a member of the Environmental Audit Committee. She is now a whip for the Labour Party in the House of Commons.

Holly Lynch joined the UK APPG on PDRH in 2015 and became a Vice-Chair for the APPG on PDRH. She travelled to Ethiopia in 2015 to attend the UN's Financing for Development Summit and to participate in a study tour organised by the European Parliamentary Forum on Population and Development (EPF). In the UK Parliament Holly Lynch has tabled questions to Ministers on climate change and has organised a debate and Early Day Motions on human rights issues in Myanmar, Palestine and Pakistan.

Prior to the study tour Holly Lynch MP said: *"I'm looking forward to the study Tour to Sri Lanka to look at how accessible healthcare, reproductive and maternal healthcare in particular is across the country. I am particularly interested in how provision may have changed with the change of Government and to see what impact the legacy of years of tensions have had on women's empowerment."*



Baroness Anne Jenkin (Conservative)

Baroness Anne Jenkin is a member of the Conservative Party in the House of Lords. She joined the House of Lords in 2011 and is a member of the Equality Act 2010 and Disability Committee. Baroness Jenkin founded and co-Chairs Women2Win, a group that aims to get more Conservative women elected to Parliament. She is a prominent campaigner on issues of hunger and food sustainability.

Baroness Jenkin joined the UK APPG in PDRH in 2011 and has held a series of committee positions in the APPG on PDRH. She is currently the Treasurer. Baroness Jenkin is a leading supporter of international development in the Conservative Party and until recently was Chair of the Conservative Friends of International Development. She recently participated in a Parliamentary debate on the Sustainable Development Goals, and is a Trustee for UNICEF UK and Cool Earth and a Patron for Restless Development.

Prior to the study tour Baroness Anne Jenkin said: *"After so many years of conflict I was curious to see Sri Lanka and how it was adjusting to becoming a middle income country."*



Virendra Sharma MP (Labour)

Virendra Sharma MP is a Labour Party Member of Parliament for Ealing Southall. He was first elected in 2007 and has been a member of House of Commons committees on health and on justice, and was a member of the Joint Committee on Human Rights between 2007 and 2015. Virendra Sharma has supported several Early Day Motions relating to health workers in the UK and regularly tables questions to health ministers that concern access to treatment.

Virendra Sharma is a member of the House of Commons International Development Committee, and is Chair of the Indo-British All-Party Parliamentary Group, the All-Party Parliamentary Group on Britain-Nepal, and the All-Party Parliamentary Group on Honour Based Abuse.

Prior to the study tour Virendra Sharma MP said: *"I am interested to see what progress Sri Lanka has made coming out of many years of conflict. Having visited India so many times it will be fascinating to see what Sri Lanka, only a short distance away, does differently and more or less successfully."*



Nigel Evans MP (Conservative)

Nigel Evans MP is a Conservative Party Member of Parliament for Ribble Valley. He was first elected in 1992 and has been a member of several influential House of Commons committees including those for transport, environment and administration. He was Deputy Speaker for the House of Commons between 2010 and 2013.

Nigel Evans is a member of the House of Commons International Development Committee. He recently asked the Secretary of State for International Development about wages for local employees of British embassies and high commissions, and participated in a debate on refugees in

Europe. Nigel Evans is Chair of the British-Taiwanese All-Party Parliamentary Group, and is a former Chair of the All-Party Parliamentary Group on Egypt and Conservative Friends of India.

Prior to the study tour Nigel Evans MP said: *“The enormous strides of those involved in maternal care before, during and after child birth has transformed the health of mother and child alike- textbook approach to tackling deep seated problems.”*



Lord David Steel (Liberal Democrat)

Lord David Steel is a member of the Liberal Democrat Party in the House of Lords. He served as a Member of Parliament between 1965 and 1997, and was leader of the Liberal Party (1976-1988) before it merged with the Social Democrat Party. As an MP Lord Steel introduced a Private Member's Bill, which became the 1967 Abortion Act, which legalised abortion in the UK.

Lord Steel is actively involved in foreign affairs and international development, and visited Taiwan with a UK delegation in 2015. He is President of the Africa All-Party Parliamentary Group and has recently tabled questions in Parliament on Tanzania and Namibia.

Prior to the study tour Lord David Steel said: *“Having been to Sri Lanka only once many years ago I am interested to see whether the new government is any more receptive to changing their punitive abortion law.”*



Karl Turner MP (Labour)

Karl Turner MP is a Labour Party Member of Parliament for Kingston upon Hull East. He was first elected in the 2010 General Election and is Shadow Solicitor General for the Labour Party. Karl Turner has been a member of House of Commons committees on home affairs and justice.

Karl Turner has participated in Parliamentary debates and questions on female genital mutilation and the UK's human rights obligations. He recently asked ministers about support for the resettlement of refugees from Syria.

Prior to the study tour Karl Turner MP said: : *"I am keen to see the issues that women face in accessing reproductive health care in Sri Lanka in a post-conflict state. It will be interesting to see what Sri Lanka has done to achieve progress and what lessons can be learned from the visit."*

Background information to the Sri Lanka study tour

The Sri Lanka study tour programme was prepared and agreed upon between the UK APPG on PDRH and FPA Sri Lanka, with input from IPPF, Population Services Lanka (PSL) / Marie Stopes International (MSI), United Nations Population Fund (UNFPA), UK FCO and Sri Lanka Government officials including Ministry of Health (MoH) & Ministry of Foreign Affairs.

Delegates received background reading material prior to departure: WHO statistics on Sri Lanka; World Bank Country Snapshots; Report on the UN Commission for Human Rights, Sri Lanka; Tamils rights in Sri Lanka; Sri Lanka Economics fact sheet and Abortion and Misoprostol in Sri Lanka.

Background briefing meetings

A round table briefing meetings was set up prior to departure on 26th October 2015 in the House of Commons (HoC). In attendance were all UK delegates (except Baroness Jenny Tonge who was abroad): Heather Wheeler MP, Holly Lynch MP, Baroness Jenkin, Nigel Evans MP, Karl Turner MP, Virendra Sharma MP, Lord Steel and Nigel Evans MP. Also in attendance were Michael Cockle, Deputy Team Leader, Sri Lanka, FCO and his colleague; Riva Eskinazi, External Relations Division, IPPF and via Skype Madusha Dissanayake, Director of Advocacy & HIV, FPA Sri Lanka and Pankaj Anand, IPPF New Delhi Office.

Heather Wheeler MP welcomed all and provided some background information to the UK APPG on PDRH Sri Lanka study tour. Michael Cockle and his colleague, FCO then provided an overview of Sri Lanka's historical and current political-, economic- and social situation. Madusha Dissanayake from FPA Sri Lanka presented the study tour programme, and a question and answer session followed with the delegates, in view of being better prepared for the forthcoming study tour.

Sri Lanka situation at a glance

Political situation

Sri Lanka has undergone a great deal of change in 2015 after the elections, which resulted in the formation of a new coalition government committed to reconciliation and peace building. The incumbent Prime Minister, Ranil Wickremesinghe from the United National Party (UNP) was reappointed. The UNP and President Sirisena's Sri Lanka Freedom Party (SLFP) agreed to work together in government for at least the next two years. The Tamil National Alliance became the formal opposition for the first time in over 30 years.

President Sirisena largely gained his support from urban Sinhalese and the Tamil and Muslim minorities after increasing disillusionment with growing corruption and authoritarianism. President Sirisena pledged to lead a more democratic and accountable government, including the restoration of the independence of the police and judiciary, media freedoms and ensuring the protection of minorities.

The bilateral relationship between the UK and Sri Lanka has been reinvigorated under Sirisena's presidency and its commitments to the United Nations Human Rights Council and broader reforms. The UK Government is currently providing support to Sri Lanka in a range of areas, including anti-corruption, community policing; demining; investigative reporting skills for the media; grassroots advocacy for language rights; support for female heads of households; and English language training for government officials through the British Council.

Economic background

Sri Lanka is the fastest growing economy in South Asia – and one of the fastest growing across Asia in 2014. The economy – worth over US\$70 billion - has averaged 6.5% growth since 2004 with the same expected until 2019. It has delivered controlled inflation, low unemployment, high public sector investment and falling fiscal and current account deficits. The country is a world leader in high-value manufacturing, which has driven export-led growth. These factors, and a fall in the poverty headcount from 23% in 2002 to 7% by 2012, have resulted in Sri Lanka doubling its gross domestic product (GDP) per capita to US\$2400 between 2004 and 2009 and to US\$3558 in 2014 to become a middle-income country.

But Sri Lanka's economic headline successes disguise underlying challenges. Growth rates are inflated by the economy's low starting base – especially in the North – and by the temporary effect of mass infrastructure development that has defined the country in recent years.

UK exports to Sri Lanka were valued at £165 million in 2014 and imports at £678 million. Sri Lanka is home to some of the big UK companies including Marks and Spencer Clothing, HSBC, De La Rue Currency, GlaxoSmithKline, Standard Chartered Bank and Rolls Royce. There are over 100 companies in Sri Lanka with UK affiliation across a wide range of sectors.

Social background

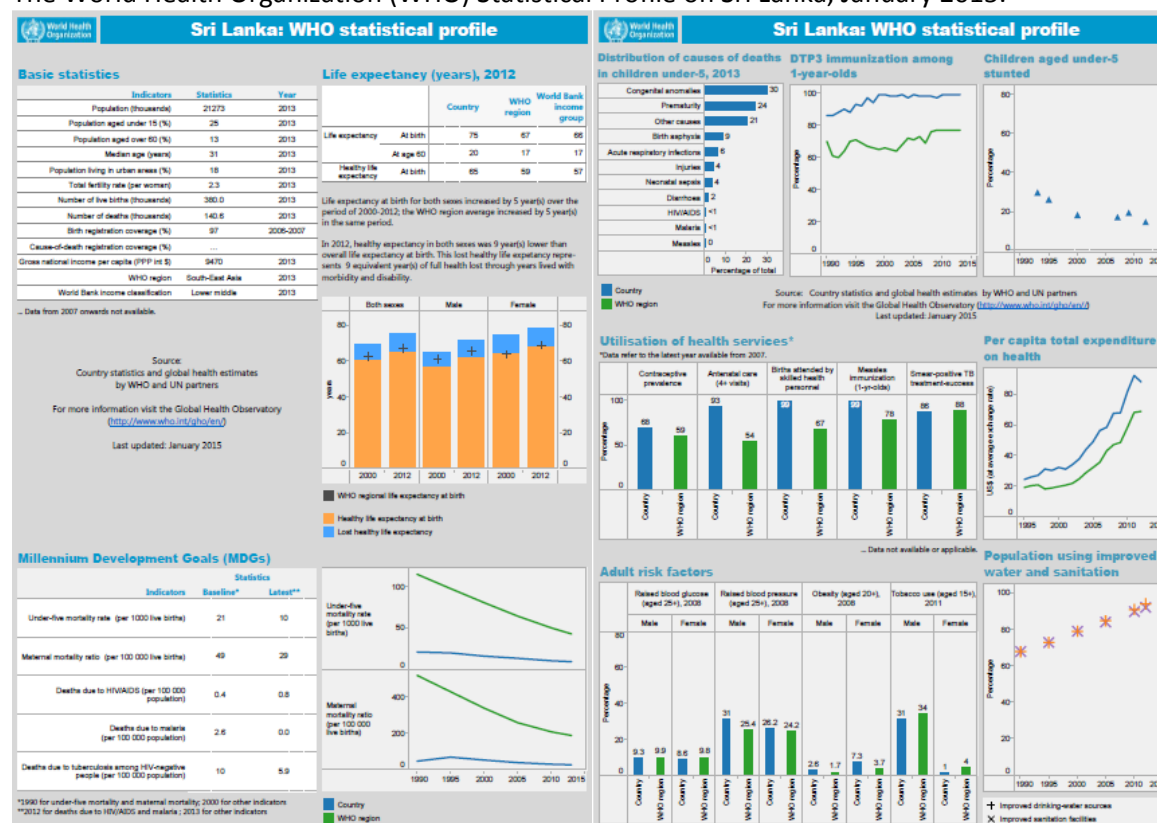
Sri Lanka is ethnically and religiously diverse. The Sinhalese (75%) are the major ethnic group followed by Sri Lankan Tamils (11%), Moors (9%) and Indian Tamils (4%). Most Sinhalese are Buddhist (70%), most Tamils are Hindu (12.5%), most Moors are Muslim (9.5%) and there is also a sizeable Christian population (7.5%) of both Sinhalese and Tamils. In 2015, according to the Department of Census and Statistics figures 74.6% of the female population is economically inactive with an overall unemployment rate of 7.8% for women. In the political arena there are 11 female representatives holding seats in the parliament which is 4.9% of the total parliamentary representation. Sri Lanka is ranked 73 in Gender Inequality Index as well as the Human Development Index in 2015. Not many women have opportunities to be economically independent as a result of social constraints such as gender biases and limited gender sensitive policies, where they have little or less opportunities to make decisions on their own related to their health, education or livelihood.

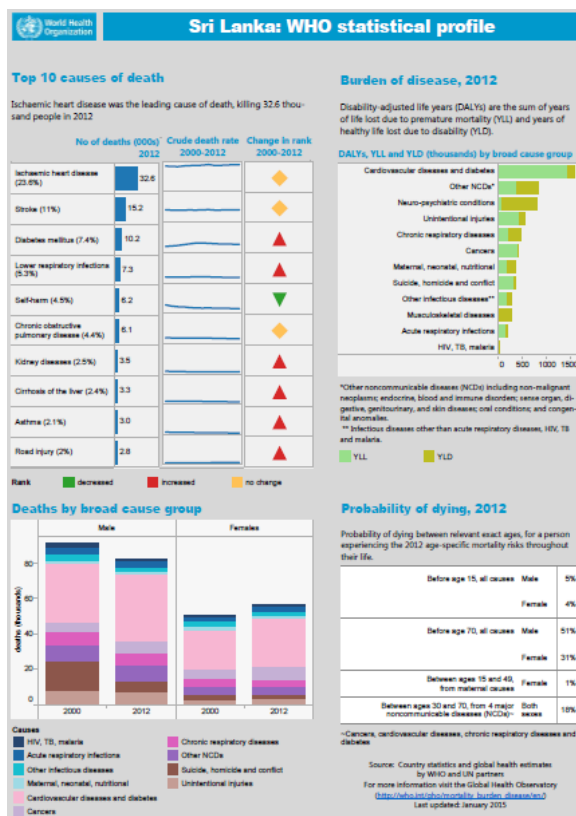
The diaspora now living in the UK is estimated at around 400,000. The majority of the diaspora are Tamils and there are a number of Tamil organisations such as the British Tamil Forum (BTF) and the Global Tamil Forum (GTF). The BTF and GTF and certain individuals were proscribed by the former government of Sri Lanka in 2014, claiming links to terrorism. The UK does not recognise these

proscriptions and has consistently called for them to be revoked (the proscription of 8 diaspora organisations and more than 260 individuals was lifted by the government in November 2015).” The EU temporarily removed ‘Generalised Scheme of Preferences (GSP)+’ enhanced trade preferences from Sri Lanka in 2010, following significant shortcomings in respect of Sri Lanka’s implementation of three UN human rights conventions relevant for benefits under the scheme. Discussions on the ‘GSP+’ process were held with the EU earlier this year in Colombo with Sri Lanka hoping to be reinstated on to the scheme.

Health indicators

The World Health Organization (WHO) Statistical Profile on Sri Lanka, January 2015.





UK Foreign and Commonwealth Office and Department for International Development activities

Her Majesty's Government (HMG) financial and staff resources for Sri Lanka are limited. Development funding from the Department for International Development (DFID) ceased in 2006/2007 (beyond one-off de-mining support, which ends in 2016) when Sri Lanka became a middle-income country. The FCO provides the overall lead and coordination on HMG's Conflict Stability and Security Fund for Sri Lanka. The key areas of expertise and resource are:

- supporting meaningful reconciliation addressing the root causes of the conflict;
- influencing and embedding long term change in institutions central to democracy and future stability; and
- supporting demining to allow internally displaced persons to return to their land, encouraging socio-economic development and fostering reconciliation.

The UK Government is supporting projects to ensure a zero tolerance approach to rape and sexual violence in Sri Lanka, for example in the funding of a helpline for victims of domestic abuse, increasing police support for women and children, and training local media in investigative techniques that will help shine a light on this issue.

Non-governmental organisations in Sri Lanka

FCO engages closely with international non-governmental organisations (NGO) with an interest in Sri Lanka – such as Amnesty International, Human Rights Watch, Freedom from Torture and International Crisis Group – the APPG for Tamils, the APPG on Sri Lanka and a range of diaspora groups represented in the UK. The UK Government also works directly with local NGOs in the implementation of projects including FPA Sri Lanka, which receive financial support from the UK Government via the IPPF (3% of the FPA Sri Lanka budget originate from IPPF).

United Nations organisations in Sri Lanka

The UN, in partnership with the government and people of Sri Lanka, works to ensure that all Sri Lankan people enjoy better living conditions. Collectively and through the 15 specialised agencies, funds, and programmes that are resident in Sri Lanka. The UN cares and creates opportunities for the poor, the most vulnerable, and for the young.

UNFPA delivers on the FP/SRHR in Sri Lanka and receives core funding from the UK Government.

Reason for choosing Sri Lanka as the study tour destination

Sri Lanka is politically, economically, socially and culturally of interest to UK Parliamentarians and is a story of success against the odds. A lower middle-income country – in 2006, Sri Lanka's annual gross national income per capita was less than US\$1,500 – it has also experienced a protracted civil conflict and the devastation of the 2004 Indian Ocean tsunami. Yet the country's progress in human development, particularly in maternal and child health and education, has been one of the key success stories among developing countries in recent decades.

Sri Lanka's maternal mortality ratio declined from 340 per 100,000 live births in 1960 to 43 per 100,000 live births in 2005, and 98% of births now take place in hospitals. Rates of antenatal care (at least one visit) and skilled attendance at birth stand at 99%. In 2007, the country had an overall fertility rate of 1.9 – compared to 3.0 for the South Asia region. These results have also had positive effects on child survival. The under-five mortality rate has fallen from 32 per 1,000 live births in 1990 to 21 per 1,000 live births in 2007.

In basic education, too, Sri Lanka's performance has been outstanding. According to the latest international estimates, net primary school enrolment stands at more than 97% for both girls and boys. The key to Sri Lanka's outstanding improvements in maternal health was the expansion of a synergistic package of health and social services to reach the poor. The country's health system, which dates back to the late 19th century, first targeted universal provision of improved health care, sanitation and disease management. It subsequently added specific interventions to improve the health of women and children.

Over the years, successive governments have followed a prudent approach of prioritising healthcare services to mothers and the poor, while spending economic and human resources judiciously. The resulting improvements in women's health are supported and strengthened by measures to empower women socially and politically through education, employment and social engagement.

Sri Lanka study tour delegates study tour exposure

- Sri Lanka Government FP/SRHR legislation, policies and services at central, provincial and district level;
- General and specialised obstetrics and gynaecology training hospitals/centres;
- Sri Lanka private health care services, including semi-specialised private obstetrics and gynaecology services;
- UN and NGO FP/SRHR health services in urban and rural hospitals/clinics;
- A variety of clinical FP/SRHR services including: modern methods of contraceptives, maternal health care services i.e. ante-natal, intra-partum and post-partum care, emergency obstetric care, neonatal units, gender-based violence (GBV), sexually transmitted infections (STI) including HIV/AIDS unit and NGO services for the LGBT+ community;
- FP/SRHR procurement and logistics;
- Health workforce and training of health workers; and

- Populations from different ethnic and social/economical constituencies in urban and rural areas.

Stakeholders met

During the study tour MPs were briefed and met with representatives from: UK FCO; Deputy Minister of Health and Ministry of City Planning and Water Supply, Sri Lanka; UNFPA and NGO representatives; PSL staff; FPA Sri Lanka President and staff; government and private hospital directors and staff; community leaders and volunteers; hospital and rural doctors, nurses and midwives; clients and populations from difference ethnic and economic backgrounds in Colombo, Kandy, Nuwera Eliya, Badulla, Batticaloa and Trincomalee.

Detailed study tour programme and findings

Tuesday 10th November 2015

The UK delegation departed from London, Heathrow to Colombo via Doha with Qatar airways on the day of autumn recess

Wednesday 11th November 2015

Colombo Airport 09:00 – 11:00

The UK delegation was welcomes by Ms Madu Dissanayake, Director Public Affairs, Policy and Advocacy, FPA Sri Lanka upon arrival into Colombo airport and escorted to the Cinnamon Lake Hotel to rest until the afternoon briefing meeting with FP and SRHR stakeholders.

Cinnamon Lake Hotel 16:30 – 17:30

The UK delegation attended a round table introductory briefing meeting with Dr Hemantha Beneragama, Director, Family Health Bureau, MoH, Sri Lanka; Mr Alain Siebenaler, Country Representative and Mr Jayan Abeywickrama, UNFPA Sri Lanka; Mrs Thushara Agus, Executive Director and Ms Madu Dissanayake, Director Public Affairs, Policy and Advocacy, FPA Sri Lanka; and Mrs Nanditha Katugampola, Projects Manager, PSL.



UK delegation with MoH-, UNFPA- and NGO officials, Cinnamon Lakeside Hotel, Colombo, Sri Lanka

Ministry of Health presentation:

Dr Hemantha Beneragama gave a 15 minute overview of the Sri Lanka's health care system.

Sri Lanka Government provide free public health care services to its population. Private health care services are also available in the country and provided alongside for people wanting- and able to pay for services.

Government health services are provided under the structure - central, provincial, district and community level. The Sri Lanka health system is fairly decentralised and public health is managed via the nine provinces and provincial councils, with guidance from the MoH. The MoH is responsible for overall policies, strategic direction, and logistics and also provide some technical guidance and support and monitor and evaluate health services.

Maternal and child health (MCH) services are guided by the national policy for MCH. The Sri Lankan government is currently developing a new MCH policy with an increased focus on adolescents and preventive health services. Health workers are supported by many practice guidelines and policies. There is a shortage of health workers in the country. At present there is 1 midwife per 3,000–4,000 population, whereas the recommended ratio is 1 midwife per 1,500 population.

Every district currently has 2-3 specialised medical doctors in maternal health. Sri Lanka is a success story with regards to maternal health care, in part due to the longstanding free health care system started in 1931 and free education in 1940.

Sri Lanka Maternal Mortality is around 23 per 100,000 births, in part due to FP that started in 1953 and the delivery with skilled birth attendants in hospitals.



UK delegation at briefing meeting with MoH - UNFPA- and NGO representatives, Cinnamon Lakeside Hotel, Colombo

FPA Sri Lanka presentation:

Mrs Thushara Agus presented FPA Sri Lanka programme, which was established in 1953, as part of the global FP movement. It was an NGO initiated by volunteers and started as mother's welfare clinics in state hospitals. FP services were provided to all clients.

In 1954 it became an IPPF member association, as one of its first 20 members. This enabled the organisation to receive funding and technical assistance from IPPF. Today IPPF has over 159 similar member associations around the world. The scope of FPA Sri Lanka has expanded its scope from solely FP to the broader SRHR agenda.

Between 1953 – 1973 FPA Sri Lanka became a recognised NGO and as early as 1955 Sri Lanka Government approved 2,500 rupees (Rs) from their annual health budget to FPA Sri Lanka. This grant was increased to Rs 75,000 by 1958 and remained as it is thus far.

In 1963 the Sri Lankan government policy integrated FP and maternal and child health services. With the expansion of the Sri Lankan government's free services after 1963 FPA Sri Lanka services provision began to decline. Today FPA Sri Lanka complements the government's FP programme with service provision too hard to reach (marginalised) communities.

Between 1974–2004, FPA Sri Lanka introduced social marketing of contraceptives to the country. The first contraceptive to be put on a pharmacy shelf by FPA Sri Lanka was the condom. A tri-partite social marketing programme was agreed with Population Services International (PSI) for supplies and Reckitt & Colmans for marketing expertise. FPA Sri Lanka managed and continued this beyond project-life until it assumed market leadership in all contraceptives to all corners of the country. Products are sold at affordable prices. The social marketing programme alone generated a total of 383,831 contraceptive year's projection in 2014.

Today there are a broad range of local contraceptive brands.



Since 2004 FPA Sri Lanka has diversified into other SRHR components and services including HIV/AIDS prevention, sexuality education and information, sexual- and gender-based violence, sub-fertility, screening for reproductive cancers, youth friendly SRHR services, advocacy related to creating a favourable environment and it is a member of stakeholder groups in the Government and involved in policy planning and reform activities.

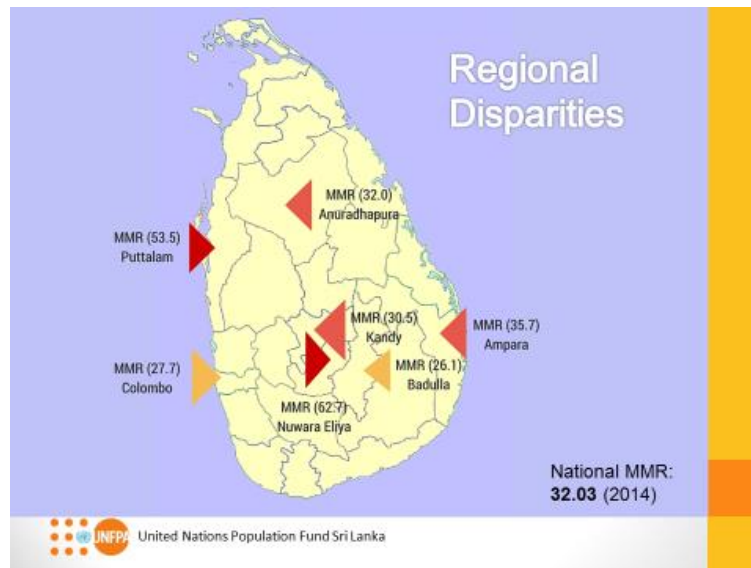


UNFPA presentation:

Mr Alain Siebenaler, UNFPA provided an overview of UNFPA's support to the Sri Lankan Government. UNFPA supports the Government to deliver for women and young people. Sri Lanka is now a lower-middle income country with a per capita income of US\$3,625 (2014). UNFPA's actions have four strands of support: ensuring women's health, fulfilling young people's potential, protecting women's rights and maximising the demographic dividend.

Sri Lanka's population structure has changes dramatically between 1981 to 2012 due to the low fertility rate, low death rate and an increase in out migration. There is now a large youth bulge and soon Sri Lanka will have an aging population to support, as in Europe. Attention is now on managing the demographic bonus, saving up for the increased dependency and preparing for an aging population.

Maternal health provision is good in Sri Lanka, but regional disparities exist on maternal mortality rate (MMR), as per map below, which remains a challenge:



Attention has been directed towards reducing preventable maternal deaths, rising levels of teenage pregnancies, the provision of reproductive health care for women beyond 49 years of age and addressing the inequities in access to quality reproductive health care. Reaching the most marginalized and young populations with services and care remains a challenge. A particular focus is on the provision of a variety of FP services, but in particular condom programming, emergency obstetric care, response to GBV in the health sector and the re-positioning of comprehensive reproductive health education. Reaching young people remains a challenge.

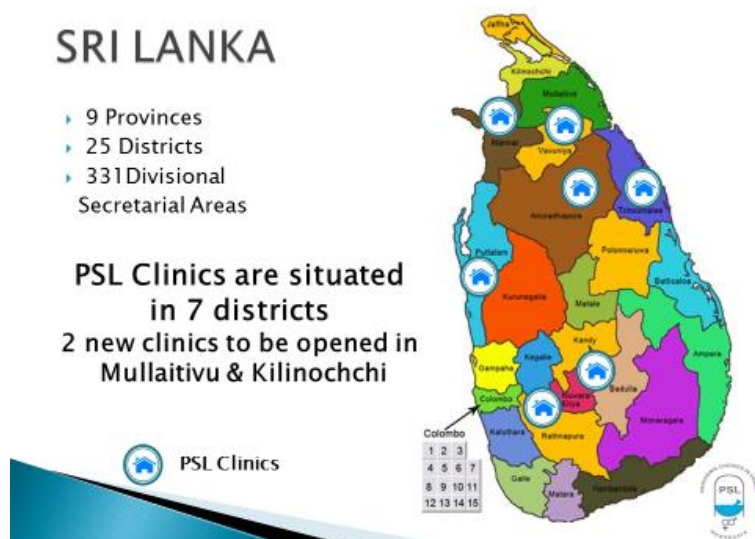
Investing in the youth bulge is important. A safe and successful passage from adolescence into adulthood is the right of every child. UNFPA supports the Sri Lankan government by focusing investments and provide opportunities to ensure that adolescents and youth progressively develop the knowledge, skills and resilience needed for a healthy, productive and fulfilling life. UNFPA has supported the Sri Lanka youth policy and increased youth participation within provincial policy making, thus giving youth a stronger voice. UNFPA also support a blog and discussion forum for young people and has population portal and e-modules on SRHR.

UNFPA has also supported the development of policies that recognises women as 'pioneers' of development. Investments in women have translated into positive outcomes with their associated challenges.



Population Services Lanka presentation:

Ms Nanditha Katugampola, Population Services Lanka provided an overview of Population Services Lanka (PSL) activities in Sri Lanka. PSL clinics are situated in 7 districts as seen in map below and 2 new clinics are soon to be opened in Mullaitivu and Kilinochchi.



A question and answer sessions followed presentations on the following subjects:



Baroness Anne Jenkin and Karl Turner MP posing questions at FP, SRHR stakeholder briefing meeting, Cinnamon Lakeside Hotel, Colombo

1. Misoprostol

Misoprostol is in the process of being registered in Sri Lanka. It is currently licenced for induction and augmentation of labour and post-partum haemorrhage, but not for abortion as illegal, apart from saving a woman's life in the country.

2. Age of consent and free family planning services - confidentiality

Sri Lanka Government is providing free FP services to married women and men. Age of marriage is 18 years of age, however age of consent is 16 years of age. Conflicting advice was received with regards to the provision of services to young people, however MoH official concluded by saying that health staff can now provide FP services to young people if requested and necessary!

3. Personal, Social and Health Education (PSHE)

PSHE is provided in schools in Sri Lanka, however with resistance in some areas of the country. The Health and Education bureaux has responsibility. Teachers are often ill equipped and prepared to teach the subject.

4. Data collection in Sri Lanka

Sri Lanka, as many other countries, only register and count FP services for women between 15-49 years of age, therefore no data exist on services for young people. Child marriage although illegal in Sri Lanka still occur in certain areas of country. The currently debated Sustainable Development Goal (SDG) indicators need to count also the young people to give a clearer picture of FP/SRHR services and equity.

5. Maternal Mortality Ratio

Sri Lanka has been very successful in bringing down its MMR, but figures have stagnated in recent years, in part due to the number of unsafe abortions in the country, which is the 3 leading cause of death. If misoprostol is registered and abortion is liberalised MMR will fall dramatically.

Welcome dinner with Sri Lankan Government officials, UNFPA, Sri Lanka FP/SRHR stakeholders and the media, Cinnamon Lakeside Hotel, Colombo, 19:30 – 22:00



UK delegation with Health Services Director General, Dr Palitha Mahipala. State Minister Dr Sudharshini Fernandopulle and other SRHR stakeholders

A welcome dinner was organised by FPA Sri Lanka for the UK delegation.

In attendance were Sri Lanka FP/SRHR stakeholders including: Dr Pramilla Senanayake, President, FPA Sri Lanka; Dr Palitha Mahipala, Director General Health Services, MoH; and Dr Sudharshini Fernandopulle MP and the State Minister for City Planning & Water Supply.



Karl Turner MP, Heather Wheeler MP, Virendra Sharma MP, Nigel Evans MP, Lord Steel and Baroness Jenny Tonge lighting traditional Sri Lanka oil lamp at welcome dinner, Cinnamon Lakeside Hotel, Colombo

Dr Pramilla Senanayake welcomed guests and Dr Palitha Mahipala presented a short overview of the Sri Lankan health system, with particular reference to the progress made in the area of FP and SRHR, which he hoped the UK delegation would observe whilst on the study tour.



Dr Pramilla Senanayake speaking



Dr Palitha Mahipala speaking

Traditional dancing followed by the Natanda Dance Theatre Company.



Baroness Jenny Tonge thanked officials for their warm welcoming ceremony and gave a brief overview of the APPG on PDRH and a background to the Sri Lanka study tour.

She congratulated the Sri Lankan Government and FP/SRHR stakeholders for their continued efforts to support the Sri Lanka population with quality FP and maternal health services.



Baroness Jenny Tonge speaking

A buffet dinner and networking followed the speeches.



Holly Lynch MP, Baroness Anne Jenkin and Baroness Jenny Tonge with Laura Davies, UK Deputy High Commissioner, Dr Sudharshini Fernandopulle and FPA Sri Lanka representative

Thursday 12th November 2015
British High Commission, 8:30 – 9:30



UK delegation at UK High Commission, Colombo, Sri Lanka

The UK study tour delegation was welcomed at the British High Commissioner by Laura Davies, Deputy High Commissioner and Dinidu de Alwis, Political Officer, British High Commission. The British High Commissioner was abroad on duty in Japan.

Laura Davies presented an overview of Sri Lanka's past, current and future political situation, reform processes and UK involvement and support to the country.

State challenges, ethnic groups and political priorities were discussed at length, as was latest elections and the UN Security Council adopted resolution 1325 – the important recognition of the inordinate impact of war on women and girls, and of the pivotal role women should and do play in conflict management, conflict resolution and building sustainable peace.

Ninety percent of civilian casualties in conflict are women and children and six years after the end of the conflict in Sri Lanka, tens of thousands of female headed households still struggle with its legacy. The UK was among the first countries to develop a National Action Plan to implement resolution 1325.

The UK future plan will support Sri Lanka with £6.6 million on reconciliation, military reform and displaced persons who were forced from their towns and villages during the civil war to return home, spread over 3 years.

The UK delegation thanked the British Deputy High Commissioner for her welcome and briefing, and looked forward to the debriefing meeting scheduled for Monday 16th November pm.

Castle Street Government Maternity Hospital for Women, 9:45 – 11:00



The UK delegation was welcome at the Castle Street Maternity Hospital for women by Dr Gamini Seneviratne - Director, Castle Street Hospital for Women and colleagues and received an overview of the hospital and the services provided at the hospital.



UK delegation being briefed by Dr Gamini Seneviratna, Castle Street Hospital, Colombo

Castle Street Hospital for Women is the premier government women's hospital in Sri Lanka. It serves a wide array of services to women, and currently has 442 beds. It has clinics for pregnant mothers,

for sub-fertile patients, gynaecological patients and also has well women clinics, baby clinics and dental clinics. The hospital sees approximately 16,000 deliveries per year. It also has one of the largest neonatal units in Sri Lanka. The hospital is a tertiary care teaching hospital and is a forerunner in training health workers.

Castle Street Hospital has a 24 hour outpatient department with a number of clinics for follow up visits for patients. More than 100,000 patients visit the hospital clinics every year. Since 2000, the hospital embarked on a project to improve productivity and quality and has been rewarded for maintaining high standards. The hospital has 100 medical officers, 315 nursing officers and 66 midwives. MMR at the hospital is 21.8 per 100,000 per live birth in comparison to the national figure of 32.5 per 100,000 per live birth. Cost of services for inpatient day care is \$25, major surgery is \$148 and a normal delivery cost is \$88 - based on recurrent cost only.

The hospital is currently putting a lot of emphasis on the quality of care with support and input from patient satisfaction survey, monitoring of re-admissions and training programmes. The hospital is in the process of having a new extension built to accommodate increased workload. It is implementing eHealth projects and introducing a hospital information management system.



UK delegation visiting wards, Castle Street Hospital, Colombo

The delegation visited the ante-natal and post-natal wards, as well as the labour room and neonatal unit.



Holly Lynch MP speaking to clients, Castle Street Hospital, Colombo



Virendra Sharma MP and Baroness Jenny Tonge visiting wards and speaking to clients, Castle Street Hospital, Colombo

The hospital appeared busy with high occupancy rate. It also appeared well staffed with doctors, nurses and midwives, all in traditional uniforms. It was clean with beds in close proximity with curtains available to draw if needed and cots at the end of beds. In all the wards visited, women appeared calm and content whilst breastfeeding their babies. Some ante-natal women were monitored with high technological cardiotocography (CTG) machines. The quietness and calm environment was particularly noteworthy. No babies were heard crying! Even in the labouring room women were quiet, despite being in active labour!

The nursing/midwifery stations had registration books and client's notes and all notice boards included names of doctors and nurses in charge. Sterile syringes and needles were noted along with obstetric medication readily available on wards for emergency situations.



Virendra Sharma MP and Obstetrician looking at registration booklet, Castle Street Hospital, Colombo

Parliamentarians had the opportunity to speak to both staff and clients during the visit to the wards.



Holly Lynch MP speaking to clients, Castle Street Hospital, Colombo



Heather Wheeler MP speaking to staff, Castle Street Hospital, Colombo

The neonatal unit was large with approximately 20 neonates in incubators. The majority of neonates were admitted due to prematurity. Babies were noted from approximately 26/40 weeks gestation being monitored closely, but without any breathing apparatus. CPAP was available if required according to staff and resuscitation equipment noted in the room. Two doctors and five nurses were working on the unit whilst visiting.

Peradeniya Teaching Hospital, Kandy, 14:15 – 15:15

The UK delegation left Colombo on a coach and headed towards the central highlands of Sri Lanka to visit Peradeniya Teaching Hospital, Kandy.

The UK delegation was welcome upon arrival at the hospital by Dr H. M. W. J. Herath, Director and Dr Iresha Fernando, Deputy Director and colleagues.



Lord David Steel and Baroness Jenny Tonge being welcomed, Peradeniya Teaching Hospital, Kandy



UK delegation in hospital corridor, Peradeniya Teaching Hospital, Kandy

The Peradeniya Teaching Hospital is one of the prime tertiary care hospitals in the country, located along the Kandy - Colombo highway. This Central Province is primarily a mountainous terrain and has an area of 5,674 km². The population of the Central Province is 2,421,148 and the province belong to different ethnic groups mainly Sinhalese, Tamils and the Moors.

Peradeniya Hospital was donated by the Japanese Government to the Ministry of Health, Sri Lanka in August 1980. All services of the hospital are provide free of charge, in keeping with free health policy of the Government of Sri Lanka.

The hospital has a regular influx of Intern Medical Officers from the Ministry of Health for training.

The hospital receive postgraduate trainees (Registrars and Senior Registrars) of surgery, medicine, paediatrics, psychiatry, obstetrics and gynaecology, orthopaedics, haematology, microbiology, pathology, anaesthesiology, radiology, sport medicine and critical care medicine.

The Professorial Unit has 43 consultants that include outstanding professionals in their respective field. Today there are 12 professors, 23 senior lecturers and 8 lecturers serving in the Professorial Unit. The Professorial Unit has achieved national and international recognition in many fields. Many research studies are carried out by the academic staff as well as undergraduate and post graduate

trainees attached to the unit. The hospital has 6 obstetric high dependence units and 16 labour beds. It has a high lower caesarean section rate (LSCS) of 44%. The reason behind the high LSCS rate according to the medical staff is the fact that this is a referral hospital, but according to some staff it is also due to some doctors practicing defensive medicine. **Obstetricians do not have union support, nor a General Medical Council to support practicing doctors if needed in negligence cases, which was of concern.**



Round table briefing meeting, Peradeniya Teaching Hospital, Kandy

A lively question and answer session followed the presentation and touched on the following subjects:

1. Reason behind the UK APPG on PDRH study tour to Sri Lanka

Baroness Jenny Tonge introduced staff to the UK APPG on PDRH and members parliamentary activities and the reason behind the study tour - making reference to future parliamentary advocacy in the UK Parliament in support of global FP/SRHR.

2. Funding

Consultants and staff present were interested in increased financial support from the UK Government to improve maternity services in Sri Lanka, with particular reference to the fact that although maternity services are good in the country, the MMR has remained stagnant over past many years. UK delegates made reference to latest UK legislation on 0.7% of GNI allocated to ODA and DFID's strong support to FP and Maternal Health via UNFPA and NGOs in Sri Lanka. Members on the delegation reiterated the fact that they were in Sri Lanka to look and learn and would bring back any relevant information to the UK Parliament.

3. Training of medical staff

Consultants and staff at the hospital made a strong request for support with in-service training of medical staff and UK fellowships.

4. Abortion legislation

Staff were particularly interested in the UK abortion law and the parliamentary processes that lead to the UK 1967 Abortion Act. Lord Steel presented an overview of the process. **The issue of gaining public support for legislative change to the abortion law in Sri Lanka was discussed and the need to conduct advocacy and public surveys to support progressive Sri**

Lankan parliamentarians. It was thought that the time to repeal the Sri Lanka abortion laws that was drafted and implemented by the British centuries ago no longer relates to present day scenarios and changes should be made as Britain has already done so (Vagrants ordinance & 365, 365A & Abortion).



UK delegation outside Peradeniya Teaching Hospital, Kandy

Mackwoods Tea Center, 18:00 – 20:00

The UK delegation continued their journey towards their overnight stay at the Heritance Tea Factory Hotel. On route a stop was made at the famous Mackwoods Tea Plantation Factory, which has been in existence over 160 years. Dr Chris Nonis, the ex Sri Lanka High Commissioner in London, is the chairman. Delegates enjoyed a cup of the famous tea and had a guided tour around the factory, which ended at the Mackwoods historical museum above the tea factory.

Women were employed as the tea pickers in the area due to the finer finger movements. This resulted in men often being the house makers and in charge of the children and vegetable gardens. Member would be visiting clinics the following day that provide services to the tea-pickers and local communities.

Friday 13th November

Nuwara Eliya fpa Sri Lanka clinic, 9:00 – 10:00

The UK delegation was welcome at the N'Elia fpa Sri Lanka clinic by its medical officer Mr P. Shivakumar and his staff. Mr P. Shivakumar gave an overview of the clinic and its activities and the population it served.



UK delegation being briefed at FPA Sri Lanka clinic, N'Eliya

The clinic had been in existence since 2011 and serves mainly the Tamil community working in the tea plantations in the area, which are the most difficult to reach populations in the country by Government services. Clinic staff provide FP including emergency contraception, STI treatment and HIV screening and prevention services, post abortion care and maternal health services.

Child marriage is a problem in the area, as is GBV and incest. Female genital mutilation and honour killing are not occurring in the community served. Community outreach activities are organised from the clinic into the more remote areas, with support from volunteers.

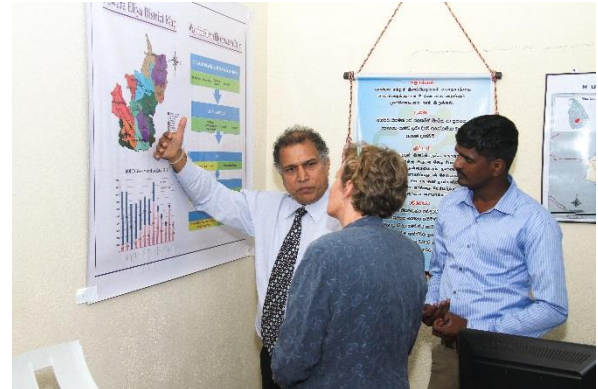
Staff provide FP services to all clients arriving, no matter what age. People requesting HIV/AIDS screening are counselled and tested. Very few have tested positive via the rapid test, but when this is the case, they are referred to the larger government hospitals for further screening and follow up care. **Stigma and discrimination remains an issue with regards to HIV/AIDS, as does the issue of maintaining confidentiality.**



UK delegation visiting FPA Sri Lanka clinic, N'Eliya

The delegation was shown the various consultation rooms and waiting area and met with clients waiting to be seen. It was mainly women and babies in the clinic, but one man was noticed next to his wife caring for their baby. Clients were open and happy to discuss the reason for their visit to the clinic. Many were seeking long acting contraception, as they 'now have two children'!

Immediately outside the clinic a group of men were noticed. Some were waiting for their partners, but the majority were waiting for screening tests in connection with sub-fertility. Two clients were happy to divulge their history and said: *'they had been married for two years, but their wives were still not pregnant, hence their request for tests at this clinic to help determine the cause and proceed to any fertility treatment available and needed'*!



UK delegation asking questions in response to posters on wall, N'Elia FPA clinic

Badulla District General Hospital, 14:00 – 15:00

The UK delegation proceeded towards the Badulla District General Hospital, with a packed lunch on-board the coach. Upon arrival Dr K. M. D. Dharmapriya, Director and Dr Buddhinatha, Obstetrician and Gynaecologist, welcomed them.



UK delegation being briefed at Badulla District Hospital, Badulla

The director provided an overview of the hospital and its services. This hospital is one of four district hospitals in the province and provide specialised care to its population, which is mainly Tamils working on the tea estates in the area. On occasions clients are referred to central level if in need of further specialised care. The hospital has 62 units, 42 wards, 42 consultant specialists and admits between 250 – 300 people per day. The hospital has 185 graduate medical officers and employ another 2,000 staff.



Nigel Evans MP and Karl Turner MP meeting clients, Badulla Hospital

The hospital sees 650 deliveries per month in its two units. 30% of deliveries are LSCS. They have had no maternal deaths in the hospital this year and the neonatal mortality ratio is 7.5–8.0 per 1000 births.

The delegation was given a tour of the hospital which included visits to the antenatal and postnatal ward and the labour room.



Delegates meeting and speaking to clients and staff, Badulla Hospital

Whilst visiting below issues were discussed:

1. Out Patient Department

As this Government hospital, all services are provided free of charge and they provide a 'walk in service' i.e. there is no general practitioner referral system in Sri Lanka. A triage nurse assesses the 'walk in clients' and direct them to the relevant clinical areas for follow up consultation and treatment.

2. Private practice

Approximately 80% of hospital doctors conduct private practice after hours in their own clinics. Private clients usually chose private practice for convenience and speed.

3. Family Planning methods offered in the hospital

A wide variety of FP methods are offered and dispensed in this hospital, there has been no demand for vasectomies as yet.

4. Abortion

Staff regularly admit women to the hospital with unsafe abortions, who are treated successfully. Misoprostol is available for post abortion care, but not for safe abortions, as illegal still in Sri Lanka.

5. HIV/AIDS in pregnancy

Staff see very few women with HIV/AIDS in the hospital, however RCOG guidelines are followed if a woman is found to be HIV/AIDS positive and often these women are referred to the specialised hospital in Colombo for care.

STI and HIV/AIDS Unit at Badulla Government District Hospital, 15:00 – 16:00



UK delegation meeting STI/HIV/AIDS Unit medical officer

The UK delegation went across the road to visit the STI- HIV/AIDS clinic, where Dr Krishan Vedanayagam, Medial Officer on STI, provide a very enthusiastic and quick overview of the services available and provided in this clinic. It is a government 'walk in clinic' and provides confidential counselling, STI and HIV testing and treatment. At present there are 34 people living with HIV/AIDS

in the area and between 10 000 – 15 000 living with HIV/AIDS in Sri Lanka in total according to available figures. Staff in the unit conduct regular outreach activities and discuss STI and HIV/AIDS prevention strategies.

Interestingly the clinic did not offer chlamydia screening as laboratory techniques are considered too expensive for this particular test and according to staff chlamydia is an uncommon STI in Sri Lanka. WHO's syndromic management for STIs is used in the clinic, as currently cheaper to over-treat with antibiotics, than conduct screening tests. A course of antibiotics cost approximately 50 pence. There are moves to change from syndromic management of STIs to multiple STI testing and treatment. **The issue of antibiotic resistance due to over usage was raised as a concern.**



Wall poster, Badulla STI clinic

The delegation was shown the various counselling rooms and registration book, which showed a variety of ages and sexes and diagnosis. No clients were around whilst visiting. Explicit and interesting posters were noted in the clinical area.





Delegation with Badualla Hospital staff

The delegation continued on the coach to the Batticaloe area on the East-coast of Sri Lanka. Torrential rain continued - mood slides and floods were noted in the area.

Saturday 14th November

Batticaloa Government Teaching Hospital, 10:00 – 11:00



Virendra Sharma MP being welcomed, Batticaloa Teaching Hospital

The UK delegation was welcomed by Dr M. S. Ibralebbe, Director, Dr T. Kumudini, Coordinating Medical Officer and colleagues at the Batticaloa Government Teaching Hospital, who were all very proud to introduce the delegation to their new GBV unit building which had just been completed.



UK delegation being briefed at Batticaloa Hospital GBV Unit

The Batticaloa Hospital receive technical and financial support from UNICEF and UNFPA, as well as Care International, and others with GBV activities, which the UK delegation was there to explore. The hospital is the only teaching hospital in the Eastern Province with a GBV unit and has got a general hospital capacity of 900 beds.



Delegation at briefing meeting in new GBV Unit, Batticaloa

Dr T. Kumudini provided an overview the GBV unit and its activities. The work started in 2004 with a GBV task force. In 2005 a mental health unit was established and in 2008 an independent GBV Unit was established, which received governmental approval in 2010. The objective of the GBV unit is to prevent GBV and respond to individuals and families' needs. It is a multi-sectorial service offered focusing on survivors and their families. When clients contact the unit or arrives at the unit, staff conduct assessments of the GBV survivors, and provide psychological support, refer to social and

legal services and facilitate safe placements. Staff also meet with partners, support children involved or affected and hold case conferences to learn from each other.

Healthcare Statistic of “Mithuru Piyasa”

| Category of Survivors Cared at “Mithuru Piyasa” | 2011 | 2012 | 2013 | 2014 |
|---|------|------|------|------|
| 1. No of survivors with physical abuse | 73 | 81 | 74 | 147 |
| 2. No of survivors with sexual abuse | 21 | 42 | 23 | 14 |
| 3. No of survivors with suicidal attempts | 90 | 93 | 120 | 158 |
| 4. No of survivors with other emotional abuse | 44 | 89 | 84 | 82 |
| 5. No of total survivors under care | 228 | 305 | 301 | 401 |

Since January 2013 community work has been undertaken to educate people on and help prevent GBV. This include street drama at work places, at universities, in markets and churches and media activities.



UK delegation question and answer session, Batticaloa GBV Unit

A discussion followed the presentation which included the topics:

1. Numbers, and reasons behind, GBV in the area



In 2011 the unit saw 228 cases and in 2014 they saw 401 cases, indicating that the numbers of reported cases are going up. The increase in GBV is in part due to more and better reporting, but also due to alcohol consumption, chaotic family lives, early marriage, men frustrated due to a lack of jobs and mothers seeking foreign employment. Women can report GBV to the police either in person, via a call/sms or notices that can be left at police stations, which have designated units and staff for GBV. GBV is now followed up and there have been some prosecutions. GBV is divided into 4 areas: physical, sexual, direct self-harm (DSH i.e. suicide) and emotional.

2. Religion and culture and links to GBV

Some cultures promote GBV which is an issue of concern in the region, however more research is needed in this area. Data collected is currently collected manually and not rigorous enough to provide an answer to this question. The Unit is hoping to have electronic databases soon.

3. Health education and support

Health education programmes are conducted in many different setting including schools and clubs and drama if often used as the media to convey messages. There are public inspectors in the region and a 24/7 hotline for people to call. Link nurses exist, as do safe houses and misuse programmes. Some statistics are now collated on GBV, however segregation of data is needed for a clearer analysis and expansion of specified GBV services. There are 21-30 safe houses and close collaborate with the police.

4. Stigma

Stigma and confidentiality surrounding GBV is a problem in Sri Lanka and does stop some victims from presenting, however specialised training of policy officers is helping and having female police officers. Prosecutions will help victims to come forward.

The delegation thanked the staff for the open and frank discussion and noted that GBV is also a problem in the UK with 1/3 women reporting GBV. Increasing women's political participation and

leadership in sectors such as justice and security, conflict prevention and peacebuilding, and economic recovery will be important in Sri Lanka. As is giving recognition to gender through the new constitution (SOGIE).



Delegation with Batticaloa staff

PSL Trincomalee clinic, 13:30 – 14:00

The UK delegation was welcomed at the PSL Trincomalee clinic by Ms Nanditha Katugampola, Projects Manager and regional manager/coordinator Mr E. Nanagunalan and Dr Gunala. , who gave a quick overview of the clinic and its activities.



Delegation being briefed at PSL clinic, Trincomalee

This clinic provide a variety of FP and SRHR services for its community including HIV/AIDS prevention activities, broad sexual and reproductive services, breast examination for cancer, cervical cancer examination, condom and FP promotion and counselling.

It is common practice for staff to conduct outreach activities from the clinic and targeted SRHR activities. This week volunteers had been encouraging and promoting smear tests and specialised hospital staff were around on this particular day to counsel and conduct smear tests. Delegates were encouraged to speak to the women waiting to be seen and to visit consultations rooms to get a feel for clinic processes.



Men receiving FP education, PSL clinic, Trincomalee

Whilst women were having smear test and other SRHR service provisions, men were noted to receive SRHR education outside by clinic staff.

Pharmacies, central region, 19:00 – 19:15

The UK delegation made a quick stop between Trincomalee and Colombo to visit local pharmacies to discuss FP commodities available over the counter, as many clients obtain FP directly from pharmacies. Opening hrs were commonly between 7:00 – 21:00. A variety of FP methods were in stock, including different brands of condoms, oral contraceptive pills and emergency contraceptive pills, however no misoprostol was available. Both pharmacists said that although misoprostol is not legally available, it is available on the black market in Colombo and '*arrives from India in suitcases*'! **The availability of misoprostol has ensured a great reduction in women presenting at hospitals with unsafe abortions.**

Sunday 15th November

Hemas Private Tertiary Hospital, 8:45 – 9:45



Delegation briefing at Hemas Private Hospital, Colombo

The UK delegation was welcomed by Dr Chamila Ariyananda, Director of the hospital and Mr Murtaza Esufally, Chairman of the Hemas Hospital, Thalawathugoda. Delegates were given an overview and introduction to this private hospital. It is the first internationally accredited hospital chain in Sri Lanka and is the largest healthcare company in the country with interests in pharma, hospitals and diagnostics. Services are provided in the 3 private hospitals Wattala, Galle and Thalawathugoda.



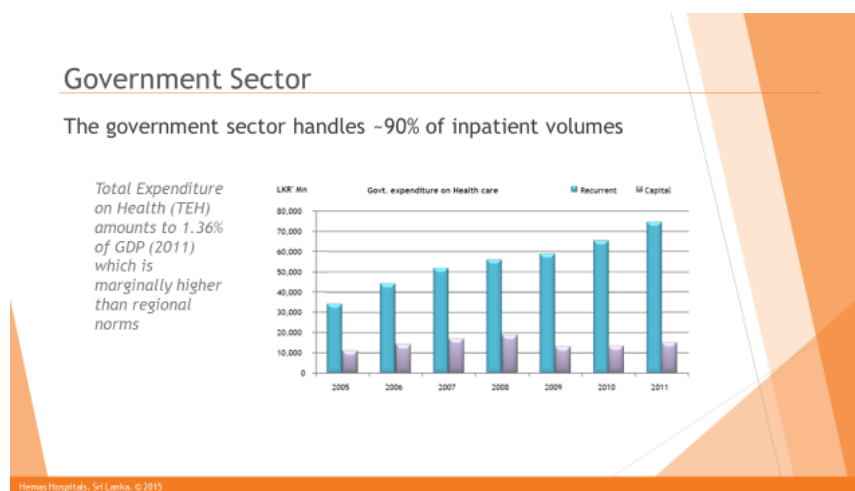
Below is a list of services provided:

- ▶ Health check-ups
- ▶ Radiology Imaging
- ▶ Cardiology
- ▶ Emergency Care
- ▶ Surgery
- ▶ Laparoscopic Surgery
- ▶ Orthopaedic Surgery
- ▶ Baby Delivery
- ▶ Paediatric Care
- ▶ Physiotherapy
- ▶ Endoscopy
- ▶ Urology and renal care

In total the three hospitals have:

- ▶ 210 beds
- ▶ 1,000 employees
- ▶ 500 consultants
- ▶ 2 magnetic resonance imaging (MRI) scanners
- ▶ 2 computerised tomography (CT) scanners
- ▶ 10 operating theatres
- ▶ Diagnostics- radiology and laboratory
- ▶ Full radiological services available at Wattala and Thalawathugoda, including: open magnet and MRI scanners, CT scanners, 2-dimensional and 4-dimensional ultrasound and digital X-ray machines
- ▶ 24 hour accident and emergency services

The 3 hospitals have specialised consultants and include cardiology and intensive care unit (ICU) as well as maternity and paediatric units and cosmetic surgical units. Prices are all fixed for clients.



With increasing wages and income, convenience is becoming an important decision making fact in seeking private health care in Sri Lanka. Many also attend private hospitals, as they offer private rooms and very clean surroundings.

A round table discussion followed the presentation on the topics:

1. Clientele and payment

The majority of clients at this private hospital pay for services privately, however some companies also have contract with the hospital for their staff, including for accident and emergency attendance. It currently sees no tourism, but may expand into this area in the future. 15-20% of clients are expatriate.

2. Hospital staff

The 40-50 consultants employed at this particular private hospital also work in the Government health system, however junior staff such as medical officers only work in this hospital.

3. Costing for maternity care

The hospital has a flat rate of £500 for a Spontaneous Vaginal Delivery and £1000 for LSCS.

4. Specialised intensive and other maternity care

This private hospital has specialised intensive care both for women and neonates and provide breastfeeding counselling services, as well as parent-craft classes. It has advanced technological machinery including MRI scans and also provides reproductive technology services including in-vitro fertilisation (IVF).

The UK delegation was shown around the hospital, which appeared busy and looked similar to UK private hospitals with regards to layout, equipment and cleanliness.



Delegation visiting rooms, Hemas Hospital, Colombo

The UK delegation spoke to clients and staff as they visited private rooms and various maternity units.



French Embassy, 09:50

On route to the Jayawardenepura Hospital the UK delegation stopped briefly at the French Embassy to convey their condolences in response to the Paris massacre on the evening of 13th November 2015. A series of coordinated terrorist attacks that occurred in Paris. Three suicide bombers struck near the Stade de France in Saint-Denis, followed by suicide bombings and mass shootings at cafés, restaurants and a music venue in Paris. The attackers killed 130 people, including 89 at the Bataclan

theatre, where they took hostages before engaging in a stand-off with police. There were 368 injuries, 80–99 serious. Seven of the attackers also died, and authorities continued to search for accomplices.

Jayawardenepura Semi-Government Hospital, Colombo, 10:00 – 11:00

The UK delegation was welcomed by Dr S. A. K. Gamage, Director, Dr Athula Kahandaliyanage, Chairman, Dr Santhushya Fernando, and Dr Hemantha Perera, Consultant Gynaecologist and Obstetrician, and given a guided tour around this part-private, part-Government hospital.



Delegation visiting Jayawardenepura Hospital, Colombo

Fees at this hospital varies according to client's ability to pay and rooms would differ accordingly, but services provided would be similar and equal in quality. As with all other hospital visited, the quietness was noteworthy, including in the labour room, where women were noted to be in established labour without any pain-relief. Pethadine is available for pain relief, but Entonox and epidurals are not for normal labouring women.



UK delegation at hospital entrance with board of costs for services



UK delegation visiting labour ward, Jayawardenepura Hospital, Colombo



Heather Wheeler MP and Lord David Steel speaking with staff, Jayawardenepura Hospital

Delegates had the opportunity to speak with staff and visit the various rooms, which differed in price and size.



Round table discussion with Jayawardenepura Hospital Directors and Staff

After the guided tour the delegation was offered the opportunity to ask questions and the following subjects were covered:

1. Training of medical staff

The Sri Lanka medical professionals and obstetricians have strong links with the UK RCOG and obstetricians trained in the Sri Lanka will usually spend 1 year abroad during their specialty obstetrics and gynaecology training – 95% in the UK.

2. Quality of Care

Medical staff follow RCOG guidelines and standards of care, however quality of care and in-service updating and training was raised as an issue of concern by the medical professionals. This was also noted as an issue of concern during the guided tour, as for example the labour ward register showed elective episiotomies for all first time mothers having a normal vaginal delivery.

3. Health expenditure

At present 2.1 – 2.7% of Sri Lanka GDP is directed towards the health service according to staff. The Sri Lankan population is a health seeking population, which has ensured good health coverage. Equity however remains an issue of concern still, as does the change in lifestyle to a more affluent lifestyle resulting in more non-communicable problems and diseases.

4. Girl Child

Female genital mutilation is not a problem in the country, however child marriage and its links to early pregnancy and increase maternal morbidity and mortality is a problem in some communities and areas.

5. Family planning and abortion

The hospital provide FP including sterilisation for women requesting it. Vasectomies is not requested by men at present. There is still an unmet need for FP in the country despite its success in this area and women do present to the hospital with unsafe abortions, although it is now fairly rare due to misoprostol being available on the 'black market'. As Sri Lanka is prioritised for FP2020 commitment - it would be good to have the government coming on board with its FP pledge.

6. Delivery

There are very few home deliveries in Sri Lanka, as a fairly well educated population in the country combined with a health seeking population. There are no traditional birth attendants in Sri Lanka and NGOs provide services to populations in rural and poorer areas that do not frequent government and private services.

7. Brain drain

Brain drain remains an issue of concern, however the MoH provide some incentives to staff to both stay and return to Sri Lanka to work in the government health service.

Nine Wells Hospital, Colombo, 11:15 – 12:15

The UK delegation was welcomed by Mr and Mrs Hatthotuwa, owners of the Ninewells Hospital and given a guided tour of this private maternity and paediatric hospital.



UK delegation visiting Nine Wells Hospital, Colombo

The delegation visited the accident and emergency room, where a child was noted to receive an inhaler to aid breathing.

The neonatal/paediatric unit was visited and delegates spoke to staff. The units again were very quiet, clean and well presented. Equipment appeared to be mainly disposable and the usual neonatal/paediatric drugs were available on wards. **Interesting Magnesium Sulphate appeared to be used as standard treatment to neonates to prevent problems. Follow up articles were sent to delegates on this, which referred to an American study encouraging its usage.**



UK delegation visiting rooms and delivery area, Nine Wells Hospital, Colombo

In the entrance hall of the hospital Lord Steel noted a poster advertising the foetal medicine unit and the need to screen for foetal abnormalities. Lord Steel raised the issue of abortion in connection with the poster - as an unusual poster to be seen, given the fact that abortion for foetal abnormalities is illegal in the country! **Staff said that some clients decide to travel to India for an abortion, if foetal abnormalities are detected.**



Lord David Steel with FMU poster, Nine Wells Hospital, Colombo

Colombo Slum Area 12:30 – 14:00

The delegation was taken to the slum area of Colombo to visit a community that the FPA Sri Lanka provided FP, SRHR services too. The FPA clinic was currently under renovation, so the delegation was simply shown around the area and given the opportunity to speak to community members and get a feel of life in a slum area. All the people met were very friendly and welcoming. Families were noted to live in very small bricked houses. Electricity and running water was available, as were good roofs and individual post boxes. Many tuk-tuks and motorbikes were noted in the area. Gender based violence according to staff remains a problem in Sri Lanka as in many other countries and FPA Sri Lanka have special outreach workers in this area supporting victims of GBV – staff were wearing t-shirts referencing International Women’s Day and GBV. The proximity of houses and families in the slum would make privacy very difficult.





UK delegation visiting slum area where FPA Sri Lanka provide services, Colombo

Monday 17th November

De Soyza Maternity Hospital, Colombo 9:00 – 10:00



UK delegation briefing at De Soyza Maternity Hospital, Colombo

The UK delegation was welcomed by Dr U. L. R. M. Perera, Director, Professor Athula Kaluaarachchi and Professor Hemantha Senanayake, De Soyza Maternity Hospital, Colombo. This is one of the largest specialised government maternity hospitals in Colombo, and has strong links with the UK Liverpool School of Medicine and its training programmes.

The delegation was given an overview of the maternity health situation in the country and the hospital services. The hospital opened its doors in 1879 and in 1920 its maternity services started. It used to see 16,000 deliveries per year, but now has around 9,000 deliveries per year. 99% of births in Sri Lanka are attended by a skilled birth attendant and 92% are seen in an antenatal clinic prior to

12 weeks gestation i.e. within the first trimester. There has been consistent political will and support for good maternity services in the country along with good maternity policies. Confidential inquiries into maternal deaths are conducted and the maternity death rate has stagnated over the past 8 years. **In order to improve maternal health, the quality of care needs to improve and abortion legalised to prevent unsafe abortions.**

At this particular hospital the majority of maternal deaths are due to post-partum haemorrhage, pregnancy induced hypertension, amniotic fluid embolism, respiratory and other medical problems. The hospital see cardiac referrals from around the country. **The building is in urgent need of modernisation, in that for example oxygen is not available from the wall, but has to be brought to patients in need and the distance between beds is minimal.**

Since 2013 the hospital has worked hard to improve its maternity services with support from the RCOG and the Liverpool School of Medicine, as well as UNFPA, WHO and UNICEF. Medical student exchange- and fellowship programmes are in place and in-service training is a regular occurrence. Doctors and staff are all registered practitioners in Sri Lanka.

A question and answer session followed the presentation on the following subjects:

1. Human Resources

This specialized hospital is well staffed and has many medical students, including from the UK. 55% of consultants are female. In-service training is paramount to keep staff up to date and improve services.

2. Abortion

Abortion rate and complications in Sri Lanka, according to staff, is low in this hospital due to the availability of emergency contraception and misoprostol on the 'black market' in Colombo. Staff hope that misoprostol will be registered for usage in facilities soon, as currently under discussion. **The UK delegation reiterated the importance of conducting public surveys to support campaigners and parliamentarians in their advocacy work to liberalise the abortion law in the country.** The opposition from some faith groups was discussed.

The delegation was given a tour of the ante-natal and post-natal wards and given the opportunity to speak to staff, students and clients following the round table briefing meeting.



UK delegation visiting wards and speaking to staff, De Soyza Maternity Hospital, Colombo

The wards were large open nightingale wards with filled beds. Numerous medical students were noted and spoken to. A student from the UK said that the training she had received at this particular hospital was better than in the UK, in part due to the large volume of women entering the hospital.



Lord David Steel with UK medical student and Professor Kaluarachchi and Professor Hemantha Senanayake, De Soyza Hospital, Colombo



Nigel Evans MP on maternity ward, De Soyza Hospital

FPA Sri Lanka Head Office, Colombo 10:15 – 12:00



UK delegation at FPA Sri Lanka Head Office, Colombo



The UK delegation was welcome by FPA Sri Lanka staff and given a guided tour of the Head Office in Colombo. They visited the education and training room, the call centre, the store and logistical unit, the FP packaging area and at the end had a round table meeting with FPA staff and representatives from marginal groups including the LGBT+ community.

The following topics were discussed:

1. FPA Sri Lanka services and funding

FPA Sri Lanka provide multiple FP/SRHR services to all communities and has a large group of grassroots volunteers working for the organisation. FPA Sri Lanka is attached to pharmaceutical outlets and its FP services cover 35% of the Sri Lankan population. Financial support is obtained

from The Global Fund to Fight AID, TB and Malaria, the Sri Lanka Government, IPPF and there is a large social marketing programme, which generates revenue.

2. LGBT+ activities and challenges

Gay pride has taken place in Colombo for the past 10 years, however current Sri Lanka law prohibit sexual activity amongst the gay community. **Stigma and discrimination remains a continuous challenge and stops people from revealing their sexual orientation.** There are now numerous LGBT+ NGOs in Sri Lanka, however it has and remains difficult to engage national parliamentarians openly and constructively. Numerous personal stories were shared and the background to UK LGBT+ activities and legislative changes, including most recent changes on gay marriage in churches.



Karl Turner MP and Virendra Sharma MP in FPA Sri Lanka call centre, Colombo



FPA Sri Lanka education centre, Colombo, Sri Lanka



Round table meeting with LGBT+ activists

Sri Lanka study tour debriefing meeting with SRHR stakeholders, Victorian Kingsbury hotel, Colombo 12:30 – 14:30



*UK delegation with Sri Lanka Deputy Minister of Health,
Victorian Kingsbury Hotel, Colombo*

In attendance were:

Hon. Rauf Hakeem - Minister of Urban Development, Water Supply and Drainage - Ministry of Urban Development, Water Supply and Drainage

Hon. Faizal Cassim - Deputy Minister of Health, Nutrition and Indigenous Medicine - Ministry of Health, Nutrition, and Indigenous medicine

Ms Laura Davies - Deputy British High commissioner - British High Commission

Mr Alain Siebenaler - Country Representative – UNFPA

Dr Pramila Senanayake - Hon. President – FPA Sri Lanka

Ms Thushara Agus - Executive Director – FPA Sri Lanka

Ms Madu Dissanayake - Director – Public Affairs, Policy and Advocacy – FPA Sri Lanka

Ms Nanditha Katugampola, Projects Manager, Population Services

UK MP delegation

Baroness Jenny Tonge welcomed guests with remarks relating to the importance of MPs parliamentary activities and the establishment of APPGs on PDRHs around the world that provide oversight and take forward the International Conference on Population and Development Programme of Action and Beijing Platform for Action and now Sustainable Development Goals. She followed by saying that FP/SRHR remain critical issues in Sri Lanka and noted that the provision of FP/SRHR services in the remote and poor areas were often provided by NGOs, whilst in the urban areas government and private services prevailed. Baroness Jenny Tonge subsequently asked MPs to present their views and observations to be followed by an informal roundtable discussion.



Baroness Jenny Tonge welcoming Ministers and SRHR stakeholders to Sri Lanka study tour debriefing meeting, Victorian Kinsbury Hotel, Colombo

Summary highlights and comments were:

All delegates agreed that the hospitality and welcoming at all facilities visited and places stayed, were extraordinary warm, kind and generous. The aim of the study tour to introduce, broaden and deepen delegates understanding of core FP, SRHR, and international development issues in the context of a post fragile state, had been accomplished and Sri Lanka was a positive case study.

The delegates had visited government, semi-private and private health facilities across the country and met with health officials and workers; UNFPA and NGO representatives, FCO representatives, community leaders and volunteers; clients and UK medical students. The delegates had also met minority groups including LGBT+ and people living with HIV/AIDS.

The delegates made reference to the new Government and the hope that it will further improve women health and situation via increased support for FP and maternity services, basic and in-service training of health workers, improved quality of care at all levels and relax regulations surrounding misoprostol and liberalise abortion legislation - as there appear to be both public and professional support and expertise to do so.

GBV remains a problem in most societies and strengthening the prevention mechanism to stop this and support victims across the country is important. Batticalao Hospital is a good example of multi-sectoral services on GBV, but extra support is needed to improve data collection, analysis and outreach services.

HIV/AIDS appear to currently affect few people in Sri Lanka, so stepping up activities to combat stigma and discrimination and increase testing, treatment and prevention strategies is paramount.

Compulsory relationship and sex education in schools is regularly debated in the UK Parliament and the delegates made reference to the difficulties in pushing this though the UK Parliament, however reiterated the importance of doing so to educate young people and reduce risky behaviour. Making FP available to all, including and especially the young people is a priority across the world.

Individual MPs said:

Karl Turner MP said: *'I have been impressed with the maternity services in Sri Lanka and the enthusiasm noted by many of the health providers'.*

Lord Steel said: *'There is an urgent need to liberalise the abortion law in Sri Lanka to save lives and improve women social and economic prospects'. It was not until 1967 the UK Abortion Act came into effect with my private member's bill. Conducting public surveys will support parliamentarians in their advocacy and legislative activities and entering a conscientious clause within the act will satisfy professionals'.*

Nigel Evans MP said: *'Ending stigma and discrimination for people living with HIV/AIDS is important to encourage testing, provide treatment and combat infections. Relationship and sexuality education for all, but especially to the young generation is necessary. I congratulate the LGBT community in Sri Lanka for the work they do and health professionals for the quality of care they provide. In-service training and a good management information system is needed to further improve services'. The link between the RCOG and Sri Lanka training institutions was particularly interesting'.*

Baroness Anne Jenkin said: *'The low health care expenditure and the good health outcomes in Sri Lanka are extraordinary and exemplary'!*

Heather Wheeler MP said: *'The professional look of staff and the quality of care noted, including in remote areas were impressive'!*

'Virendra Sharma MP: *'The progress in Sri Lanka is inspiring and in particular the female emancipation. The attitude of people including the professionals is admirable'!*

Hon. Faizal Cassim, the Deputy Minister thanked the UK delegation for their interest in Sri Lanka's health services and feedback from their study tour. He followed by saying, that health was a new brief for him, so he could add little to the comments made, but had listened carefully and would bring the information back to his office. His previous brief was on science and technology and he had a particular interest in nutrition and children.

Hon. Rauf Hakeem, Minister of Urban Development, Water Supply and Drainage followed and made reference to his previous position as Justice Minister of the country. He promised to follow up on the abortion issue in the Ministry of Health to support the welfare of women, and stated that women's rights are important to him. He raised the issue of faith groups and opinion polls.

The luncheon finished with an informal discussion around the table between stakeholders present.

Conclusion

Participants felt the Sri Lanka APPG on PDRH study tour was informative, educational and successful in stimulating plans to engage in FP/SRHR parliamentary advocacy to further the International Conference on Population and Development Programme of Action and its integration in the new Sustainable Development Goals.

Delegates expressed their gratitude to the European Parliamentary Forum on Population and Development for its financial support to the study tour, FPA Sri Lanka and IPPF staff and in particular Pramilla Senanayake, President FPA Sri Lanka and Madushe Dissanayake, Director – Advocacy & HIV

FPA Sri Lanka for their in-depth knowledge and expertise, and Ann Mette Kjaerby, Parliamentary and Policy Advisor APPG on PDRH for her advice and organisational skills.

The study tour received press coverage in Ceylon Today and FCO, Sri Lanka twitter account referred to the study tour.

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